HOW TO GET OR CHANGE ORDERS FOR CHILD SUPPORT, SPOUSAL SUPPORT, CUSTODY, VISITATION REQUEST FOR ORDER

YOU MUST FIRST HAVE AN EXISTING CASE – A DISSOLUTION, LEGAL SEPARATION, NULLITY, PARENTAGE OR A CHILD SUPPORT CASE WITH THE DEPARTMENT OF CHILD SUPPORT SERVICES

1. <u>COMPLETE THE FORMS (Type or print in black ink)</u>

- IN ALL CASES
 - Request for Order
- IF CHILD SUPPORT, SPOUSAL SUPPORT, OR ATTORNEY FEES, add
 - Income & Expense Declaration or
 - Financial Statement- Simplified
- IF EMERGENCY ORDERS ARE REQUESTED, add
 - Temporary Orders
 - Declaration re Ex Parte Notice

2. MAKE COPIES

You will need to make two more copies of each form, front and back. If the Department of Child Support Services is involved, you need three copies, not two.

3. FILE THE PAPERS

Visit the court's homepage and click on the "Schedule an Appointment" button to schedule an appointment for filing. On the date and time of your scheduled appointment take the original and one copy to the Clerk's Office, in Ventura, Room 208. the originals and copies to the Clerk's Office, in Ventura, Room 208. You will have to pay a filing fee. If you are the Respondent or Claimant and this is the first paper you have filed, you will also have to pay the original filing fee. The Fee Schedule may be obtained from the Clerk. If you cannot afford the fee, you may be able to have that fee "waived". You will need to complete the FEE WAIVER PACKET. The clerk will keep the originals and return the copies to you, stamped to show that they have been "filed". The filed document will also include your court date. One copy is for you. The others must be "served" on the other party or parties.

4. "SERVE' THE PAPERS

"Service" means that someone other than you, over the age of 18, must personally deliver or mail a copy of the filed papers to the other party or parties. Remember that the Department of Child Support Services is considered a party. Personal Service must be completed at least 16 court days prior to the hearing date. If serving by mail, add 5 additional days prior to the hearing. You must also have served on the other party a package of blank forms so that they can file their Response. Those blank forms are at the back of the Forms packet.

5. FILE THE PROOF OF SERVICE

The person who "serves" the papers must complete and sign a "Proof of Service" for each party who had been served. Each "Proof of Service" must then be filed with the court.

IF YOU ARE ASKING FOR CUSTODY OR VISITATION ORDERS IN AN EXISTING DEPARTMENT OF CHILD SUPPORT SERVICES CASE YOU MAY NEED TO TAKE ADDITIONAL STEPS TO "JOIN" THE OTHER PARENT IN THE CASE. YOU CAN SEE IF THIS IS NECESSARY AT ANY OF THE FAMILY LAW SELF-HELP CENTERS.

HOW TO GET EMERGENCY ORDERS

You may ask for emergency orders if you feel you are in danger (restraining orders) or if you need emergency custody orders to protect the minor children. See Local Rules on reverse of this form.

Follow these steps to request emergency orders:

- 1. <u>COMPLETE THE FORMS:</u> You may obtain the forms from the Clerk's Office, Family Law Facilitator, the Court Website at <u>www.ventura.courts.ca.gov</u> or the Judicial Council Website at <u>www.courtinfo.gov</u>.
- 2. PICK A DATE AND TIME FOR YOUR HEARING: See the schedule on reverse.
- 3. <u>GIVE NOTICE TO THE OTHER PARTY:</u> You must tell the other party that you are filing for this Emergency Hearing by 10 a.m. the *court day* before the hearing. In some cases, you may not have to give notice ask the Family Law Facilitator or an attorney if you believe you would be in danger if you told the other party about this request.
- NOTICE: If there is a restraining order issued against you in this case, you may not give notice. Someone else must give notice.
- 4. <u>FILE YOUR PAPERS:</u> Be sure to file your papers with the Clerk's Office no later than outlined in the Family Law Procedures for Ex Parte Requests located on the Court's website. If possible, file your papers the day before the hearing to allow the judge time to read your papers. If the papers are not filed on time, your case will not be heard.
- 5. <u>ATTEND THE HEARING:</u> If the judge grants your request, you will file the signed temporary order and have the other party served with the filed papers and the order. These emergency orders are made for only a short period of time. You will need to come back to court in about 3 weeks or your orders may expire.
- 6. <u>SERVE THE PAPERS AND ORDER ON THE OTHER PARTY:</u> Someone other than you must give these papers and the order to the other party. Whoever does this must sign a paper called a Proof of Service verifying that the papers were given to the other party personally. You may ask the Sheriff's Department to serve the papers. There may be a cost to do this.
- 7. <u>FILE THE PROOF OF SERVICE WITH THE COURT:</u> If you have not served the other party or do not have proof that the other party was served, the judge will not hear your case. Your case will be continued so that the papers can be served.
- 8. <u>ATTEND THE SECOND HEARING:</u> You should have an order prepared for the judge to sign.

If you are low income or receive public assistance benefits, you may ask for a fee waiver so you do not have to pay any filing fees. (For Domestic Violence cases there is no fee)

$\longrightarrow \longrightarrow$ IMPORTANT!!! PLEASE READ THESE LOCAL RULES

Local Rule 9.04 Family Law Ex Parte Matters

A. EMERGENCY ORDER APPLICATIONS DISFAVORED

Emergency Orders applications are strongly disfavored. Whenever possible, in lieu of an emergency order, the court will issue orders shortening time and set the matter for full hearing at the regular family law and motion calendar. However, orders shortening time are also disfavored, and must be supported by a substantial showing of need.

B. DETERMINATION BASED ON PLEADINGS

It is the court's policy to determine emergency orders based on the pleadings submitted. Thus, requests for emergency orders normally will be determined without giving either party an opportunity for oral argument or discussion with the court.

California Rule of Court 5.151 (d) (5) Contents of Application and Declaration

D. APPLICATIONS REGARDING CHILD CUSTODY OR VISITATION (PARENTING TIME) Applications for emergency orders granting or modifying child custody or visitation (parenting time) under Family Code section 3064 must: (A) Provide a full, detailed description of the most recent incidents showing i) Immediate harm to the child as defined in Family Code Section 3064(b) or ii) Immediate risk that the child will be removed from the State of California, (B) Specify the date of each incident described in (A), (C) Advise the court of the existing custody and visitation arrangements and how they would be changed by this emergency request, (D) Include a copy of the current custody orders, if they are available. If no orders exist, explain where and with whom the child is currently living and (E) include a completed UCCJEA (FL-105) if one has not been previously filed or if information has changed since previously filed.

HOW TO GET A DATE FOR YOUR HEARING:

Emergency requests are heard Monday through Friday at 11:30 a.m. for cases assigned to Courtrooms 31, 32, 33 and 35. You must call the secretary to make an appointment:

- ➤ If your case is assigned to Courtroom 31, 32 or 35 call 289-8762
- If your case is assigned to Courtroom 33 call 289-8772

For Domestic Violence, Harassment, Workplace Violence and Gun Violence restraining orders, or if your case is assigned to Courtroom 34, you do not need to make an appointment. Your case will be heard Monday through Friday at 1:30 p.m. in Courtroom 34. Exception: A Domestic Violence request filed in an existing Family Law case will be assigned to and heard in the courtroom of the Judicial Officer assigned to hear the existing case.

For Elder/Dependent Adult Abuse restraining orders you do not need to make an appointment. Your case will be heard Monday through Friday at 11:30 a.m. in Courtroom 32.

