SAMPLE

RESPONSE TO REQUEST FOR CUSTODY, VISITATION AND/OR SUPPORT ORDERS

Rev. 1/1/2025

Use this sample to help you complete the packet of blank forms.

PARTY WITHOUT ATTORNEY OR ATTORNEY	STATE BAR NUMBER:	FOR COURT USE ONLY
NAME:		SAMPLE ONLY Do not write on this copy!
FIRM NAME: Your name		
STREET ADDRESS: Your address		
CITY:	STATE: ZIP CODE:	
TELEPHONE NO.:	FAX NO.:	
EMAIL ADDRESS:		
ATTORNEY FOR (*name*): Self-Represented		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Santa Clara		
STREET ADDRESS:		
MAILING ADDRESS:		
CITY AND ZIP CODE:		
BRANCH NAME: Family Division		
PETITIONER: Petitioner's name (person who started the case)		
RESPONDENT:		
OTHER PARENT/PARTY: Respondent's name		
RESPONSIVE DECLARATION TO REQUEST FOR ORDER		CASE NUMBER: Court Case Number
HEARING DATE: TIME: DEPARTMENT OR ROOM:		

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 o…es in this case.

Complete this section to let the court know if there are an restraining orders in place between you and the other party.

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:

If the papers you received ask for custody and/or visitation orders, check box 2 and choose a , b or c. If c, describe the custody and/or visitation orders YOU want on attached form FL-311.

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:

If the papers you received ask for child support orders, check box 3 and choose a, b, c or d. If d, you may write out the order YOU want.

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:

If the papers you received ask for spousal or partner support orders, check box 4 and choose a, b or c. If c, write out the order YOU want.

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

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:

If the papers you received ask for property control orders, check box 5 and choose a or b. If b, write out the order YOU want.

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:

If the papers you received ask for attorney's fees and costs, check box 6 and choose c or d. If d, write out the order YOU want. You must also complete forms FL-150 and FL-158.

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:

If the papers you received asked for other orders, check box 8 and choose a or b. If b, write out the order YOU want.

If you received a DV-300 asking to modify or change a domestic violence restraining order, use form DV-320 instead.

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:

If the papers you received asked to shorten the time for service and/or hearing, check box 9 and choose a or b. If b. write of the order YOU want.

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 10.

Use this space to explain why you agree or disagree with the other party's request. You may attach additional pages however you are limited 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 you name
(TYPE OR PRINT NAME)

Sign your name
(SIGNATURE OF DECLARANT)

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	**Petitioner's name** (person who started this case) **Respondent's name**	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.** **Complete this section if the other party asked for custody orders and you want to let the court know what order you want.** ☐ Attachment 1a.

Child's Name	Date of Birth	Legal Custody to *(person who decides about the child's health, education, and welfare)*	Physical Custody to *(person the child regularly lives with)*

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
rent 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: **Complete this section if the other party asked for visitation orders and you want to let the court know what orders you want for the parent that does not have the child most of the time.**

a. 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 loca* **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).

Form Approved for Optional Use
Judicial Council of California
FL-311 [Rev. January 1, 2023]

Family Code, §§ 3000 et seq., 6200 et seq.
www.courts.ca.gov

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 ... ol.")*

Check one to indicate who will have the parenting schedule listed below.

☐ **Petitioner's** ☐ **Respondent's** ☐ **Other Parent's/Party's** pare...

(1) ☐ **Weekends starting** *(date):*

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

☐ ...nth

from ... ...fy: ☐ start of school ☐ after school

Complete this section to request weekend parenting time.

to _____ *(day of week)* at _____ *(time)* ☐ a.m. ☐ p.m./ if applicable, 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 _____ *(day of week)* at _____ *(time)* ☐ a.m. ☐ p.m./ if applicable, specify: ☐ start of school ☐ after school

to _____ *(day of week)* at _____ *(time)* ☐ a.m. ☐ p.m./ if applicable, specify: ☐ start of school ☐ after school

(3) ☐ **Weekdays starting** *(date):*

fr... ...cify: ☐ start of school ☐ after school

Complete this section to request weekday parenting time.

to ... ...cify: ☐ 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. ☐ **Super...**

(1) I ... have supervised visitation w... ...):

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: RESPONDENT: OTHER PARENT/PARTY:	Petitioner's name (person who started this case) Respondent's name	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)**

(Con *d to have a history of abus*

Only 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) ☐ ed to have current spouse, or

(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) 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, 6323(c).

