

FW-001 Request to Waive Court Fees

CONFIDENTIAL

Clerk stamps date here when form is filed.

If you are getting public benefits, are a low-income person, or do not have enough income to pay for your household's basic needs and your court fees, you may use this form to ask the court to waive your court fees. The court may order you to answer questions about your finances. If the court waives the fees, you may still have to pay later if:

- You cannot give the court proof of your eligibility,
- Your financial situation improves during this case, or
- You settle your civil case for **\$10,000** or more. The trial court that waives your fees will have a lien on any such settlement in the amount of the waived fees and costs. The court may also charge you any collection costs.

Fill in court name and street address:

Superior Court of California, County of Tulare
221 S Mooney Blvd
County Civic Center
Visalia, CA 93291

Fill in case number and name:

Case Number:
YOUR CASE #
Case Name:

1 Your Information (person asking the court to waive the fees):

Name: **YOUR NAME**
Street or mailing address: **YOUR MAILING ADDRESS**
City: _____ State: _____ Zip: _____
Phone: **YOUR PHONE #**

2 Your Job, if you have one (job title): **EMPLOYMENT INFO**

Name of employer: _____
Employer's address: _____

3 Your Lawyer, if you have one (name, firm or affiliation, address, phone number, and State Bar number):

IN PRO PER

- a. The lawyer has agreed to advance all or a portion of your fees or costs (check one): Yes ☐ No ☐
- b. (If yes, your lawyer must sign here) Lawyer's signature: _____
If your lawyer is not providing legal-aid type services based on your low income, you may have to go to a hearing to explain why you are asking the court to waive the fees.

4 What court's fees or costs are you asking to be waived?

- ☒ Superior Court (See *Information Sheet on Waiver of Superior Court Fees and Costs* (form FW-001-INFO).)
☐ Supreme Court, Court of Appeal, or Appellate Division of Superior Court (See *Information Sheet on Waiver of Appellate Court Fees* (form APP-015/FW-015-INFO).)

5 Why are you asking the court to waive your court fees?

- a. ☐ I receive (check all that apply; see form FW-001-INFO for definitions):
☐ Food Stamps ☐ Supp. Sec. Inc. ☐ SSP ☐ Medi-Cal ☐ County Relief/Gen. Assist. ☐ IHSS
OR ☐ CalWORKS or Tribal TANF ☐ CAPI ☐ WIC ☐ Unemployment

- b. ☐ My gross monthly household income (before deductions for taxes) is less than the amount listed below. (If you check 5b, you must fill out 7, 8, and 9 on page 2 of this form.)

OR

Family Size	Family Income	Family Size	Family Income	Family Size	Family Income	If more than 6 people at home, add \$916.67 for each extra person.
1	\$2,608.33	3	\$4,441.67	5	\$6,275.00	
2	\$3,525.00	4	\$5,358.33	6	\$7,191.67	

- c. ☐ I do not have enough income to pay for my household's basic needs and the court fees. I ask the court to: (check one and you **must** fill out page 2):

☐ waive all court fees and costs ☐ waive some of the court fees ☐ let me make payments over time

6 ☐ Check here if you asked the court to waive your court fees for this case in the last six months.

(If your previous request is reasonably available, please attach it to this form and check here): ☐

I declare under penalty of perjury under the laws of the State of California that the information I have provided on this form and all attachments is true and correct.

Date: **DATE**

PRINT YOUR NAME

Print your name here

SIGN YOUR NAME

Sign here



Your name: _____

Case Number: _____

If you checked 5a on page 1, do not fill out below. If you checked 5b, fill out questions 7, 8, and 9 only. If you checked 5c, you *must* fill out this entire page. If you need more space, attach form MC-025 or attach a sheet of paper and write Financial Information and your name and case number at the top.

- 7** ☐ Check here if your income changes a lot from month to month. If it does, complete the form based on your average income for the past 12 months.

8 Your Gross Monthly Income

- a. List the source and amount of **any** income you get each month, including: wages or other income from work before deductions, spousal/child support, retirement, social security, disability, unemployment, military basic allowance for quarters (BAQ), veterans payments, dividends, interest, trust income, annuities, net business or rental income, reimbursement for job-related expenses, gambling or lottery winnings, etc.

(1) WAGES \$ 2,000
(2) _____ \$ _____
(3) _____ \$ _____
(4) _____ \$ _____

b. Your total monthly income: \$ 2,000

9 Household Income

- a. List the income of all other persons living in your home who depend in whole or in part on you for support, or on whom you depend in whole or in part for support.

Name	Age	Relationship	Gross Monthly Income
(1) <u>LIST ANYONE</u>			\$ _____
(2) <u>WHO YOU ARE</u>			\$ _____
(3) <u>FINANCIALLY</u>			\$ _____
(4) <u>SUPPORTING</u>			\$ _____

b. Total monthly income of persons above: \$ _____

Total monthly income and household income (8b plus 9b): \$ 2,000

10 Your Money and Property

a. Cash \$ 50

- b. All financial accounts (List bank name and amount):

(1) BANK INFO \$ 500
(2) _____ \$ _____
(3) _____ \$ _____

- c. Cars, boats, and other vehicles

Make/Year	Fair Market Value	How Much You Still Owe
(1) <u>VEHICLE INFO</u>	\$ <u>5,000</u>	\$ <u>4,000</u>
(2) _____	\$ _____	\$ _____
(3) _____	\$ _____	\$ _____

- d. Real estate

Address	Fair Market Value	How Much You Still Owe
(1) <u>HOME INFO</u>	\$ _____	\$ _____
(2) _____	\$ _____	\$ _____

- e. Other personal property (jewelry, furniture, furs, stocks, bonds, etc.):

Describe	Fair Market Value	How Much You Still Owe
(1) _____	\$ _____	\$ _____
(2) _____	\$ _____	\$ _____

11 Your Monthly Deductions and Expenses

- a. List any payroll deductions and the monthly amount below:

(1) FEDERAL TAX \$ 200
(2) STATE TAX \$ 100
(3) SDI \$ 75
(4) MEDICARE/SOC SEC \$ 200

- b. Rent or house payment & maintenance \$ 500
c. Food and household supplies \$ 200
d. Utilities and telephone \$ 100
e. Clothing \$ 50
f. Laundry and cleaning \$ _____
g. Medical and dental expenses \$ _____
h. Insurance (life, health, accident, etc.) \$ _____
i. School, child care \$ _____
j. Child, spousal support (another marriage) \$ _____
k. Transportation, gas, auto repair and insurance \$ _____
l. Installment payments (list each below):

Paid to:
(1) VISA PAYMENT \$ 50
(2) CAR PAYMENT \$ 350
(3) DOCTOR BILL \$ 30

- m. Wages/earnings withheld by court order \$ _____

- n. Any other monthly expenses (list each below):

Paid to:	How Much?
(1) _____	\$ _____
(2) _____	\$ _____
(3) _____	\$ _____

Total monthly expenses (add 11a–11n above): \$ 1,855

To list any other facts you want the court to know, such as unusual medical expenses, etc., attach form MC-025 or attach a sheet of paper and write Financial Information and your name and case number at the top.

