SUPERIOR COURT OF CALIFORNIA
COUNTY OF SAN DIEGO

ORDER TO SHOW CAUSE PACKET

FORMS INCLUDED IN THIS PACKET		
MOVING PARTY	Instructions for Order to Show Cause	SDSC Form #D-077
	Child Custody Information Sheet	Judicial Council Form #FL-314-Info
	Notice of Rights and Responsibilities Health-Care Costs and Reimbursement Procedures	Judicial Council Form #FL-192
	Order to Show Cause	Judicial Council Form #FL-300
	Application for Order and Supporting Declaration	Judicial Council Form #FL-310
	Temporary Orders	Judicial Council Form #FL-305
	Income and Expense Declaration	Judicial Council Form #FL-150
	Declaration / Attached Declaration	Judicial Council Form #MC-030/MC-031
	Family Court Services Screening Form (Confidential)	SDSC Form #FCS-046
	Proof of Personal Service	Judicial Council Form #FL-330
	Proof of Service by Mail	Judicial Council Form #FL-335
	Mediation Data Sheet	SDSC Form #FCS-002
	Notice of Change of Address	Judicial Council Form #MC-040
RESPONDING PARTY	Responsive Declaration to Order to Show Cause or Notice of Motion	Judicial Council Form #FL-320
	Declaration / Attached Declaration	Judicial Council Form #MC-030/MC-031
	Income and Expense Declaration	Judicial Council Form #FL-150
	Proof of Personal Service	Judicial Council Form #FL-330
	Proof of Service by Mail	Judicial Council Form #FL-335

MOVING PARTY

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO

INSTRUCTIONS FOR ORDER TO SHOW CAUSE

Note: The way you mark the boxes on these forms, and the information you provide, may permanently determine your rights, now and in the future. You may also be limiting the court's ability to make orders on your behalf. You should consult an attorney regarding your rights and obligations. Family Law Facilitators can help you complete these forms (see locations on the other side of this sheet.)

1. Before you begin, read all the forms and this instruction sheet completely. **Remember to type or print clearly.**

2. It is important to understand the Order to Show Cause forms are used only to schedule a hearing date to get court orders in a family law case. You can file the Order to Show Cause at the same time you file a new case. If you have already filed a case with the court, make sure you place the case number on each of the forms.

3. You must fill out the following forms from the ORDER TO SHOW CAUSE PACKET:

   - ORDER TO SHOW CAUSE (JC Form #FL-300)
   - APPLICATION FOR ORDER AND SUPPORTING DECLARATION (JC Form #FL-310)

     - For child custody or visitation, you must also fill out a FAMILY COURT SERVICES SCREENING FORM (SDSC Form #FCS-046).

     - For spousal support, child support or requests for child care and/or health care cost contributions you must also fill out an INCOME AND EXPENSE DECLARATION (JC Form #FL-150). Attach copies of your pay stubs for the last two months to this Declaration to prove your year-to-date income.

     - If you want the court to grant emergency orders until your hearing, you must also fill out an EX PARTE APPLICATION (SDSC Form #D-046) and TEMPORARY ORDERS (JC Form #FL-305).

4. Oral testimony and witnesses may be permitted if notice requirements are met. If there is additional information you want the court to know that supports your request for an order, you may use the ATTACHED DECLARATION (JC form #MC-031).

5. The packet also contains forms for the other party. Do not write on the forms after the page marked "Responding Party." Those forms are for the other party to complete. You will have those forms served on the other party along with copies of your completed forms.

6. Remember, if you were the petitioner in the original petition that started your family law case, you will always be called the "petitioner." If you were the respondent in the original petition that started your family law case, you will always be called the "respondent," even if you are the one who is now filing the Order to Show Cause.

7. Once you complete the forms, make two copies of each form. Go to the business office of the court where your existing case is filed, or closest to your home if you are filing a new case, and present the original and copies to the clerk.

8. The clerk will schedule a court hearing date (and a Family Court Services date for custody/visitation issues) and place the date and time for your hearing on both of your copies. Keep one set of copies for yourself. The other set of copies must be served on the other party so he/she will have notice of the court hearing date. It is your responsibility to have one copy of each of the forms filed with the court, and the blank forms marked for "Responding Party," served on the other party. Anyone over the age of 18, *other than you,* may personally serve the forms.

9. If the other party lives in California and has not filed any papers in the case, he/she must be personally served. If the other party lives outside California, he/she may be served by certified mail, restricted delivery, with a return receipt. If you are filing a post judgment motion to modify child custody, visitation, or child support orders, the motion may be served on a party by first-class mail at a verified address. See DECLARATION RE POST JUDGMENT ADDRESS – ATTACHMENT TO PROOF OF SERVICE BY MAIL (SDSC Form #D-252) and POST JUDGMENT PROOF OF SERVICE BY MAIL ATTACHMENT (SDSC Form #D-251). Note: A post judgment motion must be served on the party, not on the other party's attorney.

10. The person who served the other party must complete a PROOF OF SERVICE (JC Form #FL-330 – personal service, or JC Form #FL-335 - service by mail). Make two copies of the completed form. Take the original and two copies to the business office of the same court where you filed the papers to start the case.

11. Make sure you are on time for your court hearing date. After the judge makes an order, you must prepare a FINDINGS AND ORDER AFTER HEARING form (JC Form #FL-340), including any required attachments, for the judge to sign. If you leave the court without preparing the FINDINGS AND ORDER AFTER HEARING form, you may be unable to enforce the court's orders.

● **FAMILY LAW FACILITATOR -** Assistance at no cost is provided on a first come, first served basis. The Superior Court operates this program.

Family Court	North County	East County	South County
1555 Sixth Avenue	325 S. Melrose Drive	250 E. Main Street	500 Third Avenue
San Diego, CA 92101	Vista, CA 92081	El Cajon, CA 92020	Chula Vista, CA 91910

The Family Law Facilitator's Office provides assistance with completing the forms in this packet. Go to the Facilitator's Office of the court closest to your home if you are filing a new case or, if you have an existing case, to the Facilitator's Office in the court where your existing case was filed. Visit the court's website at www.sdcourt.ca.gov for further details.

● **FAMILY LAW MEDIATION PROJECT**

Mediation assistance is available to resolve contested issues between you and your spouse. Note: In this program, mediation is not provided for child custody or visitation issues. Both you and your spouse must be willing to attend mediation. Often, when parties are able to reach an agreement, no court appearance is necessary.

In the southern part of San Diego County, this program is operated by the National Conflict Resolution Center* located at 625 Broadway, Suite 1221, San Diego, CA 92101 (619) 238-2400. In the northern part of San Diego County, LIFELINE* (760) 940-6676 or (760) 726-4900 provides similar services. LIFELINE mediation is located in the North County Courthouse.

**These programs are not affiliated with the court, and each program is independently responsible for compliance with any and all applicable legal requirements. The court does not endorse, evaluate, supervise, or monitor these programs.*

FL-314-INFO Child Custody Information Sheet

Parties who come to court about child custody and visitation face decisions about parenting plans for their children. This information sheet provides general information about child custody and visitation matters, how to get help resolving a custody dispute or making a parenting plan, where to find an attorney, and where to find other resources.

What is a parenting plan?

A parenting plan describes how the parties will divide their responsibilities for taking care of their child.