PARTY WITHOUT ATTORNEY OR ATTORNEY	STATE BAR NUMBER:	FOR COURT USE ONLY
NAME:		
FIRM NAME:		
STREET ADDRESS:	STATE: ZIP CODE:	
CITY: TELEPHONE NO.:	FAX NO.:	
E-MAIL ADDRESS:	TACIO.	
ATTORNEY FOR (name):		
SUPERIOR COURT OF CALIFORNIA	A, COUNTY OF	7
STREET ADDRESS:		
MAILING ADDRESS:		
CITY AND ZIP CODE:		
BRANCH NAME:		
PETITIONER:		
RESPONDENT:		
OTHER PARENT/PARTY:		
	CHANGE TEMPORARY EMERGENCY ORDERS	CASE NUMBER:
REQUEST FOR ORDER		CASE NUMBER.
	(isitation (Parenting Time) Spousal or Partner Support	
	Oomestic Violence Order Attorney's Fees and Costs	
Property Control C	Other (specify):	
	NOTICE OF HEARING	
	NOTICE OF FIEARING	
1. TO (name(s)):		
Petitione	Respondent Other Parent/Party Other	(specify):
	Other	(Specify).
2. A COURT HEARING WILL BE	F HELD AS FOLLOWS:	
a. Date:	Time: Dept.:	Room.:
b. Address of court sa	ame as noted above other (specify):	
zi ytaaree er eeart ee		
3. WARNING to the person serv	ved with the Request for Order: The court may make the requ	ested orders without you if you do
	ion to Request for Order (form FL-320), serve a copy on the other	
	court has ordered a shorter period of time), and appear at the he	earing. (See form FL-320-INFO for
more information.)		
(Forms <u>I</u>	<u>FL-300-INFO</u> and <u>DV-400-INFO</u> provide information about completing th	is form.)
	COURT ORDER	
It is ordered that:	(FOR COURT USE ONLY)	
4 Time for a mine		hafara (1 c)
4. Time for service		,
5. A Responsive Declaration	on to Request for Order (form FL-320) must be served on or befo	ore (date):
6. The parties must attend a	an appointment for child custody mediation or child custody reco	mmending counseling as follows
(specify date, time, and l		5 5 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
, , , , , , , , , , , , , , , , , , , ,	•	
	/ Emergency (Ex Parte) Orders (form FL-305) apply to this proce	eding and must be personally
served with all document	ts filed with this Request for Order.	
8. Other (specify):		
Data		
Date:		JUDICIAL OFFICER
		Page 1 of 4

F	I -300	

PETITIONER: RESPONDENT:		CASE NUMBER:
OTHER PARENT/PARTY:	DECUEST 500 00050	
	REQUEST FOR ORDER	
"Attachment." For example, mark "Attachr attached to this form. Then, on a sheet of	that applies to your case or to your request. If ment 2a" to indicate that the list of children's na paper, list each attachment number followed b s a title. (You may use Attached Declaration (for	mes and birth dates continues on a paper by your request. At the top of the paper, write
Petitioner Respond	straining/protective orders are now in effect be ent Other Parent/Party (Attach a co court or courts (specify county and state):	etween (specify): opy of the orders if you have one.) e No. (if known):
b. Family: County/state (sp		e No. (if known):
c. Juvenile: County/state (s		e No. (if known):
d. Other: County/state (spe	• • •	e No. (if known):
2. CHILD CUSTODY VISITATION (PARENTING TIME)		I request temporary emergency orders
a. I request that the court make o	orders about the following children (specify): Legal Custody to (pe	rson who Physical Custody to (person
Child's Name	Date of Birth decides: health, educ	
b. The orders I request for (1) Specified in t Form FL-305 Form FL-341 (2) As follows (s	the attached forms: Form FL-311 Form FL-341(E) Other (
c. The orders that I request are in	n the best interest of the children because <i>(sp</i>	ecify): Attachment 2c.
	e current order for child custody legal or physical custody was filed on (date): (parenting time) order was filed on (date):	visitation (parenting time). The court ordered (specify): The court ordered (specify):
		Attachment 2d.

OTHER	PETITIONER: RESPONDENT: PARENT/PARTY:	CASE NUMBER:
3.	CHILD SUPPORT (Note: An earnings assignment may be issued. See <i>Income Withholding for Sup</i> a. I request that the court order child support as follows: Child's name and age. I request support for earnings.	
	b. I want to change a current court order for child support filed on (date): The court ordered child support as follows (specify):	Attachment 3a.
	 I have completed and filed with this Request for Order a current Income and a current Financial Statement (Simplified) (form FL-155) because I meet the The court should make or change the support orders because (specify): 	
4.	SPOUSAL OR DOMESTIC PARTNER SUPPORT (Note: An Earnings Assignment Order For Spousal or Partner Support (form FL- a. Amount requested (monthly): \$ b. I want the court to change end the current support The court ordered \$ per month for support. C. This request is to modify (change) spousal or partner support after en I have completed and attached Spousal or Partner Support Declaration that addresses the same factors covered in form FL-157. d. I have completed and filed a current Income and Expense Declaration (form e. The court should should make, change, or end the support orders because	rt order filed on <i>(date):</i> http of a judgment. http://doi.or.or.or.or.or.or.or.or.or.or.or.or.or.
5.		I request temporary emergency orders en exclusive temporary use, possession, and ase or rent (specify):
	and liens coming due while the order is in effect: Pay to: For: Amount: Pay to: For: Amount: Pay to: For: Amount:	Pered to make the following payments on debts S Due date: Due date: Due date: Due date: Due date:
	c. This is a change from the current order for property control filed on <i>(da</i>	·

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
6. ATTORNEY'S FEES AND COSTS I request attorney's fees and costs, which total (specify amount): \$ a. A current Income and Expense Declaration (form FL-150). b. A Request for Attorney's Fees and Costs Attachment (form FL-319) or	. I filed the following to support my request: a declaration that addresses the factors covered
in that form.c. A Supporting Declaration for Attorney's Fees and Costs Attachment (for factors covered in that form.	rm FL-158) or a declaration that addresses the
 DOMESTIC VIOLENCE ORDER Do not use this form to ask for domestic violence restraining orders! R Temporary Restraining Order, for forms and information you need to a Read form DV-400-INFO, How to Change or End a Domestic Violence a. The Restraining Order After Hearing (form DV-130) was filed on (date). b. I request that the court change end the personal corprotective orders made in Restraining Order After Hearing (form DV-13 c I request that the court make the following changes to the restrain 	ask for domestic violence restraining orders. Restraining Order for more information. and the stay-away, move-out orders, or other solo). (If you want to change the orders, complete 7c.)
d. I want the court to change or end the orders because (specify):	Attachment 7d.
8. OTHER ORDERS REQUESTED (specify):	Attachment 8.
9. TIME FOR SERVICE / TIME UNTIL HEARING I urgently need: a. To serve the Request for Order no less than (number): b. The hearing date and service of the the Request for Order to be c. I need the order because (specify):	court days before the hearing. sooner. Attachment 9c.
10. FACTS TO SUPPORT the orders I request are listed below. The facts that cannot be longer than 10 pages, unless the court gives me permission.	t I write in support and attach to this request 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:

(SIGNATURE OF APPLICANT



Requests for Accommodations

(TYPE OR PRINT NAME)

Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least five days before the proceeding. Contact the clerk's office or go to www.courts.ca.gov/forms for Request for Accommodations by Persons With Disabilities and Response (form MC-410). (Civ. Code, § 54.8.)

