

SAMPLES

EX PARTE REQUEST FOR ORDERS

Rev. 1/1/2025

Use the samples to help you complete
the packet of blank forms.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):

Your Name: Your Legal Name

Your Mailing Address: Your Address

City, State, Zip

TELEPHONE NO.:

FAX NO. (Optional):

E-MAIL ADDRESS (Optional):

ATTORNEY FOR (Name): **Self Represented****SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA**STREET ADDRESS: **201 N. First Street, San Jose, CA 95113**MAILING ADDRESS: **191 N. First Street, San Jose, CA 95113**

CITY AND ZIP CODE:

BRANCH NAME: **Family Justice Center Courthouse**

FOR COURT USE ONLY

**SAMPLE
ONLY**

**Do not write
on this copy!**

PETITIONER:

RESPONDENT:

CASE NUMBER:

Your Court Case Number

DEPARTMENT NUMBER:

FCS NUMBER:

PETITIONER=Name of Person Who Started This Case*

*If you are opening a brand new court case

*If you have a previous court case and don't know, ask Court Staff.

RESPONDENT=The Other Person's Name In The Case

1. I am (choose one):

- a. ☐ attorney for Petitioner **Check one** ☐ attorney for Respondent ☐ attorney for child(ren)
- b. ☐ self-represented Petitioner ☐ self-represented Respondent
- c. ☐ other (explain):

2. The opposing party or minor children is represented by an attorney: ☐ Yes ☐ No

If the other party has an attorney, put the attorney's info here. **OR** If the other party does not have an attorney, put the other party's info here instead.

Address/Telephone number.

Child's attorney name and address: If minor child has an attorney, put their info here.

3. OTHER CASES: Have the parties to this case been involved in another Family, Probate, Juvenile, or Criminal Court Case? ☐ Yes ☐ No If the answer is Yes, fill in the case number: **CHOOSE ONE**4. OTHER APPLICATIONS: Have you or another party ever had an application for an order on the same issue? ☐ Yes ☐ NoOrders were ☐ Yes ☐ No Check the boxes that apply and explain in your declaration.

5. NOTICE

I HAVE given notice to all opposing parties and/or their attorney by the following method:

☐ Personal delivery ☐ Fax ☐ Overnight Carrier ☐ First Class Mail ☐ Other: _____

Date: _____ Time: _____ Person who received: _____

I have _____ (how)

☐ In _____☐ Written _____

b. I ask the _____ to apply. In _____ you must _____

the _____ give _____ Domestic _____

Violence _____

☐ The _____☐ The _____☐ Giving notice would frustrate the purpose of the order;☐ Giving notice would result in immediate and irreparable harm to the applicant or the children who may be

affected by the order sought;

☐ Giving notice would result in immediate and irreparable damage to or loss of property subject to disposition

in the case;

☐ The parties agreed in advance that notice will not be necessary with respect to the matter that is the subject

of the request for emergency orders. Provide documentation of this agreement; and/or,

*******STOP AT ITEM 5*******

CHECK WITH STAFF BEFORE

COMPLETING THIS SECTION.

P PETITIONER=Name of Person Who Started This Case*
 *If you are opening a brand new court case
 RES *If you have a previous court case and don't know, ask Court Staff.
 RESPONDENT=The Other Person's Name In The Case

CASE NUMBER

Your Court Case Number

☐ The party made reasonable and good faith efforts to give notice to the other party, and further efforts to give notice would probably be futile or unduly burdensome (describe those efforts in detail below).

☐ Other: _____

c. **Further Explanation for Asking the Court NOT to Require Notice:**

☐ Additional pages are attached. Total number of attached pages:

☐ Provide detailed factual explanation of any box checked under Paragraph 5.b. above. If you do not have enough room, attach additional pages or a separate sworn declaration of good cause:

*****STOP*****
 CHECK WITH STAFF BEFORE
 COMPLETING THIS SECTION.

I declare under penalty of perjury that the foregoing and any statement on attached pages are true and correct.

TODAY'S DATE

Date

PRINT YOUR NAME

Print Name

SIGN YOUR NAME

Signature of Declarant

PETITIONER=Name of Person Who Started This Case* *If you are opening a brand new court case R *If you have a previous court case and don't know, ask Court Staff. RESPONDENT=The Other Person's Name In The Case	CASE NUMBER Your Court Case Number
---	--

INSTRUCTIONS

For more information please refer to Superior Court of California, County of Santa Clara Local Rules 5 A & B and California State Rules, Rules 5.151, 5.165, 5.167, and 5.170.

