



<b>Cover Sheet:</b>	<b>Responsive Declaration to Request for Order</b>
<b>Effective Date:</b>	August 5, 2019
<b>Last Revision Date:</b>	July 1, 2025
<b>Purpose:</b>	These forms are used to respond to a Request for Order.
<b>Assistance:</b>	Parties who are acting as their own attorneys may receive help from the Self Help Center to complete these forms. You may contact the Self Help Center through the Court's website, by creating an e-Correspondence account, or visit the Self Help Center in person, Monday through Thursday, and Friday morning.
<b>Required Forms:</b>	All forms are Judicial Council forms, unless otherwise indicated: <ul style="list-style-type: none"><li>• Responsive Declaration to Request for Order, FL-320</li><li>• Family Law Case Participant Enrollment Form (Party), local form FL/E-LP-665</li><li>• Proof of Service By Mail, FL-335</li></ul>
<b>Optional Forms:</b>	This form is needed only if the Request for Order includes a request for support or attorney's fees: <ul style="list-style-type: none"><li>• Income and Expense Declaration, FL-150</li></ul>
<b>Filing Fee:</b>	None.
<b>Copies:</b>	Make two copies of the completed forms. The Court will file and keep the original and will endorse and return the copies to you.
<b>Before you File:</b>	A copy of the completed Responsive Declaration must be served on the party that filed the Request for Order before it can be filed with the court.
<b>Filing:</b>	<p>All forms must be typewritten or printed in blue or black ink. (See California Rules of Court, Rules 2.100-2.119)</p> <p>Mail or place completed forms in the court drop-box located at the Family Court at 3341 Power Inn Road, Sacramento, CA 95826. Drop box hours are 8:00 am to 5:00 pm Monday through Friday, excluding Court holidays.</p> <p>Forms may also be filed in person between the hours of 8:30 am and 4:00 pm. You must make an appointment online or obtain a ticket from Reception to file in person.</p>
<b>Next Steps:</b>	<p>Attend the hearing on the date and time and at the location listed on the Request for Order.</p> <p>If you will need an interpreter at the hearing you may request one online at the following link: <a href="https://www.saccourt.ca.gov/family/interpreter-request.aspx">https://www.saccourt.ca.gov/family/interpreter-request.aspx</a></p>

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.

3. ☐ CHILD SUPPORT
- a. I have completed and filed a current *Income and Expense Declaration* ( ) 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:

- Code of Civil Procedure, § 1005  
Cal. Rules of Court, rule 5.92  
[courts.ca.gov](http://courts.ca.gov)

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 ) 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 ) 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. ☐ 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:
  
8. ☐ 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:
  
9. ☐ 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. ☐

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)

# CONFIDENTIAL

<b>CASE PARTICIPANT</b> NAME: _____ STATE BAR NO: _____ FIRM NAME: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____ E-MAIL ADDRESS: <i>(must be legible)</i> _____ TELEPHONE NO.: _____ ATTORNEY FOR <i>(Name)</i> : _____ FAX NO. <i>(Optional)</i> : _____	<b>FOR COURT USE ONLY</b>
NAME OF COURT: _____ STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
PETITIONER/PLAINTIFF: _____ RESPONDENT/DEFENDANT: _____ CLAIMANT: _____	
<b>FAMILY LAW CASE PARTICIPANT ENROLLMENT FORM PARTY</b>	CASE NUMBER: _____

You may access some Findings and Orders After Hearing for law and motion hearings, and mediation reports prepared by Family Court Services on or after January 26, 2015 using the court's online Public Case Access System. Free access is available for 72 hours from the time the order is issued or the report is prepared, or from the time the court creates your case subscription. After 72 hours, you may still access but you will be required to pay for copies of orders and reports.

## INSTRUCTIONS

To setup your account you must:

- File this form with the court and be prepared to show your **driver license or a state or federal issued photo identification card**.
- A separate form must be filed for each of your Family Law cases.
- Once the court has created your subscription to your Family Law case, you will receive a confirming email. You must follow the instructions in that email to complete the process.
- Once your subscription is completed, you will receive an email notification each time an order or report is added to your case.
- You must also complete and file this form, with a copy of your driver license, if you wish to **unsubscribe** to your Family Law case.

☐ I, \_\_\_\_\_, request the court create an account and/or subscription to my Family Law case. I declare that my private email address is *(must be legible)*:

(Please use Ø for zero, 1 for one and clearly differentiate i, L, S, 5, 3 and 8's).

☐ I would like to unsubscribe from my case and have attached a copy of my driver license, state or federal issued photo identification.

I understand, if I change my email address I must file a new enrollment form with the court.