ELANGUEE/PETTUNEK.	CASE NUMBER:	
PLAINTIFF/PETITIONER: EFENDANT/RESPONDENT:	O OE NOMBER	
	I	
	CLARATION	
(This form must be attached to another t	form or court paper before it can be filed in court.)	
eclare under penalty of perjury under the laws of the State	of California that the foregoing is true and correct.	
ate:		
(TVDE OD DDINT NAME)	(OLONATURE OF DEGLARANT)	
(TYPE OR PRINT NAME)	(SIGNATURE OF DECLARANT)	
	☐ Attorney for ☐ Plaintiff ☐ Petitioner ☐ De	efenc

	IN THE MATTER OF:	FOR COURT USE ONLY	
	CASE NUMBER:		
	FAMILY COURT SERVICES INTAKE QUESTION	ONNAIRE	
	evious Mediation ave the parents previously participated in child custody mediation?	YES	NO
	erpreters Required either parent non-English speaking or limited in speaking English?		
На	rent Change of Residence as either parent recently moved or is planning to move out of the United States, ate of California, or County of Ventura?		
(a)	mestic Violence Concerns* Is there a Restraining or Protective order against either parent? Have there been any allegations of violence, abuse, or stalking committed by either parent against the other or the child?		
Ha	ildren or Adult Protective Services Involvement s either parent been contacted by a Children's or Adult Services Agency ncerning an abuse/neglect investigation?		
На	ild Custody Evaluation ave the parents participated or been ordered to participate in a child custody evaluate then?:	ion?	
	rty in Jail or Prison entify any parent who is expected to be in jail or prison at the time of the Mediation	:	
N	Vame of parent incarcerated Facility		
На	pendency Petitions ave any dependency petitions been filed in Juvenile Court related to the parties ildren?		
Si	Ignature of Petitioner or Attorney for Petitioner Date		
Si	Ignature of Respondent or Attorney for Respondent Date		

THIS FORM TO REMAIN CONFIDENTIAL (Family Code §3177)

^{*}Family Code Section 3181(b) states; "If any party alleging domestic violence in a written declaration under penalty of perjury or a party protected by a protective order so requests, the mediator will meet with the parties separately and at separate times."

PARTY WITHOUT ATTORNE	EY OR ATTORNEY	STATE BAR NUI	MBER:	FOR COURT USE ONLY
NAME:				
FIRM NAME:				
STREET ADDRESS:				
CITY:		STATE:	ZIP CODE:	
TELEPHONE NO.:		FAX NO.:		
E-MAIL ADDRESS:				
ATTORNEY FOR (name):				
SUPERIOR COURT (OF CALIFORNIA, COUNTY OF			
STREET ADDRESS:				
MAILING ADDRESS:				
CITY AND ZIP CODE:				
BRANCH NAME:				
	PETITIONER:			
	RESPONDENT:			
OTHER PARTY/PAR	ENT/CLAIMANT:			
				CASE NUMBER:
	INCOME AND EXPENSE	E DECLARAT	ION	CASE NOWBER.
1. Employment (G	Give information on your curre	ent job or, if you	ı're unemployed, your most	recent job.)
Attach copies a.	Employer:			
of your pay b.	Employer's address:			
stubs for last C.	Employer's phone number:			
two months d.	Occupation:			
(black out e.	Date job started:			
	If unemployed, date job end	ed:		
	I work about h	ours per week.		
numbers). h.	I get paid \$ gros	ss (before taxes	s) per month	per week per hour.
	han one job, attach an 8 1/ ion 1—Other Jobs" at the t		heet of paper and list the	same information as above for your other
2. Age and educa	tion			
a. My age is (s)				
, , ,	leted high school or the equi	valent.	Yes No If no.	, highest grade completed (specify):
•	ears of college completed (s		Degree(s) obtain	
•	•	- 7		
	ears of graduate school com			ee(s) obtained (specify):
e. I have:	professional/occupational		ecity):	
	vocational training (spec	ify):		
3. Tax information	า			
a. I last f	iled taxes for tax year (speci	fy year):		
b. My tax filing	status is single	head of	household marrie	ed, filing separately
marrie	d, filing jointly with (specify r	ame):		
c. I file state ta		·	ther (specify state):	
	llowing number of exemption			
u. T claim the to	mowing number of exemption	is (including m)	(specify)	•
4. Other party's in	icome. I estimate the gross	monthly income	(before taxes) of the other	party in this case at (specify): \$
This estimate is	based on <i>(explain):</i>			
	space to answer any quest before your answer.) Num			inch sheet of paper and write the
I declare under pena any attachments is t		of the State of	California that the informati	_ ion contained on all pages of this form and
Date:				
	(TYPE OR PRINT NAME)		<u> </u>	(SIGNATURE OF DECLARANT)

	PETITIONER:	CASE NUMBER:
	RESPONDENT:	
OTH	ER PARTY/PARENT/CLAIMANT:	
	ch copies of your pay stubs for the last two months and proof of any other incom In to the court hearing. <i>(Black out your Social Security number on the pay stub a</i>	
	ncome (For average monthly, add up all the income you received in each category in touch divide the total by 12.)	he last 12 months Average Last month monthly
а	. Salary or wages (gross, before taxes)	\$
b	(3 ,)	
С		
	Public assistance (for example: TANF, SSI, GA/GR) currently receiving	
_	Spousal support from this marriage from a different marriage fe	
f.		•
g h		<u> </u>
i.		
j.		
k		
l.	Other (military allowances, royalty payments) (specify):	\$
6. lı	nvestment income (Attach a schedule showing gross receipts less cash expenses for	each piece of property.)
а	. Dividends/interest	\$
b		\$
С	. Trust income	
d	. Other (specify):	\$
۸ T	am the owner/sole proprietor business partner other (specify): Ilame of business (specify): Type of business (specify): Attach a profit and loss statement for the last two years or a Schedule C from you social Security number. If you have more than one business, provide the informa	ır last federal tax return. Black out your
8. [Additional income. I received one-time money (lottery winnings, inheritance, etc. amount):) in the last 12 months (specify source and
9. [Change in income. My financial situation has changed significantly over the last	12 months because (specify):
10. 🏻	peductions	Last mon
а	. Required union dues	\$
b		
С		
d		\$
е		ax deductible*\$
f.		
g	. Necessary job-related expenses not reimbursed by my employer (attach explanation	n labeled "Question 10g")
	assets	Total
а	 Cash and checking accounts, savings, credit union, money market, and other depos Stocks, bonds, and other assets I could easily sell 	it accounts\$
С	. All other property, real and personal <i>(estimate fair market valu</i>	e minus the debts you owe)\$
	eck the box if the spousal support order or judgment was executed by the parties and the court be tains the spousal support payments as taxable income to the recipient and tax deductible to the parties.	

	PETITIONER:				CASE NUMBER:	
	RESPONDENT:					
OTHE	ER PARTY/PARENT/CLAIMANT:					
12. T I	ne following people live with me:					
N	lame	Age	How the person is related to me (ex: son)	That pers	son's gross ncome	Pays some of the household expenses?
а						Yes No
b						Yes No
C						Yes No
d						Yes No
е	·					
13. A	verage monthly expenses	stimated		expenses		sed needs
a.	Home:					\$
		ge 9				\$
	If mortgage:					\$ on \$
	(a) average principal: \$ (b) average interest: \$					
	(2) Real property taxes				and transportations, repairs, bus, et	on c.)\$
	(3) Homeowner's or renter's insurance		•		accident, etc.; do	
	(if not included above)		auto,	home, or	health insurance)\$
	(4) Maintenance and repair	9		-		\$
b.	Health-care costs not paid by insuran	ce S	•		ributions	
c.	c. Child care p. Monthly payments listed in item 14					
d. Groceries and household supplies \$				υιαι πετε) Ψ ¢		
e.		g out\$				
f.	Jtilities (gas, electric, water, trash) \$ r. TOTAL EXPENSES (a–q) (do not add in the amounts in a(1)(a) and (b)) \$					
g.	Telephone, cell phone, and e-mail		S			
			S. Amo	unt of exp	penses paid by	otners Ψ
14. I n	stallment payments and debts not lis	sted abov	/e			
_	Paid to	For		Amount	Balance	Date of last payment
				\$	\$	
				\$	\$	
				\$	\$	
-				\$	\$	
-				<u> </u>		
\vdash				\$	\$	
				\$	\$	
a. b. c. d.	I still owe the following fees and costs My attorney's hourly rate is (specify): irm this fee arrangement.	amount fo	or fees and costs (specify):	\$		
			•			
	(TYPE OR PRINT NAME)				(SIGNATURE OF	F DECLARANT)
	(THE SIXTIMAL IMPANE)				(SIGHT TOTAL OF	

	1 = 10
PETITIONER:	CASE NUMBER:
RESPONDENT:	
OTHER PARTY/PARENT/CLAIMANT:	

