

SAMPLE

RESPONSE TO REQUEST FOR CUSTODY,
VISITATION AND/OR SUPPORT ORDERS

Rev. 1/1/2023

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

PARTY WITHOUT ATTORNEY OR ATTORNEY NAME: Your name FIRM NAME: STREET ADDRESS: Your address CITY: TELEPHONE NO.: E-MAIL ADDRESS: ATTORNEY FOR (name): Self-Represented		STATE BAR NUMBER: STATE: ZIP CODE: FAX NO.:	FOR COURT USE ONLY SAMPLE ONLY Do not write on this copy!
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Santa Clara STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME: Family Division			
PETITIONER: Petitioner's name (person who started the case) RESPONDENT: Respondent's name OTHER PARENT/PARTY:			
RESPONSIVE DECLARATION TO REQUEST FOR ORDER			CASE NUMBER: <div style="border: 1px solid black; padding: 5px; display: inline-block;"> Court Case Number </div>
HEARING DATE:	TIME:	DEPARTMENT OR ROOM:	

Read Information Sheet: Responsive Declaration to Request for Order (form FL-320-INFO) for more information about this form.

1. RESTRAINING ORDER INFORMATION

- a. No domestic violence restraining order/protection order is in effect between the parties in this case.
- b. I agree that **Complete this section to let the court know if there are any restraining orders in place between you and the other party.**

2. CHILD CUSTODY

VISITATION (PARENTING TIME)

- a. I consent to the order requested for child custody (legal and physical custody).
- b. I consent to the order requested for visitation (parenting time).
- c. I do not consent to the order requested for child custody visitation (parenting time) but I consent to the following order:

If the papers you received ask for custody and/or visitation orders, check box 2 and choose a, b or c. If c, describe the custody and/or visitation orders YOU want on attached form FL-311.

3. CHILD SUPPORT

- a. I have completed and filed a current *Income and Expense Declaration* (form FL-150) or, if eligible, a current *Financial Statement (Simplified)* (form FL-155) to support my responsive declaration.
- b. I consent to the order requested.
- c. I consent to guideline support.
- d. I do not consent to the order requested but I consent to the following order:

If the papers you received ask for child support orders, check box 3 and choose a, b, c or d. If d, you may write out the order YOU want.

4. SPOUSAL OR DOMESTIC PARTNER SUPPORT

- a. I have completed and filed a current *Income and Expense Declaration* (form FL-150) to support my responsive declaration.
- b. I consent to the order requested.
- c. I do not consent to the order requested but I consent to the following order:

If the papers you received ask for spousal or partner support orders, check box 4 and choose a, b or c. If c, write out the order YOU want.

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

- a. I consent to the order requested.
- b. I do not consent to the order requested but I consent to the following order:

If the papers you received ask for property control orders, check box 5 and choose a or b. If b, write out the order YOU want.

6. ATTORNEY'S FEES AND COSTS

- a. I have completed and filed a current *Income and Expense Declaration* ([form FL-150](#)) to support my responsive declaration.
- b. I have completed and filed with this form a *Supporting Declaration for Attorney's Fees and Costs Attachment* ([form FL-158](#)) or a declaration that addresses the factors covered in that form.
- c. I consent to the order requested.
- d. I do not consent to the order requested but I consent to the following order:

If the papers you received ask for attorney's fees and costs, check box 6 and choose c or d. If d, write out the order YOU want. You must also complete forms FL-150 and FL-158.

7. DOMESTIC VIOLENCE ORDER

- a. I consent to the order requested.
- b. I do not consent to the order requested but I consent to the following order:

If you received an FL-300 asking to modify or change a domestic violence restraining order, check box 7 and choose a or b. If you received a DV-110 and DV-100, use form DV-120 instead.

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 following order:

If the papers you received asked for other orders, check box 8 and choose a or b. If b, 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 following order:

If the papers you received asked to shorten the time for service and/or hearing, check box 9 and choose a or b. If b, write of the order YOU want.

10. FACTS TO SUPPORT my responsive declaration are listed below. The facts that I write and attach to this form cannot be longer than 10 pages, unless the court gives me permission. [Attachment 10.](#)

Use this space to explain why you agree or disagree with the other party's request. You may attach additional pages however you are limited 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 you name

▶ Sign your name

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

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

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 **Complete this section if the other party asked for custody orders and you want to let the court know what order you want.** Attachment 1a.

