

# SAMPLE

RESPONSE TO REQUEST FOR OTHER ORDERS

Rev. 7/28/2016

**Use this sample to help you complete  
the packet of blank 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.: E-MAIL ADDRESS: ATTORNEY FOR (name): Self-Represented	STATE BAR NUMBER:  STATE:                      ZIP CODE: FAX NO.:	<b>FOR COURT USE ONLY</b>  <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: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME: Family Division		
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:		
<b>RESPONSIVE DECLARATION TO REQUEST FOR ORDER</b>		CASE NUMBER: <div style="border: 1px solid black; padding: 5px; text-align: center; width: 150px; margin: 0 auto;">           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. the parties in this case.

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.

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)		NUMBER:
RESPONDENT:	Respondent's name		
OTHER PARENT/PARTY:			Court Case Number

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:

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

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: 5px 0;">Your name Your address</div> TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): <b>Self-Represented</b>	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 <b>Santa Clara</b> STREET ADDRESS: <div style="border: 1px solid black; padding: 5px; display: inline-block;">Ask staff to stamp form with court address</div> MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	CASE NUMBER: <b>Your court case number</b>
PETITIONER/PLAINTIFF: <b>Petitioner's name</b>  RESPONDENT/DEFENDANT: <b>Respondent's name</b>  OTHER PARENT/PARTY: _____	(If applicable, provide): HEARING DATE: <div style="border: 1px solid black; padding: 5px; display: inline-block;">Court date, time and department</div> HEARING TIME: _____ DEPT.: _____
<b>PROOF OF SERVICE BY MAIL</b>	

**NOTICE: To server** This section is to be completed by the person who mails a filed copy of your response forms to the other party.

1. I am at least \_\_\_\_\_ years of age, not a party to this action, and am not a partner, officer, director, or employee of the company where the mailing took place.
  2. My residence or business address is:  

Address of server (person who mailed a filed copy of your forms to the other
  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.  **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: **The other party's name**
    - b. Address: **The other party's address**
    - c. Date mailed: **Date server mailed your forms to the other party**
    - d. Place of mailing (city and state): **City and state where the forms were placed in the mail**
  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 will print his/her name here** \_\_\_\_\_  
 (TYPE OR PRINT NAME)

**Server will sign his/her name here** \_\_\_\_\_  
 (SIGNATURE OF PERSON COMPLETING THIS FORM)