OTHER PARTY/PARENT/CLAIMANT:		
CHILD SUPPORT INFORMATI (NOTE: Fill out this page only if your case invo		
16. Number of children		
 a. I have (specify number): children under the age of 18 with the ot b. The children spend percent of their time with me and (If you're not sure about percentage or it has not been agreed on, please decomposition). 	percent of their time with	· · · · · · · · · · · · · · · · · · ·
17. Children's health-care expenses a. I do I do not have health insurance available to me for t b. Name of insurance company: c. Address of insurance company:	he children through my job	
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 expense for the children in this case	Amount per mo	onth
a. Childcare so I can work or get job training		Offici
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 circ (attach documentation of any item listed here, including court orders): a. Extraordinary health expenses not included in 18b	cumstances Amount per month	For how many months?
(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	\$ e (explain):	
20. Other information I want the court to know concerning support in my case	(specify):	

Y	Your name and address or attorney's name and address:	TELEPHONE NO.:	FOR COURT USE ONLY
L	-		
АТ	TTORNEY FOR (Name):		
S	SUPERIOR COURT OF CALIFORNIA, COUNTY OF		
	STREET ADDRESS:		
	MAILING ADDRESS:		
	CITY AND ZIP CODE:		
	BRANCH NAME:		
	PETITIONER/PLAINTIFF:		
	RESPONDENT/DEFENDANT:		
	OTHER PARENT:		
			CASE NUMBER:
	FINANCIAL STATEMENT (SIMPLIF	IED)	
_			
	NOTICE: Read page 2 to find out if yo	ou qualify to use this form	and how to use it.
1	. a. My only source of income is TANF, SSI, or GA/GF		
٠.	b. I have applied for TANF, SSI, or GA/GR.		
2.	I am the parent of the following number of natural or adopte	d children from this relations	shin
	a. The children from this relationship are with me this amoun		
٠.	b. The children from this relationship are with the other pare		
	c. Our arrangement for custody and visitation is <i>(specify, us)</i>		· · · · · · · · · · · · · · · · · · ·
	c. Our arrangement for custody and visitation is (specify, as		·/·
4.			hold married filing separately.
5.	. My current gross income (before taxes) per month is		
	Attach 1 This income comes from the following:		
	copy of pay Salary/wages: Amount before taxes p		
	stubs for Retirement: Amount before taxes per	month	<u>\$</u>
	last 2 Unemployment compensation: Amou workers' compensation: Amount per	nt per month	\$
	months here Workers' compensation: Amount per	month	<u>\$</u>
	(cross out Social security: SSI Otl	ner Amount per month	<u>\$</u>
	social Disability: Amount per month		\$
	security Interest income (from bank accounts	or other): Amount per mont	h <u>\$</u>
	numbers) I have no income other than as stated in thi	s paragraph.	
6.	. I pay the following monthly expenses for the children in this	case:	
	a. Day care or preschool to allow me to work or go to	o school	
	b. Health care not paid for by insurance		
	c. School, education, tuition, or other special needs	of the child	\$
	d. Travel expenses for visitation		
7.	There are (specify number) other minor	children of mine living with a	me. Their monthly expenses
	that I pay are		
8.	. I spend the following average monthly amounts (please atta		
	a. Job-related expenses that are not paid by my emp		xpenses on separate sheet) \$
	b. Required union dues		
	c. Required retirement payments (not social security		
	d. Health insurance costs		
	e. Child support I am paying for other minor children		
	f. Spousal support I am paying because of a court of		
			\$
	g Monthly housing costs: rent or m If mortgage: interest payments \$ i		
0	Information concerning my current employment		
9 .	Employer:	my most recent emplo	yment.
	Address:		
	Telephone number:		
	My occupation:		
	Date work started:		
	Date work stopped (if applicable): What was you	r gross income (before taxe	s) before work stopped?:

PETITIONER/PLAINTIFF:	CASE NUMBER:		
RESPONDENT/DEFENDANT:			
OTHER PARENT:			
10. My estimate of the other party's gross monthly income (before taxes) is	\$		
11. My current spouse's monthly income (before taxes) is			
12. Other information I want the court to know concerning child support in my case (attach	extra sheet with the information).		
13.	on showing my expenses.		
I declare under penalty of perjury under the laws of the State of California that the information any attachments is true and correct.	tion contained on all pages of this form and		
Date:			
(TYPE OR PRINT NAME) (SIGNATURE OF DECLARANT)			
PETITIO	DNER/PLAINTIFF RESPONDENT/DEFENDANT		
INSTRUCTIONS			

Step 1: Are you eligible to use this form? If your answer is YES to any of the following questions, you may NOT use this form:

- Are you asking for spousal support (alimony) or a change in spousal support?
- Is your spouse or former spouse asking for spousal support (alimony) or a change in spousal support?
- Are you asking the other party to pay your attorney fees?
- Is the other party asking you to pay his or her attorney fees?
- Do you receive money (income) from any source other than the following?
 - Welfare (such as TANF, GR, or GA)
 - Salary or wages
 - Disability
 - Unemployment

- Interest
- Workers' compensation
- Social security
- Retirement

• Are you self-employed?

If you are eligible to use this form and choose to do so, you do not need to complete the *Income and Expense* Declaration (form FL-150). Even if you are eligible to use this form, you may choose instead to use the *Income* and Expense Declaration (form FL-150).

Step 2: Make 2 copies of each of your pay stubs for the last two months. If you received money from other than wages or salary, include copies of the pay stub received with that money.

Privacy notice: If you wish, you may cross out your social security number if it appears on the pay stub, other payment notice or your tax return

- Step 3: Make 2 copies of your most recent federal income tax form.
- Step 4: Complete this form with the required information. Type the form if possible or complete it neatly and clearly in black ink. If you need additional room, please use plain or lined paper, 8½-by-11", and staple to this form.
- Step 5: Make 2 copies of each side of this completed form and any attached pages.
- Step 6: Serve a copy on the other party. Have someone other than yourself mail to the attorney for the other party, the other party, and the local child support agency, if they are handling the case, 1 copy of this form, 1 copy of each of your stubs for the last two months, and 1 copy of your most recent federal income tax return.
- Step 7: File the original with the court. Staple this form with 1 copy of each of your pay stubs for the last two months. Take this document and give it to the clerk of the court. Check with your local court about how to submit your return.
- Step 8: Keep the remaining copies of the documents for your file.
- Step 9: Take the copy of your latest federal income tax return to the court hearing.

It is very important that you attend the hearings scheduled for this case. If you do not attend a hearing, the court may make an order without considering the information you want the court to consider.

ATTORNEY OR PARTY WITHOUT ATTORNEY	STATE BAR NUMBER:	FOR COURT USE ONLY
NAME:		
FIRM NAME:		
STREET ADDRESS:		
CITY:	STATE: ZIP CODE:	
TELEPHONE NO.:	FAX NO.:	
E-MAIL ADDRESS:		
ATTORNEY FOR (name):		
SUPERIOR COURT OF CALIFORNIA,	COUNTY OF	
STREET ADDRESS:		
MAILING ADDRESS:		
CITY AND ZIP CODE:		
BRANCH NAME:		
PETITIONER:		
RESPONDENT:		
OTHER PARENT/PARTY:		
	TROUNDY (EV RARTE) ORDERO	CACE NUMBER.
	ERGENCY (EX PARTE) ORDERS	CASE NUMBER:
I	itation (Parenting Time) Property Control	
Other (specify):		
1. TO (name(s)):		
Petitioner	Respondent Other Parent/Party	Other (specify):
A court hearing will be held on the	ne Request for Order (form FL-300) served with this ord	ler, as follows:
a. Date:	Time: Dept.:	Room:
b. Address of court san	ne as noted above other (specify):	
party or to children in	ncy (ex parte) orders are needed to: (a) help prevent an in the case, (b) help prevent immediate loss or damage	
COURT ORDERS: The following ter	nange procedures for a hearing or trial. mporary emergency orders expire on the date and time	of the hearing scheduled in (1), unless
extended by course. 3. CHILD CUSTODY		
O. CHILD COSTODI	-	ry physical custody, care, and control to:
a. <u>Child's name</u>	<u>Date of Birth</u> Petitione	r Respondent Other Party/Parent
Continued on Att	achment 3(a)	
b. Visitation (Parer	nting Time) The temporary orders for physical custod	y, care, and control of the minor children in
(3) are subject to	the other party's or parties' rights of visitation (parentin	g time) as follows (specify):
		See Attachment 3(b)
	THIS IS A COURT ORDER.	Page 1 of 2

