

REQUEST FOR ORDER: ACCOUNTING

SELF-HELP FORM PACKET



SHC-RFO-07 (Rev. 08/10/2022)

Self-Help Services can review your completed forms before you file them with the Court. To request review of your completed forms:

1. Complete the attached forms in black ink.
2. Scan your completed forms and save as a single PDF file.
3. Go to www.occourts.org/self-help (click the blue button labeled *Click Here to Contact Self-Help Services*), attach the PDF, and complete the online request form. For cases involving the Dept. of Child Support Services, Make sure to select CHILD SUPPORT CASES INVOLVING THE DEPARTMENT OF CHILD SUPPORT SERVICES as the case type on the form. For all other cases, select FAMILY LAW as the case type.

www.occourts.org/self-help

1 USE Request for Order (form FL-300):

- To schedule a court hearing and ask the court to make new orders or to change orders in your case. The request can be about child custody, visitation (parenting time), child support, spousal or partner support, property, finances, attorney's fees and costs, or other matters.
- To change or end the domestic violence restraining orders granted by the court in *Restraining Order After Hearing* (form DV-130). See *How Do I Ask to Change or End a Domestic Violence Restraining Order* (form DV-400-INFO) for more information.

2 DO NOT USE Request for Order (form FL-300):

- Before you have filed a Petition to start your case (form FL-300 may be filed with the Petition).
- If you and the other party have an agreement. For information about how to write up your agreement, get it approved by the court, and filed in your case, see <http://www.courts.ca.gov/selfhelp-agreeFL>, talk to an attorney, or get help at your court's Self-Help Center or Family Law Facilitator's Office.
- When specific Judicial Council forms must be used to ask the court for orders. For example, to ask:
 - For a domestic violence restraining order, use forms [DV-100](#), [DV-109](#), and [DV-110](#).
 - For an order for contempt, use [form FL-410](#).
 - To cancel a child support order, use [form FL-360](#) or [form FL-640](#).
 - To cancel a voluntary declaration of parentage or paternity, use [form FL-280](#).

3 Forms checklist

- [Form FL-300](#), *Request for Order*, is the basic form you need to file with the court. Depending on your request, you may need these additional forms:
- To request child custody or visitation (parenting time) orders, you may need to complete some of these forms:
 - [FL-105](#), *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act*
 - [FL-311](#), *Child Custody and Visitation (Parenting Time) Application Attachment*
 - [FL-312](#), *Request for Child Abduction Prevention Orders*
 - [FL-341\(C\)](#), *Children's Holiday Schedule Attachment*
 - [FL-341\(D\)](#), *Additional Provisions—Physical Custody Attachment*
 - [FL-341\(E\)](#), *Joint Legal Custody Attachment*
- If you want child support, you need:
 - A current [FL-150](#), *Income and Expense Declaration*. You may use [form FL-155](#), *Financial Statement (Simplified)* instead of form FL-150 if you meet the requirements listed on page 2 of form FL-155.
- If you want spousal or partner support or orders about your finances, you need:
 - A current [FL-150](#), *Income and Expense Declaration*
 - [FL-157](#), *Spousal or Partner Support Declaration Attachment* (if the request is to change a support judgment)
- If you want attorney's fees and costs, you need:
 - A current [FL-150](#), *Income and Expense Declaration*
 - [FL-319](#), *Request for Attorney's Fees and Costs Attachment* (or provide the information in a declaration)
 - [FL-158](#), *Supporting Declaration for Attorney's Fees and Costs Attachment* (or provide the information in a declaration)
- To request temporary emergency (ex parte) orders, you need:
 - [FL-305](#), *Temporary Emergency Orders* to serve as the proposed temporary emergency orders.
 - Your declaration describing how and when you gave notice about the request for temporary emergency orders. You may use [form FL-303](#), *Declaration Regarding Notice and Service of Request for Temporary Emergency (Ex Parte) Orders*.
 - Other forms required by local courts. See item 9 on page 3 of this form for more information.
- If you plan to have witnesses testify at the hearing, you need:
 - [FL-321](#), *Witness List*
- If you want to request a separate trial (bifurcation) on an issue, you need:
 - [FL-315](#), *Request or Response to Request for Separate Trial*



4 Complete form FL-300 (Page 1)

Caption: In the top box, print or type your name, address, telephone number, and email address if you have one. In the second box, put the court address. In the third box, write the name of the Petitioner, Respondent, and Other Parent/Party (if there is one). (You must use the party names as they appear in the petition that was originally filed with the court).