Check here if you attach another page. ☐

Important! If your financial situation or ability to pay court fees improves, you must notify the court within five days on form FW-010.

FW-003 Order on Court Fee Waiver (Superior Court)

Clerk stamps date here when form is filed.

1 Person who asked the court to waive court fees:

Name: YOUR NAME
Street or mailing address: YOUR MAILING ADDRESS
City: _____ State: _____ Zip: _____

2 Lawyer, if person in 1 has one (name, firm name, address, phone number, e-mail, and State Bar number):

IN PRO PER

Fill in court name and street address:

Superior Court of California, County of
Tulare
221 S Mooney Blvd
County Civic Center
Visalia, CA 93291

3 A request to waive court fees was filed on (date): _____

☐ The court made a previous fee waiver order in this case on (date): _____

Fill in case number and name:

Case Number:

YOUR CASE #

Case Name:

Read this form carefully. All checked boxes ☒ are court orders.

Notice: The court may order you to answer questions about your finances and later order you to pay back the waived fees. If this happens and you do not pay, the court can make you pay the fees and also charge you collection fees. If there is a change in your financial circumstances during this case that increases your ability to pay fees and costs, you must notify the trial court within five days. (Use form FW-010.) If you win your case, the trial court may order the other side to pay the fees. If you settle your civil case for **\$10,000** or more, the trial court will have a lien on the settlement in the amount of the waived fees. The trial court may not dismiss the case until the lien is paid.

4 After reviewing your: ☒ Request to Waive Court Fees ☐ Request to Waive Additional Court Fees the court makes the following orders:

a. ☐ The court **grants** your request, as follows:

- (1) ☐ **Fee Waiver.** The court grants your request and waives your court fees and costs listed below. (*Cal. Rules of Court, rule 3.55 and 8.818.*) You do not have to pay the court fees for the following:
- Filing papers in superior court
 - Making copies and certifying copies
 - Sheriff's fee to give notice
 - Reporter's fee for attendance at hearing or trial, if the court is not electronically recording the proceeding and you request that the court provide an official reporter
 - Assessment for court investigations under Probate Code section 1513, 1826, or 1851
 - Preparing, certifying, copying, and sending the clerk's transcript on appeal
 - Holding in trust the deposit for a reporter's transcript on appeal under rule 8.130 or 8.834
 - Making a transcript or copy of an official electronic recording under rule 8.835
 - Court fee for phone hearing
 - Giving notice and certificates
 - Sending papers to another court department
- (2) ☐ **Additional Fee Waiver.** The court grants your request and waives your additional superior court fees and costs that are checked below. (*Cal. Rules of Court, rule 3.56.*) You do not have to pay for the checked items.
- | | |
|---|---|
| <input type="checkbox"/> Jury fees and expenses | <input type="checkbox"/> Fees for a peace officer to testify in court |
| <input type="checkbox"/> Fees for court-appointed experts | <input type="checkbox"/> Court-appointed interpreter fees for a witness |
| <input type="checkbox"/> Other (specify): _____ | |

Your name: _____

Case Number: _____

- b. ☐ The court **denies** your fee waiver request because:

Warning! If you miss the deadline below, the court cannot process your request for hearing or the court papers you filed with your original request. If the papers were a notice of appeal, the appeal may be dismissed.

- (1) ☐ Your request is incomplete. You have **10 days** after the clerk gives notice of this Order (see date of service on next page) to:

- Pay your fees and costs, or
- File a new revised request that includes the incomplete items listed:

☐ Below ☐ On Attachment 4b(1)

- (2) ☐ The information you provided on the request shows that you are not eligible for the fee waiver you requested for the reasons stated: ☐ Below ☐ On Attachment 4b(2)

The court has enclosed a blank *Request for Hearing About Court Fee Waiver Order (Superior Court)* (form FW-006). You have **10 days** after the clerk gives notice of this order (see date of service below) to:

- Pay your fees and costs in full or the amount listed in c below, or
- Ask for a hearing in order to show the court more information. (*Use form FW-006 to request hearing.*)

- c. (1) ☐ The court needs more information to decide whether to grant your request. You must go to court on the date on page 3. The hearing will be about the questions regarding your eligibility that are stated:

☐ Below ☐ On Attachment 4c(1)

- (2) ☐ Bring the items of proof to support your request, if reasonably available, that are listed:

☐ Below ☐ On Attachment 4c(2)

This is a Court Order.

Your name: _____

Case Number: _____

Name and address of court if different from above:



Date: _____ Time: _____

Dept.: _____ Room: _____

Warning! If item c(1) is checked, and you do not go to court on your hearing date, the judge will deny your request to waive court fees, and you will have 10 days to pay your fees. If you miss that deadline, the court cannot process the court papers you filed with your request. If the papers were a notice of appeal, the appeal may be dismissed.

Date: _____

Signature of (check one):



Judicial Officer



Clerk, Deputy

Request for Accommodations



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

Clerk's Certificate of Service

I certify that I am not involved in this case and (check one):

- ☐ I handed a copy of this Order to the party and attorney, if any, listed in (1) and (2), at the court, on the date below.
- ☐ This order was mailed first class, postage paid, to the party and attorney, if any, at the addresses listed in (1) and (2), from (city): _____, California on the date below.
- ☐ A certificate of mailing is attached.

Date: _____

Clerk, by _____, Deputy

Name: _____

This is a Court Order.