PETITIONER:		CASE NUMBER:
RESPONDENT:		
OTHER PARENT/PARTY:		
3. CHILD CUSTODY (continued)		
c. Travel restrictions		
	ry physical custody, care, and control ornia unless the court allows it after	of minor children must not remove the minor a noticed hearing.
(2) Petitioner Respon	dent Other Parent/Party must	not remove their minor children (specify):
(a) from the state of		
(b) from the following	ng counties (specify):	
(c) other (specify):		
d Child abdustion provention of	undere are attacked (as a farm El 244/	211
	orders are attached (see form FL-341(••
Jurisdiction and Enforcement Act	(part 3 of the California Family Code,	-
(2) Notice and opportunity to be heard provided by the laws of the State		notice and an opportunity to be heard as
(3) Country of habitual residence:	The country of habitual residence of the	ne child or children is (specify):
The United States of Amer	rica Other (specify):	
(4) If you violate this order, you m	ay be subject to civil or criminal per	alties, or both.
4. PROPERTY CONTROL		
a. Petitioner Respondent	Other Parent/Party is given e	exclusive temporary use, possession, and
control of the following property that the		lease or rent
ermer er me remen g proponty man m	p	
b. Petitioner Responden	t Other Parent/Party is order	ed to make the following payments on the liens
and encumbrances coming due while		ed to make the following payments on the liens
Pay to:	For: Amount:	\$ Due date:
Pay to:	For: Amount:	
Pay to:	For: Amount:	
Pay to:	For: Amount:	
Pay to.	For. Amount.	Due date.
5. All other existing orders, not in conflict v	vith these temporary emergency orders	s, remain in full force and effect.
6. OTHER ORDERS (specify):		Additional orders are listed in Attachment 6.
Data		
Date:		HIDDE OF THE OVERTICE CONTRACT
		JUDGE OF THE SUPERIOR COURT

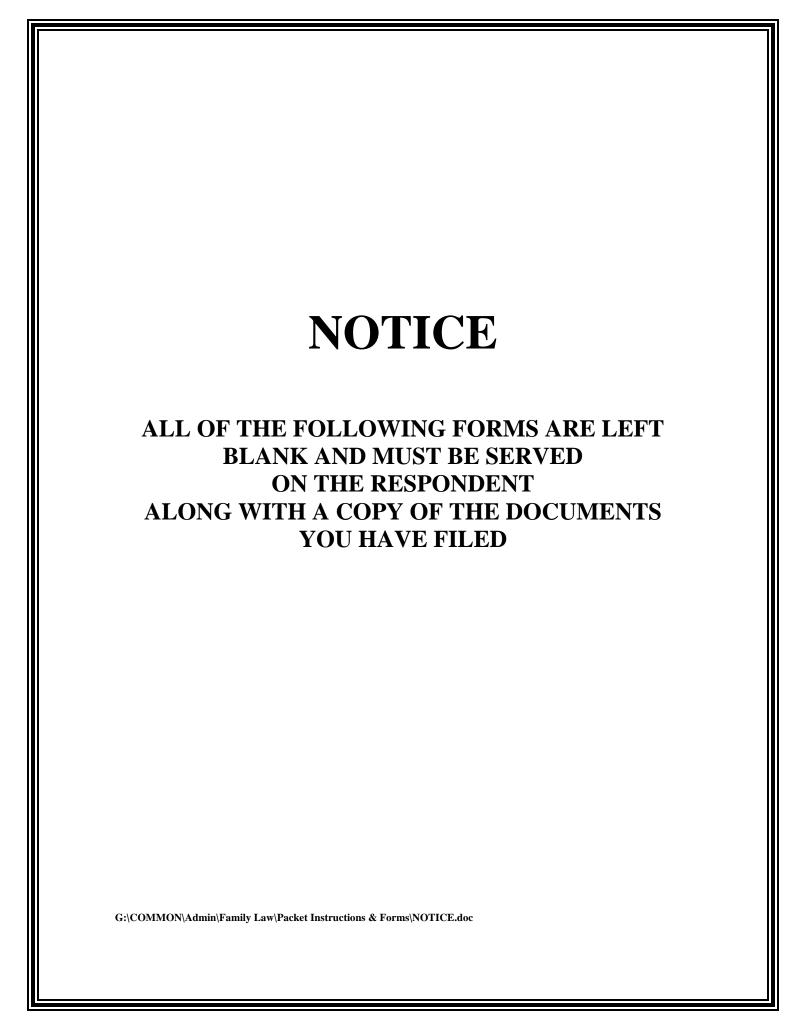
ATTORNEY OF PART	TY WITHOUT ATTORNEY (Name and Address)	Telephone Number	FOR COURT USE ONLY
ATTORNEY FOR (Na	,		
	DURT OF CALIFORNIA, COUNTY OF VENT		
	800 SOUTH VICTORIA AVE. VENTURA, CA		
	1353 VINEYARD AVE., OXNARD, CA 93036		
PLAINTIFF/PET	ITIONER:		
DEFENDANT/RI	ESPONDENT:		
	DECLARATION RE EX PARTE	NOTICE	CASE NUMBER:
Dom. V	iolence Restraining Order	rassment Restraining order	
Other F	amily Law / Custody	ivil / Probate	
	· · · · ·		es the bearing is to be held and what
	: The person giving the notice must state quested. If notice is not being given, plea		
I,	, declare:	, -	
	d the person listed above that an order w	ould be sought in the Super	ior Court of Ventura County at
	<u> </u>	4353 Vineyard Ave., Oxnai	·
on:	Date: Tir	•	
	formed: (Name)		
1 01301111		Date and	Turne imorrined.
How Info	rmed:		
☐ By te	lephone to the $\ \ \square$ party $\ \ \square$ atto	rney at (Telephone Number)	
☐ By le	aving a message with (Name)	relation	nship to party:
	at (Telephone Number)		person
☐ By le	aving a message on voicemail of the par	ty at (Telephone Number)	
□ Ву ре	ersonally informing:] attorney	
☐ In wr	iting (copy must be attached).	·	
	n/her that the orders requested included,	but were not limited to:	
	estic Violence Restraining Orders with	move-out orders	custody orders
	Harassment Restraining Orders		
	andre de de Markare anna anna anna a Maraille a		
☐ Cusit	bdy / visitation orders, specifically.		
Other:			
			be all the least to a small be of the annual to
	that he/she should appear at the above	·	•
3. I 🔲 do	do not expect the other	party to oppose my reques	t.
I declare un	der penalty of perjury under the laws of the	ne State of California that the	e foregoing is true and correct.
	and the second s	The state of the s	
Dated:			
			Signature of Declarant

	DECLARATION RE: EXPARTE NOTICE - NO NOTICE GIVEN							
		Dom. Violence Rest	ainir	ng Order			Civil Harassment Restrain	ning order
		Other Family Law / 0	Custo	ody			Other Civil / Probate	
		ions: Notice must be onal circumstances to e			arte requests u	ınless the	person requesting the order	r can establish
1.	Ι, _			, am reques	sting Ex Parte	orders as s	stated below. I am requesti	ng that notice be
	excu	used in this matter.						
2.	Ex F	Parte hearing is set at		800 South	Victoria Ave.,	Ventura		
				3855-F Ala	mo St., Simi V	/alley		
				4353 Viney	ard Ave., Oxn	nard		
		on:	Da	te:	Time:		Courtroom:	
3.	I am	requesting the following Domestic Violence Rocivil Harassment Res	estra strair	aining Orders ning Orders			orders ☐ custody o	
	Ш	Oustody / Visitation of	uci	s, specifically				
		Other Civil/Probate o	rder	s, specifically	<i>r</i> :			
4.		ce should be excused lest for emergency ord		ause (provide	e details as to v	why the otl	ner party should not be told	, in advance, of your
		I do not have any way	/ to	give notice to	the other part	ty because	::	
		If notice is given, I, or	the	children, will	suffer immedi	ate harm,	specifically:	
		Giving notice would for	ustr	ate the purpo	ose of this orde	er because	::	
	I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Dated:							

