

How to File a Response to a Request

(to Set or Change Custody, Visitation, Support and/or Other Orders)

Step 1	<p>Complete the following forms in blue or black ink:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> FL-320 Responsive Declaration to Request for Order <input checked="" type="checkbox"/> FL-150 Income and Expense Declaration, if child support or spousal support is at issue <input checked="" type="checkbox"/> FL-311 Child Custody and Visitation Application Attachment <input type="checkbox"/> MC-025 Attachment to Judicial Council Form
Step 2	<p>Copies: Make <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 copies, in addition to the original.</p>
<p>Step 3</p> <p>There is no filing fee.</p>	<p>File: File the original and copies in the Clerk's Office of the courthouse located at: 201 North First Street, San Jose, CA 95113 The Clerk's Office opens at 8:30am Monday-Friday, closing times are subject to change, visit www.sccourt.org or call 408-534-5600 for current office hours.</p> <p>If the Department of Child Support Services (DCSS) is involved in your case, ask the court clerk to keep 1 filed copy to give to DCSS for you.</p> <p>There is no filing fee for these forms however you may be required to pay a fee if you are filing other forms at the same time or if you owe money for forms you already filed. You can check with the clerk when you file.</p>
Step 4	<p>Service: After the filed copies are returned to you:</p> <ul style="list-style-type: none"> • Keep for your records—1 filed copy • Serve 1 filed copy by mail on the other party. “<i>Service by mail</i>” means: someone, NOT you, who is at least 18 years old must mail the filed copies to the other party. Service must be completed at least: <ul style="list-style-type: none"> <input type="checkbox"/> 9 court days before the court hearing (weekends and holidays do not count) <input type="checkbox"/> 2 calendar days before the court hearing (if the judge granted a request for emergency orders) <p>Whoever does the service must complete the attached <i>Proof of Service by Mail form</i> (FL-335) and give it back to you. You must file the original and a copy of this form at the Clerk's Office, the clerk will file stamp the copy and give it back to you. Keep this copy for your records.</p>
STEP 5	<p>Go to your court date.</p>

Please turn over for important information 

WHAT IS A “REQUEST FOR ORDER”?

A *Request for Order* is a request for the court to have a hearing so the Judge can make a court order. If a party wants the Judge to make a new order about custody and visitation, support or other orders in an existing case, or if they want to change an order that already exists, they would file a *Request for Order*. The person who files the request is called the “moving party”. The other party is called the “responding party”.

WHY SHOULD I FILE A RESPONSE?

You should complete and file a *Responsive Declaration to Request for Order* to let the Judge know whether you agree or disagree with the other party’s request. You also get to tell the Judge what you think the order should be. However, you cannot raise any new issues in your responsive papers. For example, if the moving party only asked for custody and visitation orders, you cannot bring up the issue of child support in your response. Instead, you would need to file your own *Request for Order*. In addition to filing a response, it is important to go to the court date. If you do not, the Judge may grant the moving party’s request without your input. Please look at the first page of the *Request for Order* for the court date, time and location.

HOW CAN I GET HELP?

Here are some ways to get help:

- Go to <http://www.calbar.ca.gov/Public>, then click on “Lawyer Referral services” to hire or consult with a private attorney.
- For free legal advice and information, see our “Do-It-Yourself Resources” flyer. Go to www.scscourt.org, click on “Self-Help” then “Self-Help Flyers”.
- The Self Help Center/Family Law Facilitator – See our information flyer:
 - Contact us: Go to www.scscourt.org then click “**Contact the Self Help Center**”. Walk-in assistance is limited to emergencies so contact us remotely first.
 - Obtain Forms: Go to www.scscourt.org then click “**Complete Forms at Home**”
 - Form Review: Email your forms as a PDF file to SHCDocReview@scscourt.org.
 - Note: We **cannot** help people who have attorneys.

Superior Court, County of Santa Clara
Self Help Center/Family Law Facilitator’s Office
 201 N. First Street, San Jose, CA 95113
 408-882-2926

BLANK FORMS

RESPONSE TO REQUEST FOR ORDERS

**THESE ARE THE DOCUMENTS
YOU HAVE TO COMPLETE,
COPY, FILE AND SERVE.**

1. ☐ **RESTRAINING ORDER INFORMATION**

a. ☐ No domestic violence restraining/protective orders are now in effect between the parties in this case.

b. ☐ I agree that one or more domestic violence restraining/protective orders are now in effect between 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:

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:

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:

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	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:
-
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:
-
7. ☐ 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:
-
8. ☐ 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:
-
9. ☐ 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.

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)

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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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.** Custody of the minor children of the parties is requested as follows: ☐ [Attachment 1a.](#)

<u>Child's Name</u>	<u>Date of Birth</u>	<u>Legal Custody to</u> (person who decides about the child's health, education, and welfare)	<u>Physical Custody to</u> (person the child regularly lives with)
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b. ☐ **Custody with allegations of a history of abuse or substance abuse**

- (1) ☐ Petitioner ☐ Respondent ☐ Other parent/party is (or are) alleged to have a history of abuse against any of the following persons: a child, the other parent, their current spouse, or the person they live with or are dating or engaged to.
- (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: Unless specifically ordered, a child's holiday schedule order has priority over the regular parenting time.

