SAMPLES

UPA RESPONSE AND EX PARTE REQUEST FOR ORDERS

New 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 A Your Address
City, State, Zip

TELEPHONE NO.: FAX NO. *(Optional):*

E-MAIL ADDRESS *(Optional):*

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: **Family Justice Center Courthouse**

PETITIONER:

RESPONDENT:

CASE NUMBER:
Your Court Case 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

DECLA

DEPARTMENT NUMBER:

FCS NUMBER:

I, the under

1. I am (choose one):
   a. ☐ attorney for Petitioner ☐ 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
   (I and tele
   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.
   P
   Address/Telephone number:
   Child's attorney name and addr If minor child has an attorney, put their info here.

3. **OTHER CASES**: Have the parties to volved in another Family, Probate, Juvenile, or Criminal Court Case? ☐ Yes ☐ No If th CHOOSE ONE her case, fill in the case number: _____

4. **OTHER APPLICATIONS:** Le another party ☐ have ☐ have not made previous application(s) on the same issue. Orders were ☐ w Check the boxes that apply and explain in your declaration.

5. **NOTICE**
   a. **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 ow)
      ☐ In _____
      ☐ W

   b. **I ask t t apply. In the sp you must give fa Domestic Violen**
      ☐ Th
      ☐ Th
      ☐ 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	PRINT YOUR NAME	SIGN YOUR NAME
Date	Print Name	Signature of Declarant

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

Your name
Your address

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:

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

TEMPORARY EMERGENCY (EX PARTE) ORDERS

[X] Child Custody [X] Visitation (Parenting Time) [ ] Property Control
[ ] Other *(specify):*

Check all the boxes that apply

CASE NUMBER:

Court Case Number

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

[X] 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 lo e case, or (c) set or change procedures for a hearing or trial.

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

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

3. [X] **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

Temporary physical custody, care, and control to:

Petitioner	Respondent	Other Party/Parent
[ ]	[ ]	[ ]
[ ]	[ ]	[ ]
[ ]	[ ]	[ ]
[ ]	[ ]	[ ]
[ ]	[ ]	[ ]

[ ] Continued on Attachment 3(a)

b. [X] **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?

[ ] See Attachment 3(b)

THIS IS A COURT ORDER.

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

3. ☐ **CHILD CUSTODY (continued)**

c. **Travel restrictions**

(1) The p[illegible] **must not remove the minor child[illegible]ng.**

Complete this section if you want the court to restrict travel with the minor child(ren) until the court hearing.

(2) ☐ [illegible] minor children *(specify):*

(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: | STATE BAR NUMBER:
FIRM NAME: Your name
STREET ADDRESS: Your address
CITY: | STATE: | ZIP CODE:
TELEPHONE NO.: | FAX NO.:
EMAIL ADDRESS:
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: Family Justice Center Courthouse

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 ☒ Vis[itation] ☐ Pr[operty] or Partner Support
☐ Child Support ☐ Pr[otective Order] 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

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):*

Check one

2. **A COURT HEARING WILL BE HELD AS FOLLOWS:**

   a. Date: Time: ☐ Dept.: ☐ Room.:
   b. Address of cou[rt]: Leave this box blank

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

Form Adopted for Mandatory Use
Judicial Council of California
FL-300 [Rev. January 1, 2025]

REQUEST FOR ORDER

Family Code, §§ 2045, 2107, 6224, 6226, 6320–6326, 6380–6383
Government Code, § 26826
Cal. Rules of Court, rule 5.92
www.courts.ca.gov

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

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. ☐ RESTRAINING ORDER INFORMATION
One or more domestic violence restraining/protective orders are now in effect between *(specify):*

☐ *(Check one.)*
The

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.

a.
b. ☐ Family: County/state *(specify):* Case No. *(if known)*:
c. ☐ Juvenile: County/state *(specify):* Case No. *(if known)*:
d. ☐ Other: C No. *(if known)*:

Check these boxes, if you are asking for Custody and Parenting Time orders.

