

Instrucciones para presentar: Solicitud de Orden (Emergencia Temporales)

Formularios necesarios: (* Formularios obligatorios)

- [Request for Order \(FL-300\)](#) * (Solicitud de orden)
- [Temporary Order \(FL-305\)](#) * (órdenes de emergencia temporales (ex parte))
- [Declaration Regarding Notice of a Request for Emergency Orders \(RI-FL004\)](#) * (Declaración sobre la notificación de una solicitud de órdenes de emergencia)
- [Income and Expense Declaration \(FL-150\)](#) (declaración de ingresos y gastos)
- [Proof of Personal Service \(FL-330\)](#) (Prueba de entrega personal)
- [Proof of Service by Mail \(FL-335\)](#) (Prueba de entrega por correo)
- [Request for Interpreter \(RI-IN007\)](#) (Solicitud para conseguir un intérprete)

Solicitud de Orden (Emergencia)

Si tiene una emergencia y necesita órdenes temporales de emergencia, puede considerar presentar una Solicitud de orden ex parte. La solicitud puede ser sobre la custodia de los hijos, visitas (tiempo de crianza), manutención de los hijos, manutención del cónyuge o pareja de hecho, bienes, finanzas, honorarios y costos de abogados u otros asuntos. Una Solicitud de orden ex parte requiere formularios y procedimientos adicionales a los de una Solicitud de orden regular.

También puede ver un video sobre ¿Como presento una Solicitud de Ordenes de Emergencia Temporales?:

<https://www.youtube.com/embed/jlukONrNtQ?rel=0&modestbranding=1&autoplay=1>

1	Lea el Código de Familia 3064 y la Regla Local 5165 del Condado de Riverside	Aprenda cómo la corte ve las solicitudes de emergencia. Se puede emitir una sanción (multa) si no demuestra que tiene derecho a órdenes de emergencia temporales. (Código de familia 3064) (Regla Local 5165)
2	Complete todos los formularios	Complete todos los documentos y fírmelos <i>Asegúrese de escribir una declaración clara que explique la naturaleza de su emergencia. La declaración está limitada a 10 páginas. Adjunte y etiquete sus documentos de respaldo a su solicitud (Anexo 1, 2, 3, etc.)</i>
3	Hacer copias	Haga (4) copias idénticas de su Solicitud de Orden FL-300, Órdenes Temporales (FL-305) y cualquier otro documento adjunto. (Guarde dos copias para usarlas más adelante).
4	Notificar a la otra parte O Solicite una exención de la notificación	<ul style="list-style-type: none"> • Alguien tendrá que llamar a la otra parte A MÁS TARDAR A LAS 10:00 AM de la mañana anterior a la fecha de la audiencia. • Si no puede notificar a la otra parte, puede solicitar que se renuncie a la notificación solo en ciertas circunstancias. CRC 5.165(b)(2).
5	Entregue copias a la otra parte O Solicite una exención de la entrega formal	<ul style="list-style-type: none"> • Después de dar la notificación, alguien mayor de 18 años, que no sea usted ni una de las partes del caso, debe entregarle personalmente a la otra parte una copia de la documentación (no el original) y una declaración de respuesta en blanco (FL-320). • Si no puede notificar a la otra parte, puede solicitar que se renuncie a la notificación solo en ciertas circunstancias. CRC 5.165(b)(2).
6	Complete la Declaración de notificación	La persona que llama por teléfono a la otra parte debe completar el artículo n.º 5 de la Declaración sobre la notificación de una solicitud de órdenes de emergencia (RI-FL004). <i>Vea la información en la página siguiente sobre NOTIFICACIÓN A LA OTRA PARTE.</i>
7	Entregue una copia de los formularios Ex-Parte a la otra parte	La persona que hace la entrega debe servir de completar el formulario de Prueba de entrega personal FL-330
8	Presente sus documentos ante el tribunal	<p>Presente sus documentos antes de las 12:00 p. m. del día de la corte antes de la audiencia. Presente el original y 2 copias de lo siguiente:</p> <p>En persona: Vaya a la ventana de la Oficina del secretario. Usted necesitará lo siguiente:</p> <ul style="list-style-type: none"> • El original y al menos una copia (máx. 2) <p>Buzón de entrega o Correo: Utilice el buzón de entrega o envíe sus formularios por correo a la corte que se indica en sus formularios. Incluya lo siguiente:</p> <ul style="list-style-type: none"> • El original y al menos una copia (máx. 2) • Un sobre dirigido a usted con suficiente franqueo adjunto. <p>En línea: Envíe sus formularios en línea a través del portal eSubmit. Siga las instrucciones a continuación:</p> <ul style="list-style-type: none"> • Firme electrónicamente sus documentos en todas las líneas de firma del documento. • Mire videos tutoriales para preparar sus documentos en: https://riverside.courts.ca.gov/SelfHelp/FamiliesChildren/PDF-Video.mp4 • Lea las instrucciones y envíe documentos electrónicamente en: https://riverside.courts.ca.gov/forms-filing/esubmit <p><i>Se requerirá la tarifa de presentación o la exención de tarifa en el momento de la presentación. Una vez que la corte archive los documentos, se le devolverán las copias de la misma manera en que fueron presentadas.</i></p>