- a. ☐ Reasonable right of parenting time (visitation) to the party without physical custody (**not appropriate in cases involving domestic violence**).
- b. ☐ See the attached _____ -page document dated (specify date):
- c. ☐ The parties will go to child custody mediation or child custody recommending counseling at (specify date, time, and location):

Family Court Services
 www.scscourt.org
 201 N. First Street
 San Jose, CA 95113
- d. ☐ No visitation (parenting time).

- ☐
- Below
- ☐
- [in Attachment 3a\(2\)](#)
- ☐
- Other (specify):

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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)**

(Complete 3b only if you want the court to order unsupervised visitation to a person alleged to have a history of abuse or substance abuse.)

- (1) ☐ Petitioner ☐ Respondent ☐ Other parent/party is (or are) alleged to have a history of abuse against any of the following persons: a child, the other parent, their current spouse, or the person they live with or are dating or engaged to.
- (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 (exchange) of the child for custody and visitation under Family Code section 6323(c).

- a. The children must be driven only by a licensed and insured driver. The vehicle must be legally registered with the Department of Motor Vehicles and must have child restraint devices properly installed, as required by law.
- 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)*:

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5. ☐ **Travel with children** The ☐ Petitioner ☐ Respondent ☐ Other parent/party **must** have written permission from the other parent or party, or a court order, to take the children out of the following places:
- a. ☐ the state of California.
 - b. ☐ the following counties (*specify*):
 - 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 party's permission. I request the orders set out on attached [form FL-312](#).
7. ☐ **Children's holiday schedule.** I request the holiday and vacation schedule set out ☐ below ☐ [on form FL-341\(C\)](#)
8. ☐ **Additional custody provisions.** I request the additional orders for custody set out ☐ below ☐ [on 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\(E\)](#)
10. ☐ **Other.** I request the following additional orders (*specify*):

SHORT TITLE:

CASE NUMBER:

ATTACHMENT (Number) : _____
(This Attachment may be used with any Judicial Council form.)

Page _____ **of** _____
(Add pages as required)

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(If the item that this Attachment concerns is made under penalty of perjury, all statements in this Attachment are made under penalty of perjury.)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address) : TELEPHONE NO.: E-MAIL ADDRESS (Optional) : ATTORNEY FOR (Name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Santa Clara STREET ADDRESS: 201 North First Street MAILING ADDRESS: 191 North First Street CITY AND ZIP CODE: San Jose, CA 95113 BRANCH NAME: Family	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	
INCOME AND EXPENSE DECLARATION	
CASE NUMBER:	

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

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

- Employer:
- Employer's address:
- Employer's phone number:
- Occupation:
- Date job started:
- If unemployed, date job ended:
- I work about _____ hours per week.
- 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 sheet of paper and list the same information as above for your other jobs. Write "Question 1 - Other Jobs" at the top.)

2. Age and education

- My age is (specify):
- I have completed high school or the equivalent: ☐ Yes ☐ No If no, highest grade completed (specify):
- Number of years of college completed (specify): ☐ Degree(s) obtained (specify):
- Number of years of graduate school completed (specify): ☐ Degree(s) obtained (specify):
- I have: ☐ professional/occupational license(s) (specify):
☐ vocational training (specify):

3. Tax information

- ☐ I last filed taxes for tax year (specify year):
- My tax filing status is ☐ single ☐ head of household ☐ married, filing separately
☐ married, filing jointly with (specify name):
- I file state tax returns in ☐ California ☐ other (specify state):
- I claim the following number of exemptions (including myself) 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):

(If you need more space to answer any questions on this form, attach an 8 1/2-by-11-inch sheet of paper and write the question number before your answer.) Number of pages attached: _____

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/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	CASE NUMBER:
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Attach copies of your pay stubs for the last two months and proof of any other income. Take a copy of your latest federal tax return to the court hearing. (Black out your social security number on the pay stub and tax return.)

5. **Income** (For average monthly, add up all the income you received in each category in the last 12 months and divide the total by 12.)
- | | Last month | Average monthly |
|--|------------|-----------------|
| a. Salary or wages (gross, before taxes) | \$ | |
| b. Overtime (gross, before taxes) | \$ | |
| c. Commissions or bonuses | \$ | |
| d. Public assistance (for example: TANF, SSI, GA/GR) <input type="checkbox"/> currently receiving | \$ | |
| e. Spousal support <input type="checkbox"/> from this marriage <input type="checkbox"/> from a different marriage | \$ | |
| f. Partner support <input type="checkbox"/> from this domestic partnership <input type="checkbox"/> from a different domestic partnership | \$ | |
| g. Pension/retirement fund payments | \$ | |
| h. Social security retirement (not SSI) | \$ | |
| i. Disability: <input type="checkbox"/> Social security (not SSI) <input type="checkbox"/> State disability (SDI) <input type="checkbox"/> Private insurance. | \$ | |
| j. Unemployment compensation | \$ | |
| k. Workers' compensation | \$ | |
| l. Other (military BAQ, royalty payments, etc.) (specify) : | \$ | |
6. **Investment income** (Attach a schedule showing gross receipts less cash expenses for each piece of property.)
- | | | |
|---------------------------------|----------|-------|
| a. Dividends/interest | \$ | |
| b. Rental property income | \$ | |
| c. Trust income | \$ | |
| d. Other (specify) : | \$ | |
7. **Income from self-employment, after business expenses for all businesses** \$
- 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) :
- Attach a profit and loss statement for the last two 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) :
9. ☐ **Change in income.** My financial situation has changed significantly over the last 12 months because (specify) :
10. **Deductions**
- | | Last month |
|---|------------|
| a. Required union dues | \$ |
| b. Required retirement payments (not social security, FICA, 401(k), or IRA) | \$ |
| c. Medical, hospital, dental, and other health insurance premiums (total monthly amount) | \$ |
| d. Child support that I pay for children from other relationships | \$ |
| e. Spousal support that I pay by court order from a different marriage | \$ |
| 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**
- | | Total |
|---|----------|
| a. Cash and checking accounts, savings, credit union, money market, and other deposit 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) | \$ |