PARTY WITHOUT ATTORNEY OR ATTORNEY: _____ STATE BAR NUMBER: _____ NAME: _____ FIRM NAME: YOUR NAME STREET ADDRESS: YOUR MAILING ADDRESS CITY: _____ STATE: _____ ZIP CODE: _____ TELEPHONE NO.: YOUR PHONE # FAX NO.: _____ E-MAIL ADDRESS: _____ ATTORNEY FOR (name): IN PRO PER	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Tulare STREET ADDRESS: 221 S Mooney Blvd MAILING ADDRESS: County Civic Center CITY AND ZIP CODE: Visalia, CA 93291 BRANCH NAME: _____	
PETITIONER: ORIGINAL PETITIONER RESPONDENT: ORIGINAL RESPONDENT OTHER PARENT/PARTY: _____	
REQUEST FOR ORDER <input checked="" type="checkbox"/> CHANGE <input type="checkbox"/> TEMPORARY EMERGENCY ORDERS <input checked="" type="checkbox"/> Child Custody <input checked="" type="checkbox"/> Visitation (Parenting Time) <input type="checkbox"/> Spousal or Partner Support <input checked="" type="checkbox"/> Child Support <input type="checkbox"/> Property Control <input type="checkbox"/> Attorney's Fees and Costs <input type="checkbox"/> Other (specify): _____	CASE NUMBER: YOUR CASE #

Note: Read form FL-300-INFO for information about how to complete this form. To ask to change or end an order that was granted in a Restraining Order After Hearing (form DV-130 or JV-255), read form FL-300-INFO and form DV-300-INFO.

NOTICE OF HEARING

1. TO (name): **OTHER PARENT'S NAME**
☐ Petitioner ☐ Respondent ☐ Other Parent/Party ☐ Other (specify): _____
2. **A COURT HEARING WILL BE HELD AS FOLLOWS:**

a. Date: _____	Time: _____	<input type="checkbox"/> Dept.: _____	<input type="checkbox"/> Room: _____
b. Address of court <input checked="" type="checkbox"/> same as noted above <input type="checkbox"/> other (specify): _____			
3. **WARNING to the person served with the Request for Order:** The court may make the requested orders without you if you do not file a *Responsive Declaration to Request for Order* (form FL-320), serve a copy on the other parties at least nine court days before the hearing (unless the court has ordered a shorter period of time), and appear at the hearing. (See form *FL-320-INFO* for more information.)

COURT ORDER (FOR COURT USE ONLY)

It is ordered that:

4. ☐ Time ☐ for service ☐ until the hearing is shortened. Service must be on or before (date): _____
5. ☐ A *Responsive Declaration to Request for Order* (form FL-320) must be served on or before (date): _____
6. ☐ The parties must attend an appointment for child custody mediation or child custody recommending counseling as follows (specify date, time, and location): _____
7. ☐ The orders in *Temporary Emergency (Ex Parte) Orders* (form FL-305) apply to this proceeding and must be personally served with all documents filed with this *Request for Order*.
8. ☐ Other (specify): _____

Date: _____

JUDICIAL OFFICER Page 1 of 4

REQUEST FOR ORDER

PETITIONER:
RESPONDENT:
OTHER PARENT/PARTY:

CASE NUMBER:

REQUEST FOR ORDER

Note: Place a mark ☒ in front of the box that applies to your case or to your request. If you need more space, mark the box for "Attachment." For example, mark "Attachment 2a" to indicate that the list of children's names and birth dates continues on a paper attached to this form. Then, on a sheet of paper, list each attachment number followed by your request. At the top of the paper, write your name, case number, and "FL-300" as a title. (You may use *Attached Declaration* (form MC-031) for this purpose.)

1. ☐ RESTRAINING ORDER INFORMATION

One or more domestic violence restraining/protective orders are now in effect between (specify):

☐ Petitioner ☐ Respondent ☐ Other Parent/Party (Attach a copy of the orders if you have one.)

The orders are from the following court or courts (specify county and state):

- a. ☐ Criminal: County/state (specify): Case No. (if known):
 b. ☐ Family: County/state (specify): Case No. (if known):
 c. ☐ Juvenile: County/state (specify): Case No. (if known):
 d. ☐ Other: County/state (specify): Case No. (if known):

2. ☒ CHILD CUSTODY

☐ I request temporary emergency orders

☒ VISITATION (PARENTING TIME)

a. I request that the court make orders about the following children (specify):

Child's Name Date of Birth

☒ Legal Custody to (person who decides: health, education, etc):

☒ Physical Custody to (person with whom child lives):

- OLDEST CHILD'S INFO

** LEGAL CUSTODY IS DECISION

** PHYSICAL CUSTODY IS

- ADDITIONAL CHILD'S

MAKING ABILITY **

WHERE THE CHILD LIVES **

INFO

☐ Attachment 2a.

b. ☒ The orders I request for ☐ child custody ☒ visitation (parenting time) are:

(1) ☐ Specified in the attached forms:

☐ Form FL-305 ☐ Form FL-311 ☐ Form FL-312 ☐ Form FL-341(C)
☐ Form FL-341(D) ☐ Form FL-341(E) ☐ Other (specify):

(2) ☒ As follows (specify):

☐ Attachment 2b.

** WRITE THE VISITATION SCHEDULE THAT YOU ARE ASKING THE COURT TO ORDER **

- INCLUDE DAYS, TIMES, AND EXCHANGE LOCATIONS

c. The orders that I request are in the best interest of the children because (specify):

☐ Attachment 2c.

** EXPLAIN WHY THE SCHEDULE YOU ARE REQUESTING IS IN THE BEST INTEREST OF THE CHILDREN **

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
---	--------------

2. d. ☒ This is a change from the current order for ☒ child custody ☒ visitation (parenting time).
 (1) ☒ The order for legal or physical custody was filed on (date): XX/XX/XXXX. The court ordered (specify):

**** CURRENT ORDER OF LEGAL AND PHYSICAL CUSTODY ****

- (2) ☒ The visitation (parenting time) order was filed on (date): XX/XX/XXXX. The court ordered (specify):

**** CURRENT VISITATION SCHEDULE THAT WAS LAST ORDERED ****

3. ☒ CHILD SUPPORT

☐ Attachment 2d.

(Note: An earnings assignment may be issued. See *Income Withholding for Support* (form FL-195))

- a. I request that the court order child support as follows:

Child's name and age

- ☒ I request support for each child based on the child support guideline.

☐ Monthly amount (\$) requested (if not by guideline)

- OLDEST CHILD'S INFORMATION

- ADDITIONAL CHILD'S INFO

☐ Attachment 3a.

- b. ☒ I want to change a current court order for child support filed on (date): XX/XX/XXXX.
 The court ordered child support as follows (specify):

**** AMOUNT OF CURRENT CHILD SUPPORT OBLIGATION ****

- c. I have completed and filed with this *Request for Order* a current *Income and Expense Declaration* (form FL-150) or I filed a current *Financial Statement (Simplified)* (form FL-155) because I meet the requirements to file form FL-155.

- d. The court should make or change the support orders because (specify):

☐ Attachment 3d.

**** EXPLAIN THE CHANGE OF CIRCUMSTANCES AND WHY CHILD SUPPORT SHOULD BE MODIFIED ****

4. ☐ SPOUSAL OR DOMESTIC PARTNER SUPPORT

(Note: An *Earnings Assignment Order For Spousal or Partner Support* (form FL-435) may be issued.)