The plan may include a general or specific schedule of days, times, weekends, holidays, vacations, transportation, pick-up/drop-off, limits on travel, and other details.

What are legal and physical custody?

A parenting plan usually includes:

- ***Legal custody:*** who makes major decisions about the child's health, education, and welfare;
- ***Physical custody:*** who the child lives with;
- ***Time-share or visitation:*** when the child spends time with each party.

Legal custody and *physical custody* may each be specified as *joint* (both parties have certain responsibilities) or *sole* (one party has the responsibility alone).

Can we make our own parenting plan?

Yes. You have a right to make a parenting plan agreement on your own. This agreement may be called a *stipulation, time-share plan,* or *parenting plan.*

If both parties can agree on a parenting plan, the judge will probably approve it. The agreement becomes a court order after it is signed by both parties, signed by the judge, and filed with the court.

What if there is domestic violence or a protective order?

If there is domestic violence or a protective order, talk with a lawyer, counselor, or mediator before making a parenting plan.

For domestic violence help, call the National Domestic Violence Hotline: 1-800-799-7233, TDD:1-800-787-3224, or call 211 (if available in your area).

What if we don't have a parenting plan?

If you can't reach an agreement, the court will refer you to mediation with family court services to try to work out a parenting plan.

What is mediation with family court services?

Family court services (FCS) provides mediation to help parties resolve disagreements about the care of their child. The mediator will meet with you and the other party to try to help you make a parenting plan. This is a free service provided by the court.

If you are concerned about meeting with the other party in mediation, or there is domestic violence or a protective order involving the other party, you may ask to meet alone with the mediator without the other party. You may also have a support person with you at mediation. The support person may not speak for you.

Do we have to agree to a parenting plan in mediation?

No. You do not have to come to an agreement in mediation. When the parties can't agree, the judge will decide.

In some courts, the judge will consider the mediator's recommendations about the parenting plan. Ask family court services about how the process works in your court.

Are there other ways to resolve our dispute?

Yes. There are other Alternative Dispute Resolution (ADR) options you may try, including:

1. Meet and Confer: Parties and their lawyers (if any) may meet at any time and as often as necessary to work out a parenting plan without a court hearing. If there is a protective order limiting the contact between the parties, then the "meet and confer" can be through lawyers or a mediator in separate sessions.

2. Settlement Conference: In some courts, parties may meet with a judge, neutral evaluators, or family law lawyers not involved in your case to discuss settlement. Check with your local court to find out if this is an option. If there is a protective order, the settlement discussion can be through lawyers or a mediator in separate sessions.

3. Private Mediation: Parties may hire a private mediator to help them resolve their dispute.

4. Collaborative Law Process: Each party hires a lawyer and agrees to resolve the dispute without going to court. The parties may also hire other experts.

Court Hearing

When the parties cannot agree to a parenting plan on their own, in mediation, or in any other ADR process, the judge will decide.

If there is domestic violence or a protective order, you may bring a support person with you to the court hearing, but the support person may not speak for you.

Where can I get help?

This information sheet gives only basic information on the child custody process and is not legal advice. If you want legal advice, ask a lawyer for assistance. You may also:

1. Contact family court services.

2. Contact the family law facilitator or self-help center for information, court forms, and referrals to local legal services providers.

3. Find a lawyer through your local bar association, the State Bar of California at *http://calbar.ca.gov*, or call the Lawyer Referral Service at 1-866-442-2529 or 415-538-2250.

4. Hire a private mediator for help with your parenting agreement. A mediator may be a lawyer or counselor. Contact your local bar association, court ADR program, or family court services for a referral to local resources.

5. Find information on the Online Self-Help Center Web site: *www.courtinfo.ca.gov/selfhelp*.

6. For free and low-cost legal help (if you qualify), go to: *www.lawhelpcalifornia.org*.

7. Find information at your local law library or ask at your public library.

8. Ask for a court hearing and let the judge decide what is best for your child.

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.courtinfo.ca.gov/forms* for Request for Accommodations by Persons With Disabilities and Response (form MC-410). (Civil Code, § 54.8.)

NOTICE OF RIGHTS AND RESPONSIBILITIES

Health-Care Costs and Reimbursement Procedures

IF YOU HAVE A CHILD SUPPORT ORDER THAT INCLUDES A PROVISION FOR THE REIMBURSEMENT OF A PORTION OF THE CHILD'S OR CHILDREN'S HEALTH-CARE COSTS AND THOSE COSTS ARE NOT PAID BY INSURANCE, THE LAW SAYS:

1. Notice. You must give the other parent an itemized statement of the charges that have been billed for any health-care costs not paid by insurance. You must give this statement to the other parent within a reasonable time, but no more than 30 days after those costs were given to you.

2. Proof of full payment. If you have already paid all of the uninsured costs, you must (1) give the other parent proof that you paid them and (2) ask for reimbursement for the other parent's court-ordered share of those costs.

3. Proof of partial payment. If you have paid only your share of the uninsured costs, you must (1) give the other parent proof that you paid your share, (2) ask that the other parent pay his or her share of the costs directly to the health-care provider, and (3) give the other parent the information necessary for that parent to be able to pay the bill.

4. Payment by notified parent. If you receive notice from a parent that an uninsured health-care cost has been incurred, you must pay your share of that cost within the time the court orders; or if the court has not specified a period of time, you must make payment (1) within 30 days from the time you were given notice of the amount due, (2) according to any payment schedule set by the health-care provider, (3) according to a schedule agreed to in writing by you and the other parent, or (4) according to a schedule adopted by the court.

5. Disputed charges. If you dispute a charge, you may file a motion in court to resolve the dispute, but only if you pay that charge before filing your motion.

If you claim that the other party has failed to reimburse you for a payment, or the other party has failed to make a payment to the provider after proper notice has been given, you may file a motion in court to resolve the dispute. The court will presume that if uninsured costs have been paid, those costs were reasonable. The court may award attorney fees and costs against a party who has been unreasonable.

6. Court-ordered insurance coverage. If a parent provides health-care insurance as ordered by the court, that insurance must be used at all times to the extent that it is available for health-care costs.

a. **Burden to prove.** The party claiming that the coverage is inadequate to meet the child's needs has the burden of proving that to the court.

b. **Cost of additional coverage.** If a parent purchases health-care insurance in addition to that ordered by the court, that parent must pay all the costs of the additional coverage. In addition, if a parent uses alternative coverage that costs more than the coverage provided by court order, that parent must pay the difference.

7. Preferred health providers. If the court-ordered coverage designates a preferred health-care provider, that provider must be used at all times consistent with the terms of the health insurance policy. When any party uses a health-care provider other than the preferred provider, any health-care costs that would have been paid by the preferred health provider if that provider had been used must be the sole responsibility of the party incurring those costs.

INFORMATION SHEET ON CHANGING A CHILD SUPPORT ORDER

General Information

The court has just made a child support order in your case. This order will remain the same unless a party to the action requests that the support be changed (modified). An order for child support can be modified only by filing a motion to change child support and serving each party involved in your case. If both parents and the local child support agency (if it is involved) agree on a new child support amount, you can complete, have all parties sign, and file with the court a *Stipulation to Establish or Modify Child Support and Order* (form FL-350) or *Stipulation and Order (Governmental)* (form FL-625).