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address)	Telephone Number	FOR COURT USE ONLY
ATTORNEY FOR (Name):		
ATTORNETT OR (Name).		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF VENTURA		
STREET ADDRESS:		
MAILING ADDRESS:		
CITY AND ZIP CODE:		
BRANCH NAME:		
SHORT TITLE OF CASE:		
		CASE NUMBER:
PROOF OF SERVICE		ONCE NOMBER.
4. At the time of comice I was at least 10 was at a		
 At the time of service, I was at least 18 years of ag 	e and not a party to this	s action.
2. I served the following documents:		
2. Toolvoa ille following accamente.		
Summons	Responsive Decl	aration to Requesf for Order
Petition	Income & Expens	se Declaration
Response	Order After Hear	ing
Complaint	Blank Response	
Answer	Blank Answer	
UCCJEA Declaration	Blank Responsiv	e Declaration
Notice of Motion	Blank Income an	d Expense Declaration
Request for Order	OTHER	
Temporary Restraining Order		
Mediation/Orientation Appointment		
Fact Sheet		
3. Party served:		
·		
4. Address:		
5. Method of service:		
_		
Personal service: By personal delivery to the	e person identified in p	aragraph 3.
Date of Service:		
Time of Service:		
■ By Mail: By mailing copies to the person ide	entified in paragraph 2	with postage fully propaid by
first class mail as follows:	milieu in paragrapii 5,	with postage fully prepaid, by
Date of Mailing:		
Place of Deposit:		
☐ With two copies of the Notice and A		
addressed to me. (Attach signed N		• •
To an address outside of California	with return receipt requ	uested (Attach Returned Receipt)

PROOF OF SERVICE

	m a California sheriff, marshall or constable, ar secuted on at	nd I certify that the foregoing is true and correct.
		Signature of Declarant
	leclare under the penalty of perjury and pursual regoing is true and correct. Executed on	
7.	Person serving, additional information Fee for service Not a registered California process server Exempt from registration under B & P sectors of Registered California process server: Employee or independent contractor Registration Number: County of Registration:	tion 22350(b)
6.	Person Serving (name, address and telephone number	r):



HOW TO RESPOND TO REQUEST FOR ORDER

1. <u>COMPLETE THE FORMS</u> (Type or print in black ink)

- Responsive Declaration to Request for Order
 - This is your opportunity to respond to the issues raised on the Request for Order. You can only respond to those issues already raised. If you want to raise additional issues, you need to file your own Request for Order.
- Income and Expense Declaration or Financial Declaration (Simplified) if issues of support or attorney fees raised in the Request for Order

2. SERVE A COPY ON THE OTHER PARTY

Make TWO copies of the above documents. One copy is to be "served" on the other party. Service means the copy must be personally delivered or mailed to the other party by someone over the age of 18 other than you. You cannot "serve" it yourself. Service must be completed no later than 9 court days before the court hearing. Whoever serves the papers must complete the Proof of Service. You will file the Proof of Service with the Original Responsive Declaration.

3. FILE THE PAPERS

Visit the court's homepage and click on the "Schedule an Appointment" button to schedule an appointment for filing. On the date and time of your scheduled appointment take the original and two copies along with the Proof of Service to the Clerk's Office, in Ventura, Room 208. The clerk will keep the original and return the copies to you, stamped to show that it has been "filed". One of the two copies is to be "served" on the other party. The other copy is for your records.

PARTY WITHOUT	ATTORNEY OR ATTORNEY	STATE BAR NUM	MBER:	FOR COURT USE ONLY
NAME:				
FIRM NAME:				
STREET ADDRES	SS:			
CITY:		STATE:	ZIP CODE:	
TELEPHONE NO.	:	FAX NO.:		
E-MAIL ADDRESS	3:			
ATTORNEY FOR	(name):			
SUPERIOR C	OURT OF CALIFORNIA, COU	INTY OF		
STREET ADDRE				
MAILING ADDRE				
CITY AND ZIP CO	DE:			
BRANCH NA	ME:			
	PETITIONER:			
	ESPONDENT:			
	RENT/PARTY:			
OTHER PAI	RENT/PARTY.			
	RESPONSIVE DECLAI	RATION TO REQUES	ST FOR ORDER	CASE NUMBER:
	HEARING DATE:	TIME:	DEPARTMENT OR ROOM:	
1. RE a. b.	STRAINING ORDER INFO No domestic violence I agree that one or me this case. HILD CUSTODY SITATION (PARENTING TII I consent to the order I do not consent to the	PRMATION e restraining/protective of the community of the	orders are now in effect be restraining/ protective order	tween the parties in this case. It is are now in effect between the parties in the parties in this case. It is are now in effect between the parties in the parties in this case. It is are now in effect between the parties in this case. It is are now in effect between the parties in this case. It is are now in effect between the parties in this case. It is are now in effect between the parties in this case.
	IILD SUPPORT I have completed and filed Statement (Simplified) (for I consent to the orde I consent to guidelin I do not consent to t	<u>m FL-155</u>) to support my er requested. e support.		FL-150) or, if eligible, a current <i>Financial</i> owing order:
	OUSAL OR DOMESTIC PARTICIPATION I have completed and filed declaration. I consent to the order of the last of the	d a current <i>Income and E</i> er requested.	Expense Declaration (form but I consent to the follo	FL-150) to support my responsive owing order:

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 consent 	to the following order:
 6. ATTORNEY'S FEES AND COSTS a. I have completed and filed a current <i>Income and Expense Declaration</i> declaration. b. I have completed and filed with this form a <i>Supporting Declaration</i> FL-158) or a declaration that addresses the factors covered in that c. I consent to the order requested. d. I do not consent to the order requested but I consent to the order requested. 	for Attorney's Fees and Costs Attachment (form
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 order requested.	nsent to the following order:
8. OTHER ORDERS REQUESTED a. I consent to the order requested. b. I do not consent to the order requested but I consent t	nsent to the following order:
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 order requested	nsent to the following order:
10. FACTS TO SUPPORT my responsive declaration are listed below. Th longer than 10 pages, unless the court gives me permission.	ne facts that I write and attach to this form cannot be Attachment 10.
I declare under penalty of perjury under the laws of the State of California that the is true and correct.	e information provided in this form and all attachments
Date:	
(TYPE OR PRINT NAME)	(SIGNATURE OF DECLARANT)

	IN THE MATTER OF:	FOR COURT USE ONLY	
	CASE NUMBER:		
	FAMILY COURT SERVICES INTAKE QUESTION	ONNAIRE	
	evious Mediation ave the parents previously participated in child custody mediation?	YES	NO
	erpreters Required either parent non-English speaking or limited in speaking English?		
На	rent Change of Residence as either parent recently moved or is planning to move out of the United States, ate of California, or County of Ventura?		
(a)	mestic Violence Concerns* Is there a Restraining or Protective order against either parent? Have there been any allegations of violence, abuse, or stalking committed by either parent against the other or the child?		
Ha	ildren or Adult Protective Services Involvement s either parent been contacted by a Children's or Adult Services Agency ncerning an abuse/neglect investigation?		
На	ild Custody Evaluation ave the parents participated or been ordered to participate in a child custody evaluate then?:	ion?	
	rty in Jail or Prison entify any parent who is expected to be in jail or prison at the time of the Mediation	:	
N	Vame of parent incarcerated Facility		
На	pendency Petitions ave any dependency petitions been filed in Juvenile Court related to the parties ildren?		
Si	Ignature of Petitioner or Attorney for Petitioner Date		
Si	Ignature of Respondent or Attorney for Respondent Date		

THIS FORM TO REMAIN CONFIDENTIAL (Family Code §3177)

^{*}Family Code Section 3181(b) states; "If any party alleging domestic violence in a written declaration under penalty of perjury or a party protected by a protective order so requests, the mediator will meet with the parties separately and at separate times."

