## How to File a Response to a Request

(to Set or Change Other Orders)

Step 1	Complete the following forms in blue or black ink:				
-	▼ FL-320 Responsive Declaration to Request for Order				
	☐ MC-025 Attachment to Judicial Council Form				
Step 2	<b>Copies:</b> Make □ 2 □ 3 □ 4 copies, in addition to the original.				
Step 3	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 <a href="https://www.scscourt.org">www.scscourt.org</a> or call 408-534-5600 for current office hours.				
There is no filing fee.	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.				
	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.				
Step 4	Service: After the filed copies are returned to you:				
	Keep for your records—1 filed copy				
	<ul> <li>Serve 1 filed copy by mail on the other party. "Service by mail" means: someone,         NOT you, who is at least 18 years old must mail the filed copies to the other party.     </li> <li>Service must be completed at least:</li> </ul>				
	9 court days before the court hearing (weekends and holidays do not count)				
	<ul> <li>2 calendar days before the court hearing (if the judge granted a request for emergency orders)</li> </ul>				
	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.				
STEP 5	Go to your court date.				

## 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 <a href="http://www.calbar.ca.gov/Public">http://www.calbar.ca.gov/Public</a>, 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 <a href="https://www.scscourt.org">www.scscourt.org</a>, 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.
  - o Obtain Forms: Go to www.scscourt.org then click "Complete Forms at Home"
  - o Form Review: Email your forms as a PDF file to SHCDocReview@scscourt.org.
  - o 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

Rev. 1/1/2025

# **BLANK FORMS**

RESPONSE TO REQUEST FOR ORDERS

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

	RTY WITHOUT ATTORNEY OR ATTORNEY	STATE BAR NUM	MBER:	FOR COURT USE ONLY
NAN				
	M NAME:			
CIT	EET ADDRESS:	STATE:	ZIP CODE:	
	EPHONE NO.:	FAX NO.:	ZIF CODE.	
	AL ADDRESS:	FAX NO		
1	ORNEY FOR (name): Self-Represented	Canta Clar		
	PERIOR COURT OF CALIFORNIA, COU		a	
	REET ADDRESS: 201 North First Street ILING ADDRESS: 191 North First Street			
	Y AND ZIP CODE: San Jose, CA 95113			
	BRANCH NAME: Family Justice Center	Courthouse		
	PETITIONER:			
	RESPONDENT:			
0	THER PARENT/PARTY:			
	RESPONSIVE DECLA	RATION TO REQUES	ST FOR ORDER	CASE NUMBER:
	HEARING DATE:	TIME:	DEPARTMENT OR ROOM:	
	Pood Information Shoot: Posnonsi	up Declaration to Pagua	et for Order (form El. 200 IN	 NFO) for more information about this form.
			st for Order (IOIIII <u>FL-320-II</u>	(NFO) for more information about this form.
1.	RESTRAINING ORDER INFO			
	a. No domestic violence resti			
	b. I agree that one or more do	omestic violence restrair	ning/protective orders are r	now in effect between the parties in this case.
2.	CHILD CUSTODY			
	VISITATION (PARENTING TIME)	ИE)		
	a. I consent to the order requ	ested for child custody (	(legal and physical custody	y).
	b. I consent to the order requ	ested for visitation (pare	enting time).	
	c. I do not consent to the order	er requested for	child custody	visitation (parenting time)
	but I consent to the f	ollowing order:		
2				
3.	CHILD SUPPORT		D / // /a	A STATE OF THE STA
	a. I have completed and filed a curr			) or, if eligible, a current <i>Financial</i>
	Statement (Simplified) (form FL-		onsive declaration.	
	b. I consent to the order requ			
	c. I consent to guideline supp			
	d. I do not consent to the orde	er requested but	I consent to the following of	order:
4.	SPOUSAL OR DOMESTIC PA			
	a. I have completed and filed a curr	ent <i>Income and Expens</i>	e Declaration (form <u>FL-150</u>	) to support my responsive declaration.
	b. I consent to the order requi	ested.		
	c. I do not consent to the order		I consent to the following of	order:
		, q		

FL-320

PETITIONER:	CASE NUMBER:
RESPONDENT:	
OTHER PARENT/PARTY:	
5. PROPERTY CONTROL	
a. I consent to the order requested.	
b. I do not consent to the order requested but I conser	nt to the following order:
6. ATTORNEY'S FEES AND COSTS	
a. I have completed and filed a current Income and Expense Declar	
b. I have completed and filed with this form a Supporting Declaration	n for Attorney's Fees and Costs Attachment (form <u>FL-158</u> ) or a
declaration that addresses the factors covered in that form.  c. I consent to the order requested.	
	onsent to the following order:
7. OTHER ORDERS REQUESTED	
a. I consent to the order requested.	
· · · · · · · · · · · · · · · · · · ·	onsent to the following order:
	eneem te me tenemmig eneem
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 c	onsent to the following order:
9. FACTS TO SUPPORT my responsive declaration are listed 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	a that the information provided in this form and all attachments
is true and correct.	
Date:	<b>\</b>
	<b>P</b>
(TYPE OR PRINT NAME)	(SIGNATURE OF DECLARANT)

SHORT TITLE:	CASE NUMBER	<del></del>
	ATTACHMENT (Number):  (This Attachment may be used with any Judicial Council form.)	Page of (Add pages as required)
		<del></del>
		<del></del>
		<del></del>
		<del></del>
(If the item that this Att penalty of perjury.)	tachment concerns is made under penalty of perjury, all statements in this Atta	nchment are made under Page 1 of



### **PROOF OF SERVICE**

RESPONSE TO REQUEST FOR ORDERS

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

		FL-335
ATTOR	RNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY
	TELEPHONE NO.	
E-MAIL	TELEPHONE NO.: FAX NO. (Optional):  ADDRESS (Optional):	
ATT	TORNEY FOR (Name): Self-Represented	
SUP	ERIOR 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:	CASE NUMBER:
RES	PONDENT/DEFENDANT:	(If applicable, provide):
	OTHER PARENT/PARTY:	HEARING DATE:
		HEARING TIME:
	PROOF OF SERVICE BY MAIL	DEPT.:
NOTIO	CE: To serve temporary restraining orders you must use personal service (see	e form FL-330).
	am at least 18 years of age, not a party to this action, and I am a resident of or emplo	•
	ace.	you in the doubly whole the maining took
2. M	y residence or business address is:	
3. Is	served a copy of the following documents (specify):	
F	Filed copy of: Responsive Declaration to Request for Order	
hv	v enclosing them in an envelope AND	
	depositing the sealed envelope with the United States Postal Service with the	e 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 colle mailing. On the same day that correspondence is placed for collection and m	
	business with the United States Postal Service in a sealed envelope with pos	· ·
4. Th	ne envelope was addressed and mailed as follows:	
a.	Name of person served:	
b.	Address:	
C.	Date mailed:	
	Place of mailing (city and state):	
5. 🗆	☐ I served a request to modify a child custody, visitation, or child support judgmer	t or permanent order which included an
J	address verification declaration. (Declaration Regarding Address Verification—	· · · · · · · · · · · · · · · · · · ·
	Custody, Visitation, or Child Support Order (form FL-334) may be used for this	purpose.)
6. I c	declare under penalty of perjury under the laws of the State of California that the fore	going is true and correct.
Date:	<b>k</b>	
	(TYPE OF PRINT NAME)	ATLIDE OF DEDCON COMPLETING THIS FORM
	(TYPE OR PRINT NAME) (SIGN.	ATURE OF PERSON COMPLETING THIS FORM)