

Instructions for filing a Request for Order (Overdue Support)

Forms Needed: (* Mandatory Forms)

- [Request for Order \(FL-300\)](#) *
- [Application to Determine Arrears \(FL-490\)](#)
- [Declaration of Payment History \(FL-420\)](#)
- [Payment History Attachment \(FL-421\)](#)
- [Income and Expense Declaration \(FL-150\)](#) *
- [Proof of Personal Service \(FL-330\)](#)
- [Proof of Service by Mail \(FL-335\)](#)
- [Request for Interpreter \(RI-IN007\)](#)

Request for Order (Arrears)

To schedule a court hearing and ask the court to make orders on overdue spousal or child support in your case.

You can find more information Request for Orders at <https://www.courts.ca.gov/documents/fl300info.pdf>

How to Schedule a Family Law Hearing? Video:

<https://riverside.courts.ca.gov/SelfHelp/FamiliesChildren/non-emergency-rfo.mp4>

1	Complete all Forms	Complete all the documents and sign them.
2	File with the Court	<p><u>In-Person:</u> Go to the Clerk's Office window. You will need the following:</p> <ul style="list-style-type: none">• The original and at least copy (max 2) <p><u>Drop box or Mail:</u> Use the drop off box or mail your forms to the court listed on your forms. Include the following:</p> <ul style="list-style-type: none">• The original and at least a copy (max 2)• An envelope addressed to yourself with sufficient postage affixed. <p><u>Online:</u> Submit your forms online through eSubmit Portal. Follow the instructions below:</p> <ul style="list-style-type: none">• Electronically sign your documents at all signature lines in the document.• Watch video tutorials to prepare your documents at: https://riverside.courts.ca.gov/SelfHelp/FamiliesChildren/PDF-Video.mp4• Read instructions and eSubmit documents at: https://riverside.courts.ca.gov/FormsFiling/ESubmit/esubmit.php <p><i>The filing fee or fee waiver will be required at the time of submission. Once the court files the documents, the copies will be returned to you in the same way they were filed.</i></p>
3	Serve Copy on Other Party	<p>Generally, if the Respondent <i>has not</i> filed a Response in the case, the Request for Order must be served by personal service by someone other than you, at least 18 years of age at least 16 court days prior to the hearing date.</p> <p>If the Respondent <i>has</i> filed a Response in the case, service can be completed by mail by someone other than you, at least 18 years of age at least 21 calendar days prior to the hearing date.</p> <p>If <i>Department of Child Support Services</i> is on the case, you will need to serve them with a copy of these forms. You can serve them by, personal service, mail or electronic service. For more information on see Service by Email for Department Child Support Services (DCSS)</p>
4	File the Proof of Service	File the completed Proof of Service (FL-330/FL-335/POS-050) with the court. You should keep a copy of the completed form for your own records.
5	Attend CCRC	If an appointment is set, attend the Child Custody Recommending Counseling Appointment.
6	Attend Court Hearing	Attend your scheduled court hearing date. For Telephonic Hearings, please ensure that you call-in for hearing at the time indicated on your notice.
7	Prepare FOAH	If necessary, prepare a Findings and Order After Hearing (FL-340).

DISCLAIMER: Our Self-Help Center staff is not your private attorney and does not represent any party. There is NO attorney-client relationship and staff are unable to provide legal advice based on your individual facts. The Self-Help Center staff may provide information and services to the other party in the case. Further, communications between you and Self-Help Center staff are NOT Confidential. You should consult with your own attorney if you want personalized advice or strategy, to have a confidential conversation, or to be represented by an attorney in court.

Superior Court of California, County of Riverside

Request for Order (Overdue Support)

Your Information: I am the Petitioner Respondent

Name (First, Middle, Last): _____

Street Address: _____

City, State, Zip Code: _____

Telephone Number: _____

Petitioner's Name:

Name (First, Middle, Last): _____

Respondent's Name:

Name (First, Middle, Last): _____

Type of support that is owed:

Child Support Spousal Support

Case Number: _____

Where is your case filed?

Filing Options:

Today's Date: _____

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): _____
--

3. **WARNING to the person served with the Request for Order:** The court may make the requested orders without you if you do not file a *Responsive Declaration to Request for Order* (form FL-320), serve a copy on the other parties at least nine court days before the hearing (unless the court has ordered a shorter period of time), and appear at the hearing. (See form *FL-320-INFO* for more information.)

COURT ORDER
(FOR COURT USE ONLY)

It is ordered that:

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

Date: _____ _____ JUDICIAL OFFICER

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

REQUEST FOR ORDER

Note: Place a mark **X** in front of the box that applies to your case or to your request. If you need more space, mark the box for "Attachment." For example, mark "Attachment 2a" to indicate that the list of children's names and birth dates continues on a paper attached to this form. Then, on a sheet of paper, list each attachment number followed by your request. At the top of the paper, write your name, case number, and "FL-300" as a title. (You may use *Attached Declaration* (form MC-031) for this purpose.)

1. **RESTRAINING ORDER INFORMATION**

One or more domestic violence restraining/protective orders are now in effect between (specify):

Petitioner Respondent Other Parent/Party (Attach a copy of the orders if you have one.)

