

SUPERIOR COURT OF CALIFORNIA COUNTY OF TULARE

www.tulare.courts.ca.gov 559-730-5000

GRANDPARENT VISITATION: NEW CASE

	Forms included in this packet:				
For you to read	Local	Grandparent Visitation Instructions			
Complete and file only if	SUM-100	Summons (Judicial Council Form)			
beginning a	FAM-011	Petition for Grandparent Visitation (Local Form)			
new case	FL-105/GC-120	Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (Judicial Council Form)			
Complete and File	FL-300	Request for Order (Judicial Council Form)			
Serve (blank)	FL-320	Responsive Declaration to Request for Order			
File after service in new case	FL-115	Proof of Service of Summons (Judicial Council Form)			
File after service in existing case	FL-335	Proof of Service by Mail (Judicial Council form)			

SELF HELP RESOURCE CENTER

If you are filing a Petition Grandparent Visitation and do not have an attorney representing you, free assistance is available. Please contact:

Superior Court of California, County of Tulare SELF-HELP RESOURCE CENTER (559) 737-5500

221 S. Mooney Blvd. (County Civic Center), Room 203, Visalia CA 93291 OR300 E. Olive Ave. (South County Justice Center), Porterville, CA 93257

The Self-Help Resource Center (also known as the Family Law Facilitator) will provide instructions on how to complete the forms and how to properly serve notice on all the necessary parties. They can answer your procedural questions and explain the court process. The Self-Help Resource Center **CANNOT** represent you in court.

This is an instructional guide to filing a request for Grandparent Visitation, designed to explain the necessary steps for filing your paperwork and obtaining an order of visitation.

Fillable, printable pdf versions of the Judicial Council forms contained in this packet are available online at https://www.courts.ca.gov/forms.htm. You can type the forms and print them out for filing. Local forms are available on the Tulare County Superior Court website at: https://www.tulare.courts.ca.gov/forms-filing/local-forms-information-filing-instructions

If you have further questions or concerns regarding your grandparent visitation case, you may wish to consult with an attorney, obtain other assistance, or do self-research at the Tulare County Law Library (on the ground floor of the Visalia Courthouse, with Law Library computer terminals also available in the Self-Help Resource Center in the Porterville courthouse) or on the California Courts' Self-Help website at https://www.courts.ca.gov/selfhelp-custody.htm. Select the Spanish icon at the right of the webpage for information in Spanish.

INSTRUCTIONS

Grandparents can sometimes feel they are being deprived of time with their grandchildren, especially after the children's parents go through a divorce or separation. California recognizes the rights of grandparents to obtain visitation orders with their grandchildren, if certain conditions are met. However, the court will generally honor the parents' decisions about their children, especially if both parents, or a single parent with physical custody, objects to grandparent visitation. Please read this packet to determine if and how you can file for grandparent visitation.

NOTE: Please read and complete all applicable forms thoroughly and follow all of the required procedures – failure to do so may result in the Court delaying or denying your request.

STEP 1 DET

DETERMINE IF YOU CAN FILE FOR GRANDPARENT VISITATION

Before filling out your forms, you will need to determine whether you can file for grandparent visitation. For you to be awarded visitation, the court must find that you have an existing relationship with your grandchild and that visitation is in the child's best interest. You will need to determine if you can file in an existing case or start a new case.

Are the parents married? If so, you cannot file for grandparent visitation unless at least one of the following is true:

- The parents are currently separated on a permanent or indefinite basis
- One of the parents has been absent for more than a month without the spouse knowing his/her whereabouts
- One of the parents joins in the grandparents' petition
- The child is residing with someone other than either parent
- The child has been adopted by a stepparent
- One of the parents is incarcerated or involuntarily institutionalized.

If the parents are not married, or if the parents are married but at least one of the above factors is true, you can file for grandparent visitation orders.

STEP 2

DETERMINE IF YOU CAN FILE IN AN EXISTING CASE OR MUST FILE A NEW CASE

You can file in an **existing case** if the parents of your grandchild have a pending case for divorce, legal separation, annulment, or an action to establish parental relationship (Family Code §3103).

You can file a **new case** if a judgment of parental relationship has been entered in the existing family law case, or if the parents do not have any custody case (Family Code §3104).

STEP 3

COMPLETE THE NECESSARY FORMS

This packet is intended for use in **filing a new case** for Grandparent Visitation (If you are **joining an existing case**, you will need to request the packet for Grandparent Visitation with Joinder). You will complete the following forms:

- 1. Summons (Judicial Council Form #FL-210)
- 2. Petition for Grandparent Visitation (Local Form #FAM-011)
- 3. Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (Judicial Council Form #FL-105/GC-120)
- 4. Request for Order (Judicial Council Form #FL-300)

There is a fee for filing these forms. If you would like to apply for a fee waiver, please request a **Fee Waiver** packet from the Clerk.