This form is required in Santa Clara County, if you are asking the Judge to make immediate orders (also known as emergency or ex parte orders) without the other party being present for a hearing. This form must be completed in any case where ex parte orders or emergency orders are requested. If you are required to give notice, notice must be given before 10:00 a.m. on the court day before the Judge reviews the application, or the application will be delayed another 24 hours. Notice means providing the other side of the case, either all other attorneys or any self-represented party, with copies of any papers that you want the Judge to review and any orders that you are requesting. If you have given notice to the other side of your case, you must state the form of notice given. If you ask the Court to not require notice, you must explain why. Sometimes notice is not required, such as cases involving allegations of domestic violence or where the safety of a party or a child might be at risk if notice is given. It is up to the Judge in your case to determine whether notice will be required or not.

SECTION #1

State whether you are the Petitioner or the Respondent in the case. Once a case is filed, the parties keep the same status in the case. You do not change from the Respondent to the Petitioner by filing a new motion in the case. If you do not have an attorney, you are considered self-represented.

SECTION #2

If any other party is represented by an attorney, you must provide the Court with the attorney's name and address. If the other party is not represented by an attorney, you must provide the Court with the other party's address.

SECTION #3

It is very important to list all other cases in which you and the other party have been involved with the courts. This would include other Family Law, Probate, Juvenile, Restraining Order, Child Support, Civil, or Criminal matters. If you do not have the case number, please put "unknown" and list the county and the year of the filing, if possible.

SECTION #5a.

Unless notice is excused by the Court, you must provide notice of this application to all other parties and attorneys before you deliver a copy to the Court. When you give such notice, specify how you did it (by fax, courier, or personally, for example), who received it and at what time and on which date. Also, please explain how you know that the other side received copies of your papers and what response you were given.

SECTION #5c.

If you believe that you should not be required to give notice of this application and are asking the Court not to require notice, explain why in this section. Check as many boxes as apply. You may also write out any further explanation of your reasons for not giving notice or provide a separate declaration.

After this form is completed, attach it to your application or motion and submit them to the Court Specialist's Office at the Family Court Facility where you are dropping off your paperwork for review.

ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: Your name FIRM NAME: Your address STREET ADDRESS: CITY: TELEPHONE NO.: E-MAIL ADDRESS: ATTORNEY FOR (name): STATE BAR NUMBER: STATE: ZIP CODE: FAX NO.: SUPERIOR COURT OF CALIFORNIA, COUNTY OF Santa Clara STREET ADDRESS: 201 N. First Street, San Jose, CA 95113 MAILING ADDRESS: 191 N. First Street San Jose, CA 95113 CITY AND ZIP CODE: BRANCH NAME:	FOR COURT USE ONLY SAMPLE ONLY Do not write on this copy!
PETITIONER: Petitioner's name (person who started the case) RESPONDENT: Respondent's OTHER PARENT/PARTY:	CASE NUMBER: Court Case Number
TEMPORARY EMERGENCY (EX PARTE) ORDERS ☐ Child Custody ☐ Visitation (Parenting Time) ☐ Property Control ☐ Other (specify): Check all the boxes that apply	

1. TO (name(s)):

The other party's name (if DCSS is involved in your case, write "DCSS" here too)

Check one

☐ Petitioner ☐ Respondent ☐ Other Parent/Party ☐ Other (specify):
A court hearing will be held on the *Request for Order* (form FL-300) served with this order, as follows:

- a. Date:

Leave this box blank

☐ Room:
- b. Address of court ☐ Same as noted above ☐ Other (specify):

2. **Findings:** Temporary emergency (ex parte) orders are needed to: (a) help prevent an immediate loss or irreparable harm to a party or to children in the case, (b) help prevent immediate loss of a child, (c) help prevent immediate loss of a child's custody, or (d) set or change procedures for a hearing or trial.

COURT ORDERS: The following temporary emergency orders expire on the _____ unless extended by court order:

3. ☒ **CHILD CUSTODY**

- a. Child's name Date of Birth

Child #1's name and date of birth
 Child #2's name and date of birth
 Child #3's name and date of birth

☐ Continued on Attachment 3(a)

- b. ☒ **Visitation (Parenting Time)** The temporary orders for physical custody, care, and control of the minor children in (3) are subject to the other party's or parties' rights of visitation (parenting time) as follows (specify):

What visitation schedule do you want the court to order immediately for the parent who does not have custody?

