

SAMPLE

REQUEST FOR ORDER, NO C/V

REV. 5/18/2020

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

PARTY WITHOUT ATTORNEY OR ATTORNEY NAME: Your name FIRM NAME: STREET ADDRESS: Your address CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY <h1 style="margin: 0;">SAMPLE ONLY</h1> <h2 style="margin: 0;">Do not write on this copy!</h2>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: Ask staff to stamp courthouse address MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: Petitioner's name (person who started the case) RESPONDENT: Respondent's name OTHER PARENT/PARTY:	
REQUEST FOR ORDER <input type="checkbox"/> CHANGE <input type="checkbox"/> TEMPORARY EMERGENCY ORDERS <input type="checkbox"/> Child Custody <input type="checkbox"/> Visitation <input type="checkbox"/> Partner Support <input type="checkbox"/> Child Support <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Fees and Costs <input type="checkbox"/> Property Control <input type="checkbox"/> Other (specify): <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 5px auto;">Check all the boxes that apply</div>	
CASE NUMBER: Your Case Number	

NOTICE OF HEARING

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

Petitioner Respondent Other Parent/Party Other (specify):

Check one →

2. A COURT HEARING WILL BE HELD AS FOLLOWS:

a. Date: Leave this box blank Room.:

b. Address of court:

3. **WARNING to the person served with the Request for Order:** The court may make the requested orders without you if you do not file a *Responsive Declaration to Request for Order* (form FL-320), serve a copy on the other parties at least nine court days before the hearing (unless the court has ordered a shorter period of time), and appear at the hearing. (See form *FL-320-INFO* for more information.)

(Forms [FL-300-INFO](#) and [DV-400-INFO](#) provide information about completing this form.)

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): 16 court days before the hearing date
5. A *Responsive Declaration to Request for Order* (form FL-320) must be served on or before (date): 9 court days before the hearing
6. The parties must attend an appointment for child custody mediation or child custody recommending counseling as follows (specify date, time, and location):
7. The orders in *Temporary Emergency (Ex Parte) Orders* (form FL-305) apply to this proceeding and must be personally served with all documents filed with this *Request for Order*.
8. Other (specify):

Date: Leave blank

Leave blank

JUDICIAL OFFICER

PETITIONER: Petitioner's name (person who started the case) RESPONDENT: Respondent's name OTHER PARENT/PARTY:	CASE NUMBER: <div style="border: 1px solid black; padding: 5px; text-align: center; font-weight: bold;">Your Case Number</div>
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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 order if you have one.)

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

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

b.

c. Juvenile: County/state (specify):

Case No. (if known):

d. Other: County/state (specify):

Case No. (if known):

2. **CHILD CUSTODY**

I request temporary emergency orders

VISITATION (PARENTING TIME)

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

Chi

If you want to ask for

custody and/or

visitation orders, use

the custody/visitation

packet and sample

instead.

custody to (person
child lives):

b.

[Attachment 2a.](#)

c.

1(C)

[Attachment 2b.](#)

[Attachment 2c.](#)

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

(1) The order for legal or physical custody was filed on (date):

. The court ordered (specify):

(2) The visitation (parenting time) order was filed on (date):

. The court ordered (specify):

[Attachment 2d.](#)

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	Petitioner's name (person who started the case) Respondent's name Your Case Number	
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3. CHILD SUPPORT (Note: An earnings statement is required.) **Complete this section if you are asking for child support, you must also complete form FL-150.**

a. I request that the court order the following child support:

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):

If you are asking to change an order the was previously made, describe the order here.

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 SUPPORT (Note: An earnings statement is required.) **Complete this section if you are asking for spousal support or wish to modify a current spousal support order. You must also complete form FL-150.**

a. I request the court to order the following spousal support:

b. I want the court to change end the current support order filed on (date):
 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) Respondent's name	CASE NUMBER: Your Case Number
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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 and correct.

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.)

ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406)
(Name, State Bar number, and address)

Your name
Your address

TELEPHONE NO.: FAX NO.:

ATTORNEY FOR (Name): **Self-Represented**

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:

PROOF OF PERSONAL SERVICE

FOR COURT USE ONLY

SAMPLE ONLY

Do not write on this copy!

CASE NUMBER:
Your Case Number
(If applicable, provide):

HEARING DATE:
HEARING TIME: **Your hearing, date, time and dept.**
DEPT.:

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** Check if you completed one of these forms
3. I served copies of the following documents (specify):
 FILED COPIES OF: Request for Order, blank Responsive Declaration to Request for Order, ADR Options
 Completed and blank Financial Statement (Simplified) Completed and blank Income and Expense Declaration

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. d. exempt from registration under Business & Profession Code section 22350(b).
- b. a registered California process server.
- c. an employee or independent contractor of a registered California process server. 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

Server will sign his/her name here

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

(SIGNATURE OF PERSON WHO SERVED THE PAPERS)