STEP 4

MAKE COPIES OF REQUIRED FORMS

- 1. One copy each (for you):
 - a. Request to Waive Fees Judicial Council Form #FW-001)- optional
 - b. Order on Court Fee Waiver Judicial Council Form #FW-003)- optional
- **2.** Three copies each (one for each parent and one for your records):
 - a. Summons (Judicial Council Form #SUM-100)
 - **b.** Petition for Grandparent Visitation (Local Form #FAM-014)
 - c. Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (Judicial Council Form #FL-105/GC-120)
 - d. Request for Order (Judicial Council Form #FL-300)

STEP 5

FILE COMPETED FORMS AND PAY FEES

File the originals and the copies together in Room 201 in the Visalia County Civic Center courthouse or at the Clerk's service counter in the South County Justice Center in Porterville.

When you file your forms, the clerk will keep the originals and return your copies to you stamped "filed." One of these copies is for you to keep and the other is to serve on the other parties. Both of your grandchild(ren)'s parents will need to be served.

^{*}When filling out the forms, you are the **Petitioner** and the parents are both the **Respondents**.

STEP 6

SERVE THE OTHER PARTY

"Service" means someone 18 years or older, **other than you**, will hand-deliver the forms to the other parties.

You must serve copies of the forms you filed as well as a **Blank** Responsive Declaration to Request for Order (FL-320).

The person who serves the forms (called the "server") must complete and sign the **Proof of Service of Summons** (*Judicial Council Form #FL-115*) stating who was served, when, where, and how the service took place.

STEP 7

FILE THE PROOF OF SERVICE

You **must** file the original and one copy of your **Proof of Service** after the other party is served. The Proof of Service tells the court that the other party received the forms and was notified of the court date in a legally acceptable way. If the other party does not come to the hearing, the court will know that it was not because they did not know about the hearing.

File the original and one copy of the completed Proof of Service. The clerk will give you back your copy for your records. Keep this copy as proof that the other party was served. You can bring your copy to the hearing in case the original is not in the file, especially if you file the Proof of Service close to the hearing date.

STEP 8

GO TO COURT ON THE DAY OF YOUR HEARING

Your **Request for Order** shows the date, time and place of your hearing. You should plan to arrive a few minutes early to make sure you are there on time. If you and the other parties are both there on time and the other party has filed a **Responsive Declaration** to your Request for Order, you will be sent to **Mediation**, also known as Child Custody Recommending Counseling (CCRC), to try to come up with an agreement about visitation. If you are unable to come to an agreement, the CCRC will send a written recommendation to the court and the judge will decide on whether and how visitation will take place.

	SUM-100
SUMMONS	FOR COURT USE ONLY
(CITACION JUDICIAL)	(SOLO PARA USO DE LA CORTE)
NOTICE TO DEFENDANT: (AVISO AL DEMANDADO):	
YOU ARE BEING SUED BY PLAINTIFF:	
(LO ESTÁ DEMANDANDO EL DEMANDANTE):	

NOTICE! You have been sued. The court may decide against you without your being heard unless you respond within 30 days. Read the information below

You have 30 CALENDAR DAYS after this summons and legal papers are served on you to file a written response at this court and have a copy served on the plaintiff. A letter or phone call will not protect you. Your written response must be in proper legal form if you want the court to hear your case. There may be a court form that you can use for your response. You can find these court forms and more information at the California Courts Online Self-Help Center (www.courtinfo.ca.gov/selfhelp), your county law library, or the courthouse nearest you. If you cannot pay the filing fee, ask the court clerk for a fee waiver form. If you do not file your response on time, you may lose the case by default, and your wages, money, and property may be taken without further warning from the court.