When a Child Support Order May Be Modified

The court takes several things into account when ordering the payment of child support. First, the number of children is considered. Next, the net incomes of both parents are determined, along with the percentage of time each parent has physical custody of the children. The court considers both parties' tax filing status and may consider hardships, such as a child of another relationship. An existing order for child support may be modified when the net income of one of the parents changes significantly, the parenting schedule changes significantly, or a new child is born.

Examples

- You have been ordered to pay $500 per month in child support. You lose your job. You will continue to owe $500 per month, plus 10 percent interest on any unpaid support, unless you file a motion to modify your child support to a lower amount and the court orders a reduction.
- You are currently receiving $300 per month in child support from the other parent, whose net income has just increased substantially. You will continue to receive $300 per month unless you file a motion to modify your child support to a higher amount and the court orders an increase.
- You are paying child support based upon having physical custody of your children 30 percent of the time. After several months it turns out that you actually have physical custody of the children 50 percent of the time. You may file a motion to modify child support to a lower amount.

How to Change a Child Support Order

To change a child support order, you must file papers with the court. *Remember:* You must follow the order you have now.

What forms do I need?

If you are asking to change a child support order open with the local child support agency, you must fill out one of these forms:

- FL-680, *Notice of Motion (Governmental)* ***or*** FL-683 *Order to Show Cause (Governmental)* ***and***
- FL-684, *Request for Order and Supporting Declaration (Governmental)*

If you are asking to change a child support order that is **not** open with the local child support agency, you must fill out one of these forms:

- FL-301, *Notice of Motion* ***or*** FL-300, *Order to Show Cause* ***and***
- FL-310, *Application for Order and Supporting Declaration* ***or***
- FL-390, *Notice of Motion and Motion for Simplified Modification of Order for Child, Spousal, or Family Support*

You must also fill out one of these forms:

- FL-150, *Income and Expense Declaration* ***or*** FL-155, *Financial Statement (Simplified)*

What if I am not sure which forms to fill out?

Talk to the family law facilitator at your court.

After you fill out the forms, file them with the court clerk and ask for a hearing date. Write the hearing date on the form. The clerk will ask you to pay a filing fee. If you cannot afford the fee, fill out these forms, too:

- Form FW-001, *Application for Waiver of Court Fees and Costs*
- Form FW-003, *Order on Application for Waiver of Court Fees and Costs*

You must serve the other parent. If the local child support agency is involved, serve it too.
This means someone 18 or over—**not you—**must serve the other parent copies of your filed court forms at least **16 court days** before the hearing. Add **5 calendar days** if you serve by mail within California (see Code of Civil Procedure section 1005 for other situations). **Court days** are weekdays when the court is open for business (Monday through Friday except court holidays). **Calendar days** include all days of the month, including weekends and holidays. To determine court and calendar days, go to *www.courtinfo.ca.gov/selfhelp/courtcalendars/.*

The server must also serve blank copies of these forms:

- FL-320, *Responsive Declaration to Order to Show Cause or Notice of Motion* ***and*** FL-150, *Income and Expense Declaration,* ***or***
- FL-155, *Financial Statement (Simplified)*

Then the server fills out and signs a *Proof of Service* (form FL-330 or FL-335). Take this form to the clerk and file it.

Go to your hearing and ask the judge to change the support. Bring your tax returns from the last two years and your last two months' pay stubs. The judge will look at your information, listen to both parents, and make an order. After the hearing, fill out:

- FL-340, *Findings and Order After Hearing* ***and***
- FL-342, *Child Support Information and Order Attachment*

Need help?

Contact the family law facilitator in your county or call your county's bar association and ask for an experienced family lawyer.

ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address):*

TELEPHONE NO.: FAX NO. *(Optional):*

E-MAIL ADDRESS *(Optional):*

ATTORNEY FOR *(Name):*

To keep other people from seeing what you entered on your form, please press the Clear This Form button at the end of the form when finished.

SUPERIOR COURT OF CALIFORNIA, COUNTY OF

STREET ADDRESS:

MAILING ADDRESS:

CITY AND ZIP CODE:

BRANCH NAME:

PETITIONER/PLAINTIFF:

RESPONDENT/DEFENDANT:

CASE NUMBER:

ORDER TO SHOW CAUSE

- ☐ **Child Custody**
- ☐ **Child Support**
- ☐ **Attorney Fees and Costs**

- ☐ **MODIFICATION**
- ☐ **Visitation**
- ☐ **Spousal Support**

- ☐ **Injunctive Order**
- ☐ **Other *(specify):***

1. TO *(name):*
2. YOU ARE ORDERED TO APPEAR IN THIS COURT AS FOLLOWS TO GIVE ANY LEGAL REASON WHY THE RELIEF SOUGHT IN THE ATTACHED APPLICATION SHOULD NOT BE GRANTED. **If child custody or visitation is an issue in this proceeding, Family Code section 3170 requires mediation before or concurrently with the hearing listed below.**

   a. Date: Time: ☐ Dept.: ☐ Room:

   b. The address of the court is ☐ same as noted above ☐ other *(specify):*

   c. ☐ The parties are ordered to attend custody mediation services as follows:

3. THE COURT FURTHER ORDERS that a completed *Application for Order and Supporting Declaration* (form FL-310), a **blank** *Responsive Declaration* (form FL-320), and the following documents be served with this order:

   a. (1) ☐ Completed *Income and Expense Declaration* (form FL-150) and a **blank** *Income and Expense Declaration*
   (2) ☐ Completed *Financial Statement (Simplified)* (form FL-155) and a **blank** *Financial Statement (Simplified)*
   (3) ☐ Completed *Property Declaration* (form FL-160) and a **blank** *Property Declaration*
   (4) ☐ Points and authorities
   (5) ☐ Other *(specify):*

   b. ☐ Time for ☐ service ☐ hearing is shortened. Service must be on or before *(date):*
   Any responsive declaration must be served on or before *(date):*

   c. ☐ You are ordered to comply with the temporary orders attached.

   d. ☐ Other *(specify):*

Date:

JUDICIAL OFFICER

NOTICE: If you have children from this relationship, the court is required to order payment of child support based on the incomes of both parents. The amount of child support can be large. It normally continues until the child is 18. You should supply the court with information about your finances. Otherwise, the child support order will be based on the information supplied by the other parent.

You do not have to pay any fee to file declarations in response to this order to show cause (including a completed Income and Expense Declaration (form FL-150) or Financial Statement *(Simplified)* (form FL-155) that will show your finances). In the absence of an order shortening time, the original of the responsive declaration must be filed with the court and a copy served on the other party at least nine court days before the hearing date. Add five calendar days if you serve by mail within California. (See Code of Civil Procedure 1005 for other situations.) To determine court and calendar days, go to *www.courtinfo.ca.gov/selfhelp/courtcalendars/.*

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.courtinfo.ca.gov/forms* for *Request for Accommodations by Persons With Disabilities and Response* (Form MC-410). (Civil Code, § 54.8.)

For your protection and privacy, please press the Clear This Form button after you have printed the form.

