

SAMPLE

REQUEST FOR ORDER, C/V

Rev. 1/1/2023

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

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

REQUEST FOR ORDER

Note: Place a mark 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):

Petitioner Respondent Other Parent/Party (Attach a copy of the orders if you have one.)

The If there is a restraining order in place between you and the other party,

a. complete this section and attach a copy, if you have one.

b.

c. Juvenile: County/state (specify): _____ Case No. (if known): _____

d. Other: Check these boxes, if you are asking for Custody and Parenting Time orders. _____ (if known): _____

2. CHILD CUSTODY

VISITATION (PARENTING TIME)

I request temporary emergency orders

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

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

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):

Attachment 2d.

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

3. CHILD SUPPORT

(Note: An earnings assignment may be issued with this order.)

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

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

Child's name and age

I request support for each child Monthly amount (\$) requested based on the child support guideline. (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 the 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

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

The court ordered \$ _____ per month for support.

c. This request is to modify (change) spousal or partner support after entry of a judgment.

I have completed and attached Spousal or Partner Support Declaration Attachment (form 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 should make, change, or end the support orders because (specify):

Attachment 4e.

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

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.

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

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. DOMESTIC VIOLENCE ORDER
- Do not use this form to ask for domestic violence restraining orders! Read [form DV-505-INFO](#), *How Do I Ask for a Temporary Restraining Order*, for forms and information you need to ask for domestic violence restraining orders.
 - Read [form DV-400-INFO](#), *How to Change or End a Domestic Violence Restraining Order* for more information.
- a. The *Restraining Order After Hearing* (form DV-130) was filed on (date): _____
 - b. I request that the court change end the personal conduct, stay-away, move-out orders, or other protective orders made in *Restraining Order After Hearing* (form DV-130). (If you want to change the orders, complete 7c.)
 - c. I request that the court make the following changes to the restraining orders (specify): [Attachment 7c.](#)
 - d. I want the court to change or end the orders because (specify): [Attachment 7d.](#)

8. OTHER ORDERS REQUESTED (specify): _____ [Attachment 8.](#)

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.

9. TIME FOR SERVICE / TIME UNTIL HEARING I urgently need:
- a. To serve the *Request for Order* no less than (number): _____ court days before the hearing.
 - b. The hearing date and service of the the *Request for Order* to be sooner.
 - c. I need the order because (specify): _____ [Attachment 9c.](#)

10. 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 10.](#)

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.

Date:

 (TYPE OR PRINT NAME)

 (SIGNATURE OF APPLICANT)



Requests for Accommodations

Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least five days before the proceeding. Contact the clerk's office or go to 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: <div style="border: 1px solid black; padding: 2px; text-align: center;">Your court case number</div>
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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 Complete this section with the parenting schedule you are requesting for the parent that does not have the child most of the time. ases

a. 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)	CASE NUMBER:	
RESPONDENT:	Respondent's name	Your court case number	
OTHER PARENT/PARTY:			

e. Visitation (parenting time). (Specify start and ending date and time. If a month is specified, specify the day of the month.)

Petitioner's **Respondent's** **Other Parent's/Party's** parenting time

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

(1) **Weekends starting (date):**

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

from _____ month _____
 to _____ month _____
 (day of week) (time)

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
 (day of week) (time) after school

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

(3) **Weekdays starting (date):**

from _____ month _____
 to _____ month _____
 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**

(1) I **petitioner** **respondent** **other parent/party** have supervised visitation with the child(ren) (specify below):

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: <div style="border: 1px solid black; padding: 2px; text-align: center;">Your court case number</div>
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(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
abus
(1) **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.**

d to have a history of
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, place, and manner of transfer of the child, as Family Code section 6323(c).

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)	CASE NUMBER:
RESPONDENT: Respondent's name	Your court case number
OTHER PARENT/PARTY:	

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 Last Name v. Respondent's Last Name

CASE NUMBER:

Your Court Case Number

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ATTACHMENT (Number) : 10

Page _____ of _____

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

(Add pages as required)

Explain why the orders you are requesting are in the best interest of the child(ren).

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

If you are asking the court to order parenting time (visitation) for either you or the other parent. Explain why the schedule you are requesting is in the best interest of the child. If you are asking the court to stop the other parent's parenting time, explain specific reasons why.

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

ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406) <i>(Name, State Bar number, and address).</i>	FOR COURT USE ONLY
Your name Your address	SAMPLE ONLY Do not write on this copy!
TELEPHONE NO.: _____ FAX NO.: _____ 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: _____	
PETITIONER/PLAINTIFF: Petitioner's name (person who started the case)	CASE NUMBER: Your Case Number
RESPONDENT/DEFENDANT: Respondent's name	(If applicable, provide): HEARING DATE: Your hearing date, HEARING TIME: time and dept. DEPT.: _____
OTHER PARENT/PARTY: _____	
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.)

2. Person served (name): **The other parent's name**
3. I served copies of the following to the person served:
- FILED COPIES OF: Request for Order, Child Custody and Visitation Application Attachment,
 blank Responsive Declaration to Request for Order, ADR Options
 Completed and blank Financial Statement (Simplified)
 Completed and blank Income and Expense Declaration

Check if you completed one of these forms

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. <input checked="" type="checkbox"/> not a registered California process server. | d. <input type="checkbox"/> exempt from registration under Business & Profession Code section 22350(b). |
| b. <input type="checkbox"/> a registered California process server. | e. <input type="checkbox"/> a California sheriff or marshal. |
| c. <input type="checkbox"/> 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)