

PARTY WITHOUT ATTORNEY OR ATTORNEY: _____ STATE BAR NO.: _____ NAME: Sally Smith FIRM NAME: n/a STREET ADDRESS: 123 Main Street CITY: El Cajon STATE: CA ZIP CODE: 92020 TELEPHONE NO.: 619-440-4444 FAX NO.: _____ E-MAIL ADDRESS: _____ ATTORNEY FOR (name): Self-Represented Litigant	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF San Diego STREET ADDRESS: 1100 Union Street MAILING ADDRESS: Same CITY AND ZIP CODE: San Diego, CA 92101 BRANCH NAME: Central Division	
PETITIONER: Sally Smith RESPONDENT: John Smith 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 type="checkbox"/> Child Support <input type="checkbox"/> Domestic Violence Order <input type="checkbox"/> Attorney's Fees and Costs <input type="checkbox"/> Property Control <input type="checkbox"/> Other (specify): _____	CASE NUMBER: _____

NOTICE OF HEARING

1. TO (name(s)): John Smith
 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): _____
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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.)
(Forms *FL-300-INFO* and *DV-400-INFO* provide information about completing this form.)

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

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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):

<u>Child's Name</u>	<u>Date of Birth</u>	<input checked="" type="checkbox"/> <u>Legal Custody to (person who decides: health, education, etc):</u>	<input checked="" type="checkbox"/> <u>Physical Custody to (person with whom child lives):</u>
Sammy Smith	06/01/10	Sally Smith	Sally Smith
Julie Smith	08/15/13	Sally Smith	Sally Smith
Cody Smith	09/06/15	Sally Smith	Sally Smith

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):

Specific parenting plan

Attachment 2b.

c. The orders that I request are in the best interest of the children because (specify):
 See Declaration filed with this motion

Attachment 2c.

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): 06/15/18 . The court ordered (specify):
 Joint legal custody and physical custody to mother (Explain custody order being changed)

(2) The visitation (parenting time) order was filed on (date): 06/15/18 . The court ordered (specify):
 Father to parent child Tuesdays after school to 8 pm and alternate weekends Friday 6 pm to Sunday 6 pm (Explain visitation order being changed)

Attachment 2d.

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3. CHILD SUPPORT

(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)

Attachment 3a.

b. I want to change a current court order for child support filed on (date):

The court ordered child support as follows (specify):

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.

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.

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.

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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. DOMESTIC VIOLENCE ORDER

- Do not use this form to ask for domestic violence restraining orders! Read form DV-505-INFO, *How Do I Ask for a Temporary Restraining Order*, for forms and information you need to ask for domestic violence restraining orders.
- Read form DV-400-INFO, *How to Change or End a Domestic Violence Restraining Order* for more information.

- a. The *Restraining Order After Hearing* (form DV-130) was filed on (date): _____
- b. I request that the court change end the personal conduct, stay-away, move-out orders, or other protective orders made in *Restraining Order After Hearing* (form DV-130). (If you want to change the orders, complete 7c.)
- c. I request that the court make the following changes to the restraining orders (specify): Attachment 7c.

d. I want the court to change or end the orders because (specify): Attachment 7d.

8. OTHER ORDERS REQUESTED (specify): Attachment 8.

9. TIME FOR SERVICE / TIME UNTIL HEARING I urgently need:

- a. To serve the *Request for Order* no less than (number): _____ 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 9c.

10. 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 10.
 See Declaration filed with this motion.

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: Date of signing

John Smith _____

(TYPE OR PRINT 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 www.courts.ca.gov/forms for *Request for Accommodations by Persons With Disabilities and Response* (form MC-410). (Civ. Code, § 54.8.)