Save This Form | Print This Form | Clear This Form

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PETITIONER/PLAINTIFF:	CASE NUMBER:
RESPONDENT/DEFENDANT:	

APPLICATION FOR ORDER AND SUPPORTING DECLARATION
—THIS IS NOT AN ORDER—

☐ **Petitioner** ☐ **Respondent** ☐ **Claimant** **requests the following orders:**

1. ☐ CHILD CUSTODY ☐ **To be ordered pending the hearing**

a. Child's name and age

b. Legal custody to (name of person who makes decisions about health, education, etc.)

c. Physical custody to (name of person with whom child will live.)

d. ☐ Modify existing order
(1) filed on *(date):*
(2) ordering *(specify):*

e. ☐ As requested in form ☐ FL-311 ☐ FL-312 ☐ FL-341(C) ☐ FL-341(D) ☐ FL-341(E)

2. ☐ CHILD VISITATION ☐ **To be ordered pending the hearing**

a. As requested in: (1) ☐ Attachment 2a (2) ☐ Form FL-311 (3) ☐ Other *(specify):*

b. ☐ Modify existing order
(1) filed on *(date):*
(2) ordering *(specify):*

c. ☐ One or more domestic violence restraining/protective orders are now in effect. *(Attach a copy of the orders if you have one.)* The orders are from the following court or courts *(specify county and state):*

(1) ☐ Criminal: County/state:
Case No. *(if known):*

(2) ☐ Family: County/state:
Case No. *(if known):*

(3) ☐ Juvenile: County/state:
Case No. *(if known):*

(4) ☐ Other: County/state:
Case No. *(if known):*

3. ☐ CHILD SUPPORT *(An earnings assignment order may be issued.)*

a. Child's name and age

b. Monthly amount requested (if not by guideline)
$

c. ☐ Modify existing order
(1) filed on *(date):*
(2) ordering *(specify):*

4. ☐ SPOUSAL OR PARTNER SUPPORT *(An earnings assignment order may be issued.)*

a. ☐ Amount requested *(monthly):* $

b. ☐ Terminate existing order
(1) filed on *(date):*
(2) ordering *(specify):*

c. ☐ Modify existing order
(1) filed on *(date):*
(2) ordering *(specify):*

NOTE: To obtain domestic violence restraining orders, you must use the forms *Request for Order (Domestic Violence Prevention)* (form DV-100), *Temporary Restraining Order (Domestic Violence Prevention)* (form DV-110), and *Notice of Court Hearing (Domestic Violence Prevention)* (form DV-109).

PETITIONER/PLAINTIFF:	CASE NUMBER:
RESPONDENT/DEFENDANT:	

5. [ ] ATTORNEY FEES AND COSTS a. [ ] Fees: $ b. [ ] Costs: $

6. [ ] PROPERTY RESTRAINT [ ] **To be ordered pending the hearing**

a. The [ ] petitioner [ ] respondent [ ] claimant is restrained from transferring, encumbering, hypothecating, concealing, or in any way disposing of any property, real or personal, whether community, quasi-community, or separate, except in the usual course of business or for the necessities of life.

[ ] The applicant will be notified at least five business days before any proposed extraordinary expenditures, and an accounting of such will be made to the court.

b. [ ] Both parties are restrained and enjoined from cashing, borrowing against, canceling, transferring, disposing of, or changing the beneficiaries of any insurance or other coverage, including life, health, automobile, and disability, held for the benefit of the parties or their minor children.

c. [ ] Neither party may incur any debts or liabilities for which the other may be held responsible, other than in the ordinary course of business or for the necessities of life.

7. [ ] PROPERTY CONTROL [ ] **To be ordered pending the hearing**

a. [ ] The petitioner [ ] respondent is given the exclusive temporary use, possession, and control of the following property that we own or are buying *(specify)*:

b. [ ] The petitioner [ ] respondent is ordered to make the following payments on liens and encumbrances coming due while the order is in effect:

Debt	Amount of payment	Pay to

8. [ ] OTHER RELIEF *(specify):*

9. [ ] **I request** that time for service of the *Order to Show Cause* and accompanying papers be shortened so that these documents may be served no less than *(specify number)*: days before the time set for the hearing. I need to have the order shortening time because of the facts specified in item 10 or the attached declaration.

10. [ ] FACTS IN SUPPORT of relief requested and change of circumstances for any modification are *(specify)*:

[ ] Contained in the attached declaration. (You may use *Attached Declaration* (form MC-031) 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:

(TYPE OR PRINT NAME) (SIGNATURE OF APPLICANT)

For your protection and privacy, please press the Clear This Form button after you have printed the form.

Save This Form Print This Form Clear This Form

To keep other people from seeing what you entered on your form, please press the Clear This Form button at the end of the form when finished.

PETITIONER/PLAINTIFF:	CASE NUMBER:
RESPONDENT/DEFENDANT:	

TEMPORARY ORDERS

Attachment to Order to Show Cause (FL-300)

1. ☐ PROPERTY RESTRAINT
   a. ☐ Petitioner ☐ Respondent is restrained from transferring, encumbering, hypothecating, concealing, or in any way disposing of any property, real or personal, whether community, quasi-community, or separate, except in the usual course of business or for the necessities of life.
      ☐ The other party is to be notified of any proposed extraordinary expenditures and an accounting of such is to be made to the court.
   b. ☐ Both parties are restrained and enjoined from cashing, borrowing against, canceling, transferring, disposing of, or changing the beneficiaries of any insurance or other coverage including life, health, automobile, and disability held for the benefit of the parties or their minor child or children.
   c. ☐ Neither party may incur any debts or liabilities for which the other may be held responsible, other than in the ordinary course of business or for the necessities of life.
2. ☐ PROPERTY CONTROL
   a. ☐ Petitioner ☐ Respondent is given the exclusive temporary use, possession, and control of the following property the parties own or are buying *(specify):*

   b. ☐ Petitioner ☐ Respondent is ordered to make the following payments on liens and encumbrances coming due while the order is in effect:

Debt	Amount of payment	Pay to

3. ☐ MINOR CHILDREN
   a. ☐ Petitioner ☐ Respondent will have the temporary physical custody, care, and control of the minor children of the parties, ☐ subject to the other party's rights of visitation as follows:

   b. ☐ Petitioner ☐ Respondent must not remove the minor child or children of the parties
      (1) ☐ from the State of California.
      (2) ☐ from the following counties *(specify):*
      (3) ☐ other *(specify):*
   c. ☐ Child abduction prevention orders are attached (see form FL-341(B)).
   d. (1) Jurisdiction: This court has jurisdiction to make child custody orders in this case under the Uniform Child Custody Jurisdiction and Enforcement Act (part 3 of the California Family Code, commencing with § 3400).
      (2) Notice and opportunity to be heard: The responding party was given notice and an opportunity to be heard as provided by the laws of the State of California.
      (3) Country of habitual residence: The country of habitual residence of the child or children is
      ☐ the United States of America ☐ other *(specify):*
      (4) Penalties for violating this order: If you violate this order you may be subject to civil or criminal penalties, or both.
4. ☐ OTHER ORDERS *(specify):*

Date:

JUDGE OF THE SUPERIOR COURT

5. **The date of the court hearing is** *(insert date when known)*:

CLERK'S CERTIFICATE

[SEAL]

I certify that the foregoing is a true and correct copy of the original on file in my office.

Date: Clerk, by _____, Deputy

Form Adopted for Mandatory Use
Judicial Council of California
FL-305 [Rev. July 1, 2003]

Family Code, §§ 2045, 6224, 6226, 6302
6320–6326, 6380–6383
www.courtinfo.ca.gov

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Save This Form Print This Form Clear This Form

ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address):* TELEPHONE NO.: E-MAIL ADDRESS *(Optional):* ATTORNEY FOR *(Name):*	**To keep other people from seeing what you entered on your form, please press the Clear This Form button at the end of the form when finished.**
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER 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) ☐ per month ☐ per week ☐ per hour.