There are other legal requirements. You may want to call an attorney right away. If you do not know an attorney, you may want to call an attorney referral service. If you cannot afford an attorney, you may be eligible for free legal services from a nonprofit legal services program. You can locate these nonprofit groups at the California Legal Services Web site (www.lawhelpcalifornia.org), the California Courts Online Self-Help Center (www.courtinfo.ca.gov/selfhelp), or by contacting your local court or county bar association. NOTE: The court has a statutory lien for waived fees and costs on any settlement or arbitration award of \$10,000 or more in a civil case. The court's lien must be paid before the court will dismiss the case. ¡AVISO! Lo han demandado. Si no responde dentro de 30 días, la corte puede decidir en su contra sin escuchar su versión. Lea la información a continuación

Tiene 30 DÍAS DE CALENDARIO después de que le entreguen esta citación y papeles legales para presentar una respuesta por escrito en esta corte y hacer que se entregue una copia al demandante. Una carta o una llamada telefónica no lo protegen. Su respuesta por escrito tiene que estar en formato legal correcto si desea que procesen su caso en la corte. Es posible que haya un formulario que usted pueda usar para su respuesta. Puede encontrar estos formularios de la corte y más información en el Centro de Ayuda de las Cortes de California (www.sucorte.ca.gov), en la biblioteca de leyes de su condado o en la corte que le quede más cerca. Si no puede pagar la cuota de presentación, pida al secretario de la corte que le dé un formulario de exención de pago de cuotas. Si no presenta su respuesta a tiempo, puede perder el caso por incumplimiento y la corte le podrá quitar su sueldo, dinero y bienes sin más advertencia.

Hay otros requisitos legales. Es recomendable que llame a un abogado inmediatamente. Si no conoce a un abogado, puede llamar a un servicio de remisión a abogados. Si no puede pagar a un abogado, es posible que cumpla con los requisitos para obtener servicios legales gratuitos de un programa de servicios legales sin fines de lucro. Puede encontrar estos grupos sin fines de lucro en el sitio web de California Legal Services, (www.lawhelpcalifornia.org), en el Centro de Avuda de las Cortes de California, (www.sucorte.ca.gov) o poniéndose en contacto con la corte o el colegio de abogados locales. AVISO: Por ley, la corte tiene derecho a reclamar las cuotas y los costos exentos por imponer un gravamen sobre cualquier recuperación de \$10,000 ó más de valor recibida mediante un acuerdo o una concesión de arbitraje en un caso de derecho civil. Tiene que pagar el gravamen de la corte antes de que la corte pueda desechar el caso.

The name and address of the court is: (El nombre y dirección de la corte es):

DATF:

CASE NUMBER (Número del Caso):

The name, address, and telephone number of plaintiff's attorney, or plaintiff without an attorney, is: (El nombre, la dirección y el número de teléfono del abogado del demandante, o del demandante que no tiene abogado, es):

(Fecha)	(Secretario) —	(Adjunto
For proof of service of this	summons, use Proof of Service of Summons (form POS-010).) e esta citación use el formulario Proof of Service of Summons, (POS-0	
[SEAL]	NOTICE TO THE PERSON SERVED: You are served 1. as an individual defendant. 2. as the person sued under the fictitious name of (special served).	ify):
	3. on behalf of (specify): under: CCP 416.10 (corporation) CCP 416.20 (defunct corporation) CCP 416.40 (association or partnership) other (specify):	CCP 416.60 (minor) CCP 416.70 (conservatee) CCP 416.90 (authorized person)
	4. D by personal delivery on (date):	

Clerk, by

Deputy

ATTORNEY OR PAR	TY WITHOUT ATTORN	NEY (Name, State Bar r	number, and address):	FOR COURT USE ONLY
TELEPHONE NO. (O	ptional:			
E-MAIL ADDRESS (C				
ATTORNEY FOR (Na				
		RNIA, COUNTY		
		Civic Center, Visa	ilia CA 93291 , Porterville, CA 93257	
_ 300 2. 0	, trei, soden cod.	ney sustice center	, rorter time, ort 33237	
PETITIONER:				
RESPONDENT:				
				CASE NUMBER:
	PETITION	FOR GRANDPA	ARENT VISITATION	
1. Petition	ner's relationshi	p to minor child	(ren) listed below:	
	ndmother 🗆 Gi		,	
			is th	e parent of the child(ren)
				is the parent of the child(ren).
	uaugntei (<i>num</i>	E)		_ is the parent of the child(ren).
			Currently living with	
Child's n	ame	<u>Birthdate</u>	(relationship)/in (county)	Other Parent's Name
				-
☐ Additio	onal children are	listed on Attachm	nent 1	
2. The pare	ents of the child(ren) (<i>mark all box</i>	es and complete all spaces that (annly):
a.	•		e a domestic partnership and ar	
b.		•	·	estic partnership was entered on:
	(specify date)_		, in	County
	(state/country,)	Case Number:	
c.	\square are current	ly involved in a di	vorce proceeding in	County
d.		•	·	of the parents has been absent for more than
		•	arent knowing the whereabouts	of the absent parent.
e.			n a domestic partnership.	
f.			and apart on a permanent or inc	lefinite basis.
g.			e minor child(ren) is deceased.	
h.	· · · · · · · · · · · · · · · · · · ·	-	ding with either parent.	
i.	•	-	n adopted by a \square stepparent \square	
	(specify relatio	nship and name):		