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	

☐ Attachment 2a.

b. ☒ The orders I request for ☒ child custody ☒ visitation (parenting time) are:
(1) ☒ Specified in the attached forms:
☒ Form FL-305 ☒ Form FL-311 ☐ Form FL-312 ☐ Form FL-341(C)
☐ Form FL-341(D) ☐ Form FL-341(E) ☐ Other *(specify):*
(2) ☐ As follows *(specify):* ☐ Attachment 2b.

c. The orders that I request are in the best interest of the children because *(specify):* ☐ Attachment 2c.

Explain why you are asking for temporary emergency orders and why the orders you are requesting are good for your child(ren).

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

CAS Your Case Number

2. d. ☐ This is a change from the current order for ☐ child custody ☐ visitation (parenting time).

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

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

achment 2d.

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

Child's name and age

☒ I request support for each child based on the child support guideline.

Monthly amount ($) requested (if not by guideline)

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

☐ 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)*:

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. ☐

LEAVE BLANK

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

5. [ ] ...rs ...d ...ts

LEAVE BLANK

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.

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

9. [X] 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. [X] Attachment 9.

Tell the court why you are requesting the emergency 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.

Date: Today's date

Print your name
(TYPE OR PRINT 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: 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.** Custody of the minor children of the parties is requested as follows: ☐ 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: Un

Complete this section with the parenting schedule you are requesting 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.

SHORT TITLE:
Petitioner's Name and Respondent's Last Name

CA
Leave Blank

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 need. 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 had 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.)

Form Approved for Optional Use
Judicial Council of California
MC-025 [Rev. January 1, 2007]

ATTACHMENT
to Judicial Council Form

www.courtinfo.ca.gov

Martin Dean's Essential Forms™

SHC/FLF SAMPLE

PARTY WITHOUT ATTORNEY OR ATTORNEY	STATE BAR NUMBER:	FOR COURT USE ONLY
NAME: Your Name FIRM NAME: STREET ADDRESS: Your Address CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR *(name)*: Self-Represented		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: Other Party's Name RESPONDENT: Your Name		
RESPONSE TO PETITION TO DETERMINE PARENTAL RELATIONSHIP		CASE NUMBER: Your Court Case Number

1. The petitioner
   a. ☐ is a parent of the children in item 2.
   b. ☐ is not a parent of the children in item 2.
   c. ☐ is the child or the child's personal representative *(specify court and date of appointment):*
   d. ☐ Other *(specify):*

   Check the box that applies to the other party.

2. The children are

a. Child's name	Birthdate	Age
Child #1's Name	Date of Birth	M/F
Child #2's Name	Date of Birth	M/F
Child #3's Name	Date of Birth	M/F

   b. ☐ a child who is not yet born

   Check this box if there is an unborn child.

3. The respondent
   a. ☐ lives in the state of California.
   b. ☐ was in California when the children listed
   c. ☐ does not live in the state of California.
   d. ☐ was not in California when the children listed in item 2 were conceived.
   e. ☐ Other *(specify):*

   Check the box that applies to you.

4. The children
   a. ☐ live or are found in this county.
   b. ☐ are children of a parent who is deceased, and proceedings for administration of the estate have been or could be started in this county.

   Check one

5. The respondent is
   a. ☐ the parent of the children listed i
   b. ☐ not certain if the respondent is the parent of the children listed in item 2 above.
   c. ☐ not the parent of the children listed in item 2 above.
   d. ☐ Other *(specify):*

   Check the box that applies to you.

6. Additional statements
   a. ☐ Parent declaration of parentage or paternity. *(Attach a copy if available.)*
   b. ☐ Parent ☐ governmental child support ☐ Other *(specify):*
   c. ☐ Public assistance is being provided to the children.

   Check any boxes that apply.