(If you have more than one job, attach an 8½-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 8½-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)

Form Adopted for Mandatory Use
Judicial Council of California
FL-150 [Rev. January 1, 2007]

Family Code, §§ 2030–2032, 2100–2113, 3552, 3620–3634, 4050–4076, 4300–4339
www.courtinfo.ca.gov

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER 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) ☐ currently receiving	$	
e. Spousal support ☐ from this marriage ☐ from a different marriage	$	
f. Partner support ☐ from this domestic partnership ☐ from a different domestic partnership	$	
g. Pension/retirement fund payments	$	
h. Social security retirement (not SSI)	$	
i. Disability: ☐ Social security (not SSI) ☐ State disability (SDI) ☐ Private insurance	$	
j. Unemployment compensation	$	
k. Workers' compensation	$	
l. Other (military BAQ, royalty payments, etc.) *(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	$
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, ☐ real and ☐ personal *(estimate fair market value minus the debts you owe)*	$

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER 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.				☐ Yes ☐ No
b.				☐ Yes ☐ No
c.				☐ Yes ☐ No
d.				☐ Yes ☐ No
e.				☐ Yes ☐ 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** $ _____

14. **Installment payments and debts not listed above**

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

15. **Attorney fees** *(This 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/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER 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):*

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ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address):*

TELEPHONE NO.: FAX NO. *(Optional):*

E-MAIL ADDRESS *(Optional):*

ATTORNEY FOR *(Name):*

To keep other people from seeing what you entered on your form, please press the Clear This Form button at the end of the form when finished.

SUPERIOR COURT OF CALIFORNIA, COUNTY OF

STREET ADDRESS:

MAILING ADDRESS:

CITY AND ZIP CODE:

BRANCH NAME:

PLAINTIFF/PETITIONER:

DEFENDANT/RESPONDENT:

CASE NUMBER:

DECLARATION

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):*

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MC-031

PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	CASE NUMBER:

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):*

For your protection and privacy, please press the Clear This Form button after you have printed the form.

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ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	To keep other people from seeing what you entered on your form, please press the Clear This Form button at the end of the form when finished.
TELEPHONE NO.: FAX NO.(Optional):	
E-MAIL ADDRESS (Optional):	
ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO ☐ CENTRAL DIVISION, COUNTY COURTHOUSE, 220 W. BROADWAY, SAN DIEGO, CA 92101 ☐ CENTRAL DIVISION, FAMILY COURT, 1555 6TH AVE., SAN DIEGO, CA, 92101 ☐ CENTRAL DIVISION, MADGE BRADLEY, 1409 4TH AVE., SAN DIEGO, CA 92101 ☐ EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA, 92020 ☐ NORTH COUNTY DIVISION, 325 S. MELROSE DR., SUITE 340, VISTA, CA, 92081 ☐ SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910	
PETITIONER(S)	
RESPONDENT(S)	
FAMILY COURT SERVICES SCREENING FORM **(CONFIDENTIAL)**	CASE NUMBER

FATHER

Name: _____

Address: _____

Daytime Phone (8:00 a.m. to 5:00 p.m.): _____

Attorney: _____ Phone: _____

MOTHER

Name: _____

Address: _____

Daytime Phone (8:00 a.m. to 5:00 p.m.): _____

Attorney: _____ Phone: _____

NOTE: THIS SCREENING FORM IS FOR FAMILY COURT SERVICES USE ONLY. THIS INFORMATION WILL BE KEPT CONFIDENTIAL.

CHILDREN MAY NOT ACCOMPANY PARTIES TO MEDIATION UNLESS ORDERED BY THE COURT OR SPECIFICALLY REQUESTED BY MEDIATOR.

FAILURE TO APPEAR OR FAILURE TO CANCEL THE MEDIATION APPOINTMENT AT LEAST 48 HOURS PRIOR TO THE APPOINTMENT TIME MAY RESULT IN SANCTIONS IMPOSED BY THE COURT OF UP TO $1500 TO ONE OR BOTH PARTIES PURSUANT TO CODE CIV. PROC. §177.5.

		Yes	No
1.	Does any party allege domestic violence?	☐	☐
2.	Is there a domestic violence Temporary Restraining Order?	☐	☐
3.	Does any party require a Spanish-speaking counselor?	☐	☐
4	Does any party living outside of the County of San Diego need phone mediation?	☐	☐
5.	Is a third party requesting custody or visitation?	☐	☐

☐ Grandparent Joinder

☐ Other: _____

Name and relationship to child(ren)

Date: _____ _____

Filing Party/Attorney Signature

For your protection and privacy, please press the Clear This Form button after you have printed the form

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ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406
(Name, state bar number, and address):

TELEPHONE NO.: FAX NO.:

ATTORNEY FOR *(Name):*

To keep other people from seeing what you entered on your form, please press the Clear This Form button at the end of the form when finished.

SUPERIOR COURT OF CALIFORNIA, COUNTY OF

STREET ADDRESS:

MAILING ADDRESS:

CITY AND ZIP CODE:

BRANCH NAME:

PETITIONER/PLAINTIFF:

RESPONDENT/DEFENDANT:

OTHER PARENT:

PROOF OF PERSONAL SERVICE

CASE NUMBER:

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):*

4. By personally delivering copies to the person served, as follows:
   a. Date:
   b. Time:
   c. Address:

5. I am
   a. ☐ not a registered California process server.
   b. ☐ a registered California process server.
   c. ☐ an employee or independent contractor of a registered California process server.
   d. ☐ exempt from registration under Bus. & Prof. Code section 22350(b).
   e. ☐ a California sheriff or marshal.
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)

Form Approved for Optional Use
Judicial Council of California
FL-330 [Rev. January 1, 2003]

Code of Civil Procedure, § 1011
www.courtinfo.ca.gov

INFORMATION SHEET FOR PROOF OF PERSONAL SERVICE

Use these instructions to complete the *Proof of Personal Service* (form FL-330).

A person at least 18 years of age or older must serve the documents. There are two ways to serve documents: (1) personal delivery and (2) by mail. See the *Proof of Service by Mail* (form FL-335) if the documents are being served by mail. The person who serves the documents must complete a proof of service form for the documents being served. **You cannot serve documents if you are a party to the action.**

INSTRUCTIONS FOR THE PERSON WHO SERVES THE DOCUMENTS (TYPE OR PRINT IN BLACK INK)

You must complete a proof of service for each package of documents you serve. For example, if you serve the Respondent and the Other Parent, you must complete two proofs of service, one for the Respondent and one for the Other Parent.

Complete the top section of the proof of service forms as follows:
First box, left side: In this box print the name, address, and phone number of the person for whom you are serving the documents.
Second box, left side: Print the name of the county in which the legal action is filed and the court's address in this box. Use the same address for the court that is on the documents you are serving.
Third box, left side: Print the names of the Petitioner/Plaintiff, Respondent/Defendant, and Other Parent in this box. Use the same names listed on the documents you are serving.
First box, top of form, right side: Leave this box blank for the court's use.
Second box, right side: Print the case number in this box. This number is also stated on the documents you are serving.

