





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

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	<input type="checkbox"/>	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:
---	--------------

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

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

**APPLICATION TO DETERMINE ARREARAGES**  
**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 arrearages be determined 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 support arrearage be changed as follows:
  - 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.  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.  Attorney fees and costs a.  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**

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state Bar number, and address) or GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406):   TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF FRESNO</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF:  RESPONDENT/DEFENDANT:  OTHER PARENT:	
<b>DECLARATION OF PAYMENT HISTORY</b>	CASE NUMBER: _____

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

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

3. Number of pages attached: \_\_\_\_\_

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

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

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

**SUPPORT ARREARAGE SUMMARY**

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

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

**NOTICE: Interest that is not calculated is not waived**

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

Submitted by: \_\_\_\_\_

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

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

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

PAYMENT HISTORY FOR *(check one)*:

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

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

	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						
<b>TOTAL</b>						

**INSTRUCTIONS FOR COMPLETING PAYMENT RECORD**

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

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

Child

Spousal

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

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

**UNREIMBURSED CHILD CARE, MEDICAL, OR OTHER EXPENSES:**

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

Unreimbursed child care expenses

Unreimbursed medical expenses

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

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

**Form MC-031**

Petitioner/Plaintiff	CASE NUMBER		
Defendant/Respondent			
I request reimbursement for 50% of these expenses, which are supported by copies of bills, receipts, and other proof of expense.			
01/04/01	Dr. Adams	\$45.00	Exhibit A
01/08/01	Dr. Lee, D.D.S.	\$155.00	Exhibit B
02/15/01	AB X-ray Inc.	\$200.00	Exhibit C
04/26/01	Kids Therapy	\$75.00	Exhibit D
Child care expenses:			
01/02	ABC School	50% (\$200)	} 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 <b>ATTACHED DECLARATION</b>			