DAR NOTIFICACIÓN A LA OTRA PARTE:

Alguien tendrá que llamar a la otra parte A MÁS TARDAR A LAS 10:00 AM de la mañana anterior a la fecha de la audiencia. Si la otra parte no responde, la persona que llama puede dejar un mensaje de voz. La persona que llama deberá indicar lo siguiente:

“Lo llamo para darle una notificación ex parte para _____ a las 8:30 a. m. en el Depto. _____
Fecha de audiencia Número de departamento
en _____ para las siguientes ordenes: _____.”
Dirección de la corte Órdenes solicitadas

Si no tiene el número de teléfono de la otra parte, puede pedirle a alguien que notifique a la otra parte en persona.

Si la persona que llama habla directamente con la otra parte, debe hacerle las tres preguntas específicas de la página 2 de la Declaración sobre la notificación de una solicitud de órdenes de emergencia (RI-FL004), artículos números 4, 5 y 6. Escriba exactamente lo que dijo la otra parte. Si la persona que llama deja un mensaje, esa sección se dejará en blanco.

DESPUÉS DE PRESENTAR SUS DOCUMENTOS: *(Comuníquese con la Oficina del secretario antes del cierre del día hábil al (951) 777-3147 o (760) 393-2617 para conocer el estado de la audiencia de emergencia).*

SI SU EX PARTE ES OTORGADA: Si se le otorga su Ex-Parte, asistirá a la audiencia.

SI SU EX PARTE ES NEGADA: Si su solicitud Ex Parte fue denegada, se fijará una fecha de audiencia en el tribunal para una fecha más tarde. Por favor vea abajo para más instrucciones.

1	Recoja sus documentos de la corte	Recoja las copias de la Solicitud de orden donde las presentó en la corte. Incluirá una fecha de audiencia.
2	Entregue copias a la otra parte	Pídale a alguien mayor de 18 años, que no sea usted, que entregue personalmente una copia de la solicitud de orden, junto con los formularios en blanco, a la otra parte (o abogado). Guarde la segunda copia para su archivo.
3	Complete la prueba de entrega	Pídale a su servidor que complete el formulario de Prueba de entrega personal FL-330.
4	Presente la Prueba de entrega	Presente la Prueba de entrega completa (FL-330 o FL-335) ante la corte. Debe guardar una copia del formulario completado para sus propios registros. (Vea las instrucciones anteriores para las instrucciones de presentación)
5	Asista a la cita de CCRC	Si se programa una cita, asista a la cita de consejería de recomendación de custodia de menores.
6	Asista la audiencia judicial	Asista a la fecha programada para la audiencia en la corte. Para las audiencias telefónicas, asegúrese de llamar a la hora indicada en su notificación.
7	Prepare el FOAH	Si es necesario, prepare el formulario Determinaciones y orden después de la audiencia (FL-340).

DESCARGA DE RESPONSABILIDAD: Nuestro personal del Centro de Autoayuda no es su abogado particular y no representa a ninguna parte. NO existe ninguna relación de abogado/cliente y el personal no puede proporcionar asesoramiento legal basado en sus hechos individuales. El personal del Centro de Autoayuda puede proporcionar información y servicios a las partes involucradas en el caso. Además, la comunicación entre usted y el personal del Centro de Autoayuda NO es confidencial. Usted debe consultar con su propio abogado si desea asesoramiento o estrategia personalizada, tener una conversación confidencial, o ser representado por un abogado ante la corte.