1. You are stating that you are over the age of 18 and that you are neither a party of this action nor a protected person listed in any of the orders.
2. Print the name of the party to whom you handed the documents.
3. List the name of each document that you delivered to the party.
4. a. Write in the date that you delivered the documents to the party.
   b. Write in the time of day that you delivered the documents to the party.
   c. Print the address where you delivered the documents.
5. Check the box that applies to you. If you are a private person serving the documents for a party, check box "a."
6. Print your name, address, and telephone number. If applicable, include the county in which you are registered as a process server and your registration number.
7. You must check this box if you are not a California sheriff or marshal. You are stating under penalty of perjury that the information you have provided is true and correct.
8. Do not check this box unless you are a California sheriff or marshal.

Print your name, fill in the date, and sign the form.

If you need additional assistance with this form, contact the Family Law Facilitator in your county.

For your protection and privacy, please press the Clear This Form button after you have printed the form.

Save This Form | Print This Form | Clear This Form

ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406) *(Name, state bar number, and address):* TELEPHONE NO.: FAX NO.: ATTORNEY FOR *(Name):*	To keep other people from seeing what you entered on your form, please press the Clear This Form button at the end of the form when finished.
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	
PROOF OF SERVICE BY MAIL	CASE NUMBER:

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 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)

INFORMATION SHEET FOR PROOF OF SERVICE BY MAIL

Use these instructions to complete the *Proof of Service by Mail* (form FL-335).

A person at least 18 years of age or older must serve the documents. There are two ways to serve documents: (1) personal delivery and (2) by mail. See the *Proof of Personal Service* (form FL-330) if the documents are being personally served. The person who serves the documents must complete a proof of service form for the documents being served. **You cannot serve documents if you are a party to the action.**

INSTRUCTIONS FOR THE PERSON WHO SERVES THE DOCUMENTS (TYPE OR PRINT IN BLACK INK)

You must complete a proof of service for each package of documents you serve. For example, if you serve the Respondent and the Other Parent, you must complete two proofs of service, one for the Respondent and one for the Other Parent.

Complete the top section of the proof of service forms as follows:
First box, left side: In this box print the name, address, and phone number of the person for whom you are serving the documents.
Second box, left side: Print the name of the county in which the legal action is filed and the court's address in this box. Use the same address for the court that is on the documents you are serving.
Third box, left side: Print the names of the Petitioner/Plaintiff, Respondent/Defendant, and Other Parent in this box. Use the same names listed on the documents you are serving.
First box, top of form, right side: Leave this box blank for the court's use.
Second box, right side: Print the case number in this box. This number is also stated on the documents you are serving.

You cannot serve a temporary restraining order by mail. You must serve those documents by personal service.

1. You are stating that you are at least 18 years old and that you are not a party to this action. You are also stating that you either live in or are employed in the county where the mailing took place.
2. Print your home or business address.
3. List the name of each document that you mailed (the exact names are listed on the bottoms of the forms).
   a. Check this box if you put the documents in the regular U.S. mail.
   b. Check this box if you put the documents in the mail at your place of employment.
4. a. Print the name you put on the envelope containing the documents.
   b. Print the address you put on the envelope containing the documents.
   c. Write in the date that you put the envelope containing the documents in the mail.
   d. Write in the city and state you were in when you mailed the envelope containing the documents.
5. You are stating under penalty of perjury that the information you have provided is true and correct.

Print your name, fill in the date, and sign the form.

If you need additional assistance with this form, contact the Family Law Facilitator in your county.

For your protection and privacy, please press the Clear This Form button after you have printed the form.

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SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO

MEDIATION DATA SHEET
(CONFIDENTIAL)

PLEASE COMPLETE ALL THREE PAGES

Case Name _____

Case No. _____

Mediation Date _____

Next Court Date _____

Have you previously been to Family Court Services? ☐ Yes ☐ No

IF YOU ARE BEING PROTECTED BY A RESTRAINING ORDER OR IF YOU ALLEGE DOMESTIC VIOLENCE, YOU MAY BE SEEN SEPARATELY. Are you requesting a separate session? ☐ **Yes** ☐ **No**
Are you requesting that your address and phone number remain confidential? ☐ **Yes** ☐ **No**

If you desire to be seen separately, please advise the Family Court Services Clerk when you check in.

CHECK ONE ☐ Father ☐ Mother ☐ Grandparent ☐ Other: specify relationship _____

FULL LEGAL NAME _____ AKA OR MAIDEN NAME _____

ADDRESS _____
Number and Street Apt. #. City State Zip Code

HOME PHONE _____ WORK PHONE _____ WORK SCHEDULE _____

SOCIAL SECURITY NUMBER _____ BIRTH DATE ___/___/___ PLACE OF BIRTH _____

DRIVER LICENSE NUMBER _____ STATE _____ CURRENTLY VALID ☐ Yes ☐ No

ATTORNEY _____ PHONE _____

ADDRESS _____
Number and Street Apt. #. City State Zip Code

CHILD(REN)'S ATTORNEY (if any) _____ PHONE _____

ADDRESS _____
Number and Street Apt. #. City State Zip Code

PARENTS

Date of Marriage _____ or Date Began Living Together _____ Date of Separation _____

If dissolution filed, when? _____

NAME OF MINOR CHILD(REN)

First	Middle	Last	Date of Birth	Place of Birth	Parent with whom residing
1.					
2.					
3.					
4.					

CASE NAME	CASE NUMBER

MEDICAL AND DENTAL INFORMATION

Child(ren) Doctor's Name _____ PHONE _____

ADDRESS _____

Number and Street Apt. #. City State Zip Code

Please list medical/dental information to be discussed in mediation: _____

_____

EDUCATION

	Child	Name of School	Teacher/Counselor	Grade
1.				
2.				
3.				
4.				

COUNSELING

Is ☐ Child(ren) ☐ Father ☐ Mother in Counseling? ☐ Yes ☐ No

Counselor for _____

Counselor's Name _____

Address _____

Phone _____

When did counseling begin? _____

Counselor for _____

Counselor's Name _____

Address _____

Phone _____

When did counseling begin? _____

CHILD(REN)'S ACTIVITIES AND OTHER SPECIAL NEEDS (Such as special classes, team activities, transportation to and from these activities) _____

_____

1. Are there allegations of verbal intimidation or threats? ☐ Yes ☐ No
2. Has there been physical violence between the parents? ☐ Yes ☐ No

   If yes, how long ago? ☐ 0 - 6 mos. ☐ 6 mos. - 1 yr. ☐ 1 yr. or more
3. Has law enforcement been involved? ☐ Yes ☐ No

   Please provide details: _____

   _____
4. Have there been allegations of abuse against the child(ren)? ☐ Yes ☐ No
   a. If yes, when: _____
   b. Who made the allegations? _____
   c. Who was the alleged abuser? _____
   d. Has Child Protective Services (CPS) been involved? ☐ Yes ☐ No
   e. CPS worker's name and phone number _____

   _____

CASE NAME	CASE NUMBER

MEDIATION DATA SHEET

Please complete the following questions.

