



How to Ask the Court to Determine Your Support Balance

Purpose of These Instructions

If there is an issue regarding back support, and you need to know how much you owe or how much the other party owes, you can ask the court to determine the amount owing. This is called an "arrears determination." The purpose of these instructions are to assist you in completing, filing, and serving the forms to schedule a hearing date to ask the Court for an arrears determination.

The Request for Order is a set of forms used to schedule a hearing date to ask the court to determine how much in back child support and/or spousal support you owe or, if you have made an overpayment of support, how much the other party owes you.

Documents Required to request an arrears determination

- Request for Order, FL-300
- Application to Determine Arrearages, FL-490
- Declaration of Payment History, FL-420
- Payment History Attachment form, FL-421
- Proof of Personal Service form, FL-330
- Responsive Declaration to Request for Order, FL-320 (leave blank)
- Proof of Service by Mail, FL-335 (leave blank)

There may be a fee for filing a Request for Order. If you are unable to pay the filing fees, you may be eligible for a fee waiver. To request a fee waiver you must file an "Request to Waive Court Fees" form FW-001 and "Order on Court Fee Waiver" form FW-003. If the Department of Child Support Services is involved, there is no fee for filing this request.

When filling out the "Request for Order" and "Application to Determine Arrearages," you must tell the Court **specifically** what you want and why. On the first page of the "Request for Order" form FL-300, you will need to mark the "Other" Box and then print the words "Arrears Determination."

After you have completely filled out the "Request for Order", "Application to Determine Arrearages" and "Declaration of Payment History" and "Payment History Attachment" with all pertinent information, you must photo copy and file them.



Steps you must take

Photocopy your documents:

1. Make a copy of the completed forms for each party (one copy of the Fee Waiver)
2. Assemble the forms into packets as follows:
 - “Order to Show Cause”
 - “Application to Determine Arrears”
 - “Declaration of Payment History”
 - “Payment History Attachment”

Filing your "Request for Order":

You must file the “Request for Order” at the Family Relations Courthouse along with the filing fee or fee waiver forms (if applicable). These documents may be filed either in person or by mail. If you file in person, start at Reception to get a service ticket number for Room 100, Filing Counter. If you file by mail, be sure to enclose a self-addressed envelope with enough postage to return the filed copies back to you. The address is:

Wm. R. Ridgeway Family Relations Court
3341 Power Inn Road, Rm. 100
Sacramento, CA 95826

Serve the Other Party:

Once you have filed the “Request for Order” and copies, you must have someone other than yourself, over the age of 18, personally serve a copy of the completed forms (along with a blank responsive declaration and blank proof of service by mail) to the other party no later than 16 court days before the Court date. After your process server personally hands a copy to the other party, they must complete the “Proof of Personal Service” form. You will need to file this document and a copy at the Family Relations Courthouse. Keep a copy of the filed “Proof of Personal Service” with your court papers for your own record. We suggest that you bring your copy of the Proof of Service to the hearing. **If DCSS is involved**, you will need to confirm if the Clerk at the window is serving DCSS for you. If they do, you will only need to serve the other parent. If the clerk does not serve DCSS, you will need to serve them as well. If the clerk does not serve DCSS, then you can have them served by mail at: 3701 Power Inn Road, Sacramento, CA 95826. If the other parent is a party to the case, they will have to be served as well.

If You Also Wish to Change Your Child Support Amount

By filing a Determination of Arrears you are only asking for the Court to determine the amount of arrearages you owe and set a payment on those arrearages. This will not affect the amount of child support you are required to pay each month.

In order to modify the amount of your child support, you will also need to specifically ask for the payment to be modified. If you want to ask that your payments be modified, you will also need to complete and attach the following form: Income and Expense Declaration, FL-150.

PARTY WITHOUT ATTORNEY OR ATTORNEY STATE BAR NUMBER: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
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"/> Domestic Violence Order <input type="checkbox"/> Attorney's Fees and Costs <input type="checkbox"/> Property Control <input type="checkbox"/> Other (specify):	CASE NUMBER:

NOTICE OF HEARING

1. TO (name(s)): _____
 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.)

(Forms [FL-300-INFO](#) and [DV-400-INFO](#) provide information about completing this form.)

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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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)

b. I want to change a current court order for child support filed on (date): [Attachment 3a.](#)
 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 should make, change, or end the support orders because (specify): [Attachment 4e.](#)

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.