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

a. the

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
owing 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.

PARTY WITHOUT ATTORNEY OR ATTORNEY NAME: | STATE BAR NUMBER:

Your Name
Your Address

FIRM NAME:
STREET ADDRESS:
CITY: STATE: ZIP CODE:
TELEPHONE NO.: FAX NO.:
E-MAIL ADDRESS:
ATTORNEY FOR *(name)*:

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: **Family Justice Center**

PETITIONER:
RESPONDENT:
OTHER PARTY/PARENT/CLAIMANT:

PETITIONER=Name of person who started this court case*
RESPONDENT=The other person's name in this case*
*IF YOU ARE OPENING THIS COURT CASE BRAND NEW, YOU ARE THE PETITIONER
*IF YOU HAVE A PREVIOUS COURT CASE TOGETHER, LOOK AT WHAT YOUR OLD PAPERS SAY
*IF YOU HAVE A PREVIOUS COURT CASE AND DON'T KNOW, ASK THE COURT STAFF

INCOME AND EXPENSE DECLARATION

CASE NUMBER:
COURT CASE NUMBER, if you have one

1. **Employment** *(Give information on your current job or, if you're un*

Fill in this section about your current job.

Note: If you do not have a job right now, tell the court about the last job you had and when your job ended. If you have never had a job, write "I have never had a 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-in her jobs. Write "Question 1 - Other Jobs" at the top.)

Tell the court about your education including any degrees or licenses you earned

2. **Age and education**
   a. My age is *(specify)*: Your age
   b. I have completed high school or the equivalent: ☐ Yes ☐ No If no, highest grade completed *(specify)*: Grade finished
   c. Number of years of college completed *(specify)*: ☐ Degree(s) obtained *(specify)*: Degree earned
   d. Number of years of graduate school completed *(specify)*: ☐ Degree(s) obtained *(specify)*: Degree earned
   e. I have: ☐ professional/occupational license(s) *(specify)*: Licenses earned
      ☐ vocational training *(specify)*: Job training completed
3. **Tax information**
   a. ☐ I last filed taxes for tax year *(specify year)*: Most recent year you filed taxes
   b. My tax filing status is ☐ single ☐ head of household ☐ married, filing separately
      ☐ married, filing jointly with *(specify name)*:

Check the box that applies to you.

   c. I file state tax returns in ☐ California ☐ other *(specify state)*:

Where do you file state taxes?

Tell the court how many exemptions your claim

f) 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)*:

(I
q

How much do you think the other party earns before taxes and how did you come up with that amount?
IMPORTANT: If you do not put an amount here, the court may not be able to order or modify support.

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: Today's Date

Print your name here
(TYPE OR PRINT NAME)

Sign your name here
(SIGNATURE OF DECLARANT)

Form Adopted for Mandatory Use
Judicial Council of California
FL-150 [Rev. January 1, 2019]
CEB ceb.com Essential Forms

Family Code, §§ 2030–2032, 2100–2113, 3552, 3620–3634, 4050–4076, 4300–4339
www.courts.ca.gov

PETITIONER: Petitioner's Name
RESPONDENT: Respondent's Name
OTHER PARTY/PARENT/CLAIMANT: Other Parent/Party's Name (if applicable)

CASE NUMBER: COURT CASE NUMBER, if you have one

Attach copies of your pay st... ...e. Take a copy of your latest federal tax return to t... *return.)*

In the first column labeled "This Month"
List the amount earned last month only for each item a-l.
Example: If you made $2,000 last month in salary, you would fill in $2,000 in line a.