1. Which parent filed the current court action? _____

2. What is the action regarding? _____

   _____

3. Is there a court order regarding custody and visitation now? ☐ Yes ☐ No

   a. If yes, briefly summarize: _____

   _____

   _____

   b. When was it issued? _____

4. If there is no court order or a different schedule is being practiced, please summarize your current parenting schedule. _____

   _____

   _____

   _____

   _____

5. What parenting schedule would you like to have? _____

   _____

   _____

   _____

   _____

   _____

   _____

Date: _____

_____
Signature of Party Filling Out This Form

NO ATTACHMENTS PLEASE

For your protection and privacy, please press the Clear This Form button after you have printed the form.

ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address):*	To keep other people from seeing what you entered on your form, please press the Clear This Form button at the end of the form when finished.
TELEPHONE NO.: FAX NO. *(Optional):* E-MAIL ADDRESS *(Optional):* ATTORNEY FOR *(Name):*	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	CASE NUMBER: JUDICIAL OFFICER:
NOTICE OF CHANGE OF ADDRESS	DEPT.:

1. **Please take notice** that, as of *(date):*
   ☐ the following party or
   ☐ the attorney for:
   a. ☐ plaintiff *(name):*
   b. ☐ defendant *(name):*
   c. ☐ petitioner *(name):*
   d. ☐ respondent *(name):*
   e. ☐ other *(describe):*

   has **changed his or her address** for service of notices and documents in the above-captioned action.
   ☐ A list of additional parties represented is provided in Attachment 1.
2. The **new address** of *(name):*

   is as follows:
   a. Street:
   b. City:
   c. Mailing address *(if different from above):*
   d. State and zip code:
   e. Telephone number*:*
   f. Fax number *(optional):*
   g. E-mail address *(optional):*
3. **All notices and documents** regarding the action should be sent to the above address.

Date:

(TYPE OR PRINT NAME) (SIGNATURE OF PARTY OR ATTORNEY)

PLAINTIFF: DEFENDANT:	CASE NUMBER:

PROOF OF SERVICE BY FIRST-CLASS MAIL
NOTICE OF CHANGE OF ADDRESS

(NOTE: You cannot serve the* Notice of Change of Address *if you are a party in the action. The person who served the notice must complete this proof of service.)

1. I am at least 18 years old and **not a party to this action.** I am a resident of or employed in the county where the mailing took place, and my residence or business address is *(specify):*

2. I served a copy of the *Notice of Change of Address* by enclosing it in a sealed envelope with postage fully prepaid and *(check one):*
   a. ☐ deposited the sealed envelope with the United States Postal Service.
   b. ☐ placed the sealed envelope for collection and processing for mailing, following this business's usual practices, with which I am readily familiar. On the same day correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service.

3. The *Notice of Change of Address* was mailed:
   a. on *(date):*
   b. from *(city and state):*

4. The envelope was addressed and mailed as follows:

   a. Name of person served:
      Street address:
      City:
      State and zip code:

   b. Name of person served:
      Street address:
      City:
      State and zip code:

   c. Name of person served:
      Street address:
      City:
      State and zip code:

   d. Name of person served:
      Street address:
      City:
      State and zip code:

☐ Names and addresses of additional persons served are attached. *(You may use form POS-030(P).)*

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 OF DECLARANT) ▶ (SIGNATURE OF DECLARANT)

For your protection and privacy, please press the Clear This Form button after you have printed the form.

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RESPONDING PARTY

ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address):*

TELEPHONE NO.: FAX NO. *(Optional):*

E-MAIL ADDRESS *(Optional):*

ATTORNEY FOR *(Name):*

To keep other people from seeing what you entered on your form, please press the Clear This Form button at the end of the form when finished.

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO

CENTRAL DIVISION, COUNTY COURTHOUSE, 220 W. BROADWAY, SAN DIEGO, CA 92101
CENTRAL DIVISION, FAMILY COURT, 1555 6TH AVE., SAN DIEGO, CA 92101
CENTRAL DIVISION, MADGE BRADLEY, 1409 4TH AVE., SAN DIEGO, CA 92101
EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020
NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081
SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910

PETITIONER/PLAINTIFF:

RESPONDENT/DEFENDANT:

OTHER PARENT:

RESPONSIVE DECLARATION TO ORDER TO SHOW CAUSE OR NOTICE OF MOTION

CASE NUMBER:

HEARING DATE: TIME: DEPARTMENT OR ROOM:

1. ☐ CHILD CUSTODY
   a. ☐ I consent to the order requested.
   b. ☐ I do not consent to the order requested, but I consent to the following order:

2. ☐ CHILD VISITATION
   a. ☐ I consent to the order requested.
   b. ☐ I do not consent to the order requested, but I consent to the following order:

3. ☐ CHILD SUPPORT
   a. ☐ I consent to the order requested.
   b. ☐ I consent to guideline support.
   c. ☐ I do not consent to the order requested, but I consent to the following order:
      (1) ☐ Guideline
      (2) ☐ Other *(specify):*

4. ☐ SPOUSAL OR PARTNER SUPPORT
   a. ☐ I consent to the order requested.
   b. ☐ I do not consent to the order requested.
   c. ☐ I consent to the following order:

5. ☐ ATTORNEY FEES AND COSTS
   a. ☐ I consent to the order requested.
   b. ☐ I do not consent to the order requested.
   c. ☐ I consent to the following order:

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:

6. ☐ PROPERTY RESTRAINT
   a. ☐ I consent to the order requested.
   b. ☐ I do not consent to the order requested.
   c. ☐ I consent to the following order:

7. ☐ PROPERTY CONTROL
   a. ☐ I consent to the order requested.
   b. ☐ I do not consent to the order requested.
   c. ☐ I consent to the following order:

8. ☐ OTHER RELIEF
   a. ☐ I consent to the order requested.
   b. ☐ I do not consent to the order requested.
   c. ☐ I consent to the following order:

9. ☐ SUPPORTING INFORMATION
   ☐ Contained in the attached declaration. (You may use *Attached Declaration* (form MC-031) for this purpose).

NOTE: To respond to domestic violence restraining orders requested in the *Request for Order (Domestic Violence Prevention)* (form DV-100), you must use the *Answer to Temporary Restraining Order (Domestic Violence Prevention)* (form DV-120).

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)

For your protection and privacy, please press the Clear This Form button after you have printed the form.

Save This Form Print This Form Clear This Form

ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address):*

TELEPHONE NO.: FAX NO. *(Optional):*

E-MAIL ADDRESS *(Optional):*

ATTORNEY FOR *(Name):*

To keep other people from seeing what you entered on your form, please press the Clear This Form button at the end of the form when finished.

SUPERIOR COURT OF CALIFORNIA, COUNTY OF

STREET ADDRESS:

MAILING ADDRESS:

CITY AND ZIP CODE:

BRANCH NAME:

PLAINTIFF/PETITIONER:

DEFENDANT/RESPONDENT:

CASE NUMBER:

DECLARATION

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):*

For your protection and privacy, please press the Clear This Form button after you have printed the form.

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To keep other people from seeing what you entered on your form, please press the Clear This Form button at the end of the form when finished.

MC-031

PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	CASE NUMBER:

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):*

For your protection and privacy, please press the Clear This Form button after you have printed the form.

Save This Form Print This Form Clear This Form

ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address):* TELEPHONE NO.: E-MAIL ADDRESS *(Optional):* ATTORNEY FOR *(Name):*	**To keep other people from seeing what you entered on your form, please press the Clear This Form button at the end of the form when finished.**
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER 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) ☐ per month ☐ per week ☐ per hour.