In the fourth box, check “CHANGE” if you want to change an existing order. Check “TEMPORARY EMERGENCY ORDERS” if you are asking the court to make emergency orders that will be effective until the hearing date. Then, check all the boxes that apply to the orders you are requesting. In the box on the right, write the case number.

Item 1: List the name(s) of the other person(s) in your case who will receive your request. In some cases, this might include a grandparent who is joined as a party in the case, a local child support agency, or a lawyer who represents a child in the case.

Item 2: Leave this blank. The court clerk will fill in the date, time, and place of the hearing.

Item 3: This is a notice to all other parties.

Items 4–5: Leave these blank. The court will complete them if it orders a hearing.

Item 6: In some counties, the court clerk will check item 6 and provide the details for your required child custody mediation or recommending counseling appointment. Other courts require the party or the party’s lawyer to make the appointment and then complete item 6 before filing form FL-300.

Ask your court’s Family Law Facilitator or Self-Help Center to find out what your court requires.

Items 7–8: Leave these blank. The court will complete them, if needed.

5 Complete form FL-300 (pages 2–4)

6 Complete additional forms and make copies

Complete any additional forms that you need to file with the *Request for Order*. Make at least two copies of your full packet.

PARTY WITHOUT ATTORNEY OR ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: TELEPHONE NO.: EMAIL ADDRESS: ATTORNEY FOR (Name):		STATE BAR NO.: STATE: FAX NO.: ZIP CODE:	FL-300 FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:			
PETITIONER: RESPONDENT: OTHER PARENT/PARTY:			
REQUEST FOR ORDER <input type="checkbox"/> Child Custody <input type="checkbox"/> Child Support <input type="checkbox"/> Property Control		<input type="checkbox"/> CHANGE <input type="checkbox"/> Visitation (Parenting Time) <input type="checkbox"/> Domestic Violence Order <input type="checkbox"/> Other (specify):	TEMPORARY EMERGENCY ORDERS <input type="checkbox"/> Spousal or Partner Support <input type="checkbox"/> Attorney's Fees and Costs CASE NUMBER:

NOTICE OF HEARING

1. TO (name(s)):
 Petitioner Respondent Other Parent/Party Other (specify):

2. A COURT HEARING WILL BE HELD AS FOLLOWS:

a. Date:	Time:	Dept.:	Room:
b. Address of court <input 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) must be served on or before (date) 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

Form Adopted for Mandatory Use
 Judicial Council of California
 FL-300 (Rev. July 1, 2018) **REQUEST FOR ORDER** Family Code, §§ 2040, 2101, 8224,
 4276; 40132.1(a); 41361, 41411;
 Government Code, § 26102
 Cal. Rules of Court, rule 5.52
 www.courts.ca.gov

Note: You may file one form FL-150 to respond to items 3, 4, and 6.

7 File your documents

Give your paperwork and the copies you made to the court clerk to process. You may take them to the clerk’s office in person, mail them, or, in some counties, you can e-file them.

The clerk will keep the original and give you back the copies you made with a court date and time stamped on the first page of the *Request for Order*. The procedure may be different in some courts if you are requesting temporary emergency orders.

8 Pay filing fees

A fee is due at the time of filing. If you cannot afford to pay the filing fee, and you do not already have a valid fee waiver order in this case, you can ask the court to waive the fee by completing and filing [form FW-001, Request to Waive Court Fees](#) and [form FW-003, Order on Court Fee Waiver](#).



9 Temporary Emergency (Ex Parte) Orders
(not domestic violence restraining orders)

Courts can make temporary orders in your family law case to respond to emergencies that cannot wait to be heard on the court’s regular hearing calendar.

The emergency must involve an immediate danger or irreparable harm to a party or children in the case, or an immediate loss or damage to property.

To request these orders:

- Complete form FL-300. Describe the emergency and explain why you need the temporary emergency orders before the hearing.
- Complete form FL-305 to serve as your proposed temporary orders.
- Include a declaration describing how and when you notified the other parties (or why you could not give notice) about your request and the hearing (see form FL-303).
- Complete other forms if required by your local court rules.
- Follow your court’s local procedures for reserving the day for the hearing, submitting your paperwork, and paying filing fees.

12 Who can be a “server”

You cannot serve the papers. Have someone else (who is at least 18 years old) do it. The “server” can be a friend, a relative who is not involved in your case, a sheriff, or a professional process server.

13 “Personal Service”

Personal service means that your “server” walks up to each person to be served, makes sure the right person is being served, and hand-delivers a copy of all the papers (and the blank forms). If the person served does not take the papers, the server may leave the papers near the person.



Note: Sometimes the papers may be personally served on the other party’s lawyer (if he or she has one) in the family law case.

10 General information about “service”

“Service” is the act of giving your legal papers to all persons named as parties in the case so that they know what orders you are asking for and have information about the hearing.

If the other parties are NOT properly served, the judge cannot make the orders you requested on the date of the hearing.

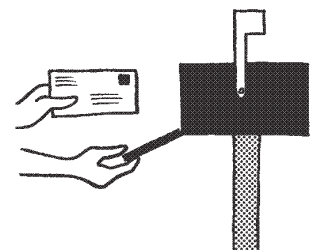
11 Serve the Request for Order and blank forms

The other party must be “served” with a:

- Copy of the *Request for Order* and all the other forms and attachments filed with the court clerk.
- Copy of any temporary emergency orders granted.
- Blank [form FL-320](#), *Responsive Declaration to Request for Order*.
- Blank [form FL-150](#), *Income and Expense Declaration* (if you served form FL-150 or FL-155).

14 “Service by mail”

means that your “server” places copies of all the papers (including blank forms) in a sealed envelope and mails them to the address of each party being served (or to the party’s lawyer, if the party has one).



The server must be 18 years of age or older and live or work in the county where the mailing took place.

Important! If you have questions about personal service or service by mail, talk to a lawyer or check with your court’s Family Law Facilitator or Self-Help Center at <http://www.courts.ca.gov/selfhelp-courtresources.htm>.



15 When to use personal service or service by mail**Personal Service**

Personal service is the best way to make sure the other adults in your case are correctly served. Sometimes you **must** use personal service.

You **must** use personal service when the court:

- Ordered personal service;
- Granted temporary emergency orders;
- Does not yet have the power to make orders that apply to the other party because he or she has either NOT previously:
 - Been served with a *Summons* and *Petition*;^{*}

OR

 - Appeared in the case by filing a:
 - a. *Response to a Petition*;
 - b. *Appearance, Stipulations, and Waivers*;
 - c. Written notice of appearance;
 - d. Request to strike all or part of the *Petition*; or
 - e. Request to transfer the case.

^{*}Note: A *Request for Order* may be served at the same time as the family law *Summons* and *Petition*.

1. After serving, the server must fill out a *Proof of Personal Service* ([form FL-330](#)) and give it to you. If the server needs instructions, the [Information Sheet for Proof of Personal Service \(form FL-330-INFO\)](#) can be provided.
2. Take the completed *Proof of Personal Service* form to the clerk's office (or e-file it, if available in your court) at least 5 court days before your hearing.

Deadline: The deadline for personal service is **16 court days** before the hearing date, unless the court orders a different deadline.

Service by Mail

If you are not required to use personal service, you may use service by mail.

Important! Check with your court's Family Law Facilitator's Office or Self-Help Center, or ask a lawyer to be sure you are allowed to use service by mail in your case.

A *Request for Order* to change a judgment or final order on the issue of child custody, visitation (parenting time), or child support may be served by mail if:

- The documents do not include temporary emergency orders;
- The court did not order personal service; and
- You have verified the other party's current home or office address. (You may use *Declaration Regarding Address Verification* ([form FL-334](#)).

To change a judgment or final order on any other issue, including spousal or domestic partner support, the *Request for Order* may need to be personally served on the other party.

1. After serving, the server must fill out a *Proof of Service by Mail* ([form FL-335](#)) and give it to you. If the server needs instructions, the [Information Sheet for Proof of Service by Mail \(form FL-335-INFO\)](#) can be provided.
2. Take the completed *Proof of Personal Service* form to the clerk's office (or e-file it, if available in your court) at least 5 court days before your hearing.

Deadline: Unless the court orders a different time, service by mail must be completed at least **16 court days PLUS 5 calendar days** before the hearing date (if service is in California). Other time lines apply for service outside of California.

16 Get ready for your hearing

- Take at least two copies of your documents and filed forms to the hearing. Include a filed *Proof of Service* form.
- Find more information about preparing for your hearing at <http://www.courts.ca.gov/1094.htm>.
- For information about having the other party testify in court, go to <http://www.courts.ca.gov/29283.htm>.

17 After the hearing, the order made on [form FL-340](#), *Findings and Order After Hearing*, must be filed and served.

18 Do you have questions or need help?

- Find a lawyer through your local bar association, the State Bar of California at <http://calbar.ca.gov>, or the Lawyer Referral Service at 1-866-442-2529.
- For free and low-cost legal help (if you qualify), go to <http://www.lawhelpca.org>.
- Contact the Family Law Facilitator or Self-Help Center for information and assistance, and referrals to local legal services providers. Go to <http://www.courts.ca.gov/selfhelp-courtresources.htm>.

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 CSS#	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF ORANGE STREET ADDRESS: 341 The City Drive MAILING ADDRESS: P.O. Box 14170 CITY AND ZIP CODE: Orange, CA 92863-1570 BRANCH NAME: LAMOREAUX JUSTICE CENTER	
PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	
REQUEST FOR ORDER <input type="checkbox"/> CHANGE <input type="checkbox"/> TEMPORARY EMERGENCY ORDERS <input type="checkbox"/> Child Custody <input 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 checked="" type="checkbox"/> Other (specify): Accounting - Determination of	CASE NUMBER:

NOTICE OF HEARING

1. TO (name(s)): _____
 Petitioner Respondent Other Parent/Party Other (specify):

2. A COURT HEARING WILL BE HELD AS FOLLOWS:

a. Date:	Time:	<input checked="" 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.)

(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

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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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 type="checkbox"/> <u>Legal Custody to (person who decides: health, education, etc):</u> | <input type="checkbox"/> <u>Physical Custody to (person with whom child lives):</u> |
|---------------------|----------------------|--|---|

- b. The orders I request for child custody visitation (parenting time) are: [Attachment 2a.](#)
- (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.](#)

- c. The orders that I request are in the best interest of the children because (specify): [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): _____ . The court ordered (specify): _____
- (2) The visitation (parenting time) order was filed on (date): _____ . The court ordered (specify): _____

[Attachment 2d.](#)

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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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 Monthly amount (\$) requested
based on the child support guideline. (if not by guideline)

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

[Attachment 3a.](#)

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 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.

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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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.](#)
 Accounting - Determination of _____

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 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.](#)

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 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.)

PETITIONER: RESPONDENT: OTHER PARTY:	CASE NUMBER:
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APPLICATION TO DETERMINE ARREARS

Attachment to *Request for Order (form FL-300)*

- Child Support Spousal or partner support Family support Medical support
- Unreimbursed expenses Unreimbursed medical expenses Other (specify):

1. I ask that the amount of past due support payments (arrears) be decided in this case because (check all that apply):
 - a. I have already paid some all of the support ordered. Proof of payment is attached.
 - b. The children for whom support is to be paid were living with me full time for the period from: _____ to: _____. I provided all of their support during that period. I am attaching a detailed declaration explaining these facts and supporting documentation, including any proof that the children were living with me.
 - c. I could not pay child support because
 - (1) After **December 31, 2020**, my child support order was entered or modified, and I was confined against my will for more than 90 days in a row in jail, prison, juvenile detention, a mental health facility, or other institution (attach proof).
 - (a) Start date: _____ (b) End date: _____
 - (2) I was not confined for
 - (a) domestic violence against the other parent or our child; or
 - (b) failing to pay a child support order.
 - (3) I had no money available to pay child support while I was confined.
 - d. The child support order entered on (date): _____ was stopped (suspended) because the order says it would stop by operation of law (specify the reasons why and attach applicable proof): _____
 - e. Other (specify): _____
2. I have previously asked the other parent for payment and provided the other parent with an itemized statement of the unreimbursed childcare expense medical expense. (Attach copies of all bills being claimed and proof of any payments that you have made on these bills.)
3. I am asking the other person to pay attorney fees costs. My *Income and Expense Declaration (form FL-150)* is attached.
4. I have attached (check all that apply):
 - a. a *Declaration of Payment History (form FL-420)*.
 - b. a *Payment History Attachment (form FL-421)*.
 - c. Other (specify): _____
5. Facts in support of the relief requested are (specify): _____
 contained in the attached declaration.

I declare under penalty of perjury under the laws of the State of California that the information above is true and correct.

Date: _____

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

- Petitioner/plaintiff Respondent/defendant
- Other parent/party Other (specify): _____

<p>NOTICE: This form must be attached to <i>Request for Order (form FL-300)</i>. For help completing this form, talk to the family law facilitator or self-help center in your county.</p>

NOT A COURT ORDER

Page _____ of _____

APPLICATION TO DETERMINE ARREARS

For your protection and privacy, please press the Clear This Form button after you have printed the form.	<input type="button" value="Print this form"/>	<input type="button" value="Save this form"/>	<input type="button" value="Clear this form"/>
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ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state Bar number, and address) or GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF ORANGE STREET ADDRESS: 341 The City Drive MAILING ADDRESS: P.O. Box 14170 CITY AND ZIP CODE: Orange, CA 92863-1570 BRANCH NAME: LAMOREAUX JUSTICE CENTER	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	
DECLARATION OF PAYMENT HISTORY	CASE NUMBER: _____

1. Declaration of (name):
2. Based on my records or my recollection, I declare that the information on the attached pages showing the amounts ordered and the amounts paid are true and correct for the following obligations (check all that apply):

- | | | |
|---|--|--|
| a. <input type="checkbox"/> Child support | d. <input type="checkbox"/> Medical support | g. <input type="checkbox"/> Other (specify): |
| b. <input type="checkbox"/> Spousal support | e. <input type="checkbox"/> Unreimbursed medical expenses | |
| c. <input type="checkbox"/> Family support | f. <input type="checkbox"/> Unreimbursed child care expenses | |

3. Number of pages attached: _____

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

Date:

_____ (TYPE OR PRINT NAME)		_____ (SIGNATURE OF DECLARANT)
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SUPPORT ARREARAGE SUMMARY

This summary is for arrearage for the periods specified in the attached pages.
 Interest is calculated through (specify date):

	<u>Principal:</u>	<u>Interest (optional):</u>	<u>Total Arrearage:</u>
CHILD SUPPORT:	\$ _____	\$ _____	\$ _____
SPOUSAL SUPPORT:	\$ _____	\$ _____	\$ _____
FAMILY SUPPORT:	\$ _____	\$ _____	\$ _____
MEDICAL SUPPORT:	\$ _____	\$ _____	\$ _____
UNREIMBURSED MEDICAL EXPENSES:	\$ _____	\$ _____	\$ _____
UNREIMBURSED CHILD CARE EXPENSES:	\$ _____	\$ _____	\$ _____
OTHER (specify):	\$ _____	\$ _____	\$ _____

NOTICE: Interest that is not calculated is not waived

Date:

Submitted by:

_____ (TYPE OR PRINT NAME)		_____ (SIGNATURE)
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Details of the arrearage statement, consisting of (specify number) pages, are attached.

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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PAYMENT HISTORY FOR *(check one)*:

- Child
 Spousal
 Family
 Medical
 Unreimbursed child care
 Unreimbursed medical
 Other *(specify)*:

	Year _____		Year _____		Year _____	
	AMOUNT ORDERED	AMOUNT PAID	AMOUNT ORDERED	AMOUNT PAID	AMOUNT ORDERED	AMOUNT PAID
January						
February						
March						
April						
May						
June						
July						
August						
September						
October						
November						
December						
TOTAL						

	Year _____		Year _____		Year _____	
	AMOUNT ORDERED	AMOUNT PAID	AMOUNT ORDERED	AMOUNT PAID	AMOUNT ORDERED	AMOUNT PAID
January						
February						
March						
April						
May						
June						
July						
August						
September						
October						
November						
December						
TOTAL						

INSTRUCTIONS FOR COMPLETING PAYMENT RECORD

You must complete a separate *Payment History Attachment* form for each type of support paid. Enter the year, list the amount ordered, and the amount paid for each month during that year. If the amounts repeat in a column, you can use an arrow as shown in the example below. Add the amounts in each column to get the yearly totals. Enter the totals at the bottom.

Attach additional sheets and supporting documents (bills, receipts, and other proof of expense) as necessary.

Child

Spousal

	Year <u>2000</u>		Year <u>2001</u>	
	AMOUNT ORDERED	AMOUNT PAID	AMOUNT ORDERED	AMOUNT PAID
January	100	0	100	100
February		↓		0
March		↓		↓
April		100		100
May		100		0
June		100		↓
July		0		↓
August		↓		100
September		↓		100
October		100		0
November	↓	↓	↓	↓
December	↓	↓	↓	↓
TOTAL	1,200	600	1,200	400

	AMOUNT ORDERED	AMOUNT PAID
January	100	0
February		↓
March		↓
April		100
May		100
June		100
July		0
August		↓
September		↓
October		100
November	↓	↓
December	↓	↓
TOTAL	1,200	600

UNREIMBURSED CHILD CARE, MEDICAL, OR OTHER EXPENSES:

You must complete a separate *Payment History Attachment* form for each type of unreimbursed expense. If you have more than one bill, receipt, and other proof of expense per month use an additional declaration page (form MC-031) or separate page. **1.)** Itemize each expense; **2.)** attach proof of bill or payment; **3.)** mark each bill or payment with an Exhibit # _____; **4.)** group the bills, receipts, and other proof of expense in chronological order for each month; and **5.)** enter the total bills, receipts, and other proof of expense for each month. If your court order did not state a specific due date for reimbursement, then include that amount in the month that the expense was incurred.

Unreimbursed child care expenses

Unreimbursed medical expenses

	Year <u>2001</u>	
	AMOUNT ORDERED	AMOUNT PAID
January	50% (\$200)	0
February	50% (\$200)	100
March	50% (\$200)	0
April	50% (\$200)	50
May		
June		
July		
August		
September		
October		
November		
December		
TOTAL	\$400	150

	Year <u>2001</u>	
	AMOUNT ORDERED	AMOUNT PAID
January	50% (\$200)	0
February		
March	50% (\$200)	0
April	50% (\$75)	0
May		
June		
July		
August		
September		
October		
November		
December		
TOTAL	\$237.50	0

Form MC-031

Petitioner/Plaintiff	CASE NUMBER
Defendant/Respondent	
I request reimbursement for 50% of these expenses, which are supported by copies of bills, receipts, and other proof of expense.	
01/04/01	Dr. Adams \$45.00 Exhibit A
01/08/01	Dr. Lee, D.D.S. \$155.00 Exhibit B
02/15/01	AB X-ray Inc. \$200.00 Exhibit C
04/26/01	Kids Therapy \$75.00 Exhibit D
Child care expenses:	
01/02	ABC School 50% (\$200)
02/02	ABC School 50% (\$200)
03/02	ABC School 50% (\$200)
04/02	ABC School 50% (\$200)
	} Exhibit E
I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
..... (TYPE OR PRINT NAME) (SIGNATURE OF DECLARANT)
Form MC-031	ATTACHED DECLARATION

PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	CASE NUMBER:
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DECLARATION

(This form must be attached to another form or court paper before it can be filed in court.)

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

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

- Attorney for Plaintiff Petitioner Defendant
- Respondent Other (*Specify*):

ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400,17406 (Name, State Bar number, and address): <hr/> TELEPHONE NO.: _____ FAX NO.: _____ ATTORNEY FOR (Name): IN PRO PER CSS#	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF ORANGE STREET ADDRESS: 341 The City Drive MAILING ADDRESS: P.O. Box 14170 CITY AND ZIP CODE: Orange, CA 92863-1570 BRANCH NAME: LAMOREAUX JUSTICE CENTER	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	CASE NUMBER: (If applicable, provide): HEARING DATE: HEARING TIME: DEPT.:
PROOF OF PERSONAL SERVICE	

1. I am at least 18 years old, not a party to this action, and not a protected person listed in any of the orders.
2. Person served (name):
3. I served copies of the following documents (specify):
 Request for Order (FL-300), Application to Determine Arrears (FL-490), Declaration of Payment History (FL-420), Payment History Attachment (FL-421), Attached Declaration (MC-031)
4. By personally delivering copies to the person served, as follows:
 - a. Date: _____ b. Time: _____
 - c. Address: _____
5. I am

a. <input type="checkbox"/> not a registered California process server. b. <input type="checkbox"/> a registered California process server. c. <input type="checkbox"/> an employee or independent contractor of a registered California process server.	d. <input type="checkbox"/> exempt from registration under Business & Profession Code section 22350(b). e. <input type="checkbox"/> a California sheriff or marshal.
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6. My name, address, and telephone number, and, if applicable, county of registration and number (specify):

7. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
8. I am a California sheriff or marshal and I certify that the foregoing is true and correct.

Date: _____

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

 (SIGNATURE OF PERSON WHO SERVED THE PAPERS)

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar number, and address):</i> <hr/> TELEPHONE NO.: _____ FAX NO. <i>(Optional)</i> : _____ E-MAIL ADDRESS <i>(Optional)</i> : _____ ATTORNEY FOR <i>(Name)</i> : IN PRO PER CSS#	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF ORANGE STREET ADDRESS: 341 The City Drive MAILING ADDRESS: P.O. Box 14170 CITY AND ZIP CODE: Orange, CA 92863-1570 BRANCH NAME: LAMOREAUX JUSTICE CENTER	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	CASE NUMBER: <i>(If applicable, provide):</i> HEARING DATE: HEARING TIME: DEPT.:
PROOF OF SERVICE BY MAIL	

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

1. 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.
2. My residence or business address is:

3. I served a copy of the following documents *(specify)*:
 Request for Order (FL-300), Application to Determine Arrears (FL-490), Declaration of Payment History (FL-420), Payment History Attachment (FL-421), Attached Declaration (MC-031)

 by enclosing them in an envelope AND
 - a. **depositing** the sealed envelope with the United States Postal Service with the postage fully prepaid.
 - b. **placing** the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with this business's practice for 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.
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)*:
5. 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.)*
6. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____

(TYPE OR PRINT NAME)
(SIGNATURE OF PERSON COMPLETING THIS FORM)



DO NOT write on the following blank forms!

These blank forms must be served on the Other Party so that the Other Party may respond to this action. These blank forms must accompany a conformed (stamped) copy of all the forms that you prepared and filed today.

NO escriba en los siguientes formularios en blanco!

Estos formularios en blanco deben ser entregadas a la Otra Parte para que la Otra Parte podrá responder a esta acción. Estos formularios en blanco deberán acompañar una copia conforme (sellada) de todas las formas que ha preparado y archivado hoy.



PARTY WITHOUT ATTORNEY OR ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Orange STREET ADDRESS: 341 The City Drive MAILING ADDRESS: CITY AND ZIP CODE: Orange, CA 92868 BRANCH NAME: Lamoreaux Justice Center	
PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	
RESPONSIVE DECLARATION TO REQUEST FOR ORDER	
HEARING DATE: TIME: DEPARTMENT OR ROOM:	CASE NUMBER:

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:
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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. 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 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 10.](#)

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

Date:

_____ (TYPE OR PRINT NAME)



_____ (SIGNATURE OF DECLARANT)

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar number, and address):</i> <hr style="width: 10%; margin-left: 0;"/> TELEPHONE NO.: _____ FAX NO. <i>(Optional)</i> : _____ E-MAIL ADDRESS <i>(Optional)</i> : _____ ATTORNEY FOR <i>(Name)</i> : _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Orange STREET ADDRESS: 341 The City Drive MAILING ADDRESS: CITY AND ZIP CODE: Orange, CA 92868 BRANCH NAME: Lamoreaux Justice Center	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	CASE NUMBER: <i>(If applicable, provide):</i> HEARING DATE: HEARING TIME: DEPT.:
PROOF OF SERVICE BY MAIL	

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

1. 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.
2. My residence or business address is:

3. I served a copy of the following documents *(specify)*:

by enclosing them in an envelope AND

- a. **depositing** the sealed envelope with the United States Postal Service with the postage fully prepaid.
- b. **placing** the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with this business's practice for 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.

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)*:

5. 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.)*

6. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

 (TYPE OR PRINT NAME)



 (SIGNATURE OF PERSON COMPLETING THIS FORM)