SAMPLE

RESPONSE TO REQUEST FOR OTHER 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		
RESPONDENT:		
OTHER PARENT/PARTY: Respondent's name		
RESPONSIVE DECLARATION TO REQUEST FOR ORDER		CASE NUMBER:
HEARING DATE: TIME: DEPARTMENT OR ROOM:		Court Case Number

Read *Information Sheet: Responsive Declaration to Request for Order* (form FL-320-INFO) for more information about this form.

1. ☐ RESTRAINING ORDER INFORMATION
   a. ☐ No domestic vio
   b. ☐ I agree that one ties 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.

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	Petitioner's name (person who started the Respondent's name	NUMBER: 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 out 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)

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

ATTACHMENT *(Number)* : 9

(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]

ATTACHMENT
to Judicial Council Form

www.courtinfo.ca.gov

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):* Self-Represented	**SAMPLE ONLY Do not write on this copy!**
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Santa Clara STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME: Ask staff to stamp form with court address	
PETITIONER/PLAINTIFF: Petitioner's name RESPONDENT/DEFENDANT: Respondent's name OTHER PARENT/PARTY:	CASE NUMBER: Your court case number *(If applicable, provide):* HEARING DATE: HEARING TIME: DEPT.: Court date, time and department
PROOF OF SERVICE BY MAIL	

NOTICE: To ser This section is to be completed by the person who mails a filed copy of your response forms to the other party.

1. I am at least ~~18 years of age, not a party to this action, and I am a resident of or employed in the county where~~ the mailing took place.
2. My residence or business address is:
   Address of server (person who mailed a filed copy of your forms to the other
3. I served a copy of the following documents *(specify)* :
   Filed copy of: Responsive Declaration to Request for Order
   If you complete form FL-311 write "FL-311" 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: The other party's name
   b. Address: The other party's address
   c. Date mailed: Date server mailed your forms to the other party
   d. Place of mailing *(city and state):* City and state where the forms were placed in the mail
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 will print his/her name here ▶ Server will sign his/her name here

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