I acknowledge that confidential mediation reports contain private information that is not part of the public court file. I understand that without a court order, I must not disclose any contents of the Report to anyone (including any minor children) other than the parties to my case (petitioner/respondent/claimant) and their attorneys and court professionals. I acknowledge that the court may impose a penalty for any unauthorized disclosure of any content of the Family Court Services report.

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)

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*):

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.

- Date:

(SIGNATURE OF PERSON COMPLETING THIS FORM)

PARTY WITHOUT ATTORNEY OR ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	
<b>INCOME AND EXPENSE DECLARATION</b>	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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**12. The following people live with me:**

Name	Age	How the person is related to me (ex: son)	That person's gross monthly income	Pays some of the household expenses?	
a.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
b.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
c.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
d.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
e.				<input type="checkbox"/> Yes	<input type="checkbox"/> No

**13. Average monthly expenses**    ☐ Estimated expenses    ☐ Actual expenses    ☐ Proposed needs

a. Home: (1) <input type="checkbox"/> Rent or <input type="checkbox"/> mortgage..... \$ _____ If mortgage: (a) average principal:     \$ _____ (b) average interest:     \$ _____ (2) Real property taxes..... \$ _____ (3) Homeowner's or renter's insurance (if not included above)..... \$ _____ (4) Maintenance and repair..... \$ _____ b. Health-care costs not paid by insurance..... \$ _____ c. Child care..... \$ _____ d. Groceries and household supplies..... \$ _____ e. Eating out..... \$ _____ f. Utilities (gas, electric, water, trash)..... \$ _____ g. Telephone, cell phone, and e-mail..... \$ _____	h. Laundry and cleaning..... \$ _____ i. Clothes..... \$ _____ j. Education..... \$ _____ k. Entertainment, gifts, and vacation..... \$ _____ l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.)..... \$ _____ m. Insurance (life, accident, etc.; do not include auto, home, or health insurance)..... \$ _____ n. Savings and investments..... \$ _____ o. Charitable contributions..... \$ _____ p. Monthly payments listed in item 14 (itemize below in 14 and insert total here)... \$ _____ q. Other (specify): \$ _____ <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">                     r. <b>TOTAL EXPENSES</b> (a–q) (do not add in the amounts in a(1)(a) and (b)) \$ _____                 </div> s. <b>Amount of expenses paid by others</b> \$ _____
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**14. Installment payments and debts not listed above**

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

**15. Attorney fees** (This information is required if either party is requesting attorney fees):

- a. To date, I have paid my attorney this amount for fees and costs (specify): \$
- b. The source of this money was (specify):
- c. I still owe the following fees and costs to my attorney (specify total owed): \$
- d. My attorney's hourly rate is (specify):

I confirm this fee arrangement.

Date: \_\_\_\_\_

\_\_\_\_\_  
(TYPE OR PRINT NAME OF ATTORNEY)



\_\_\_\_\_  
(SIGNATURE OF ATTORNEY)



PETITIONER: 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)*:**

**1 If you received a *Request for Order* (form FL-300):**

- Carefully read the papers you received to make sure you understand what orders are being requested.
- Note the date, time, and location of the court hearing.
- Check to see if the court ordered a specific date for filing and serving your *Responsive Declaration to Request for Order* (form FL-320).
- If you need more time before the hearing to prepare a responsive declaration or talk with a lawyer, you may ask the court to continue the hearing date. For more information, consult with a lawyer or contact the the Family Law Facilitator or Self-Help Center in your court (see item **16**).

**2 USE *Responsive Declaration to Request for Order* (form FL-320)**

Use form FL-320 to let the court and the other party know that you agree or disagree with each of the requests made in the *Request for Order* (form FL-300).

- If you disagree, use form FL-320 to describe the orders you would like the court to make.
- If you do not file and serve form FL-320, the court can still make orders without your input.

**3 DO NOT USE *Responsive Declaration to Request for Order* (form FL-320) to:**

- Ask for court orders that were not requested in the *Request for Order* (form FL-300). Instead, file and serve your own *Request for Order* (form [FL-300](#)) to ask for orders about other issues.
- Respond to *Request for Domestic Violence Restraining Order* (form [DV-100](#)). Instead, you must use *Response to Request for Domestic Restraining Order* (form [DV-120](#)).
- Respond to *Request to Change or End Restraining Order* (form [DV-300](#) or form [JV-255](#) when the juvenile case is closed and the order was granted under the Domestic Violence Prevention Act). Instead, you must use *Response to Request to End or Change Restraining Order* (form [DV-320](#)).

