

Instrucciones para presentar: Solicitud de Orden (No Emergencia)

Formularios necesarios: (* Formularios obligatorios)

- [Request for Order \(FL-300\) *](#) (Solicitud de pedido)
- [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 (No Emergencia)

Para programar una audiencia en la corte y pedirle a la corte que emita nuevas órdenes o cambie las órdenes en su caso. 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.

Puede encontrar más información sobre Solicitud de Ordenes en

<https://www.courts.ca.gov/documents/fl300info.pdf>

¿Cómo programar una audiencia de derecho familiar? Video:

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

1	Complete todos los formularios	Complete todos los documentos y fírmelos.
2	Presente sus documentos ante el tribunal	<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>
3	Servir copia a la otra parte	<p>Por lo general, si el demandado <u>no ha</u> presentado una Respuesta en el caso, la Solicitud de orden debe ser entregada personalmente por alguien que no sea usted, de al menos 18 años de edad y entregarla por lo menos 16 días judiciales antes de la fecha de la audiencia.</p> <p>Si el demandado <u>ha</u> presentado una respuesta en el caso, otra persona que no sea usted puede completar la notificación por correo y debe tener al menos 18 años de edad y enviarla por lo menos 21 días calendario antes de la fecha de la audiencia.</p>
4	Presente la Prueba de entrega	Presente la Prueba de entrega completa (FL-330 o FL-335) con la corte. Debe guardar una copia del formulario completado para sus propios registros.
5	Asistir a 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 abogadocliente 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 (1) https://riverside.courts.ca.gov/SelfHelp/DivorceSeparation/divorce_roadmap.pdf

Superior Court of California
County of Riverside
Request for Order Packet

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) Manutención Conyugal

Manutención de los Hijos Honorarios y costos de Abogados Otro:

Número de caso: _____

Enumere a los hijos de la relación:

Nombre:

(Primer Nombre, Segundo Nombre, Apellido)

Fecha de Nacimiento:

Anos:

Nombre:

(Primer Nombre, Segundo Nombre, Apellido)

Fecha de Nacimiento:

Anos:

Nombre:

(Primer Nombre, Segundo Nombre, Apellido)

Fecha de Nacimiento:

Anos:

¿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: 	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)

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:
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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:
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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.: _____ FAX NO.: _____ ATTORNEY FOR <i>(Name)</i> : _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF F J9FG89	
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. 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 Business & Profession 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)

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar number, and address):</i> <hr style="width: 10%; margin-left: 0;"/> TELEPHONE NO.: _____ FAX NO. <i>(Optional)</i> : _____ E-MAIL ADDRESS <i>(Optional)</i> : _____ ATTORNEY FOR <i>(Name)</i> : _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF FRESNO	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	CASE NUMBER: <i>(If applicable, provide):</i> HEARING DATE: HEARING TIME: DEPT.:
PROOF OF SERVICE BY MAIL	

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.