Check the boxes to indicate who you want to have custody of the minor child(ren) until the court hearing.

Temporary physical custody, care, and control to:

Petitioner	Respondent	Other Party/Parent
------------	------------	--------------------

☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐

☐ See Attachment 3(b)
THIS IS A COURT ORDER.

Page 1 of 2

PETITIONER: Petitioner's name (person who started the case) RESPONDENT: Respondent's name OTHER PARENT/PARTY:	CASE NUMBER: Court Case Number
---	--

3. ☐ **CHILD CUSTODY (continued)**c. **Travel restrictions**

- (1) The parent(s) must not remove the minor child(ren) from the state of California without the court's permission. **Complete this section if you want the court to restrict travel with the minor child(ren) until the court hearing.** **must not remove the minor child(ren) from the state of California without the court's permission.**
- (2) ☐ **Complete this section if you want the court to restrict travel with the minor child(ren) until the court hearing.** **must not remove the minor child(ren) from the state of California without the court's permission.**
- (b) ☐ from the following counties (*specify*):
- (c) ☐ other (*specify*):

d. ☐ **Child abduction prevention orders** are attached (see form FL-341(B)).e. (1) **Jurisdiction:** This court has jurisdiction to make child custody orders in this case under the Uniform Child Custody Jurisdiction and Enforcement Act (part 3 of the California Family Code, commencing with section 3400).(2) **Notice and opportunity to be heard:** The responding party was given notice and an opportunity to be heard as provided by the laws of the State of California.(3) **Country of habitual residence:** The country of habitual residence of the child or children is (*specify*):
☒ The United States of America ☐ Other (*specify*):
(4) **If you violate this order, you may be subject to civil or criminal penalties, or both.**4. ☐ **PROPERTY CONTROL**

- a. ☐ Petitioner ☐ Respondent ☐ Other Parent/Party is given exclusive temporary use, possession, and control of the following property that the parties ☐ own or are buying ☐ lease or rent

- b. ☐ Petitioner ☐ Respondent ☐ Other Parent/Party is ordered to make the following payments on the liens and encumbrances 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:

5. ☐ All other existing orders, not in conflict with these temporary emergency orders, remain in full force and effect.6. ☐ **OTHER ORDERS** (*specify*): ☐ Additional orders are listed in Attachment 6.

Check with staff before completing this section.

Date: Leave blank

Leave blank

JUDGE OF THE SUPERIOR COURT

THIS IS A COURT ORDER.

PARTY WITHOUT ATTORNEY OR ATTORNEY NAME: Your name FIRM NAME: STREET ADDRESS: Your address CITY: TELEPHONE NO.: EMAIL ADDRESS: ATTORNEY FOR (name): STATE BAR NUMBER: STATE: ZIP CODE: FAX NO.:	FOR COURT USE ONLY SAMPLE ONLY Do not write on this copy!
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Santa Clara STREET ADDRESS: 201 N. First Street, San Jose, MAILING ADDRESS: 191 N. First Street San Jose, CA 95113 CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER Petitioner's name (person who started the case) RESPONDENT Respondent's name OTHER PARENT/PARTY:	
REQUEST FOR ORDER ☐ CHANGE ☒ TEMPORARY EMERGENCY ORDERS ☒ Child Custody ☒ Visitation (Parenting Time) ☐ Spousal or Partner Support ☐ Child Support ☐ Attorney's Fees and Costs ☐ Other (specify): Check all the boxes that apply	
CASE NUMBER: Your 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(s)): The other party's name (if DCSS is involved in your case, write "DCSS" here too)
☐ Petitioner ☐ Respondent ☐ Other Parent/Party ☐ Other (specify):

2. A COURT HEARING WILL BE HELD AS FOLLOWS:

a. Date:	Leave this box blank	Room.:
b. Address of court:		

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 days before the hearing date
5. ☒ A *Responsive Declaration to Request for Order* (form FL-320) must be served on or before (date) 2 days before the hearing 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: Leave blank

Leave blank

JUDICIAL OFFICER

PETITIONER:	Petitioner's name (person who started the case)	CASE NO.:	Your Case Number
RESPONDENT:	Respondent's name		
OTHER PARENT/PARTY:			

REQUEST FOR ORDER

Note: Place a mark **X** in front of the box that applies to your case or to your request. If 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. ☐ If there is a restraining order in place between you and the other party, complete this section and attach a copy, if you have one.