Child's Name Date of Birth (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 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: **Complete this section if the other party asked for visitation orders and you want to let the court know what orders you want for the parent that does not have the child most of the time.** uses

a. See the attached _____-page document dated (specify date):

b. 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)**
 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 month is specified, specify 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 _____
 at _____
 to _____
 (day of week) (time)
 Specify: start of school after school
 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 after school
 (day of week) (time)
 to _____ at _____ a.m. p.m./ if applicable, specify: start of school after school
 (day of week) (time)

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

from _____
 to _____
 Specify: start of school after school
 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 visitation.** I have supervised visitation with my child(ren). **Complete this section to ask for supervised parenting time.**

(1) I request supervised visitation because:

- (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

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.

PARTY WITHOUT ATTORNEY OR ATTORNEY STATE BAR NUMBER:

NAME:

FIRM NAME:

STREET ADDRESS:

CITY: STATE: ZIP CODE:

TELEPHONE NO.: FAX NO.:

E-MAIL ADDRESS:

ATTORNEY FOR (name):

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**

PETITIONER:

RESPONDENT:

OTHER PARTY/PARENT/CLAIMANT:

PETITIONER=Name of person who started this court case*

RESPONDENT=The other person's name in this case*

*IF YOU ARE OPENING THIS COURT CASE BRAND NEW, YOU ARE THE PETITIONER

*IF YOU HAVE A PREVIOUS COURT CASE TOGETHER, LOOK AT WHAT YOUR OLD PAPERS SAY

*IF YOU HAVE A PREVIOUS COURT CASE AND DON'T KNOW, ASK THE COURT STAFF

INCOME AND EXPENSE DECLARATION

CASE NUMBER:

COURT CASE NUMBER, if you have one

1. **Employment** (Give information on your current job or, if you're unemployed, your last job.)

Fill in this section about your current job.

Note: If you do not have a job right now, tell the court about the last job you had and when your job ended. If you have never had a job, write "I have never had a job".

Attach copies of your pay stubs for last two months (black out Social Security numbers).

a. Employer:

b. Employer's address:

c. Employer's phone number:

d. Occupation:

e. Date job started:

f. If unemployed, date job ended:

g. I work about hours per week.

h. I get paid \$ gross (before taxes) per month per week per hour.

(If you have more than one job, attach an 8 1/2-by-11-inch copy of each job. Write "Question 1 - Other Jobs" at the top.)

2. **Age and education**

Tell the court about your education including any degrees or licenses you earned

a. My age is (specify):

b. I have completed high school or the equivalent: Yes No If no, highest grade completed (specify):

c. Number of years of college completed (specify): Degree(s) obtained (specify):

d. Number of years of graduate school completed (specify): Degree(s) obtained (specify):

e. I have: professional/occupational license(s) (specify):
 vocational training (specify):

3. **Tax information**

a. I last filed taxes for tax year (specify year):

b. My tax filing status is single head of household married, filing separately married, filing jointly with (specify name):

c. I file state tax returns in California other (specify state):

Check the box that applies to you.

Where do you file state taxes?

Tell the court how many exemptions your claim on my taxes (specify):

4. **Other party's income.** I estimate the gross monthly income (before taxes) of the other party in this case at (specify): \$

This estimate is based on (explain):

How much do you think the other party earns before taxes and how did you come up with that amount?
IMPORTANT: If you do not put an amount here, the court may not be able to order or modify support.

I declare under penalty of perjury under the laws of the State of California that the information contained on all pages of this form and any attachments is true and correct.

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

PETITIONER'S NAME
 RESPONDENT'S NAME
 OTHER PARTY/PARENT/CLAIMANT'S NAME
 Other Parent/Party's Name (if applicable)

CASE NUMBER:
 COURT CASE NUMBER,
 if you have one

Attach copies of your pay statements to this form.

Take a copy of your latest federal tax return.

5. **Income** List the amount earned last month only for each item a-l.
 Example: If you made \$2,000 last month in salary, you would fill in \$2,000 in line a.
 In the second column labeled "Average Monthly", add up the amount earned for each line over the last 12 months and divide by 12 to get the average amount earned for that line.
 Example: If you earned \$50,000 in salary over the last 12 months, you will divide that by 12 and the average month salary is \$4,166.

