

# SAMPLE

REQUEST FOR ORDER, NO C/V

REV. 1/1/2025

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



PARTY WITHOUT ATTORNEY OR ATTORNEY NAME: <span style="border: 1px solid black; padding: 2px;">Your name</span> FIRM NAME: STREET ADDRESS: <span style="border: 1px solid black; padding: 2px;">Your address</span> CITY: TELEPHONE NO.: EMAIL ADDRESS: ATTORNEY FOR (name): STATE BAR NUMBER: STATE: ZIP CODE: FAX NO.:	<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: MAILING ADDRESS: <span style="border: 1px solid black; padding: 2px;">Ask staff to stamp courthouse address</span> CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: <span style="border: 1px solid black; padding: 2px;">Petitioner's name (person who started the case)</span> RESPONDENT: <span style="border: 1px solid black; padding: 2px;">Respondent's name</span> 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 (Parenting Time) <input type="checkbox"/> Spousal or Partner Support <input type="checkbox"/> Child Support <input type="checkbox"/> Fees and Costs <input type="checkbox"/> Other (specify): <span style="border: 1px solid black; padding: 2px;">Check all the boxes that apply</span>	
CASE NUMBER: <span style="border: 1px solid black; padding: 2px;">Your Case Number</span>	

*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)

Check one ☐ Petitioner ☐ Respondent ☐ Other Parent/Party ☐ Other (specify):

2. A COURT HEARING WILL BE HELD AS FOLLOWS:

a. Date: <span style="border: 1px solid black; padding: 2px;">Leave this box blank</span>	Room.: <input type="checkbox"/>
b. Address of court: <span style="border: 1px solid black; padding: 2px;">Leave this box blank</span>	

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) 16 court days before the hearing
5. ☒ A *Responsive Declaration to Request for Order* (form FL-320) must be served on or before (date) 9 court days before the
6. ☐ The parties must attend an appointment for child custody mediation or child custody recommendation 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)	CASE NUMBER:
RESPONDENT	Respondent's name	Your Case Number
OTHER PARENT/PARTY		

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):

☐ 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. ☐ Family: County/state (specify): Case No. (if known):
- b. ☐ Juvenile: County/state (specify): Case No. (if known):
- c. ☐ Other: County/state (specify): Case No. (if known):

2. ☐ CHILD CUSTODY

☐ VISITATION (PARENTING TIME)

☐ I request temporary emergency orders

a. ☐ If you want to ask for custody to (person child lives):

b. ☐ Attachment 2a.

c. ☐ Attachment 2b.

d. ☐ Attachment 2c.

**If you want to ask for custody and/or visitation orders, use the custody/visitation packet and sample instead.**

PETITIONER: <span style="border: 1px solid black; padding: 2px;">Petitioner's name (person who started the case)</span> RESPONDENT: <span style="border: 1px solid black; padding: 2px;">Respondent's name</span> OTHER PARENT/PARTY: <span style="border: 1px solid black; padding: 2px;"></span>	CASE NUMBER: <span style="border: 1px solid black; padding: 2px;">Your Case Number</span>
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2. 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):

3. ☐ CHILD SUPPORT. Complete this section if you are asking for child support, you must also complete form FL-150. Attachment 2d.
- (Note: An earnings assignment is required for child support.)

- 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):

If you are asking to change an order that 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. 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. (Note: An earnings assignment is required.)

- a. ☐ Amount requested (monthly): \$
- 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 make, change, or end the support orders because (specify): ☐ Attachment 4e.

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

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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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.
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.

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.

8. ☐ 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 8.
9. ☒ 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 9.

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 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](http://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) <i>(Name, State Bar number, and address)</i> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;">Your name Your address</div> <div style="display: flex; justify-content: space-between; margin: 5px 0;"> <span>TELEPHONE NO.:</span> <span>FAX NO.:</span> </div> ATTORNEY FOR (Name): <b>Self-Represented</b>	<b>FOR COURT USE ONLY</b>  <div style="font-size: 24pt; font-weight: bold; margin: 10px 0;">SAMPLE ONLY</div> <div style="font-size: 18pt; font-weight: bold; margin: 10px 0;">Do not write on this copy!</div>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF Santa Clara</b> STREET ADDRESS: MAILING ADDRESS: <div style="border: 1px solid black; padding: 5px; display: inline-block;">Ask staff to stamp courthouse address</div> CITY AND ZIP CODE: BRANCH NAME:	CASE NUMBER: <div style="border: 1px solid black; padding: 5px; display: inline-block;">Your Case Number</div> <i>(If applicable, provide):</i> HEARING DATE: HEARING TIME: DEPT.:
PETITIONER/PLAINTIFF: <div style="border: 1px solid black; padding: 5px; display: inline-block;">Petitioner's name (person who started the case)</div> RESPONDENT/DEFENDANT: <div style="border: 1px solid black; padding: 5px; display: inline-block;">Respondent's name</div> OTHER PARENT/PARTY:	<div style="border: 1px solid black; padding: 5px; display: inline-block; width: 100%;">Your hearing, date, time and dept.</div>
<b>PROOF OF PERSONAL SERVICE</b>	

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.    e. ☐ a California sheriff or marshal.
- c. ☐ 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  
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)