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

- | | |
|--|-------------------------------|
| a. ☐ Criminal: County/state (<i>specify</i>): | Case No. (<i>if known</i>): |
| b. ☐ Family: County/state (<i>specify</i>): | Case No. (<i>if known</i>): |
| c. ☐ Juvenile: County/state (<i>specify</i>): | Case No. (<i>if known</i>): |
| d. ☐ Other: ☒ Check these boxes, if you are asking for Custody and Parenting Time orders. | Case No. (<i>if known</i>): |

2. ☒ CHILD CUSTODY ☒ I request temporary emergency orders
☒ VISITATION (PARENTING TIME)

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

Child's Name	Date of Birth	☒ Legal Custody to (person who decides: health, education, etc):	☒ Physical Custody to (person with whom child lives):
--------------	---------------	--	---

Child #1's name and date of birth
 Child #2's name and date of birth
 Child #3's name and date of birth

See attached FL-311

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

(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 (<i>specify</i>): | |

(2) ☐ As follows (*specify*):

☐ Attachment 2a.

☐ Attachment 2b.

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

☐ Attachment 2c.

Explain why the orders you are requesting are good for your child(ren).

PETITIONER RESPONDENT OTHER PARENT/PARTY	Petitioner's name (person who started the case) Respondent's name	CASE NUMBER Your Case Number
--	--	---------------------------------

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

Complete this section if you are asking to change an order that was previously made.

- (2) ☐ The visitation (parenting time) order was filed on (date) _____. The court ordered (specify):

3. ☐ CHILD SUPPORT
 (Note: An earnings assignment order for child support must be filed with this request.) ☐ Attachment 2d.
 Complete this section if you are asking for child support. You must also complete form FL-150. form FL-195)

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

Child's name and age

Child #1's name and age
 Child #2's name and age
 Child #3's name and age

- ☒ I request support for each child based on the child support guideline. (if not by guideline) Monthly amount (\$) requested

☐ Attachment 3a.

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

Complete this section if you are asking to change an order that was previously made.

- 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.

Explain why the court should grant your request for child support.

4. ☐ SPOUSAL OR DOMESTIC PARTNER SUPPORT
 (Note: An *Earnings Assignment Order for Spousal or Partner Support* (form FL-435) may be issued.)

Complete this section if you are asking for spousal support. You must also complete form FL-150.

or filed on (date):

- 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.

Explain why the court should grant your request for spousal support.

PETITIONER RESPONDENT OTHER PARENT/PARTY	Petitioner's name (person who started the case) Respondent's name	Your Case Number
--	--	------------------

5. ☐ **PROPERTY CONTROL** ☐ I request temporary emergency orders
- a. The ☐ petitioner ☐ respondent ☐ other parent/party be given exclusive temporary use, possession, and control of the following property that we ☐ own or are buying ☐ lease or rent (*specify*):
- b. The ☐ petitioner ☐ respondent ☐ other parent/party be ordered to make the following payments on debts and liens coming due while the order is in effect:
- Pay to: _____ For: _____ Amount: \$ _____ Due date: _____
- Pay to: _____ For: _____ Amount: \$ _____ Due date: _____
- Pay to: _____ For: _____ Amount: \$ _____ Due date: _____
- Pay to: _____ For: _____ Amount: \$ _____ Due date: _____
- c. ☐ This is a change from the current order for property control filed on (*date*):
- d. Specify in Attachment 5d the reasons why the court should make or change the property control orders.

6. ☐ **ATTORNEY'S FEES AND COSTS**
- I request attorney's fees and costs, which total (*specify amount*): \$ _____. I filed the following to support my request:
- a. A current *Income and Expense Declaration* (form FL-150).
- b. A *Request for Attorney's Fees and Costs Attachment* (form FL-319) or a declaration that addresses the factors covered in that form.
- c. A *Supporting Declaration for Attorney's Fees and Costs Attachment* (form FL-158) or a declaration that addresses the factors covered in that form.

7. ☐ **OTHER ORDERS REQUESTED** (*specify*): ☐ Attachment 7.