(If you have more than one job, attach an 8½-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 8½-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)

Form Adopted for Mandatory Use
Judicial Council of California
FL-150 [Rev. January 1, 2007]

Family Code, §§ 2030–2032, 2100–2113, 3552, 3620–3634, 4050–4076, 4300–4339
www.courtinfo.ca.gov

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER 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) ☐ currently receiving	$	
e. Spousal support ☐ from this marriage ☐ from a different marriage	$	
f. Partner support ☐ from this domestic partnership ☐ from a different domestic partnership	$	
g. Pension/retirement fund payments	$	
h. Social security retirement (not SSI)	$	
i. Disability: ☐ Social security (not SSI) ☐ State disability (SDI) ☐ Private insurance	$	
j. Unemployment compensation	$	
k. Workers' compensation	$	
l. Other (military BAQ, royalty payments, etc.) *(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	$
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, ☐ real and ☐ personal *(estimate fair market value minus the debts you owe)*	$

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER 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.				☐ Yes ☐ No
b.				☐ Yes ☐ No
c.				☐ Yes ☐ No
d.				☐ Yes ☐ No
e.				☐ Yes ☐ 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** $ _____

14. **Installment payments and debts not listed above**

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

15. **Attorney fees** *(This 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/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER 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):*

For your protection and privacy, please press the Clear This Form button after you have printed the form.

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ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406
(Name, state bar number, and address):

TELEPHONE NO.: FAX NO.:

ATTORNEY FOR *(Name):*

To keep other people from seeing what you entered on your form, please press the Clear This Form button at the end of the form when finished.

SUPERIOR COURT OF CALIFORNIA, COUNTY OF

STREET ADDRESS:

MAILING ADDRESS:

CITY AND ZIP CODE:

BRANCH NAME:

PETITIONER/PLAINTIFF:

RESPONDENT/DEFENDANT:

OTHER PARENT:

PROOF OF PERSONAL SERVICE

CASE NUMBER:

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):*

4. By personally delivering copies to the person served, as follows:
   a. Date:
   b. Time:
   c. Address:

5. I am
   a. ☐ not a registered California process server.
   b. ☐ a registered California process server.
   c. ☐ an employee or independent contractor of a registered California process server.
   d. ☐ exempt from registration under Bus. & Prof. Code section 22350(b).
   e. ☐ a California sheriff or marshal.
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)

Form Approved for Optional Use
Judicial Council of California
FL-330 [Rev. January 1, 2003]

Code of Civil Procedure, § 1011
www.courtinfo.ca.gov

INFORMATION SHEET FOR PROOF OF PERSONAL SERVICE

Use these instructions to complete the *Proof of Personal Service* (form FL-330).

A person at least 18 years of age or older must serve the documents. There are two ways to serve documents: (1) personal delivery and (2) by mail. See the *Proof of Service by Mail* (form FL-335) if the documents are being served by mail. The person who serves the documents must complete a proof of service form for the documents being served. **You cannot serve documents if you are a party to the action.**

INSTRUCTIONS FOR THE PERSON WHO SERVES THE DOCUMENTS (TYPE OR PRINT IN BLACK INK)

You must complete a proof of service for each package of documents you serve. For example, if you serve the Respondent and the Other Parent, you must complete two proofs of service, one for the Respondent and one for the Other Parent.

Complete the top section of the proof of service forms as follows:
First box, left side: In this box print the name, address, and phone number of the person for whom you are serving the documents.
Second box, left side: Print the name of the county in which the legal action is filed and the court's address in this box. Use the same address for the court that is on the documents you are serving.
Third box, left side: Print the names of the Petitioner/Plaintiff, Respondent/Defendant, and Other Parent in this box. Use the same names listed on the documents you are serving.
First box, top of form, right side: Leave this box blank for the court's use.
Second box, right side: Print the case number in this box. This number is also stated on the documents you are serving.

1. You are stating that you are over the age of 18 and that you are neither a party of this action nor a protected person listed in any of the orders.
2. Print the name of the party to whom you handed the documents.
3. List the name of each document that you delivered to the party.
4. a. Write in the date that you delivered the documents to the party.
   b. Write in the time of day that you delivered the documents to the party.
   c. Print the address where you delivered the documents.
5. Check the box that applies to you. If you are a private person serving the documents for a party, check box "a."
6. Print your name, address, and telephone number. If applicable, include the county in which you are registered as a process server and your registration number.
7. You must check this box if you are not a California sheriff or marshal. You are stating under penalty of perjury that the information you have provided is true and correct.
8. Do not check this box unless you are a California sheriff or marshal.

Print your name, fill in the date, and sign the form.

If you need additional assistance with this form, contact the Family Law Facilitator in your county.

For your protection and privacy, please press the Clear This Form button after you have printed the form.

Save This Form | Print This Form | Clear This Form

ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406) *(Name, state bar number, and address):* TELEPHONE NO.: FAX NO.: ATTORNEY FOR *(Name):*	To keep other people from seeing what you entered on your form, please press the Clear This Form button at the end of the form when finished.
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	
PROOF OF SERVICE BY MAIL	CASE NUMBER:

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 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)

INFORMATION SHEET FOR PROOF OF SERVICE BY MAIL

Use these instructions to complete the *Proof of Service by Mail* (form FL-335).

A person at least 18 years of age or older must serve the documents. There are two ways to serve documents: (1) personal delivery and (2) by mail. See the *Proof of Personal Service* (form FL-330) if the documents are being personally served. The person who serves the documents must complete a proof of service form for the documents being served. **You cannot serve documents if you are a party to the action.**

INSTRUCTIONS FOR THE PERSON WHO SERVES THE DOCUMENTS (TYPE OR PRINT IN BLACK INK)

You must complete a proof of service for each package of documents you serve. For example, if you serve the Respondent and the Other Parent, you must complete two proofs of service, one for the Respondent and one for the Other Parent.

Complete the top section of the proof of service forms as follows:
First box, left side: In this box print the name, address, and phone number of the person for whom you are serving the documents.
Second box, left side: Print the name of the county in which the legal action is filed and the court's address in this box. Use the same address for the court that is on the documents you are serving.
Third box, left side: Print the names of the Petitioner/Plaintiff, Respondent/Defendant, and Other Parent in this box. Use the same names listed on the documents you are serving.
First box, top of form, right side: Leave this box blank for the court's use.
Second box, right side: Print the case number in this box. This number is also stated on the documents you are serving.

You cannot serve a temporary restraining order by mail. You must serve those documents by personal service.

1. You are stating that you are at least 18 years old and that you are not a party to this action. You are also stating that you either live in or are employed in the county where the mailing took place.
2. Print your home or business address.
3. List the name of each document that you mailed (the exact names are listed on the bottoms of the forms).
   a. Check this box if you put the documents in the regular U.S. mail.
   b. Check this box if you put the documents in the mail at your place of employment.
4. a. Print the name you put on the envelope containing the documents.
   b. Print the address you put on the envelope containing the documents.
   c. Write in the date that you put the envelope containing the documents in the mail.
   d. Write in the city and state you were in when you mailed the envelope containing the documents.
5. You are stating under penalty of perjury that the information you have provided is true and correct.

Print your name, fill in the date, and sign the form.

If you need additional assistance with this form, contact the Family Law Facilitator in your county.

For your protection and privacy, please press the Clear This Form button after you have printed the form.

Save This Form Print This Form Clear This Form