	Last 12 months	Last month	Average monthly
a. Salary		\$2,000	\$4166
b. Overtime pay	\$		
c. Commissions	\$		
d. Pensions	\$		
e. Spousal support	\$		
f. Partnership income	\$		
g. Personal services	\$		
h. Social Security	\$		
i. Disability	\$		
j. Unemployment	\$		
k. Workers' compensation	\$		
l. Other	\$		

6. **Investment income** (Attach a statement of investment income if you receive any income from the sources listed here.)
 a. Dividends/interest
 b. Rental property income
 c. Trust income
 d. Other

	Last 12 months	Last month	Average monthly
a. Dividends/interest			
b. Rental property income			
c. Trust income			
d. Other			

7. **Income from self-employment** If you are self-employed: Fill in this section and attach a profit and loss statement for the past 2 years or a Schedule C from your last federal tax return.

I am the owner/sole proprietor business partner other (specify):
 Number of years in this business (specify):
 Name of business (specify):
 Type of business (specify):

Are you a sole owner or are you a business partner?
 How long have you been in business?
 What is the name of your business?
 What type of business do you own?

Attach a profit and loss statement for the past 2 years or a Schedule C from your last federal tax return. Black out your Social Security number. If you have more than one business, provide the information above for each of your businesses.

8. **Additional income** I received one-time money (lottery winnings, inheritance, etc.) in the last 12 months (specify source and amount):
 If you had any one-time earnings during the last 12 months, fill in this section.

9. **Change in income** My financial situation has changed significantly over the last 12 months because (specify):
 If you had a major change in income over the past 12 months, explain here.

10. **Deductions**

	Last month
a. Required union dues	\$
b. Required retirement contributions	\$
c. Medical, hospital, dental, vision insurance	\$
d. Child support that I pay for children from other relationships	\$
e. Spousal support that I pay by court order from a different marriage <input type="checkbox"/> federally tax deductible*	\$
f. Partner support that I pay by court order from a different domestic partnership	\$
g. Necessary job-related expenses not reimbursed by my employer (attach explanation labeled "Question 10g")	\$

11. **Assets** Fill in this section if you have any of the assets listed here.

	Total
a. Cash, checking, and savings accounts	\$
b. Stocks, bonds, and other assets I could easily sell	\$
c. All other property, <input type="checkbox"/> real and <input type="checkbox"/> personal (estimate fair market value minus the debts you owe)	\$

* Check the box if the spousal support order or judgment was executed by the parties and the court before January 1, 2019, or if a court-ordered change maintains the spousal support payments as taxable income to the recipient and tax deductible to the payor.

PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	Petitioner's Name Respondent's Name Other Parent/Party's Name (if applicable)	COURT CASE NUMBER, if you have one
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12. The following people live with me.

Name	Age	How the person is related to me (ex: son)	That person's gross income	Pays some of the household expenses?
a. List anyone who lives with you here, including children, roommates, family etc.	Age	Relationship to each person	How much money does each person earn?	Do any of the people listed help pay household expenses?

13. Average monthly expenses: Estimated expenses Actual expenses Proposed needs

a. Home: <ul style="list-style-type: none"> (1) <input checked="" type="checkbox"/> Rent or <input type="checkbox"/> mortgage \$ 400.00 <li style="padding-left: 20px;">If mortgage: <li style="padding-left: 40px;">(a) average principal: \$ NONE <li style="padding-left: 40px;">(b) average interest: \$ NONE (2) Real property taxes \$ NONE (3) Homeowner's or renter's insurance (if not included above) \$ 30.00 (4) Maintenance and repair \$ NONE b. Health-care costs not paid by insurance \$ NONE c. Child care \$ 500.00 d. Groceries and household supplies \$ 300.00 e. Eating out \$ 100.00 f. Utilities (gas, electric, water, trash) \$ 150.00 g. Telephone, cell phone, and e-mail \$ 80.00 	Fill in this section with your own numbers, this is just an example. <ul style="list-style-type: none"> \$ 20.00 \$ 50.00 \$ NONE \$ 100.00 i. Auto expenses and transportation (insurance, gas, repairs, bus, etc.) \$ 60.00 m. Insurance (life, accident, etc.; do not include auto, home, or health insurance) \$ 50.00 n. Savings and investments \$ 40.00 o. Charitable contributions \$ NONE p. Monthly payments listed in item 14 (itemize below in 14 and insert total here) \$ 155.00 q. Other (specify): \$ r. TOTAL EXPENSES (a-q) (do not add in the amounts in a(1)(a) and (b)) \$ 2,035.00 s. Amount of expenses paid by others \$ 400.00
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14. Installment payments and debts not listed above