If you are asking for orders that are not in the preprinted language, complete this section. Ask the Self-Help Center if you are not sure how to make your request.

8. ☒ **TIME FOR SERVICE / TIME UNTIL HEARING** I urgently need:
- a. ☒ To serve the *Request for Order* no less than (*number*): **5** court days before the hearing.
- b. ☒ The hearing date and service of the the *Request for Order* to be sooner.
- c. I need the order because (*specify*): ☐ Attachment 8.

Explain why you need an expedited hearing date.

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.

Tell the court why you are requesting the orders listed on this form and provide facts and/or evidence to support your request.
Note: You may only attach up to 10 pages.

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: Today's date

Print your name


Sign your 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 for *Request for Accommodations by Persons With Disabilities and Response* (form MC-410). (Civ. Code, § 54.8.)

PETITIONER: Petitioner's name (person who started this case) RESPONDENT: Respondent's name OTHER PARENT/PARTY:	CASE NUMBER: Your court case number
--	--

CHILD CUSTODY AND VISITATION (PARENTING TIME) APPLICATION ATTACHMENT

—This is not a court order—

TO ☐ Petition ☐ Response ☒ Request for Order ☐ Responsive Declaration to Request for Order
☐ Other (specify):

1. a. ☒ **Custody.** Custody of the minor children of the parties is requested as follows: ☐ [Attachment 1a.](#)

<u>Child's Name</u>	<u>Date of Birth</u>	<u>Legal Custody to</u> <i>(person who decides about the child's health, education, and welfare)</i>	<u>Physical Custody to</u> <i>(person the child regularly lives with)</i>
---------------------	----------------------	---	--

List all of the minor children you have with the other party (oldest to youngest):
 Child #1's name and date of birth
 Child #2's name and date of birth
 Child #3's name and date of birth

Who should have legal custody and who should have physical custody? You have three choices: your name, the other parent's name or joint

b. ☐ **Custody with allegations of a history of abuse or substance abuse**

(1) Complete this section if there is a history of abuse as described in 1.b.(1) or if there is a history of substance abuse as described in 1.b.(2). to have
 _____ parent spouse, or the

(2) ☐ Petitioner ☐ Respondent ☐ Other parent/party is (or are) alleged to have the habitual or continual illegal use of controlled substances, or the habitual or continual abuse of alcohol, or the habitual or continual abuse of prescribed controlled substances.

(3) ☐ I ask that the court NOT order sole or joint custody of the minor child to the person(s) alleged to have a history of abuse or substance abuse.

(4) ☐ Even though there are allegations, I ask that the court make the child custody orders in item 1a.
(Write the reasons why you think it would be good for the children that the person(s) be granted custody, even though there are allegations against them of a history of abuse or substance abuse.)

☐ Below: ☐ [Attachment 1b.](#) ☐ Other (specify):

2. ☒ **Visitation (Parenting Time).**

Note: Un

a. Complete this section with the parenting schedule you are requesting for the parent that does not have the child most of the time. ases

b. ☐ See the attached _____-page document dated (specify date):

c. ☐ The parties will go to child custody mediation or child custody recommending counseling at (specify date, time, and location)

Check here if you want the court to order you and the other party to go to mediation to work out a parenting plan.

d. ☐ No visitation (parenting time).

PETITIONER: Petitioner's name (person who started this case) RESPONDENT: Respondent's name OTHER PARENT/PARTY:	CASE NUMBER: Your court case number
--	---

- e. ☐ Visitation (parenting time). (Specify start and ending date and time. If a date is not specified, the court will determine the date.)
- ☐ **Petitioner's** ☐ **Respondent's** ☐ **Other Parent's/Party's** parenting time
- (1) ☐ **Weekends starting (date):**

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

Complete this section to request weekend parenting time.

from _____ to _____

(day of week) (time)

Month: _____

Specify: ☐ start of school ☐ after school

Specify: ☐ start of school ☐ after school

- (a) ☐ The parties will alternate the fifth weekends, with the ☐ petitioner ☐ respondent ☐ other parent/party having the initial fifth weekend, which starts (date):
- (b) ☐ The ☐ petitioner ☐ respondent ☐ other parent/party will have the fifth weekend in ☐ odd ☐ even numbered months.