In the second column labeled "Average Monthly", add up the amount earned for each line over the last 12 months and divide by 12 to get the average amount earned for that line.

Example: If you earned $50,000 in salary over the last 12 months, you will divide that by 12 and the average month salary is $4,166.

5. **Incon...** *...st 12 months and d...*

		Last month	Average monthly
a. Sa...		$ $2,000	$4166
b. Ov...		$	
c. Co...		$	
d. Pu...		$	
e. Sp...	...xable	$	
f. Pa...	...ership	$	
g. Pe...		$	
h. So...		$	
i. Dis...	...urance	$	
j. Un...		$	
k. Wo...		$	
l. Oth...		$	

If you receive any income from the sources listed here fill in the amount earned for "Last Monthly" in column 1 and the "Average Monthly" in column 2.

6. **Investment income** *(Attach a... ...roperty.)*

a. Dividends/interest	$	$
b. Rental property income	$	$
c. Trust income	$	$
d. Other	$	$

If you are self-employed: Fill in this section and attach a profit and loss statement for the past 2 years or a Schedule C from your last federal tax return.

7. **Income f...**

I am the ☐ owner/sole proprietor ☐ business partner ☐ other *(specify):*
Number of years in this business *(spec...*
Name of business *(specify):*
Type of business *(specify):*

Are you a sole owner or are you a business partner?
How long have you been in business?
What is the name of your business?
What type of business do you own?

Attach a profit and loss statement fo... ...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):*

If you had any one-time earnings during the last 12 months, fill in this section.

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

If you had a major change in income over the past 12 months, explain here.

10. **Deductions**

Fill in this section if you had money deducted from last month's paycheck for any of the items below.

	Last month
a. Required union d...	$
b. Required retirem...	$
c. Medical, hospital...	$
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**

Fill in this section if you have any of the assets listed here.

	Total
a. Cash ... ...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:	Petitioner's Name
RESPONDENT:	Respondent's Name
OTHER PARTY/PARENT/CLAIMANT:	Other Parent/Party's Name (if applicable)
E NUMBER:	COURT CASE NUMBER, if you have one

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 ?
a.	List anyone who lives with you here, including children, roommates, family etc.	Age	Relationship to each person	How much money does each person earn?	Do any of the people listed help pay household expenses?
b.					
c.					
d.					
e.					

13. **Averag** **nses** Check one ☐ Estimated expenses ☐ Actual expenses ☐ Proposed needs

Fill in this section with your own numbers, this is just an example.

a. Home:
   (1) ☒ Rent or ☐ mortgage $ 400.00
   If mortgage:
   (a) average principal: $ NONE
   (b) average interest: $ NONE
   (2) Real property taxes $ NONE
   (3) Homeowner's or renter's insurance (if not included above) $ 30.00
   (4) Maintenance and repair $ NONE
b. Health-care costs not paid by insurance $ NONE
c. Child care $ 500.00
d. Groceries and household supplies $ 300.00
e. Eating out $ 100.00
f. Utilities (gas, electric, water, trash) $ 150.00
g. Telephone, cell phone, and e-mail $ 80.00
k. **Entertainment, gifts, and vacation** $ 20.00
i. Clothing and personal care $ 50.00
j. Medical and dental expenses $ NONE
k. Entertainment, gifts, and vacation $ 100.00
l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.) $ 60.00
m. Insurance (life, accident, etc.; do not include auto, home, or health insurance) $ 50.00
n. Savings and investments $ 40.00
o. Charitable contributions $ NONE
p. Monthly payments listed in item 14 *(itemize below in 14 and insert total here)* $ 155.00
q. Other *(specify):* $

r. **TOTAL EXPENSES** (a-q) *(do not add in the amounts in a(1)(a) and (b))* $ 2,035.00

s. **Amount of expenses paid by others** $ 400.00

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

Paid to	For	Amount	Balance	Date of last payment
Visa	General Purchases	$ 100.00	$ 3,000.00	6/2018
Kohl's	Clothing	$ 55.00	$ 1,000.00	5/2018
		$	$	
		$	$	
		$	$	
		$	$	

15. **Attorney**
   a. To da
   b. The s
   c. I still
   d. My att

Only complete this section if you had an attorney and want the other party to pay for your attorney.

