SAMPLE

RESPONSE TO REQUEST FOR CUSTODY AND/OR VISITATION ORDERS

Rev. 1/1/2023

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

					1 L-32
	ORNEY OR ATTORNEY	STATI	BAR NUMBER	₹:	FOR COURT USE ONLY
NAME:	Your name				
FIRM NAME: STREET ADDRESS:	Your address				
CITY:	Tour address	STATE	: ZI	P CODE:	
TELEPHONE NO.:		FAX NO	v.:		SAMPLE
E-MAIL ADDRESS:					
ATTORNEY FOR (nam	e): Self-Represented				ONLY
SUPERIOR COU	RT OF CALIFORNIA, COUN	TY OF Santa	Clara		ONLI
STREET ADDRESS:					De wel wwite
MAILING ADDRESS:					Do not write
CITY AND ZIP CODE:	Family Division				
		s name (ne	rson wh	no started the cas	on this copy!
	TITIONER: Petitioner	3 Harrie (pe	713011 WI	io started the eat	
OTHER PARE	Daananda	nt's name			
			<u> </u>		OAGE NUMBER:
R	ESPONSIVE DECLAR	ATION TO R	EQUEST	FOR ORDER	CASE NUMBER:
HE.	ARING DATE:	ΓIME:		DEPARTMENT OR ROOM:	Court Case Number
Read Info	rmation Sheet: Responsive	Declaration to	Request fo	or Order (form FL-320-I	NFO) for more information about this form.
1. REST	RAINING ORDER INFOR	MATION			
a.	No domestic		 	and and many in affect b	chuse on the mention in this case
b		ete this sec	tion to le	et the court know	if there are an e parties in
	this case. restrain	ing orders	in place	between you an	d the other party.
2. CHILE	CUSTODY		•	•	, ,
VISITA	ATION (PARENTING TIME	≣)			
🖍 a. 🗀	I consent to the order	requested for d	child custo	dy (legal and physical o	custody).
b	I consent to the order i	equested for v	risitation (p	arenting time).	
\ c.	I do not consent to the	order request	ed for	child custody	visitation (parenting time)
\1	but I consent to	the following o	rder:		
If t	he papers you rece	ived ack fo	or cuctor	dy and/or vicitation	on orders, check
bo	x 2 and choose a ,	b or c. If	c, desc	ribe the custody	and/or visitation
ord	orders YOU want on attached form FL-311.				
	SUPPORT				
					FL-150) or, if eligible, a current Financial
\	atement (Simplified) (form		роп ту ге	esponsive declaration.	
\ b.	I consent to the order	•			
V c. ⊨	consent to guideline		he	but I consent to the fol	lowing order:
If t	<u>-</u>				neck box 3 and choose a, b, c
				• •	icon box o and onlock a, b, o
	d. If d, you may wri			o want.	
_	ISAL OR DOMESTIC PAR				
•		current Incon	ne and Exp	ense Declaration (<mark>forn</mark>	n FL-150) to support my responsive
\	eclaration.				
b	I consent to the order	•	—		
с	I do not consent to the	e oraer reques	rea	but I consent to the fol	iowing order:
If the	e papers you receiv	ed ask for	spousa	l or partner supp	ort orders, check
	4 and choose a, b c		•		· ·

Petitioner's name (person who started the case)	FL-320
PETITIONER: RESPONDENT: Respondent's name OTHER PARENT/PARTY:	Court Case Number
5. PROPERTY CONTROL a. Lonsent to the order requested. b do not consent to the order requested but I consent to the follows:	wing order:
If the papers you received ask for property control orders, choose a or b. If b, write out the order YOU want.	, check box 5 and
 ATTORNEY'S FEES AND COSTS a. I have completed and filed a current <i>Income and Expense Declaration</i> (form F declaration. b. I have completed and filed with this form a <i>Supporting Declaration for Attorney</i> FL-158) or a declaration that addresses the factors covered in that form. I consent to the order requested. 	y's Fees and Costs Attachment (form
I do not consent to the order requested but I consent to the If the papers you received ask for attorney's fees and costs, check box write out the order YOU want. You must also complete forms FL-150 at	6 and choose c or d. If d,
7. DOMESTIC VIOLENCE ORDER a. I consent to the order requested. but I consent to the If you received an FL-300 asking to modify or change a domestic violen box 7 and choose a or b. If you received a DV-110 and DV-100, use for	ce restraining order, check
8. OTHER ORDERS REQUESTED a. I consent to the order requested. b I do not consent to the order requested but I consent to the If the papers you received asked for other orders, check both, write of the order YOU want.	
9. TIME FOR SERVICE / TIME UNTIL HEARING a. I consent to the order requested. b I do not consent to the order requested but I consent to the	•
If the papers you received asked to shorten the time for ser check box 9 and choose a or b. If b, write of the order YOU FACTS TO SUPPORT my responsive declaration are listed below. The facts that longer than 10 pages, unless the court gives me permission.	J want.
Use this space to explain why you agree or disagree with You may attach additional pages however you are limited	
I declare under penalty of perjury under the laws of the State of California that the information is true and correct. Date: Today's date Print you name Sign you	·
(TYPE OR PRINT NAME)	(SIGNATURE OF DECLARANT)