- (2) ☐ **Alternate weekends starting (date):**
- from _____ at _____ ☐ a.m. ☐ p.m./ if applicable, specify: ☐ start of school ☐ after school
- (day of week) (time)
- to _____ at _____ ☐ a.m. ☐ p.m./ if applicable, specify: ☐ start of school ☐ after school
- (day of week) (time)

- (3) ☐ **Weekdays starting (date):**
- from _____ to _____
- (day of week) (time)
- Specify: ☐ start of school ☐ after school
- Specify: ☐ start of school ☐ after school

- (4) ☐ Other visitation (parenting time) days and restrictions are: ☐ [listed in Attachment 2e\(4\)](#)
- ☐ as follows:

3. ☐ **Visitation (parenting time) with allegations of a history of abuse, substance abuse, or other parenting concerns**

- a. ☐ **Supervised visitation**
- (1) ☐ I want supervised visitation.

Complete this section to ask for supervised parenting time.

- (a) ☐ Domestic violence, child abuse, or neglect
- (b) ☐ Substance abuse: the habitual or continual illegal use of controlled substances, or the habitual or continual abuse of alcohol, or the habitual or continual abuse of prescribed controlled substances.
- (c) ☐ Other parenting concerns (specify below):

- (2) The reasons why the court should make the orders are (specify):
- (Write the reasons why you think unsupervised visitation (parenting time) would be bad for the children.)
- ☐ Below ☐ [in Attachment 3a\(2\)](#) ☐ Other (specify):

PETITIONER: Petitioner's name (person who started this case) RESPONDENT: Respondent's name OTHER PARENT/PARTY:	CASE NUMBER: Your court case number
--	---

(3) I ask for the following orders about the supervised visitation provider:

(a) Visitation (parenting time) be monitored by (name, if known):

- (i) ☐ The person or agency is a professional provider. A professional provider must meet the requirements listed in *Declaration of Supervised Visitation Provider (Professional)* (form FL-324(P)) and sign the declaration.
- (ii) ☐ The person is a nonprofessional provider. That person must meet the requirements listed in *Declaration of Supervised Visitation Provider (Nonprofessional)* (form FL-324(NP)) and sign a declaration.
- (iii) The provider's phone number is (specify):

(b) Any costs of supervision be paid as follows: petitioner: _____ percent; respondent: _____ percent.
 other parent/party: _____ percent.

b. ☐ Unsupervised visitation (parenting time)

(Complete this section if you completed item 1.b. AND are asking for the visitation to be unsupervised. You must explain why this is in the child's best interests despite the allegations of abuse or substance abuse.)

- (1) ☐ Petitioner ☐ Respondent ☐ Other parent/party is (or are) alleged to have the habitual or continual illegal use of controlled substances, or the habitual or continual abuse of alcohol, or the habitual or continual abuse of prescribed controlled substances.
- (3) Even though there are allegations of a history of abuse or substance abuse, I request that the court order unsupervised visitation to (specify): ☐ Petitioner ☐ Respondent ☐ Other parent/party
- (4) The reasons why the court should make the orders are (specify):
 (Write the reasons why you think it would be good for the children that the person(s) be granted unsupervised visitation (parenting time) even though there are allegations against them of a history of abuse or substance abuse.)
☐ Below: ☐ in Attachment 3b. ☐ Other (specify):

(5) The orders for visitation (parenting time) that you request must be specific as to time, day, place, and manner of transfer of the child, as Family Code section 6323(c) requires.

4. ☐ Transportation for visitation (parenting time) and place of exchange

Note: In cases of domestic violence, the court must have enough information to make orders that are specific as to the time, place, and manner of transfer of the child, as Family Code section 6323(c) requires.

a. ☐ Complete this section to indicate how the child will be transported for the parenting time.

b. ☐ Transportation to begin the visits will be provided by (name):

c. ☐ Transportation from the visits will be provided by (name):

d. ☐ The exchange point at the beginning of the visit will be (address):

e. ☐ The exchange point at the end of the visit will be (address):

f. ☐ During the exchanges, the party driving the children will wait in the car and the other party will wait in the home (or exchange location) while the children go between the car and the home (or exchange location).

g. ☐ Other (specify):

PETITIONER: Petitioner's name (person who started this case) RESPONDENT: Respondent's name OTHER PARENT/PARTY:	CASE NUMBER: Your court case number
--	--

5. ☐ **Travel with children** The ☐ Petitioner ☐ Respondent ☐ Other parent/party following places:

Complete this section if you are asking to restrict travel with the minor child(ren).

c. ☐ other places (*specify*):

6. ☐ **Child abduction prevention.** There is a risk that one of the parties will take the children out of California without the other
If there is a risk of child abduction, you will check the box and complete form FL-312.