- a. ☐ Amount requested (monthly): \$
 b. ☐ I want the court to ☐ change ☐ end the current support order filed on (date):
 The court ordered \$ per month for support.
 c. ☐ This request is to modify (change) spousal or partner support after entry of a judgment.
 I have completed and attached *Spousal or Partner Support Declaration Attachment* (form FL-157) or a declaration that addresses the same factors covered in form FL-157.
 d. I have completed and filed a current *Income and Expense Declaration* (form FL-150) in support of my request.
 e. The court should make, change, or end the support orders because (specify):

☐ Attachment 4e.

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
---	--------------

5. ☐ **PROPERTY CONTROL** ☐ I request temporary emergency orders
 a. The ☐ petitioner ☐ respondent ☐ other parent/party be given exclusive temporary use, possession, and control of the following property that we ☐ own or are buying ☐ lease or rent (*specify*):
- b. The ☐ petitioner ☐ respondent ☐ other parent/party be ordered to make the following payments on debts and liens coming due while the order is in effect:
- | | | | |
|---------------|------------|------------------|-----------------|
| Pay to: _____ | For: _____ | Amount: \$ _____ | Due date: _____ |
| Pay to: _____ | For: _____ | Amount: \$ _____ | Due date: _____ |
| Pay to: _____ | For: _____ | Amount: \$ _____ | Due date: _____ |
| Pay to: _____ | For: _____ | Amount: \$ _____ | Due date: _____ |
- c. ☐ This is a change from the current order for property control filed on (*date*):
 d. Specify in Attachment 5d the reasons why the court should make or change the property control orders.
6. ☐ **ATTORNEY'S FEES AND COSTS**
 I request attorney's fees and costs, which total (*specify amount*): \$ _____. I filed the following to support my request:
- a. A current *Income and Expense Declaration* (form FL-150).
 b. A *Request for Attorney's Fees and Costs Attachment* (form FL-319) or a declaration that addresses the factors covered in that form.
 c. A *Supporting Declaration for Attorney's Fees and Costs Attachment* (form FL-158) or a declaration that addresses the factors covered in that form.
7. ☐ **OTHER ORDERS REQUESTED (*specify*):** ☐ Attachment 7.
8. ☐ **TIME FOR SERVICE / TIME UNTIL HEARING** I urgently need:
 a. ☐ To serve the *Request for Order* no less than (*number*): _____ court days before the hearing.
 b. ☐ The hearing date and service of the *Request for Order* to be sooner.
 c. I need the order because (*specify*): ☐ Attachment 8.
9. ☒ **FACTS TO SUPPORT** the orders I request are listed below. The facts that I write in support and attach to this request cannot be longer than 10 pages, unless the court gives me permission. ☐ Attachment 9.

** WRITE A DETAILED DECLARATION EXPLAINING WHAT YOU WANT, WHY YOU WANT IT, AND WHY THE COURT SHOULD GRANT YOUR REQUEST. EXPLAIN THE CHANGE OF CIRCUMSTANCES SINCE YOUR LAST ORDER WAS PUT IN PLACE. **

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: TODAY'S DATE

PRINT YOUR NAME _____

(TYPE OR PRINT NAME)



SIGN YOUR NAME _____

(SIGNATURE OF APPLICANT)



Requests for Accommodations

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 courts.ca.gov/forms for *Disability Accommodations Request* (form MC -410). (Civ. Code, § 54.8.)

PARTY WITHOUT ATTORNEY OR ATTORNEY STATE BAR NUMBER: NAME: FIRM NAME: YOUR NAME STREET ADDRESS: YOUR MAILING ADDRESS CITY: STATE: ZIP CODE: TELEPHONE NO.: YOUR PHONE # FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name): IN PRO PER	FOR COURT USE ONLY ** COMPLETE ONLY IF YOU ARE REQUESTING CHILD SUPPORT **
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Tulare STREET ADDRESS: 221 S Mooney Blvd MAILING ADDRESS: County Civic Center CITY AND ZIP CODE: Visalia, CA 93291 BRANCH NAME:	
PETITIONER: ORIGINAL PETITIONER RESPONDENT: ORIGINAL RESPONDENT OTHER PARTY/PARENT/CLAIMANT:	
INCOME AND EXPENSE DECLARATION	CASE NUMBER: YOUR CASE #

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

Attach copies of your pay stubs for last two months (black out Social Security numbers).	a. Employer: b. Employer's address: ** LIST YOUR CURRENT OR MOST RECENT EMPLOYMENT c. Employer's phone number: INFORMATION HERE ** d. Occupation: - MAKE SURE TO ATTACH 2 MONTHS OF INCOME e. Date job started: f. If unemployed, date job ended: g. I work about _____ hours per week. h. I get paid \$ _____ gross (before taxes) <input type="checkbox"/> per month <input type="checkbox"/> per week <input type="checkbox"/> per hour.
---	--

(If you have more than one job, attach an 8 1/2-by-11-inch sheet of paper and list the same information as above for your other jobs. Write "Question 1—Other Jobs" at the top.)

2. Age and education

- a. My age is (specify): ** COMPLETE ALL APPLICABLE INFORMATION **
- b. I have completed high school or the equivalent: ☐ Yes ☐ No If no, highest grade completed (specify):
- c. Number of years of college completed (specify): ☐ Degree(s) obtained (specify):
- d. Number of years of graduate school completed (specify): ☐ Degree(s) obtained (specify):
- e. I have: ☐ professional/occupational license(s) (specify):
☐ vocational training (specify):

3. Tax information

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

4. Other party's income. I estimate the gross monthly income (before taxes) of the other party in this case at (specify): \$
 This estimate is based on (explain):

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

I declare under penalty of perjury under the laws of the State of California that the information contained on all pages of this form and any attachments is true and correct.

Date: TODAY'S DATE

PRINT YOUR NAME

(TYPE OR PRINT NAME)

► SIGN YOUR NAME

(SIGNATURE OF DECLARANT)

PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER:
--	--------------

Attach copies of your pay stubs for the last two months and proof of any other income. Take a copy of your latest federal tax return to the court hearing. (Black out your Social Security number on the pay stub and tax return.)

5. **Income** (For average monthly, add up all the income you received in each category in the last 12 months and divide the total by 12.)