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	CASE NUMBER:
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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 monthly income	Pays some of the household expenses?
a.				<input type="checkbox"/> Yes <input type="checkbox"/> No
b.				<input type="checkbox"/> Yes <input type="checkbox"/> No
c.				<input type="checkbox"/> Yes <input type="checkbox"/> No
d.				<input type="checkbox"/> Yes <input type="checkbox"/> No
e.				<input type="checkbox"/> Yes <input type="checkbox"/> No

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

- a. Home:
- (1) ☐ Rent or ☐ mortgage\$
- If mortgage:
- (a) average principal:\$
- (b) average interest:\$
- (2) Real property taxes\$
- (3) Homeowner's or renter's insurance (if not included above)\$
- (4) Maintenance and repair\$
- b. Health-care costs not paid by insurance\$
- c. Child care\$
- d. Groceries and household supplies\$
- e. Eating out\$
- f. Utilities (gas, electric, water, trash)\$
- g. Telephone, cell phone, and e-mail\$
- h. Laundry and cleaning\$
- i. Clothes\$
- j. Education\$
- k. Entertainment, gifts, and vacation\$
- l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.)\$
- m. Insurance (life, accident, etc.; do not include auto, home, or health insurance)\$
- n. Savings and investments\$
- o. Charitable contributions\$
- p. Monthly payments listed in item 14 (itemize below in 14 and insert total here)\$
- q. Other (specify) :\$
- r. **TOTAL EXPENSES** (a-q) (do not add in the amounts in a(1)(a) and (b))\$
- s. **Amount of expenses paid by others**\$

14. Installment payments and debts not listed above

Paid to	For	Amount	Balance	Date of last payment
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

15. Attorney fees (This is required if either party is requesting attorney fees.):

- a. To date, I have paid my attorney this amount for fees and costs (specify) : \$
- b. The source of this money was (specify) :
- c. I still owe the following fees and costs to my attorney (specify total owed) : \$
- d. My attorney's hourly rate is (specify) : \$

I confirm this fee arrangement.

Date:

(TYPE OR PRINT NAME OF ATTORNEY)

(SIGNATURE OF ATTORNEY)

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	CASE NUMBER:
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CHILD SUPPORT INFORMATION

(NOTE: Fill out this page only if your case involves child support.)

16. Number of children

- a. I have *(specify number)* : _____ children under the age of 18 with the other parent in this case.
- b. The children spend _____ percent of their time with me and _____ percent of their time with the other parent.
(If you're not sure about percentage or it has not been agreed on, please describe your parenting schedule here.)

17. Children's health-care expenses

- a. ☐ I do ☐ I do not have health insurance available to me for the children through my job.
- b. Name of insurance company: _____
- c. Address of insurance company: _____
- 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 *(specify below)* : \$ _____

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)* :**

PROOF OF SERVICE

RESPONSE TO REQUEST FOR ORDERS

**TO BE COMPLETED BY THE SERVER
(SEE INSTRUCTIONS FOR DETAILS)**

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): <hr style="width: 50px; margin-left: 0;"/> TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): Self-Represented	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Santa Clara STREET ADDRESS: 201 North First Street MAILING ADDRESS: 191 North First Street CITY AND ZIP CODE: San Jose, CA 95113 BRANCH NAME: Family Justice Center Courthouse	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	CASE NUMBER: <div style="text-align: center; font-size: small;">(If applicable, provide):</div> HEARING DATE: HEARING TIME: DEPT.:
PROOF OF SERVICE BY MAIL	

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

1. I am at least 18 years of age, not a party to this action, and I am a resident of or employed in the county where the mailing took place.
2. My residence or business address is:

3. I served a copy of the following documents (specify):
Filed copy of: Responsive Declaration to Request for Order
☐ **FL-311**
☐ **FL-150 Income and Expense Declaration**
 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:
 - b. Address:

 - c. Date mailed:
 - d. Place of mailing (city and state):
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: _____

 (TYPE OR PRINT NAME)

 (SIGNATURE OF PERSON COMPLETING THIS FORM)