Petitio	oner:	Case Number:
Respo	ondent:	
3.	Describe the relationship that has exigrandparent visitation is in the best in	sted between each child and the petitioner(s). Explain the reasons why nterest of each child.
	☐ continued on Attachment 2	
4.	Specify the duration and frequency of	f the visitation that the petitioner(s) are requesting:
	☐ continued on Attachment 2	
5.	A completed Declaration under Unifore Petition.	orm Child Custody Jurisdiction and Enforcement Act (FL-105) is filed with this
6.	Petitioner(s) request(s) that the court	t grant reasonable visitation with the above named child(rem) and such opropriate, pursuant to Famioly Code sections 3100, 3102, 2013, and 3014.
		der the laws of the State of California that the foregoing is true and correct.
	Date:	
	TYPE OR PRINT NAME HERE	SIGNATURE OF PETITIONER
	TYPE OR PRINT NAME HERE	SIGNATURE OF PETITIONER
	PARENT CO	NSENT TO PETITIONER'S REQUEST FOR VISITATION:
	I declare under penalty of perjury und	der the laws of the State of California that the foregoing is true and correct.
	☐ Mother ☐ Father hereby conse	nts to and joins in this petition for Grandparent Visitation.
	Date:	
	TYPE OR PRINT NAME HERE	SIGNATURE OF PETITIONER

ATTORNEY OR PARTY WITHOUT AT	TORNEY (Name, State Bar number, and addr	ess):			FOR COURT USE ONLY	/
TELEPHONE NO.:	FAX NO. (Option	al):				
E-MAIL ADDRESS (Optional):	(-)	•				
ATTORNEY FOR (Name):						
	ALIFORNIA, COUNTY OF					
STREET ADDRESS:	•					
MAILING ADDRESS:						
CITY AND ZIP CODE:						
BRANCH NAME:						
	(This section applies only to family	law cases.)				
PETITIONER:						
RESPONDENT:						
OTHER PARTY:						
	(This section applies only to guard	ianship cases.)		CASE NUM	IBER:	
GUARDIANSHIP OF (Name):			Minor]		
	TION UNDER UNIFORM CI					
	ION AND ENFORCEMENT		EA)			
·	eding to determine custody of					
	and the present address of ea	ich child residir	ng with me is co	onfidentia	al under Family Code section	on 3429 as
I have indicated in it						
There are (specify number	- 1 ⁻²		•		proceeding, as follows:	
(Insert the information r	requested below. The resider	ce informatio	n must be give	en for th	e last FIVE years.)	
a. Child's name		Place of birth			Date of birth	Sex
	I		ı		1	
Period of residence	Address		Person child lived	with (name	and complete current address)	Relationship
	O o of double			4: -1		
to present	Confidential		Confiden			
	Child's residence (City, State)		Person child lived	with (name	e and complete current address)	
to						
to	Child's residence (City, State)		Person child lived	with /name	e and complete current address)	
	Orma a residence (Oity, State)		i erson onna nved	with (Haille	, and complete callent address)	
to						
	Child's residence (City, State)		Person child lived	with (name	e and complete current address)	
	(Only, Oldio)		. S.SSII SIMA IIVEA	(name	2 complete carront address)	
to						
b. Child's name	ı	Place of birth	1		Date of birth	Sex
Residence information is the	he same as given above for child a. the information below.)					
		<u> </u>	Doron shild in 1	with /	and complete assument address of	Deletionship
Period of residence	Address		Person child lived	with (name	and complete current address)	Relationship
to propert	Confidential		Confiden	tial		
to present			+		e and complete current address)	
	Child's residence (City, State)		Person child lived	with (name	and complete current address)	
to						
ιυ	Child's residence (City, State)		Person child lived	with /name	e and complete current address)	
	Offina 5 residence (Oily, State)		r erson crina nved	with (Haille	and complete current address)	
to						
	Child's residence (City, State)		Person child lived	with (name	e and complete current address)	
	Orma's residence (Ony, State)		i erson omia nved	with (Haille	and complete current address)	
to						
c. Additional residence	e information for a child listed ir	n item a or b is	continued on a	ittachmei	nt 3c.	

Form Adopted for Mandatory Use Judicial Council of California FL-105/GC-120 [Rev. January 1, 2009]

d. Additional children are listed on form FL-105(A)/GC-120(A). (Provide all requested information for additional children.)