	Last month	Average monthly
a. Salary or wages (gross, before taxes)	\$	2,000
b. Overtime (gross, before taxes)	\$	
c. Commissions or bonuses	\$	
d. Public assistance (for example: TANF, SSI, GA/GR) <input checked="" type="checkbox"/> currently receiving *CASH AID*	\$	500
e. Spousal support <input checked="" type="checkbox"/> from this marriage <input type="checkbox"/> from a different marriage <input type="checkbox"/> federally taxable*	\$	500
f. Partner support <input type="checkbox"/> from this domestic partnership <input type="checkbox"/> from a different domestic partnership	\$	
g. Pension/retirement fund payments	\$	
h. Social Security retirement (not SSI)	\$	
i. Disability: <input type="checkbox"/> Social Security (not SSI) <input type="checkbox"/> State disability (SDI) <input type="checkbox"/> Private insurance	\$	
j. Unemployment compensation	\$	
k. Workers' compensation	\$	
l. Other (military allowances, royalty payments) (specify):	\$	

EXAMPLES – WORK FOR CASH, FAMILY GIFT, LOANS

6. **Investment income** (Attach a schedule showing gross receipts less cash expenses for each piece of property.)

a. Dividends/interest	\$	
b. Rental property income	\$	
c. Trust income	\$	
d. Other (specify):	\$	

7. **Income from self-employment, after business expenses for all businesses**

I am the ☐ owner/sole proprietor ☐ business partner ☐ other (specify):

Number of years in this business (specify): **** LIST SELF-EMPLOYMENT INFO HERE ****

Name of business (specify):

Type of business (specify):

Attach a profit and loss statement for the last two years or a Schedule C from your last federal tax return. Black out your Social Security number. If you have more than one business, provide the information above for each of your businesses.

8. ☐ **Additional income.** I received one-time money (lottery winnings, inheritance, etc.) in the last 12 months (specify source and amount):

9. ☐ **Change in income.** My financial situation has changed significantly over the last 12 months because (specify):

10. **Deductions** **** LIST ANY DEDUCTIONS YOU MAY HAVE ****

	Last month
a. Required union dues	\$
b. Required retirement payments (not Social Security, FICA, 401(k), or IRA)	\$
c. Medical, hospital, dental, and other health insurance premiums (total monthly amount)	\$
d. Child support that I pay for children from other relationships	\$
e. Spousal support that I pay by court order from a different marriage <input type="checkbox"/> federally tax deductible*	\$
f. Partner support that I pay by court order from a different domestic partnership	\$
g. Necessary job-related expenses not reimbursed by my employer (attach explanation labeled "Question 10g")	\$

11. **Assets**

	Total
a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts	\$
b. Stocks, bonds, and other assets I could easily sell	\$
c. All other property, <input type="checkbox"/> real and <input type="checkbox"/> personal (estimate fair market value minus the debts you owe)	\$

* Check the box if the spousal support order or judgment was executed by the parties and the court before January 1, 2019, or if a court-ordered change maintains the spousal support payments as taxable income to the recipient and tax deductible to the payor.

PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER:
--	--------------

12. The following people live with me:

Name	Age	How the person is related to me (ex: son)	That person's gross monthly income	Pays some of the household expenses?	
a. ** INFO OF ANYONE WHO				<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. CURRENTLY LIVES WITH				<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. YOU **				<input type="checkbox"/> Yes	<input type="checkbox"/> No
d.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
e.				<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

a. Home:

 (1) ☐ Rent or ☐ mortgage \$

If mortgage:

(a) average principal: \$

(b) average interest: \$

(2) Real property taxes \$

(3) Homeowner's or renter's insurance

(if not included above) \$

(4) Maintenance and repair \$

b. Health-care costs not paid by insurance \$

c. Child care \$

d. Groceries and household supplies \$

e. Eating out \$

f. Utilities (gas, electric, water, trash) \$

g. Telephone, cell phone, and e-mail \$

h. Laundry and cleaning \$

i. Clothes \$

j. Education \$

k. Entertainment, gifts, and vacation \$

l. Auto expenses and transportation

(insurance, gas, repairs, bus, etc.) \$

m. Insurance (life, accident, etc.; do not include

auto, home, or health insurance) \$

n. Savings and investments \$

o. Charitable contributions \$

p. Monthly payments listed in item 14

(itemize below in 14 and insert total here) \$

q. Other (specify): \$

 r. **TOTAL EXPENSES** (a-q) (do not add in the amounts in a(1)(a) and (b)) \$

s. Amount of expenses paid by others \$

**** COMPLETE ALL INFO THAT APPLIES TO YOUR CURRENT MONTHLY EXPENSES ****

14. Installment payments and debts not listed above

Paid to	For	Amount	Balance	Date of last payment
EXAMPLES:	CAR PYMT	\$ MONTHLY	\$	
	CREDIT CARD	\$ PAYMENT	\$	
	DOCTOR BILL	\$ AMOUNTS	\$	
	COURT FINES	\$	\$	
	STUDENT LOANS	\$	\$	
		\$	\$	

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

a. To date, I have paid my attorney this amount for fees and costs (specify): \$

b. The source of this money was (specify):

c. I still owe the following fees and costs to my attorney (specify total owed): \$

d. My attorney's hourly rate is (specify):

I confirm this fee arrangement.

Date:

(TYPE OR PRINT NAME OF ATTORNEY)

(SIGNATURE OF ATTORNEY)

PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER:
--	--------------

CHILD SUPPORT INFORMATION

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

16. Number of children

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

**** WRITE THE SCHEDULE OF VISITATION THAT YOU AND THE OTHER PARENT ARE CURRENTLY FOLLOWING, IF APPLICABLE ****

17. Children's health-care expenses

- a. ☐ I do ☐ I do not have health insurance available to me for the children through my job.
- b. Name of insurance company:
- c. Address of insurance company:

**** LIST INSURANCE INFORMATION FROM YOUR JOB - DO NOT LIST MEDICAL ****

- d. The monthly cost for the children's health insurance is or would be (specify): \$ _____
 (Do not include the amount your employer pays.)