PETITIONER: Petitioner's name (person who started this case) CASE NUMBER: RESPONDENT: Respondent's name Your court case number OTHER PARENT/PARTY: CHILD CUSTODY AND VISITATION (PARENTING TIME) APPLICATION ATTACHMENT —This is not a court order— Petition Response Request for Order **X** Responsive Declaration to Request for Order Other (specify): 1. a. X Custody. Complete this section if the other party asked for custody orders and you Attachment 1a. Custody to want to let the court know what order you want. nocrson the child (person who decides about the child's Child's Name Date of Birth regularly lives with) health, education, and welfare) List all of the minor children you have with the Who should have legal custody and who should other party (oldest to youngest): have physical custody? You have three choices: Child #1's name and date of birth your name, the other parent's name or joint Child #2's name and date of birth Child #3's name and date of birth Custody with allegations of a history of abuse or substance abuse to have Complete this section if there is a history of abuse as described in 1.b.(1) ent spouse, or the or if there is a history of substance abuse as described in 1.b.(2). (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: Other (specify): Attachment 1b.

Un (Complete this section if the other party asked for visitation orders and you court know what orders you want for the parent that does not have the child	want to let the
' 'I'	court know what orders you want for the parent that does not have the child	d most of the time.
. [See the attachedpage document dated (specify date):	
. [The portion will go to shild quotody modiction or shild quotody recommending council local Check here if you want the court to order you and the other	ling at (specify date, tin
	party to go to mediation to work out a parenting plan.	

2. **X**

PETITIONER: RESPONDENT: Respondent's name (person who started this case)

OTHER PARENT/PARTY:

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 <i>Declaration of Supervised Visitation Provider (Professional)</i> (<u>form FL-324(P)</u>) 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)
Only complete this section if you completed item 1.b. AND are asking d to have a history of
for the visitation to be unsupervised. You must explain why this is in
the child's best interests despite the allegations of abuse or current spouse, or
substance abuse.
(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. Transportation for visitation (parenting time) and place of exchange
Note: In cases of demostic violence, the court must have analysh information to make orders that are enceitic as to the time, 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):

FL-311 [Rev. January 1, 2023]

Other. I request the following additional orders (specify):

that are not addressed anywhere else on this form.

Complete this section if you are asking for other orders about the minor child(ren)

CHORT TITLE:	CASE NUMBER:
Petitioner's last name and Respondent's last name	YOUR CASE NUMBER
ATTACHMENT (Number): 10 (This Attachment may be used with any Judicial Cour	ncil form.)
Use this page to explain w	hy you
agree or disagree with the	e other
party's request.	
the item that this Attachment concerns is made under penalty of perjury, all statements achment are made under penalty of perjury.)	s in this Page of (Add pages as require

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FL-335			
Your name	POR COURT USE UNET			
Your address	SAMPLE			
Tour address	SAIVIPLE			
	ONLV			
TELEPHONE NO.: FAX NO. (Optional): E-MAIL ADDRESS (Optional):	ONLY			
ATTORNEY FOR (Name):	Da walaaniila			
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Santa Clara	Do not write			
STREET ADDRESS: 201 N. First Street, San Jose, CA 95113				
MAILING ADDRESS: 191 N. First Street, San Jose, CA 95113	on this copy!			
CITY AND ZIP CODE: BRANCH NAME: Family Justice Center Courthouse				
DETITIONED (DI AINTIEE	CASE NUMBER:			
Petitioner's name (person who started the case)	Your court case number			
RESPONDENT/DEFENDANT: Respondent's name				
	(If applicable, provide):			
OTHER PARENT/PARTY:	HEARING DATE:			
PROOF OF SERVICE BY MAIL	HEARING TIME: DEPT.:			
NOTICE TO THE PARTY OF THE PART				
This form will be completed by your server. (The server is the person who	mailed a filed copy of the forms			
1. 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.)			
place.				
2. My residence or business address is:				
2. My residence of Susmissio dual reserve.				
Address of server				
3. I served a copy of the following documents (specify):				
Filed copy of: Responsive Declaration to Request for Order				
If you complete form FL-311, write "FL-311" here				
by enclosing them in an envelope AND				
a. A depositing the sealed envelope with the United States Postal Service with the				
 b. placing the envelope for collection and mailing on the date and at the place shot business practices. I am readily familiar with this business's practice for collecting 	· ·			
mailing. On the same day that correspondence is placed for collection and maili				
business with the United States Postal Service in a sealed envelope with postag				
4. The envelope was addressed and resided as follows:				
a. Name of person served: Name of person who was served				
b. Address: Address where the forms were mailed				
c. Date mailed: Date server mailed the forms				
d. Place of mailing (city and state): What city was the server in when they mailed out the forms?				
5. I served a request to modify a child custody, visitation, or child support judgment or permanent order which included an				
address verification declaration. (Declaration Regarding Address Verification—Postjudgment Request to Modify a Child Custody, Visitation, or Child Support Order (form FL-334) may be used for this purpose.)				
Castady, Visitation, of Child Capport Order (1011111 E-004) may be used for this purp				
6. I declare under penalty of perjury under the laws of the State of California that the forego	oing is true and correct.			
Date server signs this form				
Date: Sarvor's sign	ature			
Server's name	ature			
(TYPE OR PRINT NAME) (SIGNAT	TURE OF PERSON COMPLETING THIS FORM)			