**4 Forms checklist**

- Form [FL-320](#), *Responsive Declaration to Request for Order*, is the basic form you need. Depending on the requests made in the *Request for Order* (form FL-300), you may need other forms.
- For child custody or visitation (parenting time) orders, you may need to complete some of these forms:
  - ☐ [FL-105](#), *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act*
  - ☐ [FL-311](#), *Child Custody and Visitation (Parenting Time) Application Attachment*
  - ☐ [FL-312](#), *Request for Child Abduction Prevention Orders*
  - ☐ [FL-341\(C\)](#), *Children's Holiday Schedule Attachment*
  - ☐ [FL-341\(D\)](#), *Additional Provisions—Physical Custody Attachment*
  - ☐ [FL-341\(E\)](#), *Joint Legal Custody Attachment*
- For child support, you need:
  - ☐ A current form [FL-150](#), *Income and Expense Declaration*. You may use form [FL-155](#), *Financial Statement (Simplified)*, instead of form FL-150 if you meet the requirements listed on page 2 of form FL-155.

**Notice:**

  - The court will order child support based on the income of the parents.
  - Child support normally continues until the child is 18 years and has graduated from high school.
  - You must give the court information about your finances. If you do not, the child support order will be based on information about your income that the court receives from other sources.
- For spousal or domestic partner support or orders about your finances, you need these forms:
  - ☐ [FL-150](#), *Income and Expense Declaration*
  - ☐ [FL-157](#), *Spousal or Partner Support Declaration Attachment* (if the request is to change a support judgment)
- For attorney's fees and costs, you need these forms (except in Domestic Violence Prevention Act cases):
  - ☐ [FL-150](#), *Income and Expense Declaration*
  - ☐ [FL-158](#), *Supporting Declaration for Attorney's Fees and Costs* (or provide the information in a declaration)
  - ☐ [FL-319](#), *Request for Attorney's Fees and Costs Attachment* (or provide the information in a declaration)
- If you plan on having witnesses testify at the hearing, you need this form:
  - ☐ \_\_\_\_\_, *Witness List*



To respond to a *Request for Order*, you must:

**5 Complete the top part (caption) of the form**

Complete the top portion including your name, address, and telephone number, the court address, the names of all the parties in the case, and the case number. Also, print or type the same hearing date, time, and department that appears on the *Request for Order* (form FL-300).

**6 Specify a response to orders requested**

**Items 1–8:** Each item on the form matches the item numbers on the *Request for Order* (form FL-300). Complete item 1. Next, mark the same box that is marked on form FL-300. Then, specify if you consent (agree) or do not consent to (disagree with) the orders requested. If you disagree, describe the order you would like the court to make. *Note: You may file one form FL-150 to respond to items 3, 4, and 6.*

**Item 9:** Use the space to explain your responses to items 1–8. Include the reasons why you do not agree with the orders requested by the other party and why the court should make the orders you described. If you need more space, write your responses on a separate sheet of paper and attach it to the form (*Attached Declaration* (form MC-031) may be used for this purpose).

**Sign and date:** Print your name, sign, and write the date you signed form FL-320.

**7 Next steps: file or serve your paperwork**

You must file your paperwork with the court clerk at least 9 court days before the hearing. If the court orders a shorter time to file your papers, file them by the date specified in the order.

Make 2 copies of your original paperwork. Then, do one of the following before the filing deadline:

- Take your paperwork and copies to the court clerk to process (or e-file them, if available in your county). The clerk will keep the original and give you back copies with a court stamp on them. Have a stamped copy served; or
- Have an unstamped copy of your paperwork served *before* you take (or e-file) the originals and copies to the court clerk to file. Be sure the original documents are not served.

PARTY WITHOUT ATTORNEY OR ATTORNEY		STATE BAR NUMBER	FOR COURT USE ONLY
NAME:			
FIRM NAME:			
STREET ADDRESS:			
CITY:	STATE:	ZIP CODE:	
TELEPHONE NO.:	FAX NO.:		
EMAIL ADDRESS:			
ATTORNEY FOR (name)			
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.