Paid to	For	Amount	Balance	Date of last payment
Visa	General Purchases	\$ 100.00	\$ 3,000.00	6/2018
Kohl's	Clothing	\$ 55.00	\$ 1,000.00	5/2018
		\$	\$	
		\$	\$	
		\$	\$	

15. Attorney: Only complete this section if you had an attorney and want the other party to pay for your attorney.

a. To date, I have not had an attorney.

b. The other party has an attorney.

c. I still do not have an attorney.

d. My attorney is [redacted]

I confirm this fee is reasonable.

Date: Dare your ATTORNEY signs form

Your ATTORNEY prints his/her name here (TYPE OR PRINT NAME)

Your ATTORNEY signs his/her name here (SIGNATURE OF DECLARANT)

PETITIONER:	Petitioner's Name	CASE NUMBER:	
RESPONDENT:	Respondent's Name	COURT CASE NUMBER, if you have one	
OTHER PARTY/PARENT/CLAIMANT:	Other Parent/Party's Name (if applicable)		

Only fill out this page if you have children with the other person in this case.

16. Number of children

How many children you have together?

a. I have (specify number): children under the age of 18 with the other parent in this case.

b. The child(ren) spend with each parent. If you are unsure of the percentages, describe your schedule here.

For example: The children live with me and are with the other parent every 1st and 3rd weekend from Friday at 6pm to Sunday at 6pm.

17. Children's health-care expenses

a. I do I do not have health insurance to me for the children through my job.

Check one

b. Name of insurance company: c. Address of insurance company: If you checked "I do", fill in the name and address of your insurance company and how much it costs.

d. The monthly cost for the children's health insurance is or would be (specify): \$ (Do not include the amount your employer pays.)

18. Additional expenses for the children in this case

Amount per month

- a. Child care so I can work or get job training \$
- b. Children's health care not covered by insurance \$
- c. Travel expenses for visitation \$
- d. Children's educational or other special needs \$

Fill in items a-d if applicable

Fill in items a-c and describe the hardship below, if applicable

19. Special hardships. I ask the court to consider the following special financial circumstances (attach documentation of any item listed here, including court orders):

- | | Amount per month | For how many months? |
|---|------------------|----------------------|
| a. Extraordinary health expenses not included in 18b | \$ | |
| b. Major losses not covered by insurance (examples: fire, theft, other insured loss) | \$ | |
| c. (1) Expenses for my minor children who are from other relationships and are living with me | \$ | |
| (2) Names and ages of those children (specify): | | |
| (3) Child support I receive for those children | \$ | |

The expenses listed in a, b and c create an extreme financial hardship because (explain):

20. Other information I want the court to know concerning support in my case (specify):

Write any information here that you want the court to know regarding child support in this case.

SHORT 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 Council form.)

Use this page to explain why you agree or disagree with the other party's 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.)

Page ____ of ____ (Add pages as required)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> Your name Your address </div> TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ 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 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	CASE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;">Your court case number</div> (If applicable, provide): _____ HEARING DATE: _____ HEARING TIME: _____ DEPT.: _____
PETITIONER/PLAINTIFF: <div style="border: 1px solid black; padding: 2px; display: inline-block;">Petitioner's name (person who started the case)</div> RESPONDENT/DEFENDANT: <div style="border: 1px solid black; padding: 2px; display: inline-block;">Respondent's name</div> OTHER PARENT/PARTY: _____	<p style="text-align: center; margin: 0;">PROOF OF SERVICE BY MAIL</p>

NOTICE: To serve temporary restraining orders you must use personal service (see form FL-330).

1.

This form will be completed by your server. (The server is the person who mailed 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. My residence or business address is:

Address of server

3. I served a copy of the following documents (specify) :

Filed copy of: Responsive Declaration to Request for Order
If you completed form FL-311 or FL-150, write "FL-311" or "FL-150" here.

by enclosing them in an envelope AND

- a. **depositing** the sealed envelope with the United States Postal Service with the postage fully prepaid.
- b. **placing** the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.

4. The envelope was addressed and mailed 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.)

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

Date:

Date server signs this form

Server's name

(TYPE OR PRINT NAME)

Server's signature

(SIGNATURE OF PERSON COMPLETING THIS FORM)