I confirm this fe

Date: Dare your ATTORNEY signs form

Your ATTORNEY prints his/her name here

(TYPE OR PRINT NAME)

Your ATTORNEY signs his/her name here

(SIGNATURE OF DECLARANT)

PETITIONER: Petitioner's Name
RESPONDENT: Respondent's Name
OTHER PARTY/PARENT/CLAIMANT: Other Parent/Party's Name (if applicable)

CASE NUMBER:
COURT CASE NUMBER, if you have one

Only fill out this page if you have children with the other person in this case.

16. **Number of children**
    a. I have *(specify number):* children under the age of 18 with the other parent in this case.
    How many children you have together?
    b. The child
    (If you're
    Fill in the percent of time the child(ren) spend with each parent. If you are unsure of the percentages, describe your schedule here.

    For example: The children live with me and are with the other parent every 1st and 3rd weekend from Friday at 6pm to Sunday at 6pm.

17. **Children's health-care expenses**
    a. ☐ I do ☐ I do not have health insu to me for the children through my job.
    Check one
    b. Name of insurance company:
    c. Address of insurance company:
    If you checked "I do", fill in the name and address of your insurance company and how much it costs.

    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 insura	$
c. Travel expenses for visitation	$
d. Children's educational or other special needs	$

Fill in items a-d if applicable

Fill in items a-c and describe the hardship below, if applicable

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 *(specify):*

(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):*

Write any information here that you want the court to know regarding child support in this case.

SHORT TITLE:	CASE NUMBER:
Petitioner's last name and Respondent's last name	YOUR CASE NUMBER

ATTACHMENT *(Number)* : 10

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

Use this page to explain why you agree or disagree with the other party's 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.)

Form Approved for Optional Use
Judicial Council of California
MC-025 [Rev. July 1, 2009]
Martin Dean's Essential Forms™

ATTACHMENT
to Judicial Council Form

ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address):*	*FOR COURT USE ONLY*
Your name **Your address** TELEPHONE NO.: FAX NO. *(Optional):* E-MAIL ADDRESS *(Optional):* ATTORNEY FOR *(Name):*	**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: **Family Justice Center Courthouse**	
PETITIONER/PLAINTIFF: **Petitioner's name (person who started the case)** RESPONDENT/DEFENDANT: **Respondent's name** OTHER PARENT/PARTY:	CASE NUMBER: **Your court case number** *(If applicable, provide):* HEARING DATE: HEARING TIME: DEPT.:
PROOF OF SERVICE BY MAIL	

NOTICE: To serve temporary restraining orders you must use personal service (see form FL-330).

1. **This form will be completed by your server. (The server is the person who mailed 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.)**

2. My residence or business address is:

   Address of server

3. I served a copy of the following documents *(specify)* :

   Filed copy of: Responsive Declaration to Request for Order
   If you completed form FL-311 or FL-150, write "FL-311" or "FL-150" here.

   by enclosing them in an envelope AND
   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.

4. The envelope was addressed and mailed as follows:
   a. Name of person served: **Name of person who was served**
   b. Address: **Address where the forms were mailed**
   c. Date mailed: **Date server mailed the forms**
   d. Place of mailing *(city and state)*: **What city was the server in when they mailed out the forms?**

5. ☐ I served a request to modify a child custody, visitation, or child support judgment or permanent order which included an address verification declaration. *(Declaration Regarding Address Verification—Postjudgment Request to Modify a Child Custody, Visitation, or Child Support Order* (form FL-334) may be used for this purpose.)

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

Date: **Date server signs this form**

Server's name (TYPE OR PRINT NAME)

Server's signature (SIGNATURE OF PERSON COMPLETING THIS FORM)