7. A completed *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA)* (form FL-105) is attached.

Form Approved for Optional Use
Judicial Council of California
FL-220 [Rev. January 1, 2020]

RESPONSE TO PETITION TO DETERMINE PARENTAL RELATIONSHIP
(Uniform Parentage)

Family Code, § 7630
www.courts.ca.gov

CEB ceb.com | Essential Forms

PETITIONER: **Other Party's Name** RESPONDENT: **Your Name**	CASE NUMBER: **Your Court Case Number**

The respondent asks that the court make the determinations li **Check the boxes below that apply.**

8. PARENT-CHILD RELATIONSHIP *(check all that apply):*
   a. ☐ Respondent ☐ Petitioner is the parent of the children listed in item 2.
   b. ☐ Respondent ☐ Petitioner is not the parent of the children listed in item 2.
   c. ☐ Respondent requests genetic testing to determine whether the ☐ Petitioner ☐ Respondent is the parent of the children listed in item 2.

9. CHILD CUSTODY AND VISITATION (PARENTING TIME)

	Petitioner	Respondent	Joint	Other
a. Legal custody of ch				☐
b. Physical custody of				☐
c. Child visitation (par				☐

Complete this section with the orders you are requesting for Custody and Visitation, they should match form FL-311.

As requested in ☒ form FL-311 ☐ form FL-312 ☐ form FL-341(C) ☐ form FL-341(D) ☐ form FL-341(E) ☐ Attachment 6c(1)

   d. The facts in support of the requested custody and visitation (parenting time) orders are *(specify):*
   ☐ Contained in the attached declaration.

10. REASONABLE EXPENSES OF PREGNANCY AND BIRTH:

	Petitioner	Respondent	Joint
Reasonable expenses of pregnancy and birth to be paid by as follows:	☐	☐	☐

11. FEES AND COSTS OF LITIGATION

	Petitioner	Respondent	Joint
a. Attorney fees to be paid by	☐	☐	☐
b. Expert fees, guardian ad litem fees, and other costs of the action or pretrial proceedings to be paid by	☐	☐	☐

12. NAME CHANGE
   ☐ Children's names be changed, according to Family Code section 7638, as follows *(specify old and new names):*

If you are requesting to change the child(ren)'s name(s), complete this section with the current name(s) and the new name(s).

13. OTHER ORDERS REQUESTED *(specify):*

14. CHILD SUPPORT
   The court may make orders for support of the children and issue an earnings assignment without further notice to either party.

I have read the restraining order on the back of the *Summons* (FL-210) and I understand it applies to me.

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

Date: **Today's Date**

Print Your Name _____
(TYPE OR PRINT NAME)

Sign Your Name _____
(SIGNATURE OF RESPONDENT)

NOTICE: If you have a child from this relationship, the court is required to order child support based upon the income of both parents. Support normally continues until the child is 18. You should supply the court with information about your finances. Otherwise, the child support order will be based upon information supplied by the other parent. Any party required to pay child support must pay interest on overdue amounts at the "legal" rate, which is currently 10 percent.

ATTORNEY OR PARTY WITHOUT ATTORNEY — STATE BAR NUMBER:
NAME:
FIRM NAME:
STREET ADDRESS: Your name / Your address
CITY: STATE: ZIP CODE:
TELEPHONE NO.: FAX NO.:
EMAIL ADDRESS:
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: Family Justice Center Courthouse

(This section applies to cases other than probate guardianships.)
PETITIONER: Petitioner's name
RESPONDENT: Respondent's name
OTHER PARTY:
CHILD'S NAME:

GUARDIAN — Leave blank — Minor

CASE NUMBER: Your Court Case #

DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)

1. I am *(check one)*: [X] a party to # of children you have WITH the other party epresentative of the rmine custody of a child.
2. There are *(specify number)*: minor children who are subject to this proceeding, as follows *(list oldest child first)*:

	Full Name	Date of birth	Place of birth (city and state)
a.			
b.			
c.			
d.			

Starting with the oldest child, list each of the children you have with the other party. If you need more space, check the box below and attach an additional page (you may use MC-020).

[ ] Check this b -105, Attachment 2, Additional C is form.)

Check here, if you only have one child with the other party OR all of the children have lived at the same address(es) together for the past 5 years. If the children have lived at different addresses from each other during the past 5 years, you will check box 3b and attach form FL-105(A) to list each child's address information.