PARTY WITHOUT ATTORNE	EY OR ATTORNEY	STATE BAR NUI	MBER:	FOR COURT USE ONLY
NAME:				
FIRM NAME:				
STREET ADDRESS:				
CITY:		STATE:	ZIP CODE:	
TELEPHONE NO.:		FAX NO.:		
E-MAIL ADDRESS:				
ATTORNEY FOR (name):				
SUPERIOR COURT (OF CALIFORNIA, COUNTY OF			
STREET ADDRESS:				
MAILING ADDRESS:				
CITY AND ZIP CODE:				
BRANCH NAME:				
	PETITIONER:			
	RESPONDENT:			
OTHER PARTY/PAR	ENT/CLAIMANT:			
				CASE NUMBER:
	INCOME AND EXPENSE	E DECLARAT	ION	CASE NOWBER.
1. Employment (G	Give information on your curre	ent job or, if you	ı're unemployed, your most	recent job.)
Attach copies a.	Employer:			
of your pay b.	Employer's address:			
stubs for last C.	Employer's phone number:			
two months d.	Occupation:			
(black out e.	Date job started:			
	If unemployed, date job end	ed:		
	I work about h	ours per week.		
numbers). h.	I get paid \$ gros	ss (before taxes	s) per month	per week per hour.
	han one job, attach an 8 1/ ion 1—Other Jobs" at the t		heet of paper and list the	same information as above for your other
2. Age and educa	tion			
a. My age is (s)				
, , ,	leted high school or the equi	valent.	Yes No If no.	, highest grade completed (specify):
•	ears of college completed (s		Degree(s) obtain	
•	•	- 7		
	ears of graduate school com			ee(s) obtained (specify):
e. I have:	professional/occupational		ecity):	
	vocational training (spec	ify):		
3. Tax information	า			
a. I last f	iled taxes for tax year (speci	fy year):		
b. My tax filing	status is single	head of	household marrie	ed, filing separately
marrie	d, filing jointly with (specify r	ame):		
c. I file state ta		·	ther (specify state):	
	llowing number of exemption			
u. T claim the to	mowing number of exemption	is (including m)	(Sell) Off fifty taxes (Specify)	•
4. Other party's in	icome. I estimate the gross	monthly income	(before taxes) of the other	party in this case at (specify): \$
This estimate is	based on <i>(explain):</i>			
	space to answer any quest before your answer.) Num			inch sheet of paper and write the
I declare under pena any attachments is t		of the State of	California that the informati	_ ion contained on all pages of this form and
Date:				
	(TYPE OR PRINT NAME)		<u> </u>	(SIGNATURE OF DECLARANT)

	PETITIONER:	CASE NUMBER:
	RESPONDENT:	
OTH	ER PARTY/PARENT/CLAIMANT:	
	ch copies of your pay stubs for the last two months and proof of any other incom In to the court hearing. <i>(Black out your Social Security number on the pay stub a</i>	
	ncome (For average monthly, add up all the income you received in each category in touch divide the total by 12.)	he last 12 months Average Last month monthly
а	. Salary or wages (gross, before taxes)	\$
b	(3 ,)	
С		
	Public assistance (for example: TANF, SSI, GA/GR) currently receiving	
_	Spousal support from this marriage from a different marriage fe	
f.		•
g h		<u> </u>
i.		
j.		
k		
l.	Other (military allowances, royalty payments) (specify):	\$
6. lı	nvestment income (Attach a schedule showing gross receipts less cash expenses for	each piece of property.)
а	. Dividends/interest	\$
b		\$
С	. Trust income	
d	. Other (specify):	\$
۸ T	am the owner/sole proprietor business partner other (specify): Ilame of business (specify): Type of business (specify): Attach a profit and loss statement for the last two years or a Schedule C from you social Security number. If you have more than one business, provide the informa	ır last federal tax return. Black out your
8. [Additional income. I received one-time money (lottery winnings, inheritance, etc. amount):) in the last 12 months (specify source and
9. [Change in income. My financial situation has changed significantly over the last	12 months because (specify):
10. 🏻	peductions	Last mon
а	. Required union dues	\$
b		
С		
d		\$
е		ax deductible*\$
f.		
g	. Necessary job-related expenses not reimbursed by my employer (attach explanation	n labeled "Question 10g")
	assets	Total
а	 Cash and checking accounts, savings, credit union, money market, and other depos Stocks, bonds, and other assets I could easily sell 	it accounts\$
С	. All other property, real and personal <i>(estimate fair market valu</i>	e minus the debts you owe)\$
	eck the box if the spousal support order or judgment was executed by the parties and the court be tains the spousal support payments as taxable income to the recipient and tax deductible to the parties.	

	PETITIONER:				CASE NUMBER:	
	RESPONDENT:					
OTHE	ER PARTY/PARENT/CLAIMANT:					
12. T I	ne following people live with me:					
N	lame	Age	How the person is related to me (ex: son)	That pers	son's gross ncome	Pays some of the household expenses?
а						Yes No
b						Yes No
C						Yes No
d						Yes No
е	·					
13. A	verage monthly expenses	stimated		expenses		sed needs
a.	Home:					\$
		ge 9				\$
	If mortgage:					\$ on \$
	(a) average principal: \$ (b) average interest: \$					
	(2) Real property taxes				and transportations, repairs, bus, et	on c.)\$
	(3) Homeowner's or renter's insurance		•		accident, etc.; do	
	(if not included above)		auto,	home, or	health insurance)\$
	(4) Maintenance and repair	9		-		\$
b.	Health-care costs not paid by insuran	ce S	•		ributions	
c.	Child care				nts listed in item in 14 and insert t	
d.	Groceries and household supplies	9	· ·			υιαι πετε) Ψ ¢
e.	Eating out		g. 3416	r (specify).		Ψ
f.	Utilities (gas, electric, water, trash)		r. ТОТ .		NSES (a–q) (do r a(1)(a) and (b))	not add in \$
g.	Telephone, cell phone, and e-mail		S			
			S. Amo	unt of exp	penses paid by	otners Ψ
14. I n	stallment payments and debts not lis	sted abov	/e			
_	Paid to	For		Amount	Balance	Date of last payment
				\$	\$	
				\$	\$	
				\$	\$	
-				\$	\$	
-				<u> </u>		
\vdash				\$	\$	
				\$	\$	
a. b. c. d.	I still owe the following fees and costs My attorney's hourly rate is (specify): irm this fee arrangement.	amount fo	or fees and costs (specify):	\$		
			•			
	(TYPE OR PRINT NAME)				(SIGNATURE OF	F DECLARANT)
	(THE SIXTIMAL IMPANE)				(SIGHT TOTAL OF	

	1 = 10
PETITIONER:	CASE NUMBER:
RESPONDENT:	
OTHER PARTY/PARENT/CLAIMANT:	

OTHER PARTY/PARENT/CLAIMANT:		
CHILD SUPPORT INFORMATI (NOTE: Fill out this page only if your case invo		
16. Number of children		
 a. I have (specify number): children under the age of 18 with the ot b. The children spend percent of their time with me and (If you're not sure about percentage or it has not been agreed on, please decomposition). 	percent of their time with	· · · · · · · · · · · · · · · · · · ·
17. Children's health-care expenses a. I do I do not have health insurance available to me for t b. Name of insurance company: c. Address of insurance company:	he children through my job	
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 expense for the children in this case	Amount per mo	onth
a. Childcare so I can work or get job training		Offici
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 circ (attach documentation of any item listed here, including court orders): a. Extraordinary health expenses not included in 18b	cumstances Amount per month	For how many months?
(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	\$ e (explain):	
20. Other information I want the court to know concerning support in my case	(specify):	