Tribunal Superior de California
Condado de Riverside
Paquete de formularios Ex-Parte

Su información: Yo soy el Demandante Demandado

Nombre _____
(Primer Nombre, Segundo Nombre, Apellido)

Dirección: _____

Ciudad, Estado, Código Postal: _____

Número de teléfono: _____

Nombre del Demandante:

Nombre: _____
(Primer Nombre, Segundo Nombre, Apellido)

Nombre del Demandado:

Nombre: _____
(Primer Nombre, Segundo Nombre, Apellido)

Tipo de órdenes que está solicitando: Marque aquí si está solicitando cambiar una orden vigente

Custodia de los hijos Visitación (Horario de crianza) Control de Propiedad

Otro: _____

Número de caso: _____

Enumere a los hijos de la relación:

Nombre: _____
(Primer Nombre, Segundo Nombre, Apellido)

Fecha de Nacimiento: _____

Nombre: _____
(Primer Nombre, Segundo Nombre, Apellido)

Fecha de Nacimiento: _____

Nombre: _____
(Primer Nombre, Segundo Nombre, Apellido)

Fecha de Nacimiento: _____

¿Dónde está archivado su caso?

Opciones de presentación:

Fecha: _____

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): TELEPHONE NO.: EMAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE	
PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	
REQUEST FOR ORDER <input type="checkbox"/> CHANGE <input type="checkbox"/> TEMPORARY EMERGENCY ORDERS <input type="checkbox"/> Child Custody <input type="checkbox"/> Visitation (Parenting Time) <input type="checkbox"/> Spousal or Partner Support <input type="checkbox"/> Child Support <input type="checkbox"/> Property Control <input type="checkbox"/> Attorney's Fees and Costs <input type="checkbox"/> Other (specify):	CASE NUMBER:

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: _____ <input type="checkbox"/> Dept.: _____ <input type="checkbox"/> Room.: _____ b. Address of court <input type="checkbox"/> same as noted above <input type="checkbox"/> other (specify):
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3. **WARNING to the person served with the Request for Order:** The court may make the requested orders without you if you do not file a *Responsive Declaration to Request for Order* (form FL-320), serve a copy on the other parties at least nine court days before the hearing (unless the court has ordered a shorter period of time), and appear at the hearing. (See form *FL-320-INFO* for more information.)

COURT ORDER
(FOR COURT USE ONLY)

It is ordered that:

4. Time for service until the hearing is shortened. Service must be on or before (date):
5. A *Responsive Declaration to Request for Order* (form FL-320) must be served on or before (date):
6. The parties must attend an appointment for child custody mediation or child custody recommending counseling as follows (specify date, time, and location):
7. The orders in *Temporary Emergency (Ex Parte) Orders* (form FL-305) apply to this proceeding and must be personally served with all documents filed with this *Request for Order*.
8. Other (specify):

Date: _____ _____ JUDICIAL OFFICER

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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REQUEST FOR ORDER

Note: Place a mark **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**

I request temporary emergency orders

VISITATION (PARENTING TIME)

a. I request that the court make orders about the following children (specify):

<u>Child's Name</u>	<u>Date of Birth</u>	<input type="checkbox"/> <u>Legal Custody to</u> (person who decides: health, education, etc):	<input type="checkbox"/> <u>Physical Custody to</u> (person with whom child lives):
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b. The orders I request for child custody visitation (parenting time) are:

Attachment 2a.

(1) Specified in the attached forms:

- Form FL-305
- Form FL-311
- Form FL-312
- Form FL-341(C)
- Form FL-341(D)
- Form FL-341(E)
- Other (specify):

(2) As follows (specify):

Attachment 2b.

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

Attachment 2c.

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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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 Monthly amount (\$) requested
based on the child support guideline. (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:
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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.)

SHORT TITLE: <hr/>	CASE NUMBER:
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ATTACHMENT (Number): _____

(This Attachment may be used with any Judicial Council form.)

(If the item that this Attachment concerns is made under penalty of perjury, all statements in this Attachment are made under penalty of perjury.)

