ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY
TELEPHONE NO.: FAX NO.(Optional):	
E-MAIL ADDRESS (Optional):	
ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO	
CENTRAL DIVISION, CENTRAL COURTHOUSE, 1100 UNION ST., SAN DIEGO, CA 92101	
NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081	
PETITIONER	
RESPONDENT	
OTHER PARTY	
DECLARATION IN SUPPORT OF APPLICATION FOR EMERGENCY	CASE NUMBER
TEMPORARY ORDER - FAMILY LAW Requesting Modifying Child Custody/Visitation (Parenting Time)	
1. 🔲 There is risk of immediate harm to my child(ren) as defined in Fam. Code	§ 3064(b). OR
There is an immediate risk that my child(ren) will be removed from the St	ate of California.
2. The most recent incident(s) showing my child(ren) are at risk of immediate	
from the State of California are:	
a. Date(s) of incident(s):	
b. Description of incident(s):	
3. There is not an existing arrangement for custody/visitation (parenting time	e).
There is an existing arrangement for custody/visitation (parenting time) a	nd it will be changed by the requested
orders in the following manner:	
.	
4. There is a court order. A copy of the order is attached.	
	X.
There is no current custody/visitation order. The child(ren) live with (nam	
at (address):	
5. 🗌 A completed Declaration Under Uniform Child Custody Jurisdiction and E	inforcement Act (IC Form #FL 405) in
	morcement Act (JC Form #FL-105) is
attached.	
A completed Declaration Under Uniform Child Custody Jurisdiction and E	inforcement Act (JC Form #FL-105) is not
attached because there have been no changes since it was last filed.	
Deter	
Date: Signature of	Petitioner 🗌 Respondent 🗌 Other Party