The orders are from the following court or courts (specify county and state):

- a. Criminal: County/state (specify): Case No. (if known):
- b. Family: County/state (specify): Case No. (if known):
- c. Juvenile: County/state (specify): Case No. (if known):
- d. Other: County/state (specify): Case No. (if known):

2. **CHILD CUSTODY**

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):
---------------------	----------------------	--	---

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:
---	--------------

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:
---	--------------

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:
-----------------------	--------------

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)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state Bar number, and address) or GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF F-19FG-89 _____ _____ _____ _____	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	
DECLARATION OF PAYMENT HISTORY	CASE NUMBER: _____

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

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

3. Number of pages attached: _____

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

Date: _____

_____ (TYPE OR PRINT NAME)	 _____ (SIGNATURE OF DECLARANT)
-------------------------------	---------------------------------------

SUPPORT ARREARAGE SUMMARY

This document has been electronically signed pursuant to Code of Civil Proc. § 1010.6 and Cal. Rules of Court 2.257.

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

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

NOTICE: Interest that is not calculated is not waived

Date: _____

Submitted by: _____

_____ (TYPE OR PRINT NAME)	 _____ (SIGNATURE)
-------------------------------	--------------------------

This document has been electronically signed pursuant to Code of Civil Proc. § 1010.6 and Cal. Rules of Court 2.257.

Details of the arrearage statement, consisting of (specify number) _____ pages, are attached.

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

PAYMENT HISTORY FOR (check one):

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

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

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

INSTRUCTIONS FOR COMPLETING PAYMENT RECORD

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

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

Child

Spousal

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

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

UNREIMBURSED CHILD CARE, MEDICAL, OR OTHER EXPENSES:

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

Unreimbursed child care expenses

Unreimbursed medical expenses

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

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

Form MC-031

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

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): TELEPHONE NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE	
PETITIONER: RESPONDENT: OTHER PARTY/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 8 1/2-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 8 1/2-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)

PETITIONER: RESPONDENT: OTHER PARTY/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) <input type="checkbox"/> currently receiving	\$ _____	\$ _____
e. Spousal support <input type="checkbox"/> from this marriage <input type="checkbox"/> from a different marriage <input type="checkbox"/> federally taxable*	\$ _____	\$ _____
f. Partner support <input type="checkbox"/> from this domestic partnership <input type="checkbox"/> from a different domestic partnership	\$ _____	\$ _____
g. Pension/retirement fund payments.....	\$ _____	\$ _____
h. Social Security retirement (not SSI).....	\$ _____	\$ _____
i. Disability: <input type="checkbox"/> Social Security (not SSI) <input type="checkbox"/> State disability (SDI) <input type="checkbox"/> Private insurance	\$ _____	\$ _____
j. Unemployment compensation.....	\$ _____	\$ _____
k. Workers' compensation.....	\$ _____	\$ _____
l. Other (military allowances, royalty payments) (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 <input type="checkbox"/> federally tax deductible*.....	\$ _____
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, <input type="checkbox"/> real and <input type="checkbox"/> personal (estimate fair market value minus the debts you owe).....	\$ _____

* Check the box if the spousal support order or judgment was executed by the parties and the court before January 1, 2019, or if a court-ordered change maintains the spousal support payments as taxable income to the recipient and tax deductible to the payor.

PETITIONER: RESPONDENT: OTHER PARTY/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 expense for the children in this case

	Amount per month
a. Childcare 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 (<i>specify below</i>):.....	\$ _____

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 (<i>examples: fire, theft, other insured loss</i>).....	\$ _____	_____
c. (1) Expenses for my minor children who are from other relationships and are living with me.....	\$ _____	_____
(2) Names and ages of those children (<i>specify</i>):		
(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*):

ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400,17406 <i>(Name, State Bar number, and address):</i> <hr style="width: 20px; margin-left: 0;"/> TELEPHONE NO.: ATTORNEY FOR <i>(Name)</i> :	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	CASE NUMBER: HEARING DATE: <i>(If applicable, provide):</i> HEARING TIME: DEPT.:
PROOF OF PERSONAL SERVICE	

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

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

5. I am

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

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

Date:

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

 (SIGNATURE OF PERSON WHO SERVED THE PAPERS)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): <hr/> TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF FRESNO	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	CASE NUMBER:
PROOF OF SERVICE BY MAIL	<i>(If applicable, provide):</i> HEARING DATE: HEARING TIME: DEPT.:

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

1. I am at least 18 years of age, not a party to this action, and I am a resident of or employed in the county where the mailing took place.
2. My residence or business address is:
3. I served a copy of the following documents *(specify)*:

by enclosing them in an envelope AND

- a. **depositing** the sealed envelope with the United States Postal Service with the postage fully prepaid.
- b. **placing** the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.

4. The envelope was addressed and mailed as follows:

- a. Name of person served:
- b. Address:
- c. Date mailed:
- d. Place of mailing *(city and state)*:

5. I served a request to modify a child custody, visitation, or child support judgment or permanent order which included an address verification declaration. *(Declaration Regarding Address Verification—Postjudgment Request to Modify a Child Custody, Visitation, or Child Support Order (form FL-334) may be used for this purpose.)*

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

Date:

(TYPE OR PRINT NAME)



(SIGNATURE OF PERSON COMPLETING THIS FORM)

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.