Page _____ of _____

(Add pages as required)

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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d. **Visitation (Parenting Time)**

When the court has granted temporary orders for child custody, it must consider if the best interests of the child require that visitation (parenting time) be suspended, denied, or supervised. Further, the temporary orders for custody, care, and control of the minor children in 3c are subject to the other party's or parties' rights of visitation (parenting time). The temporary orders for visitation (parenting time) are as follows:

See Attachment 3d.

e. **Travel restrictions**

- (1) The party or parties with temporary physical custody, care, and control of minor children **must not remove the minor children from the state of California unless the court allows it after a noticed hearing.**
- (2) Petitioner Respondent Other Parent/Party must not remove their minor children (*specify*):
 - (a) from the state of California.
 - (b) from the following counties (*specify*):
 - (c) other (*specify*):

- f. (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 section 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 (*specify*):
 - The United States of America Other (*specify*):
- (4) **If you violate this order, you may be subject to civil or criminal penalties, or both.**

4. **PROPERTY CONTROL**

a. Petitioner Respondent Other Parent/Party is given exclusive temporary use, possession, and control of the following property that the parties own or are buying lease or rent

b. Petitioner Respondent Other Parent/Party is ordered to make the following payments on the liens and encumbrances 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:

5. All other existing orders, not in conflict with these temporary emergency orders, remain in full force and effect.

6. **OTHER ORDERS** (*specify*): Additional orders are listed in Attachment 6.

Date:

JUDICIAL OFFICER OF THE SUPERIOR COURT

THIS IS A COURT ORDER.

SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE

BLYTHE 265 N. Broadway, Blythe, CA 92225
 INDIO 46-200 Oasis St., Indio, CA 92201

MENIFEE 27401 Menifee Center Dr., Menifee, CA 92584
 RIVERSIDE 4175 Main St., Riverside, CA 92501

RI-FL004

<p>ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar Number and Address</i>)</p> <p>TELEPHONE NO.: _____ FAX NO. (<i>Optional</i>): _____</p> <p>E-MAIL ADDRESS (<i>Optional</i>): _____</p> <p>ATTORNEY FOR (<i>Name</i>): _____</p>	<p style="text-align: center;"><i>FOR COURT USE ONLY</i></p> <p>CASE NUMBER: _____</p>
<p>PETITIONER: _____</p> <p>RESPONDENT: _____</p>	
<p>DECLARATION REGARDING NOTICE OF REQUEST FOR EMERGENCY ORDERS (FAMILY LAW – NON-DOMESTIC VIOLENCE)</p>	

NOTICE: The court cannot consider your request for emergency orders unless you have given notice as required by California Rules of Court, rules 5.151, 5.165 and 5.167. If you or a family member needs domestic violence or child abuse protection, please use the Domestic Violence Protection Act forms (DV-100, DV-109 and DV-110) www.riverside.courts.ca.gov/selfhelp/domesticviolence

INSTRUCTIONS: You must give notice to all parties or their attorneys no later than 10:00 a.m. on the court day before the emergency hearing. After providing notice, you must serve your documents requesting emergency orders on all parties or their attorneys at the first reasonable opportunity. Your proof of service should be filed separately from this declaration. **You may ask the court to waive notice** under Rule 5.165(b)(2) or service under Rule 5.167(a) by filling out Section C of this form.

A. NOTICE

1. I informed the other party in this action that a request for emergency orders would be sought by speaking to:
_____ on _____ at _____ a.m. p.m.
(PARTY'S NAME OR THEIR ATTORNEY OF RECORD) (DATE) (TIME)
 I spoke to the party in person.
 I spoke to the party by telephone at the following number: _____
 I left a message on voicemail of the party at the following number: _____
2. At the time the notice was given, I informed the other party that emergency order would be presented to the court on _____ at _____ a.m. p.m. at the _____ courthouse.
(DATE) (TIME) (COURTHOUSE LOCATION)
I informed the other party that the emergency orders requested were:

3. I informed the other party that he/she should appear at the Family Law Court if he/she wished to be heard by the court on _____ at _____ a.m. p.m. in department _____ located at:
(DATE) (TIME) (DEPT.)
 Riverside 4175 Main St., Riverside, CA 92501 Indio 46-200 Oasis St., Indio, CA 92201
 Menifee 27401 Menifee Center Dr., Menifee CA 92584 Blythe 265 N. Broadway, Blythe, CA 92225

PETITIONER:	CASE NUMBER:
RESPONDENT:	

4. I asked the other party if they intended to appear at the hearing, and the other party responded:

5. I asked the other party if they would be opposing the request, and the other party responded:

6. I asked if the other party would file a written opposition, and the other party responded: _____

B. SERVICE

Service of the documents requesting emergency orders has been completed. Proof of Service has been filed with the court.