- ☐ **RESTRAINING ORDER INFORMATION**
  - ☐ No domestic violence restraining/protective orders are now in effect between the parties in this case.
  - ☐ I agree that one or more domestic violence restraining/protective orders are now in effect between the parties in this case.
- ☐ **CHILD CUSTODY**
☐ **VISITATION (PARENTING TIME)**
  - ☐ I consent to the order requested for child custody (legal and physical custody).
  - ☐ I consent to the order requested for visitation (parenting time).
  - ☐ I do not consent to the order requested for:
 ☐ child custody
 ☐ visitation (parenting time)
   
☐ but I consent to the following order:
- ☐ **CHILD SUPPORT**
  - 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.
  - ☐ I consent to the order requested.
  - ☐ I consent to guideline support.
  - ☐ I do not consent to the order requested ☐ but I consent to the following order:
- ☐ **SPOUSAL OR DOMESTIC PARTNER SUPPORT**
  - I have completed and filed a current *Income and Expense Declaration* (form FL-150) to support my responsive declaration.
  - ☐ I consent to the order requested.
  - ☐ I do not consent to the order requested ☐ but I consent to the following order:

**8 Pay filing fees**

Generally, you do not have to pay a fee to file the *Responsive Declaration*. However, if you have never filed any papers in the case, you may have to pay a “first appearance fee,” which, in general, everyone has to pay when filing court papers in a case for the first time.

If you cannot afford to pay the filing fee, you can ask the court to waive the fees. To do so, complete and file form [FW-001](#), *Request to Waive Court Fees*, and form [FW-003](#), *Order on Court Fee Waiver*.

**9 Serve your papers on the other party**

“Service” is the act of giving your legal papers to all persons named as parties in the case so that they know what orders you want the court to make.

*Note:* If a party has a lawyer in the case, the papers should be served on that party’s lawyer.



**10 How to “serve”**

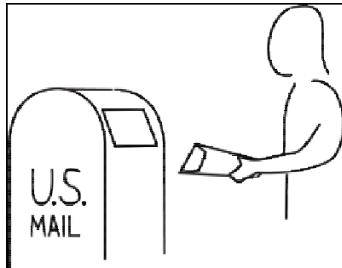
**Server.** You cannot serve the papers. Have someone else (who is at least 18 years old) do it. The “server” can be a friend, a relative who is not involved in your case, a county sheriff, or a professional process server.

**Personal service.**

Your papers may be served by “personal service.” Personal service means that your server walks up to each person to be served, makes sure they are the right person, and then gives a copy of all the papers to each person.

**Service by mail.**

“Service by mail” means that your server places copies of all the documents in a sealed envelope and mails them to the address of each party being served (or to the party’s lawyer, if applicable.) The server must be 18 years of age or over and must live or work in the county where the mailing took place.

**11 Deadline for service**

Personal service or service by mail on the other party must be completed at least *9 court days* before the court hearing. If the court has ordered a shorter time to serve your responsive papers, be sure to have them served by the date specified in the court order.

**12 Server must complete a *Proof of Service***

After personal service, the server should complete a form [FL-330](#), *Proof of Personal Service*. Form [FL-330-INFO](#), *Information Sheet for Proof of Personal Service*, has instructions to help the person complete the form.

After service by mail, the server should complete form [FL-335](#), *Proof of Service by Mail*. Form [FL-335-INFO](#), *Information Sheet for Proof of Service by Mail*, has instructions to help the person complete the form.

**13 File the *Proof of Service* before your hearing date**

The *Proof of Service* shows the judge that the person received a copy of your *Responsive Declaration to Request for Order*. Make three copies of the completed *Proof of Service*. Take the original and copies to the court clerk as soon as possible **before your hearing**.

The clerk will keep the original and give you back the copies stamped “Filed.” Bring a copy stamped “Filed” to your hearing. (If unstamped copies of your paperwork were served, you can file the completed *Proof of Service* when you file the original *Responsive Declaration*.)

**14 Participate in child custody mediation or child custody recommending counseling**

If the *Request for Order* includes a court order for you to attend mediation or child custody recommending counseling, the date, time, and location is found on page 1 of the *Request for Order*. For more information, read *Child Custody Information Sheet* (form [FL-313-INFO](#) or form [FL-314-INFO](#)).

**15 Get ready for your hearing**

- Take at least two copies of your documents and filed forms to the hearing. Include a filed *Proof of Service* form.
- Find more information about preparing for the hearing at the following web link: [selfhelp.courts.ca.gov/tips-your-day-court](http://selfhelp.courts.ca.gov/tips-your-day-court).

**16 Still have questions or need help?**

- Contact the Family Law Facilitator or Self-Help Center for information, local rules, and referrals to local legal services providers. Go to [selfhelp.courts.ca.gov/court-based-self-help-services](http://selfhelp.courts.ca.gov/court-based-self-help-services).
- Talk to a lawyer if you want legal advice, someone to go to court with you, or other legal help. Find an attorney through your local bar association, the State Bar of California at [www.calbar.ca.gov](http://www.calbar.ca.gov), or the Lawyer Referral Service at 1-866-442-2529.
- For free and low-cost legal help (if you qualify), go to [www.lawhelpcalifornia.org](http://www.lawhelpcalifornia.org).