3. a. [ ] Check t e past five years. *(Provide the c . If the current address is co nce.)*

Dates of residence (Month/Year)		Residence (City, State)	Person child lived with and complete current address	Relationship
From: 1/2025	To present	San Jose, CA [ ] Confidential *(list state only)*	John Smith 123 Main St., SJ, CA [ ] Confidential *(list state only)*	Father
From: 1/2020	To: 1/2025	San Jose, CA	Jane Doe 456 Main St., SJ, CA	Mother
From:	To:			
From:	To:			
From:				

Check here if you need space for more addresses.

[ ] Addition

b. [ ] Check Check here if the children had different address information, then complete the above for the oldest child and use FL-105(A) for each additional child. *(Attach form FL e years.)*

Form Adopted for Mandatory Use
Judicial Council of California
FL-105/GC-120 [Rev. January 1, 2025]

Family Code, § 3400 et seq.;
Probate Code, §§ 1510(f), 1512
www.courts.ca.gov

CASE NAME: Petitioner's last name v. Respondent's last name

CASE NUMBER: Your Court Case #

4. Do you have information about, or have you participated as a party or as a witness or in some other capacity in, another court case or custody or visitation proceeding, in California or elsewhere, concerning a child subject to this proceeding?
☐ Yes ☐ No *(If yes, attach a copy of the orders if you have one and provide the following information):*

Proceeding	Case number	Court *(name, state or tribe, location)*	Court order or judgment *(date)*	Name of each child	Your connection to the case	Case status
a. ☐ Family						
b. ☐ Probate Guardianship						
c. ☐ Other						

If you know about any other court cases involving the child(ren) in this case check "yes" above and complete this section.

Proceeding	Case Number	Court *(name, state or tribe, location)*
d. ☐ Juvenile		
e. ☐ Adoption		

5. ☐ One or more domestic violence restraining/protective orders are now in effect. *(Attach a copy of the orders if you have one and provide the following information):*

Court	County	State or Tribe	Case Number *(if known)*	Orders expire *(date)*
a. ☐ Criminal				
b. ☐ Family				
c. ☐ Juvenile				
d. ☐ Other				

If there are any restraining orders in place, check the box next to the type of court that made the orders and fill in the case information here.

6. Do you know of any person who is not a party to this proceeding who has physical custody of or claims to have rights to custody of or visitation with any child in this case? ☐ Yes ☐ No *(If yes, provide the following information):*

If you think you should fill out this area, check with staff first.

a. Name and address of person:		
☐ Has physical custody ☐ Claims custody rights ☐ Claims visitation rights	☐ Has physical custody ☐ Claims custody rights ☐ Claims visitation rights	☐ Has physical custody ☐ Claims custody rights ☐ Claims visitation rights
Name of each child:		Name of each child:

Check here and write the # of pages attached, if you used any attachments

7. ☐ Number of pages attached: _____

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

Date: Today's date

Print your name
(NAME OF DECLARANT)

Sign your name
(SIGNATURE OF DECLARANT)

NOTICE TO DECLARANT: You have a continuing duty to inform this court if you obtain any information about a custody proceeding in a California court or any other court concerning a child subject to this proceeding.

ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406) *(Name, State Bar number, and address):*	*FOR COURT USE ONLY*
Your name Your address TELEPHONE NO.: FAX NO.: 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: Ask staff to stamp courthouse address CITY AND ZIP CODE: BRANCH NAME:	
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: Your hearing date, time and dept. DEPT.:
PROOF OF PERSONAL SERVICE	

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):* The other party'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 was served (handed) to the other party
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):*
   Server's name, address and telephone number
   Note: The "server" is the person who handed a filed copy of your forms to the other party.
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
(TYPE OR PRINT NAME OF PERSON WHO SERVED THE PAPERS)

Server will sign his/her name here
(SIGNATURE OF PERSON WHO SERVED THE PAPERS)

Form Approved for Optional Use
Judicial Council of California
FL-330 [Rev. January 1, 2012]

PROOF OF PERSONAL SERVICE

Code of Civil Procedure, § 1011
www.courts.ca.gov