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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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. **DOMESTIC VIOLENCE ORDER**

- Do not use this form to ask for domestic violence restraining orders! Read [form DV-505-INFO](#), *How Do I Ask for a Temporary Restraining Order*, for forms and information you need to ask for domestic violence restraining orders.
- Read [form DV-400-INFO](#), *How to Change or End a Domestic Violence Restraining Order* for more information.

- a. The *Restraining Order After Hearing* (form DV-130) was filed on (date): _____
- b. I request that the court change end the personal conduct, stay-away, move-out orders, or other protective orders made in *Restraining Order After Hearing* (form DV-130). (If you want to change the orders, complete 7c.)
- c. I request that the court make the following changes to the restraining orders (specify): [Attachment 7c.](#)
- d. I want the court to change or end the orders because (specify): [Attachment 7d.](#)

8. **OTHER ORDERS REQUESTED (specify):** [Attachment 8.](#)

9. **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 the *Request for Order* to be sooner.
 - c. I need the order because (specify): [Attachment 9c.](#)

10. **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 10.](#)

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 www.courts.ca.gov/forms for *Request for Accommodations by Persons With Disabilities and Response* ([form MC-410](#)). (Civ. Code, § 54.8.)

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	CASE NUMBER:
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APPLICATION TO DETERMINE ARREARS
 Attachment to Request for Order (form FL-300)

- Child support
 Spousal or partner support
 Family support
 Medical support
 Unreimbursed expenses
 Unreimbursed medical expenses
 Other (specify):

1. I ask that the amount of past due support payments (arrears) be decided in this case.
2. I have attached (check all that apply):
 - a. a Declaration of Payment History (FL-420)
 - b. a Payment History Attachment (FL-421)
 - c. Other (specify):
3. I ask that the amount of past due support payments (arrears) be decided in this case.
 - a. I have already paid some all of the support ordered. Proof of payment is attached.
 - b. The children for whom support is to be paid were living with me full time for the period from _____ to: _____ . I provided all of their support during that period. I am attaching a detailed declaration explaining these facts and supporting documentation, including any proof that the children were living with me.
 - c. Suspended due to jail, prison, or an Institution (juvenile facility or mental health facility). (Family Code, § 4007.5)
 - (1) I was incarcerated or involuntarily institutionalized for the following periods for more than 90 days in a row during which I did not have the financial ability to pay child support. (Attach any proof of your incarceration or involuntary institutionalization.)
 - (a) Date(s) incarceration or involuntary institutionalization began: _____
 - (b) Date(s) incarceration or involuntary institutionalization ended: _____
 - (2) The reason that I was in jail, prison, or an institution (juvenile facility or mental health facility) was not because I failed to pay court ordered child support or committed domestic violence against the supported person or child.
 - (3) My child support order was made or changed by the court on or after October 8, 2015.
 - d. Other (specify):
4. I have previously asked the other parent for payment and provided the other parent with an itemized statement of the unreimbursed childcare expense medical expense. (Attach copies of all bills being claimed and proof of any payments that you have made on these bills.)
5. I am asking the other person to pay a. Attorney Fees b. Costs.
Income and Expense Declaration (form FL-150) is attached.
6. Facts in support of the relief requested are (specify):
 contained in the attached declaration.

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

Date:

 (TYPE OR PRINT NAME)



 (SIGNATURE OF DECLARANT)

- Petitioner/Plaintiff Respondent/Defendant
 Attorney Other (specify):

NOTICE: This form must be attached to Request for Order (FL-300)

NOT A COURT ORDER

APPLICATION TO DETERMINE ARREARS

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, state Bar number, and address</i>) or GOVERNMENTAL AGENCY (<i>under Family Code, §§ 17400, 17406</i>): TELEPHONE NO.: _____ FAX NO. (<i>Optional</i>): _____ E-MAIL ADDRESS (<i>Optional</i>): _____ ATTORNEY FOR (<i>Name</i>): _____	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
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 (<i>specify</i>):
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)
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SUPPORT ARREARAGE SUMMARY

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

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

NOTICE: Interest that is not calculated is not waived

Date:

Submitted by:

_____ (TYPE OR PRINT NAME)	_____ (SIGNATURE)
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Details of the arrearage statement, consisting of (*specify number*) _____ pages, are attached.