Page 1 of 2



SHORT TITLE:							CASE NUMBER:			
4. De veri heve informed	4:						in come other		i.a	
 Do you have information or custody or visitation 			• •	•	•					urt case
Yes No	-	-	copy of the orders (if		_	-	•	_		
			Court		Court	order			Your	
Proceeding	Case num	ber	(name, state, locati	on)	or judo	gment	Name of each	n child	connection to	Case status
					(da	te)			the case	
a. 🔲 Family										
b. Guardianship										
c. Other										
Proceeding			Case Number				Court (nam	e, state	, location)	
d. Juvenile Deling Juvenile Deper										
e. Adoption										
5. One or more do			estraining/protective	order	s are now	in effect. (/	Attach a copy c	of the or	ders if you have	one
Court			County State		tate	Case number (if known)		Orders exp	Orders expire (date)	
a. Criminal										
b. Family										
c. Juvenile Deling Juvenile Deper										
d. Other										
6. Do you know of any p visitation rights with a							stody or claims		e custody of or	
a. Name and addi	ress of pers	on	b. Name and	addr	ess of per	son	c. Name	and ac	ddress of persor	1
Has physical custody Claims custody rights			Has physical custody Claims custody rights		Has physical custody Claims custody rights					
	sitation right	ts	Clair	ns vis	sitation rig			Claims	visitation rights	
Name of each chil	d		Name of each	h chile	d			each c	hild	
l declare under penalty of Date:	of perjury ur	nder th	ne laws of the State o	f Cali	fornia that	the forego	oing is true and	correct		
	VDE OD DDIVI	T N/A * 4 =			_ • —		(CICNIATI ID	E OF DE C	N ADANT\	
ı) 7. 🔲 Number of pages	YPE OR PRIN' s attached:	I NAME					(SIGNATUR	E OF DE(JLARANI)	
		have	a continuing duty	to inf	orm this	court if yo	u obtain any i	nforma	tion about a cu	stody

proceeding in a California court or any other court concerning a child subject to this proceeding. DECLARATION UNDER UNIFORM CHILD CUSTODY



PARTY WITHOUT	ATTORNEY OR ATTORNEY:	STATE BA	₹ NO.:	FOR COURT USE OF	ILY
NAME:					
FIRM NAME:					
STREET ADDRES	S:				
CITY:			P CODE:		
	HONE NO.:	FAX NO.:			
	ADDRESS:				
ATTORNEY FO	OURT OF CALIFORNIA	COUNTY OF		-	
STREET ADI		COUNTY OF			
MAILING ADI					
CITY AND ZIF					
BRANCH					
	ETITIONER:			1	
RES	SPONDENT:				
OTHER PAR	RENT/PARTY:				
REQUEST F Child Co	ustody	ion (Parenting Time) 🔲 Sp	EMERGENCY ORDERS ousal or Partner Support orney's Fees and Costs	CASE NUMBER:	
_		(specify): grandparen	•		
Flopert	y Control A Other	(specify). Grandparen	. VISICACION		
		NOTICE			
1. TO (name	\(\alpha\);	NOTICE	OF HEARING		
1. TO (Harrie	Petitioner	Respondent	Other Parent/Party	Other (specify):	
			. , _	- (
2. A COUR	T HEARING WILL BE	HELD AS FOLLOWS:			
a. Date:		Time:	Dept.:	Room:	
b. Addre	ess of court 🔲 sar	ne as noted above 🔲 othe	r (specify):		
not file a F	Responsive Declaration hearing (unless the commation.)	n to Request for Order (form F	L-320), serve a copy on the copy on the copy of time), and appear a	e requested orders without you if ne other parties at least nine court the hearing. (See form FL-320-II ompleting this form.)	days
		COUF	T ORDER		
It is ordered t	that:	(FOR COL	IRT USE ONLY)		
4.	for service	until the hearing is short	ened. Service must be on	or hefore (date):	
	_	_			
		Request for Order (form FL-3	·		
	arties must attend an a ify date, time, and loca	· ·	nediation or child custody	recommending counseling as foll	ows
		nergency (Ex Parte) Orders (fo ed with this Request for Order	,	proceeding and must be personall	у
8. Other	(specify):				
Date:					