18. Additional expenses for the children in this case

	Amount per month
a. Child care so I can work or get job training	\$ _____
b. Children's health care not covered by insurance	\$ _____
c. Travel expenses for visitation	\$ _____
d. Children's educational or other special needs (specify below):	\$ _____

19. Special hardships. I ask the court to consider the following special financial circumstances

(attach documentation of any item listed here, including court orders):

	Amount per month	For how many months?
a. Extraordinary health expenses not included in 18b	\$ _____	_____
b. Major losses not covered by insurance (examples: fire, theft, other insured loss)	\$ _____	_____
c. (1) Expenses for my minor children who are from other relationships and are living with me	\$ _____	_____
(2) Names and ages of those children (specify):		

LIST CHILDREN OF A DIFFERENT RELATIONSHIP WHO LIVE IN THE HOME WITH YOU

(3) Child support I receive for those children \$ _____

The expenses listed in a, b and c create an extreme financial hardship because (explain):

20. Other information I want the court to know concerning support in my case (specify):

PARTY WITHOUT ATTORNEY OR ATTORNEY: _____ STATE BAR NUMBER: _____ NAME: _____ FIRM NAME: _____ STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____ TELEPHONE NO.: _____ FAX NO.: _____ E-MAIL ADDRESS: _____ ATTORNEY FOR (name): IN PRO PER	FOR COURT USE ONLY ** LEAVE THIS FORM BLANK AND SERVE IT TO THE OTHER PARTY **
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Tulare STREET ADDRESS: 221 S Mooney Blvd MAILING ADDRESS: County Civic Center CITY AND ZIP CODE: Visalia, CA 93291 BRANCH NAME: _____	CASE NUMBER: _____
PETITIONER: _____ RESPONDENT: _____ OTHER PARENT/PARTY: _____	
RESPONSIVE DECLARATION TO REQUEST FOR ORDER	
HEARING DATE: _____ TIME: _____ DEPARTMENT OR ROOM: _____	

Read *Information Sheet: Responsive Declaration to Request for Order (form FL-320-INFO)* for more information about this form.

1. ☐ **RESTRAINING ORDER INFORMATION**
 - a. ☐ No domestic violence restraining/protective orders are now in effect between the parties in this case.
 - b. ☐ I agree that one or more domestic violence restraining/protective orders are now in effect between the parties in this case.

2. ☐ **CHILD CUSTODY**
☐ **VISITATION (PARENTING TIME)**
 - a. ☐ I consent to the order requested for child custody (legal and physical custody)
 - b. ☐ I consent to the order requested for visitation (parenting time).
 - c. ☐ I do not consent to the order requested for ☐ child custody ☐ visitation (parenting time)
☐ but I consent to the following order: _____

3. ☐ **CHILD SUPPORT**
 - a. I have completed and filed a current *Income and Expense Declaration (form FL-150)* or, if eligible, a current *Financial Statement (Simplified) (form FL-155)* to support my responsive declaration.
 - b. ☐ I consent to the order requested.
 - c. ☐ I consent to guideline support.
 - d. ☐ I do not consent to the order requested ☐ but I consent to the following order: _____

4. ☐ **SPOUSAL OR DOMESTIC PARTNER SUPPORT**
 - a. I have completed and filed a current *Income and Expense Declaration (form FL-150)* to support my responsive declaration.
 - b. ☐ I consent to the order requested.
 - c. ☐ I do not consent to the order requested ☐ but I consent to the following order: _____

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
---	--------------

5. ☐ PROPERTY CONTROL
- a. ☐ I consent to the order requested.
- b. ☐ I do not consent to the order requested ☐ but I consent to the following order:
-
6. ☐ ATTORNEY'S FEES AND COSTS
- a. I have completed and filed a current *Income and Expense Declaration* (form FL-150) to support my responsive declaration.
- b. I have completed and filed with this form a *Supporting Declaration for Attorney's Fees and Costs Attachment* (form FL-158) or a declaration that addresses the factors covered in that form.
- c. ☐ I consent to the order requested.
- d. ☐ I do not consent to the order requested ☐ but I consent to the following order:
-
7. ☐ OTHER ORDERS REQUESTED
- a. ☐ I consent to the order requested.
- b. ☐ I do not consent to the order requested ☐ but I consent to the following order:
-
8. ☐ TIME FOR SERVICE / TIME UNTIL HEARING
- a. ☐ I consent to the order requested.
- b. ☐ I do not consent to the order requested ☐ but I consent to the following order:
-
9. ☐ FACTS TO SUPPORT my responsive declaration are listed below. The facts that I write and attach to this form cannot be longer than 10 pages, unless the court gives me permission. ☐ Attachment 9.

I declare under penalty of perjury under the laws of the State of California that the information provided in this form and all attachments is true and correct.

Date:

	▶	
(TYPE OR PRINT NAME)		(SIGNATURE OF DECLARANT)

PARTY WITHOUT ATTORNEY OR ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name): IN PRO PER	FOR COURT USE ONLY ** LEAVE THIS FORM BLANK AND SERVE IT TO THE OTHER PARTY **
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Tulare STREET ADDRESS: 221 S Mooney Blvd MAILING ADDRESS: County Civic Center CITY AND ZIP CODE: Visalia, CA 93291 BRANCH NAME:	
PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	
INCOME AND EXPENSE DECLARATION	CASE NUMBER:

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

Attach copies of your pay stubs for last two months (black out Social Security numbers).	a. Employer: b. Employer's address: c. Employer's phone number: d. Occupation: e. Date job started: f. If unemployed, date job ended: g. I work about _____ hours per week. h. I get paid \$ _____ gross (before taxes) <input type="checkbox"/> per month <input type="checkbox"/> per week <input type="checkbox"/> per hour.
--	--

(If you have more than one job, attach an 8 1/2-by-11-inch sheet of paper and list the same information as above for your other jobs. Write "Question 1—Other Jobs" at the top.)

2. Age and education

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

3. Tax information

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

4. Other party's income. I estimate the gross monthly income (before taxes) of the other party in this case at (specify): \$ _____
 This estimate is based on (explain): _____

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

I declare under penalty of perjury under the laws of the State of California that the information contained on all pages of this form and any attachments is true and correct.

Date: _____

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER:
--	--------------

Attach copies of your pay stubs for the last two months and proof of any other income. Take a copy of your latest federal tax return to the court hearing. (Black out your Social Security number on the pay stub and tax return.)

5. **Income** (For average monthly, add up all the income you received in each category in the last 12 months and divide the total by 12.)

	Last month	Average monthly
a. Salary or wages (gross, before taxes)	\$
b. Overtime (gross, before taxes)	\$
c. Commissions or bonuses	\$
d. Public assistance (for example: TANF, SSI, GA/GR) <input type="checkbox"/> currently receiving	\$
e. Spousal support <input type="checkbox"/> from this marriage <input type="checkbox"/> from a different marriage <input type="checkbox"/> federally taxable*	\$
f. Partner support <input type="checkbox"/> from this domestic partnership <input type="checkbox"/> from a different domestic partnership	\$
g. Pension/retirement fund payments	\$
h. Social Security retirement (not SSI)	\$
i. Disability: <input type="checkbox"/> Social Security (not SSI) <input type="checkbox"/> State disability (SDI) <input type="checkbox"/> Private insurance	\$
j. Unemployment compensation	\$
k. Workers' compensation	\$
l. Other (military allowances, royalty payments) (specify):	\$

6. **Investment income** (Attach a schedule showing gross receipts less cash expenses for each piece of property.)

a. Dividends/interest	\$
b. Rental property income	\$
c. Trust income	\$
d. Other (specify):	\$

7. **Income from self-employment, after business expenses for all businesses** \$

I am the ☐ owner/sole proprietor ☐ business partner ☐ other (specify):

Number of years in this business (specify):

Name of business (specify):

Type of business (specify):

Attach a profit and loss statement for the last two years or a Schedule C from your last federal tax return. Black out your Social Security number. If you have more than one business, provide the information above for each of your businesses.