Service of the documents requesting emergency orders has not been completed because:

I am requesting that service of the documents be waived by the court. *(Complete Section C)*

Other: _____

C. REQUEST TO WAIVE NOTICE AND SERVICE

1. I ask the court to waive notice service to all parties and their attorneys of the request for emergency order because: *(Choose the option(s) that are applicable)*

a. Attempted Notice

I attempted in good faith to inform the opposing party but was unable to do so because:
(Describe efforts made to give notice)

b. Waiver of Notice and/or Service

Notice

- Giving notice would frustrate the purpose of the order.
- Giving notice would result in immediate and irreparable harm to me or the children who may be affected by the requested order.
- Giving notice would result in immediate and irreparable damage to or loss of property.
- We agreed in advance that notice was not necessary.

Service

There are extraordinary circumstances that imminent harm is likely if I serve (deliver) the documents to the other party before the hearing.

Provide the reasons why the court should waive notice service: _____

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

Date: _____

(TYPE OR PRINT NAME OF ATTORNEY PARTY MAKING DECLARATION) ▶ _____ (SIGNATURE)

ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400,17406 <i>(Name, State Bar number, and address):</i> TELEPHONE NO.: _____ FAX NO. <i>(Optional)</i> : _____ ATTORNEY FOR <i>(Name)</i> : _____	FOR COURT USE ONLY CASE NUMBER: _____ <i>(If applicable, provide):</i> HEARING DATE: _____ HEARING TIME: _____ DEPT.: _____
SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	
PROOF OF PERSONAL SERVICE	

1. I am at least 18 years old, not a party to this action, and not a protected person listed in any of the orders.
2. Person served *(name)*:
3. I served copies of the following documents *(specify)*:

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

5. I am

a. <input type="checkbox"/> not a registered California process server.	d. <input type="checkbox"/> exempt from registration under Business & Profession Code section 22350(b).
b. <input type="checkbox"/> a registered California process server.	
c. <input type="checkbox"/> an employee or independent contractor of a registered California process server.	e. <input type="checkbox"/> 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)

PETITIONER: RESPONDENT:	FOR COURT USE ONLY
CASE NUMBER:	
FINDINGS AND ORDERS ON REQUEST FOR <input type="checkbox"/> EMERGENCY ORDERS <input type="checkbox"/> ORDER SHORTENING TIME	

THE COURT MAKES THE FOLLOWING FINDINGS:

- The court finds that notice was was not given under California Rules of Court, rules 5.151, 5.165 and 5.167.
- The court finds good cause to **waive notice** because:
 - giving notice would frustrate the purpose of the order. (Rule 5.165(b)(2)(A))
 - giving notice would result in immediate and irreparable harm to the applicant or the children who may be affected by the order sought. (Rule 5.165(b)(2)(B))
 - giving notice would result in immediate and irreparable damage or loss of property subject to disposition in the case. (Rule 5.165(b)(2)(C))
 - the parties agreed in advance that notice will not be necessary. (Rule 5.165(b)(2)(D))
 - the party made reasonable and good faith efforts to give notice to the other party and further efforts to give notice would probably be futile or unduly burdensome. (Rule 5.165(b)(2)(E))
- The court find good cause to **waive service** because (*emergency order only*):
 - there are extraordinary circumstances that imminent harm is likely if the applicant serves documents on the other party before the hearing.
 - Other: _____

THE COURT MAKES THE FOLLOWING ORDERS:

- The hearing on emergency order is confirmed for _____ at _____ a.m. p.m. in department _____ .
- The request for emergency order is **granted** based on the submitted pleadings and a noticed hearing is set for _____ at _____ a.m. p.m. in department _____ .
- The order shortening time is **granted**. Time for service hearing is shortened. Service must be on for before: _____ Set hearing on: _____
- The request for emergency order shortening time is **denied** and a noticed hearing is set for _____ at _____ a.m. p.m. in department _____ .
- A Child Custody Recommending Counseling appointment shall be set prior to the noticed hearing.
- Other: _____