		1 L-300
PETITIONER:	CASE NUMBER:	
RESPONDENT: OTHER PARENT/PARTY:		
	UEST FOR ORDER	
Note: Place a mark in front of the box that applies to "Attachment." For example, mark "Attachment 2a" to indica attached to this form. Then, on a sheet of paper, list each a your name, case number, and "FL-300" as a title. (You ma	attachment number followed by your request. A	ites continues on a paper at the top of the paper, write
RESTRAINING ORDER INFORMATION One or more domestic violence restraining/protective of Petitioner Respondent Other Pare The orders are from the following court or courts (special Criminal: County/state (specify): b. Family: County/state (specify): c. Juvenile: County/state (specify): d. Other: County/state (specify):	ent/Party (Attach a copy of the orders if yo	u have one.)
. CHILD CUSTODY	☐ I request temporar	ry emergency orders
■ VISITATION (PARENTING TIME) a. I request that the court make orders about the fol Child's Name Date of Birth	Legal Custody to (person who Ph	nysical Custody to (person th whom child lives):
b. The orders I request for child custod (1) Specified in the attached forms: Form FL-305 Form F Form FL-341(D) Form F (2) As follows (specify):		Attachment 2a. L-341(C) Attachment 2b.
c. The orders that I request are in the best interest o	of the children because (specify):	Attachment 2c.
d. This is a change from the current order for (1) The order for legal or physical custo	child custody visitation (parention) visitation visitat	ng time). . The court ordered <i>(specify)</i>
(2) The visitation (parenting time) order	r was filed on <i>(date)</i> :	. The court ordered (specify):
		Attachment 2d.

PETITIONER: RESPONDENT:		CASE NUMBER:
OTHER PARENT/PARTY:		
CHILD SUPPORT (Note: An earnings assignment ma a. I request that the court order ch Child's name and age	y be issued. See <i>Income Withholding for Su</i> illd support as follows: I request support for each child based on the child su	Monthly amount (\$) requested
 b.	nt court order for child support filed on <i>(date)</i> : as follows <i>(specify):</i>	Attachment 3a.
· · · · · · · · · · · · · · · · · · ·	this Request for Order a current Income and Simplified) (form FL-155) because I meet the	d Expense Declaration (form FL-150) or I filed e requirements to file form FL-155.
d. The court should make or chang	ge the support orders because (specify):	Attachment 3d.
 a. Amount requested (month) b. I want the court to The court ordered \$ c. This request is to modify I have completed and attathet addresses the same d. I have completed and filed a cur 	tder For Spousal or Partner Support (form Fl hly): \$ change	t order filed on <i>(date):</i> bort. htry of a judgment. bon Attachment (form FL-157) or a declaration http://doi.org/10.1001/
<u> </u>		I request temporary emergency orders given exclusive temporary use, possession, and ase or rent (specify):
 b. The petitioner res and liens coming due while the 		ordered to make the following payments on debts
		Due date: Due date:
		Due date:
		Due date:
	current order for property control filed on <i>(da</i> easons why the court should make or chang	

4.

5.

(THE STATISHED MANUE)	(DIDITATIONE OF AFFLICANT)
(TYPE OR PRINT NAME)	(SIGNATURE OF APPLICANT)
Date:	
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
10. FACTS TO SUPPORT the orders I request are listed below. The facts the cannot be longer than 10 pages, unless the court gives me permission.	nat I write in support and attach to this request Attachment 10.
 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 Request for Order to be so c. I need the order because (specify): 	court days before the hearing. ooner. Attachment 9c.
OTHER ORDERS REQUESTED (specify): Description: Description:	Attachment 8.
d. I want the court to change or end the orders because (specify):	Attachment 7d.
 Read <u>form DV-400-INFO</u>, How to Change or End a Domestic Violenta. The Restraining Order After Hearing (form DV-130) was filed on (date b. I request that the court change end the personal confidence or protective orders made in Restraining Order After Hearing (form DV-12). I request that the court make the following changes to the restraining or the restraining	re): conduct, stay-away, move-out orders, or other 130). (If you want to change the orders, complete 7c.)
DOMESTIC VIOLENCE ORDER Do not use this form to ask for domestic violence restraining orders. Temporary Restraining Order, for forms and information you need to a people form DV 400 INEQ. How to Change or End a Demostic Violence.	o ask for domestic violence restraining orders.
 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) in that form. c. A Supporting Declaration for Attorney's Fees and Costs Attachment factors covered in that form. 	
OTHER PARENT/PARTY: . ATTORNEY'S FEES AND COSTS	
PETITIONER: RESPONDENT:	CASE NUMBER:



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.)