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

Year 2000

Year 2001

	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

Spousal

	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

Year 2001

	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

Unreimbursed medical expenses

Year 2001

	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 Defendant/Respondent	CASE NUMBER
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)] Exhibit E
02/02 ABC School 50% (\$200)	
03/02 ABC School 50% (\$200)	
04/02 ABC School 50% (\$200)	
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

INFORMATION SHEET FOR PROOF OF PERSONAL SERVICE

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

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

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

You must complete a proof of service for each package of documents you serve. For example, if you serve the respondent and the other parent, you must complete two proofs of service; one for the respondent and one for the other parent.

Complete the top section of the proof of service forms as follows:

First box, left side: In this box print the name, address, and phone number of the person for whom you are serving the documents.

Second box, left side: Print the name of the county in which the legal action is filed and the court's address in this box. Use the same address for the court that is on the documents you are serving.

Third box, left side: Print the names of the petitioner/plaintiff, respondent/defendant, and other parent in this box. Use the same names listed on the documents you are serving.

First box, top of form, right side: Leave this box blank for the court's use.

Second box, right side: Print the case number in this box. This number is also stated on the documents you are serving.

Third box, right side: Print the hearing date, time, and department. Use the same information that is on the documents you are serving.

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

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

If you need additional assistance with this form, contact the family law facilitator in your county.

PARTY WITHOUT ATTORNEY OR ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	
RESPONSIVE DECLARATION TO REQUEST FOR ORDER	CASE NUMBER:
HEARING DATE: TIME: DEPARTMENT OR ROOM:	

Read *Information Sheet: Responsive Declaration to Request for Order* ([form FL-320-INFO](#)) for more information about this form.

1. **RESTRAINING ORDER INFORMATION**
 - a. No domestic violence restraining/protective orders are now in effect between the parties in this case.
 - b. I agree that one or more domestic violence restraining/ protective orders are now in effect between the parties in this case.

2. **CHILD CUSTODY**
 VISITATION (PARENTING TIME)
 - a. I consent to the order requested for child custody (legal and physical custody).
 - b. I consent to the order requested for visitation (parenting time).
 - c. I do not consent to the order requested for child custody visitation (parenting time)
 but I consent to the following order:

3. **CHILD SUPPORT**
 - a. I have completed and filed a current *Income and Expense Declaration* ([form FL-150](#)) or, if eligible, a current *Financial Statement (Simplified)* ([form FL-155](#)) to support my responsive declaration.
 - b. I consent to the order requested.
 - c. I consent to guideline support.
 - d. I do not consent to the order requested but I consent to the following order:

4. **SPOUSAL OR DOMESTIC PARTNER SUPPORT**
 - a. I have completed and filed a current *Income and Expense Declaration* ([form FL-150](#)) to support my responsive declaration.
 - b. I consent to the order requested.
 - c. I do not consent to the order requested but I consent to the following order:

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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5. PROPERTY CONTROL
- a. I consent to the order requested.
- b. I do not consent to the order requested but I consent to the following order:
-
6. ATTORNEY'S FEES AND COSTS
- a. I have completed and filed a current *Income and Expense Declaration* ([form FL-150](#)) to support my responsive declaration.
- b. I have completed and filed with this form a *Supporting Declaration for Attorney's Fees and Costs Attachment* ([form FL-158](#)) or a declaration that addresses the factors covered in that form.
- c. I consent to the order requested.
- d. I do not consent to the order requested but I consent to the following order:
-
7. DOMESTIC VIOLENCE ORDER
- a. I consent to the order requested.
- b. I do not consent to the order requested but I consent to the following order:
-
8. OTHER ORDERS REQUESTED
- a. I consent to the order requested.
- b. I do not consent to the order requested but I consent to the following order:
-
9. TIME FOR SERVICE / TIME UNTIL HEARING
- a. I consent to the order requested.
- b. I do not consent to the order requested but I consent to the following order:
-
10. FACTS TO SUPPORT my responsive declaration are listed below. The facts that I write and attach to this form cannot be longer than 10 pages, unless the court gives me permission. [Attachment 10.](#)

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)

U

(SIGNATURE OF DECLARANT)

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar number, and address</i>): <hr/> 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 STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	CASE NUMBER: (If applicable, provide): 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)