Date: _____

(JUDICIAL OFFICER)

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar Number and Address</i>) TELEPHONE NO: _____ FAX NO. (<i>Optional</i>): _____ E-MAIL ADDRESS (<i>Optional</i>): _____ ATTORNEY FOR (<i>Name</i>): _____	FOR COURT USE ONLY CASE NUMBER: _____
<input type="checkbox"/> PEOPLE OF THE STATE OF CALIFORNIA <input type="checkbox"/> PLAINTIFF/PETITIONER: vs. DEFENDANT/RESPONDENT: _____	
REQUEST FOR AN INTERPRETER	

1. Case Type (*Please check applicable box*):

- | | | |
|---|--|--|
| <input type="checkbox"/> Criminal | <input type="checkbox"/> Traffic | <input type="checkbox"/> Juvenile Delinquency |
| <input type="checkbox"/> Juvenile Dependency | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Child Support Case |
| <input type="checkbox"/> Family Law Domestic Violence | <input type="checkbox"/> Elder Abuse | <input type="checkbox"/> Civil Harassment |
| <input type="checkbox"/> Unlawful Detainer | <input type="checkbox"/> Termination of Parental Relationship – Family Law | <input type="checkbox"/> Guardianship or Conservatorship |
| <input type="checkbox"/> Other: _____ | | |

2. Name of person needing an interpreter: _____

- | | | |
|------------------------------------|--|---|
| <input type="checkbox"/> Defendant | <input type="checkbox"/> Plaintiff | <input type="checkbox"/> Witness for: _____ |
| <input type="checkbox"/> Minor | <input type="checkbox"/> Parent/Guardian | <input type="checkbox"/> Party on Case |

Requested by:

- | | | |
|--|---|---|
| <input type="checkbox"/> District Attorney | <input type="checkbox"/> DPSS | <input type="checkbox"/> Juvenile Defense Counsel |
| <input type="checkbox"/> DA Advocate | <input type="checkbox"/> Probation | <input type="checkbox"/> Party on Case |
| <input type="checkbox"/> Defense Counsel | <input type="checkbox"/> County Counsel | <input type="checkbox"/> Other: _____ |

3. Date of Hearing: _____ **Dept:** _____ **Estimate of time interpreter will be needed:** _____

- Half Day (*choose one*): AM - 8 to 12 PM - 1 to 5 Full Day - 8 to 5 On-call - Any time
 Estimated Length of Hearing (HRS/DAYS): _____

4. Language being requested: (*A minimum of 48 hours needed for a Spanish and Sign Language Interpreter and 5 days for all other languages (Local Rule 1025).*)

- | | | | |
|---|--|--|-------------------------------------|
| <input type="checkbox"/> Arabic | <input type="checkbox"/> German | <input type="checkbox"/> Lao | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Armenian East | <input type="checkbox"/> Hungarian | <input type="checkbox"/> Mandarin/Chinese | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Armenian West | <input type="checkbox"/> Indonesian | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Spanish* |
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> Japanese | <input type="checkbox"/> Punjabi | <input type="checkbox"/> Tagalog |
| <input type="checkbox"/> Farsi | <input type="checkbox"/> Khmer (Cambodian) | <input type="checkbox"/> Q'anjob'al (K'anjob'al) | <input type="checkbox"/> Thai |
| <input type="checkbox"/> French | <input type="checkbox"/> Korean | <input type="checkbox"/> Romanian | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Other: _____ (If requesting a language not listed above, please include country or region if known.) Country/Region: _____ | | | |

* Requests for an assigned Spanish interpreter to trials lasting one day or more must be made in advance.

If the above hearing date is continued or taken off calendar, please cancel the request with the Courtroom Assistant or Court Services Coordinator no less than 24 hours in advance. If the attorney cancels the request for an interpreter less than 24 hours in advance of the hearing date, the attorney who requested the interpreter shall pay the cost incurred by the court for the interpreter.

Note: Please complete Judicial Council form MC-410 *Request for Accommodations by Persons with Disabilities and Response* if you need an American Sign Language interpreter.