8. ☐ **Additional income.** I received one-time money (lottery winnings, inheritance, etc.) in the last 12 months (specify source and amount):

9. ☐ **Change in income.** My financial situation has changed significantly over the last 12 months because (specify):

10. **Deductions**

	Last month
a. Required union dues	\$
b. Required retirement payments (not Social Security, FICA, 401(k), or IRA)	\$
c. Medical, hospital, dental, and other health insurance premiums (total monthly amount)	\$
d. Child support that I pay for children from other relationships	\$
e. Spousal support that I pay by court order from a different marriage <input type="checkbox"/> federally tax deductible*	\$
f. Partner support that I pay by court order from a different domestic partnership	\$
g. Necessary job-related expenses not reimbursed by my employer (attach explanation labeled "Question 10g")	\$

11. **Assets**

	Total
a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts	\$
b. Stocks, bonds, and other assets I could easily sell	\$
c. All other property, <input type="checkbox"/> real and <input type="checkbox"/> personal (estimate fair market value minus the debts you owe)	\$

* Check the box if the spousal support order or judgment was executed by the parties and the court before January 1, 2019, or if a court-ordered change maintains the spousal support payments as taxable income to the recipient and tax deductible to the payor.

PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER:
--	--------------

12. The following people live with me:

Name	Age	How the person is related to me (ex: son)	That person's gross monthly income	Pays some of the household expenses?
a.				<input type="checkbox"/> Yes <input type="checkbox"/> No
b.				<input type="checkbox"/> Yes <input type="checkbox"/> No
c.				<input type="checkbox"/> Yes <input type="checkbox"/> No
d.				<input type="checkbox"/> Yes <input type="checkbox"/> No
e.				<input type="checkbox"/> Yes <input type="checkbox"/> No

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

a. Home:

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

r. TOTAL EXPENSES (a-q) (do not add in the amounts in a(1)(a) and (b)) \$
--

s. Amount of expenses paid by others \$

14. Installment payments and debts not listed above

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

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

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

I confirm this fee arrangement.

Date:

 (TYPE OR PRINT NAME OF ATTORNEY)

 (SIGNATURE OF ATTORNEY)

PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER:
--	--------------

CHILD SUPPORT INFORMATION**(NOTE: Fill out this page only if your case involves child support.)****16. Number of children**

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

17. Children's health-care expenses

- a. ☐ I do ☐ I do not have health insurance available to me for the children through my job.
- b. Name of insurance company:
- c. Address of insurance company:

- d. The monthly cost for the **children's** health insurance is or would be *(specify)*: \$ _____
(Do not include the amount your employer pays.)

18. Additional expenses for the children in this case

Amount per month

- a. Child care so I can work or get job training \$ _____
- b. Children's health care not covered by insurance \$ _____
- c. Travel expenses for visitation \$ _____
- d. Children's educational or other special needs *(specify below)*: \$ _____

19. Special hardships. I ask the court to consider the following special financial circumstances*(attach documentation of any item listed here, including court orders):*

Amount per month

For how many months?

- a. Extraordinary health expenses not included in 18b \$ _____
- b. Major losses not covered by insurance *(examples: fire, theft, other insured loss)* \$ _____
- c. (1) Expenses for my minor children who are from other relationships and are living with me \$ _____
 (2) Names and ages of those children *(specify)*:

(3) Child support I receive for those children \$ _____

The expenses listed in a, b and c create an extreme financial hardship because *(explain)*:

20. Other information I want the court to know concerning support in my case *(specify)*:

ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406) (Name, State Bar number, and address): YOUR NAME YOUR MAILING ADDRESS TELEPHONE NO.: YOUR PHONE # FAX NO.: ATTORNEY FOR (Name):		FOR COURT USE ONLY	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Tulare STREET ADDRESS: 221 S Mooney Blvd MAILING ADDRESS: County Civic Center CITY AND ZIP CODE: Visalia, CA 93291 BRANCH NAME:			
PETITIONER/PLAINTIFF ORIGINAL PETITIONER RESPONDENT/DEFENDANT ORIGINAL RESPONDENT OTHER PARENT/PARTY:		CASE NUMBER: YOUR CASE # (If applicable, provide): HEARING DATE: HEARING TIME: HEARING INFO DEPT.:	
PROOF OF PERSONAL SERVICE			

- I am at least 18 years old, not a party to this action, and not a protected person listed in any of the orders.
- Person served (name): **OTHER PARENT'S NAME**
- I served copies of the following documents (specify):
FL-300, REQUEST FOR ORDER
FL-320, BLANK RESPONSIVE DECLARATION
FL-150, COMPLETED AND BLANK INCOME AND EXPENSE DECLARATION (ONLY IF MODIFYING CHILD OR SPOUSAL SUPPORT)
- By personally delivering copies to the person served, as follows:
 - Date: **DATE OF SERVICE**
 - Time: **TIME OF SERVICE**
 - Address: **ADDRESS WHERE SERVICE TOOK PLACE**
- I am
 - ☒ not a registered California process server.
 - ☐ a registered California process server.
 - ☐ an employee or independent contractor of a registered California process server.
 - ☐ exempt from registration under Business & Profession Code section 22350(b).
 - ☐ a California sheriff or marshal.
- My name, address, and telephone number, and, if applicable, county of registration and number (specify):
NAME, ADDRESS, AND PHONE NUMBER OF PERSON WHO HANDED THE FORMS TO THE OTHER PARENT
- ☒ I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
- ☐ I am a California sheriff or marshal and I certify that the foregoing is true and correct.