PARTY WITHOUT ATTORNEY OR ATTORNEY:	STA	TE BAR NO.:	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, C	OUNTY OF		
STREET ADDRESS:			
MAILING ADDRESS:			
CITY AND ZIP CODE:			
BRANCH NAME:			
PETITIONER:			
RESPONDENT:			
OTHER PARENT/PARTY:			
RESPONSIVE DECLARA	TION TO REQUES	T FOR ORDER	CASE NUMBER:
HEARING DATE:	TIME:	DEPARTMENT OR ROOM:	
Read Information Sheet: Responsive	Declaration to Requ	est for Order (form FL-320-IN	IFO) for more information about this form.
	DMATION	,	 ,
I. RESTRAINING ORDER INFO			
	- ·	orders are now in effect bety	
 -	re domestic violence	restraining/ protective orders	are now in effect between the parties in
this case.			
2. CHILD CUSTODY			
VISITATION (PARENTING TIME	ΛE)		
·	•	stody (legal and physical cus	stody)
b. I consent to the order	-		,
c. I do not consent to the	-		visitation (parenting time)
	he following order:	_ , _	,
_	J		
B. CHILD SUPPORT			
	a current Income and	Expense Declaration (form F	FL-150) or, if eligible, a current <i>Financial</i>
Statement (Simplified) (form			<u>L-100</u>) of, it eligible, a outlett i manetal
b. I consent to the order		Thy responsive declaration.	
c. I consent to guideline	-		
d. I do not consent to the		but I consent to the following	lowing order:
d. The rad flot consent to the	; order requested	Dut I consent to the lon	lowing order.
I. SPOUSAL OR DOMESTIC PA	RTNER SLIPPORT		
		Expense Declaration (form F	FL-150) to support my responsive
declaration.	a sancia moonie and	Expense Decidiation (IOIIII I	L 100) to support my responsive
b. I consent to the order	requested		
c. I do not consent to the		but I consent to the following	lowing order:
5 1 GO HOL OURSON LO UN	. c. ac oquosiou		

PETITIONER:	CASE NUMBER:
RESPONDENT:	
OTHER PARENT/PARTY:	
PROPERTY CONTROL a.	but I consent to the following order:
declaration.	and Expense Declaration (form FL-150) to support my responsive porting Declaration for Attorney's Fees and Costs Attachment (form stors covered in that form. Declaration for Attorney's Declaration for Attorney's Fees and Costs Attachment (form stors covered in that 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 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 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 following order:
10. FACTS TO SUPPORT my responsive declaration a longer than 10 pages, unless the court gives me pe	are listed below. The facts that I write and attach to this form cannot be ermission. Attachment 10
declare under penalty of perjury under the laws of the State is true and correct. Date:	te of California that the information provided in this form and all attachments
(TYPE OR PRINT NAME)	(SIGNATURE OF DECLARANT)

PARTY WITHOUT ATTORNEY or ATTORNE	STATE BAR NO.:		FOR COURT USE ONLY
NAME:			
FIRM NAME:			
STREET ADDRESS:			
CITY:	STATE: ZIP CODI	E:	
TELEPHONE NO.:	FAX NO.:		
E-MAIL ADDRESS:			
ATTORNEY FOR (name):			
SUPERIOR COURT OF CALIFOR	RNIA, COUNTY OF		
STREET ADDRESS:			
MAILING ADDRESS:			
CITY AND ZIP CODE:			
BRANCH NAME:			
PETITIONER:			
RESPONDENT:			
1.23. 3.132.11.			
			CASE NUMBER:
PROC	OF OF SERVICE OF SUMMONS		
	at least 18 years of age and not a party to		
	<i>n—Marriage/Domestic Partnership</i> (form <u>F</u>	<u>-L-100</u>), <i>Summons</i> (f	orm <u>FL-110</u>), and blank <i>Response</i> —
Marriage/Domestic	Partnership (form <u>FL-120</u>)		
	-or-		
b. Uniform Parentage	: Petition to Determine Parental Relations	<i>hip</i> (form <u>FL-200</u>), <i>Su</i>	<i>mmons</i> (form <u>FL-210</u>), and blank
Response to Petition	on to Determine Parental Relationship (for	m <u>FL-220</u>)	
	-or-		
c. Custody and Suppo	ort: Petition for Custody and Support of Mi	nor Children (form <u>FL</u>	<u>-260</u>), <i>Summons</i> (form <u>FL-210</u>), and
blank Response to	Petition for Custody and Support of Minor	Children (form FL-27	<u>'O</u>)
	and		
d. X (1) X Complete	ed and blank <i>Declaration Under</i>	(5) Complete	d and blank <i>Financial Statement</i>
	Child Custody Jurisdiction and	• • • •	d) (form <u>FL-155</u>)
	nent Act (UCCJEA) (form <u>FL-105</u>)		d and blank <i>Property</i>
	ed and blank <i>Declaration of</i>	—	on (form <u>FL-160</u>)
	e (form <u>FL-140</u>)		for Order (form <u>FL-300</u>), and blank
	ed and blank <i>Schedule of Assets</i>		ve Declaration to Request for Order
	s (form <u>FL-142</u>)	(form <u>FL-</u>	·
	ed and blank <i>Income and</i>	(8) X Other (sp	•
` ' —	Declaration (form FL-150)	` '	or grandparent Visitation
Expense	Declaration (IoIIII <u>T L-130)</u>	recreation re	or grandparent visitation
2. Address where respondent	was served:		
2. Address where respondent	was served.		
3 I served the respondent by t	the following means (check proper boxes).		
	I personally delivered the copies to the re-		Proc. \$ 415.10)
	i personally delivered the copies to the res	•	P10C., § 413.10)
on (date):	and I left the coming with on in the manager	at (time):	
	ce. I left the copies with or in the presence	oi (name):	
	or relationship to respondent):		
	(s) a person at least 18 years of age who		
	of the respondent. I informed the person of	-	
, ,	a competent member of the household (at) at the home of the respondent. I
informed	the person of the general nature of the pa	pers.	
on <i>(date):</i>		at (time):	
	d additional copies (by first class, postage	, ,	ndent at the place where the
	Code Civ. Proc., § 415.20b) on (date):	p. spaid) to the respon	activation piaco micro tilo
		aken to first attampt	personal service
A deciaration of	diligence is attached, stating the actions t	aren to mot attempt	DEI SUI I I I SEI VIUE.