Y	Your name and address or attorney's name and address:	TELEPHONE NO.:	FOR COURT USE ONLY
L	-		
АТ	TTORNEY FOR (Name):		
S	SUPERIOR COURT OF CALIFORNIA, COUNTY OF		
	STREET ADDRESS:		
	MAILING ADDRESS:		
	CITY AND ZIP CODE:		
	BRANCH NAME:		
	PETITIONER/PLAINTIFF:		
	RESPONDENT/DEFENDANT:		
	OTHER PARENT:		
			CASE NUMBER:
	FINANCIAL STATEMENT (SIMPLIF	IED)	
_			
	NOTICE: Read page 2 to find out if yo	ou qualify to use this form	and how to use it.
1	. a. My only source of income is TANF, SSI, or GA/GF		
٠.	b. I have applied for TANF, SSI, or GA/GR.	C.	
2.	I am the parent of the following number of natural or adopte	d children from this relations	shin
	a. The children from this relationship are with me this amoun		
٠.	b. The children from this relationship are with the other pare		
	c. Our arrangement for custody and visitation is <i>(specify, us)</i>		· · · · · · · · · · · · · · · · · · ·
	c. Our arrangement for custody and visitation is (specify, as		·/·
4.			hold married filing separately.
5.	. My current gross income (before taxes) per month is		
	Attach 1 This income comes from the following:		
	copy of pay Salary/wages: Amount before taxes p		
	stubs for Retirement: Amount before taxes per	month	<u>\$</u>
	last 2 Unemployment compensation: Amou workers' compensation: Amount per	nt per month	\$
	months here Workers' compensation: Amount per	month	<u>\$</u>
	(cross out Social security: SSI Otl	ner Amount per month	<u>\$</u>
	social Disability: Amount per month		\$
	security Interest income (from bank accounts	or other): Amount per mont	h <u>\$</u>
	numbers) I have no income other than as stated in thi	s paragraph.	
6.	. I pay the following monthly expenses for the children in this	case:	
	a. Day care or preschool to allow me to work or go to	o school	
	b. Health care not paid for by insurance		
	c. School, education, tuition, or other special needs	of the child	\$
	d. Travel expenses for visitation		
7.	There are (specify number) other minor	children of mine living with a	me. Their monthly expenses
	that I pay are		
8.	. I spend the following average monthly amounts (please atta		
	a. Job-related expenses that are not paid by my emp		xpenses on separate sheet) \$
	b. Required union dues		
	c. Required retirement payments (not social security		
	d. Health insurance costs		
	e. Child support I am paying for other minor children		
	f. Spousal support I am paying because of a court of		
			\$
	g Monthly housing costs: rent or m If mortgage: interest payments \$ i		
0	Information concerning my current employment		
9 .	Employer:	my most recent emplo	yment.
	Address:		
	Telephone number:		
	My occupation:		
	Date work started:		
	Date work stopped (if applicable): What was you	r gross income (before taxe	s) before work stopped?:

PETITIONER/PLAINTIFF:	CASE NUMBER:	
RESPONDENT/DEFENDANT:		
OTHER PARENT:		
10. My estimate of the other party's gross monthly income (before taxes) is	\$	
11. My current spouse's monthly income (before taxes) is		
12. Other information I want the court to know concerning child support in my case (attach	extra sheet with the information).	
13.	on showing my expenses.	
I declare under penalty of perjury under the laws of the State of California that the information any attachments is true and correct.	tion contained on all pages of this form and	
Date:		
(TYPE OR PRINT NAME)	(SIGNATURE OF DECLARANT)	
PETITIO	DNER/PLAINTIFF RESPONDENT/DEFENDANT	
INSTRUCTIONS		

Step 1: Are you eligible to use this form? If your answer is YES to any of the following questions, you may NOT use this form:

- Are you asking for spousal support (alimony) or a change in spousal support?
- Is your spouse or former spouse asking for spousal support (alimony) or a change in spousal support?
- Are you asking the other party to pay your attorney fees?
- Is the other party asking you to pay his or her attorney fees?
- Do you receive money (income) from any source other than the following?
 - Welfare (such as TANF, GR, or GA)
 - Salary or wages
 - Disability
 - Unemployment

- Interest
- Workers' compensation
- Social security
- Retirement

• Are you self-employed?

If you are eligible to use this form and choose to do so, you do not need to complete the *Income and Expense* Declaration (form FL-150). Even if you are eligible to use this form, you may choose instead to use the *Income* and Expense Declaration (form FL-150).

Step 2: Make 2 copies of each of your pay stubs for the last two months. If you received money from other than wages or salary, include copies of the pay stub received with that money.

Privacy notice: If you wish, you may cross out your social security number if it appears on the pay stub, other payment notice or your tax return

- Step 3: Make 2 copies of your most recent federal income tax form.
- Step 4: Complete this form with the required information. Type the form if possible or complete it neatly and clearly in black ink. If you need additional room, please use plain or lined paper, 8½-by-11", and staple to this form.
- Step 5: Make 2 copies of each side of this completed form and any attached pages.
- Step 6: Serve a copy on the other party. Have someone other than yourself mail to the attorney for the other party, the other party, and the local child support agency, if they are handling the case, 1 copy of this form, 1 copy of each of your stubs for the last two months, and 1 copy of your most recent federal income tax return.
- Step 7: File the original with the court. Staple this form with 1 copy of each of your pay stubs for the last two months. Take this document and give it to the clerk of the court. Check with your local court about how to submit your return.
- Step 8: Keep the remaining copies of the documents for your file.
- Step 9: Take the copy of your latest federal income tax return to the court hearing.

It is very important that you attend the hearings scheduled for this case. If you do not attend a hearing, the court may make an order without considering the information you want the court to consider.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address)	Telephone Number	FOR COURT USE ONLY
ATTORNEY FOR (Name):		
ATTORNETT OR (Name).		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF VENTURA		
STREET ADDRESS:		
MAILING ADDRESS:		
CITY AND ZIP CODE:		
BRANCH NAME:		
SHORT TITLE OF CASE:		
		CASE NUMBER:
PROOF OF SERVICE		ONCE NOMBER.
4. At the time of comice I was at least 10 was at a		
 At the time of service, I was at least 18 years of ag 	e and not a party to this	s action.
2. I served the following documents:		
2. Toolvoa ille following accamente.		
Summons	Responsive Decl	aration to Requesf for Order
Petition	Income & Expens	se Declaration
Response	Order After Hear	ing
Complaint	Blank Response	
Answer	Blank Answer	
UCCJEA Declaration	Blank Responsiv	e Declaration
Notice of Motion	Blank Income an	d Expense Declaration
Request for Order	OTHER	
Temporary Restraining Order		
Mediation/Orientation Appointment		
Fact Sheet		
3. Party served:		
·		
4. Address:		
5. Method of service:		
_		
Personal service: By personal delivery to the	e person identified in p	aragraph 3.
Date of Service:		
Time of Service:		
■ By Mail: By mailing copies to the person ide	entified in paragraph 2	with postage fully propaid by
first class mail as follows:	milieu in paragrapii 5,	with postage fully prepaid, by
Date of Mailing:		
Place of Deposit:		
☐ With two copies of the Notice and A		
addressed to me. (Attach signed N		• •
To an address outside of California	with return receipt requ	uested (Attach Returned Receipt)

PROOF OF SERVICE

	m a California sheriff, marshall or constable, and ecuted on at	
	-	Signature of Declarant
	leclare under the penalty of perjury and pursuant regoing is true and correct. Executed on	
7.	Person serving, additional information Fee for service Not a registered California process server. Exempt from registration under B & P section Registered California process server: Employee or independent contractor Registration Number: County of Registration:	on 22350(b)
6.	Person Serving (name, address and telephone number)	: