PARTY WITHOUT ATTORNEY OR ATTORNEY	STATE BAR NUMBER:	FOR COURT USE ONLY
NAME:		
FIRM NAME:		
STREET ADDRESS:		
CITY:	STATE: ZIP CODE:	
TELEPHONE NO.:	FAX NO.:	
EMAIL ADDRESS:		
ATTORNEY FOR *(name)*:		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF		
STREET ADDRESS:		
MAILING ADDRESS:		
CITY AND ZIP CODE:		
BRANCH NAME:		
PETITIONER:		
RESPONDENT:		
OTHER PARENT/PARTY:		
REQUEST FOR ORDER ☐ **CHANGE** ☐ **TEMPORARY EMERGENCY ORDERS**		CASE NUMBER:
☐ Child Custody ☐ Visitation (Parenting Time) ☐ Spousal or Partner Support		
☐ Child Support ☐ Property Control ☐ Attorney's Fees and Costs		
☐ Other *(specify)*:		

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)*: _____

   ☐ 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 ☐ same as noted above ☐ 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

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

REQUEST FOR ORDER

Note: Place a mark **X** 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
   ☐ VISITATION (PARENTING TIME)
   ☐ I request temporary emergency orders
   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):*

   ☐ 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.

   c. The orders that I request are in the best interest of the children because *(specify):* ☐ Attachment 2c.

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)*: . The court ordered *(specify):*

   (2) ☐ The visitation (parenting time) order was filed on *(date)*: . The court ordered *(specify):*

☐ Attachment 2d.

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.

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.

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

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