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

Complete this section if you are asking for specific parenting time orders during the holidays or for vacations. You may write in your request here or complete form FL-341(C).

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

Complete this section if you are asking for additional orders regarding custody. You may write in your request here or complete form FL-341(D).

9. ☐ **Joint legal custody provisions.** I request joint legal custody and want the additional orders set out ☐ below ☐ [on form FL-341\(E\)](#)

Complete this section if you are asking for additional orders regarding joint legal custody. You may write in your request here or complete form FL-341(E).

10. ☐ **Other.** I request the following additional orders (*specify*):

Complete this section if you are asking for other orders about the minor child(ren) that are not addressed anywhere else on this form.

SHORT TITLE:

Petitioner's Name and Respondent's Last Name

CASE NUMBER:

Your court case number

ATTACHMENT (Number) : **10**

(This Attachment may be used with any Judicial Council form.)

Page _____ of _____

(Add pages as required)

EXPLAIN THE EMERGENCY SITUATION IN THE FIRST SENTENCE

Explain why the emergency orders you are requesting are in the best interest of the child(ren). And why the court should make those orders on an immediate, emergency basis pending the hearing. If you are asking the court to change an existing order, explain the reasons the change is needed. You should include dates and times of specific events and provide lots of detail.

For example, if you want the court to give you physical custody, you need to explain here why the child(ren) is better off living with you instead of the other parent.

If you are asking the court to order a parenting schedule either for you or the other parent, explain why the schedule you are requesting is in the best interest of the child(ren). If you are asking the court to stop the other parent's time with the child(ren) or order supervised visits, explain in detail the specific reasons why that is necessary.

You may also attach evidence to support your request. However, you may only have 10 pages attached to your request.

(If the item that this Attachment concerns is made under penalty of perjury, all statements in this Attachment are made under penalty of perjury.)

Page 1 of 1

ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406) (Name, State Bar number, and address): Your name Your address TELEPHONE NO.: FAX NO.: ATTORNEY FOR (Name): Self-Represented	FOR COURT USE ONLY SAMPLE ONLY Do not write on this copy!
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Santa Clara STREET ADDRESS: 201 N. First Street, San Jose, CA 95113 MAILING ADDRESS: 191 N. First Street San Jose, CA 95113 CITY AND ZIP CODE: BRANCH NAME:	CASE NUMBER: Your Case Number
PETITIONER/PLAINTIFF: Petitioner's name (person who started the case) RESPONDENT/DEFENDANT: Respondent's name OTHER PARENT/PARTY:	(If applicable, provide): HEARING DATE: Your hearing date, HEARING TIME: time and dept.

PROOF OF PERSONAL SERVICE

This form will be completed by your server. (The server is the person who handed a filed copy of the forms listed in item 3 to the person listed in item 4. Note: The server must be an adult who is not part of the case.)

1. I am at least 18 years old, and I am not a protected person listed in any of the orders.

2. Person served (name):

The other parent's name

3. I served copies of the following documents (specify):

FILED COPIES OF: Declaration in Support of Ex Parte Application; Request for Order; Temporary Emergency (Ex Parte) Orders; Child Custody and Visitation Application Attachment

Blank Responsive Declaration to Request for Order, ADR Options

4. By personally delivering copies to the person served, as follows:

a. Date:

Date papers were served to the other party

 b. Time:

Time papers were served to the other party

c. Address:

Address where a filed copy of your forms were served (handed) to the other party

5. I am

- | | |
|--|---|
| a. ☒ not a registered California process server. | d. ☐ exempt from registration under Business & Profession Code section 22350(b). |
| b. ☐ a registered California process server. | e. ☐ a California sheriff or marshal. |
| c. ☐ an employee or independent contractor of a registered California process server. | |

6. My name, address, and telephone number, and, if applicable, county of registration and number (specify):

Server's name, address and telephone number

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:

Date server signs this form

Server will print his/her name here

Server will sign his/her name here

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

(SIGNATURE OF PERSON WHO SERVED THE PAPERS)