Date: **DATE OF SIGNING**

SERVER TO PRINT THEIR NAME

(TYPE OR PRINT NAME OF PERSON WHO SERVED THE PAPERS)

SERVER TO SIGN THEIR NAME

(SIGNATURE OF PERSON WHO SERVED THE PAPERS)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):		FOR COURT USE ONLY	
YOUR NAME YOUR MAILING ADDRESS TELEPHONE NO.: YOUR PHONE # FAX NO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):		** USE THIS FORM IF YOU ARE HAVING THE OTHER PARENT SERVED BY MAIL ** - YOU MUST ALSO COMPLETE THE ADDRESS VERIFICATION FORM	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Tulare STREET ADDRESS: 221 S Mooney Blvd MAILING ADDRESS: County Civic Center CITY AND ZIP CODE: Visalia, CA 93291 BRANCH NAME:			
PETITIONER/PLAINTIFF: ORIGINAL PETITIONER RESPONDENT/DEFENDANT: ORIGINAL RESPONDENT OTHER PARENT/PARTY:		CASE NUMBER: YOUR CASE # (If applicable, provide): HEARING DATE: HEARING TIME: HEARING INFO DEPT.:	
PROOF OF SERVICE BY MAIL			

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

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

ADDRESS OF THE PERSON WHO SERVES THE OTHER PARTY BY MAIL

- I served a copy of the following documents (*specify*):
FL-300, REQUEST FOR ORDER
FL-320, BLANK RESPONSIVE DECLARATION
FL-150, COMPLETED AND BLANK INCOME AND EXPENSE DECLARATION (ONLY IF MODIFYING CHILD OR SPOUSAL SUPPORT)
 by enclosing them in an envelope AND
 - ☒ **depositing** the sealed envelope with the United States Postal Service with the postage fully prepaid.
 - ☐ **placing** the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.
- The envelope was addressed and mailed as follows:
 - Name of person served: **OTHER PARENT'S NAME**
 - Address: **OTHER PARENT'S MAILING ADDRESS**
CITY, STATE, ZIP CODE
 - Date mailed: **DATE FORMS WERE MAILED**
 - Place of mailing (*city and state*): **CITY AND STATE THE FORMS WERE MAILED FROM**
- ☒ I served a request to modify a child custody, visitation, or child support judgment or permanent order which included an address verification declaration. (*Declaration Regarding Address Verification—Postjudgment Request to Modify a Child Custody, Visitation, or Child Support Order* (form FL-334) may be used for this purpose.)
- I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: **DATE OF SIGNING**

SERVER TO PRINT THEIR NAME

(TYPE OR PRINT NAME)

SERVER TO SIGN THEIR NAME

(SIGNATURE OF PERSON COMPLETING THIS FORM)

PARTY WITHOUT ATTORNEY OR ATTORNEY: STATE BAR NUMBER: NAME: YOUR NAME FIRM NAME: STREET ADDRESS: YOUR MAILING ADDRESS CITY: STATE: ZIP CODE: TELEPHONE NO.: YOUR PHONE # FAX NO.: EMAIL ADDRESS: ATTORNEY FOR (name): IN PRO PER	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Tulare STREET ADDRESS: 221 S Mooney Blvd MAILING ADDRESS: County Civic Center CITY AND ZIP CODE: Visalia, CA 93291 BRANCH NAME:	
PETITIONER/PLAINTIFF: ORIGINAL PETITIONER RESPONDENT/DEFENDANT: ORIGINAL RESPONDENT OTHER PARENT/PARTY:	
DECLARATION REGARDING ADDRESS VERIFICATION— POSTJUDGMENT REQUEST TO MODIFY A CHILD CUSTODY, VISITATION, OR CHILD SUPPORT ORDER	CASE NUMBER: YOUR CASE #

1. I am the ☐ attorney for ☒ petitioner ☐ respondent ☐ other parent ☐ other party in this matter.
2. ☐ The request is to modify a judgment or permanent order only for child support and a local child support agency is providing services in the case. Service of the request solely to modify child support will be made on other party by serving the local child support agency at least 30 days prior to the hearing as provided in Family Code sections 17404(e)(3) and 17406(f).
3. ☒ The request is to modify a judgment or permanent orders for child custody, visitation, or child support.
 Note: If you cannot verify the other party's current residence or office address, mail service may not be used. The other party must be personally served. *Proof of Personal Service* (form FL-330) may be used for this purpose.
 - a. Before the request was served on the other party by mail, I verified in the previous 30 days that the other party's current residence or office address is (specify):
OTHER PARENT'S CURRENT MAILING ADDRESS

**** YOU MUST STATE WHAT YOU HAVE DONE TO VERIFY THAT IS THEIR CURRENT ADDRESS ****
 - b. I can confirm that the above address is the other party's **current residence or office address** because (specify):
 - (1) ☐ The other party gave me the address listed in item 3a within 30 days before the request was served.
 - (2) ☐ I have been at the address listed in item 3a within 30 days before the request was served.
 - (3) ☐ It is the new address that the other party provided on *Notice of Change of Address* (form MC-040) or other pleading and filed with the court on (specify date):
 - (4) ☐ It is the office address that the other party last gave on a document filed with the court in this case that was also served on me as a party in the case.
 - (5) ☐ I sent the other party a letter by mail to the address in (2) with return receipt requested and the other party signed and accepted the letter at that address within the past 30 days.
 - (6) ☐ I confirmed by another method (specify):
☐ Continued in Attachment 3b(6).

I declare under penalty of perjury under the laws of the State of California that the foregoing and all attachments are true and correct.

Date: **DATE OF SIGNING**

PRINT YOUR NAME

(TYPE OR PRINT NAME)



SIGN YOUR NAME

(SIGNATURE OF PERSON COMPLETING THIS FORM)

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARTY:	CASE NUMBER:
--	--------------

NOTICE AND SERVICE INFORMATION

If you want to change a judgment or permanent order for child custody, visitation, or child support, a person at least 18 years of age or older must serve the request on the other party by (1) personal delivery or (2) first-class mail or airmail, postage prepaid. Requests to modify a judgment or permanent order for matters other than child custody, visitation, or child support must be served on the other party by personal service.

- **If your request is to change a judgment or permanent orders only for child support and a local child support agency is currently providing services, the other party may be served by mail at the office of the local child support agency. Where service is made by mail on the local child support agency, the following apply:**

1. The local child support agency must be served not less than 30 days before the hearing date.
2. Attach a copy of this completed form to the proof of service by mail; and
3. File this original form at the court clerk's office.

- **If your request is to change a judgment or permanent order for child custody, visitation, or child support and you have verified the other party's current residence or office address, you must:**

1. Complete this form to provide the other party's current residence or business address and indicate how you obtained the other party's current residence or office address.
2. Attach a copy of this completed form to the proof of service by mail; and
3. File this original form at the court clerk's office.

- **If you cannot verify the other party's current residence or office address, mail service may not be used. The other party must be personally served. *Proof of Personal Service* (form FL-330) may be used for this purpose.**