PETITIONER:	CASE NUMBER:
RESPONDENT:	
 (1) with two copies of the Notice and Acknowledgment of Receipt (form FLenvelope addressed to me. (Attach completed Notice and Acknowledgment of Receipt (form FLenvelope addressed to me. (Attach completed Notice and Acknowledgment of Code Civ. Proc., § 415.30.) (2) to an address outside California (by registered or certified mail with return receipt or other evidence of actual delivery to the respondent of Continued on Attachment 3d. Continued on Attachment 3d. 	from <i>(city):</i> -117) and a postage-paid return dgment of Receipt (form <u>FL-117</u>).) Irn receipt requested). (Attach signed
4. Person who served papers Name: Address:	
Telephone number:	
This person is a. exempt from registration under Business and Professions Code section 22350(b) b. not a registered California process server. c. a registered California process server: an employee or an i (1) Registration no.: (2) County: (3) The fee for service was (specify): \$	ndependent contractor
5.	regoing is true and correct.
-or-	
6.	rue and correct.
Date:	
(NAME OF PERSON WHO SERVED PAPERS)	SIGNATURE OF PERSON WHO SERVED PAPERS)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY	
_		
TELEPHONE NO.: FAX NO. (Optional):		
E-MAIL ADDRESS (Optional):		
ATTORNEY FOR (Name):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF		
STREET ADDRESS:		
MAILING ADDRESS:		
CITY AND ZIP CODE:		
BRANCH NAME:		
PETITIONER/PLAINTIFF:	CASE NUMBER:	
TETTIONELVI EXILTIT	OAGE NOWIBER.	
RESPONDENT/DEFENDANT:		
RESPONDENT/DEFENDANT.	(If applicable, provide):	
OTHER PARENT/DARTY.		
OTHER PARENT/PARTY:	HEARING DATE:	
PROOF OF SERVICE BY MAIL	HEARING TIME:	
	DEPT.:	
NOTICE: To serve temporary restraining orders you must use personal service (see	e form FL-330).	
	•	
 I am at least 18 years of age, not a party to this action, and I am a resident of or empl place. 	oyed in the county where the mailing took	
O. Microsidones on historica address in:		
2. My residence or business address is:		
3. I served a copy of the following documents (specify) : ${\tt FL-320}$		
by enclosing them in an envelope AND a. depositing the sealed envelope with the United States Postal Service in a sealed envelope with postal Service in a sealed envelope	shown in item 4 following our ordinary cting and processing correspondence for ailing, it is deposited in the ordinary course of	
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):		
 I served a request to modify a child custody, visitation, or child support judgment address verification declaration. (Declaration Regarding Address Verification—P Custody, Visitation, or Child Support Order (form FL-334) may be used for this p 	ostjudgment Request to Modify a Child	
6. I declare under penalty of perjury under the laws of the State of California that the for	egoing is true and correct.	
Date:		
(TYPE OR PRINT NAME) (SI	GNATURE OF PERSON COMPLETING THIS FORM) Page 1 of 1	