

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	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:													
<table style="width:100%; border: none;"> <tr> <td style="width:33%;">REQUEST FOR ORDER</td> <td style="width:33%;"><input type="checkbox"/> MODIFICATION</td> <td style="width:33%;"><input type="checkbox"/> Temporary Emergency Court Order</td> </tr> <tr> <td><input type="checkbox"/> Child Custody</td> <td><input type="checkbox"/> Visitation</td> <td><input type="checkbox"/> Other (specify):</td> </tr> <tr> <td><input type="checkbox"/> Child Support</td> <td><input type="checkbox"/> Spousal Support</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Attorney Fees and Costs</td> <td></td> <td></td> </tr> </table>	REQUEST FOR ORDER	<input type="checkbox"/> MODIFICATION	<input type="checkbox"/> Temporary Emergency Court Order	<input type="checkbox"/> Child Custody	<input type="checkbox"/> Visitation	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> Child Support	<input type="checkbox"/> Spousal Support		<input type="checkbox"/> Attorney Fees and Costs			CASE NUMBER:
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1. TO (name): _____
2. A hearing on this *Request for Order* will be held as follows: **If child custody or visitation is an issue in this proceeding, Family Code section 3170 requires mediation before or at the same time as the hearing (see item 7.)**

a. Date: _____	Time: _____	<input type="checkbox"/> Dept.: _____	<input type="checkbox"/> Room.: _____
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b. Address of court same as noted above other (specify): _____

3. Attachments to be served with this *Request for Order*:

- | | |
|---|---|
| <ol style="list-style-type: none"> a. A blank Responsive Declaration (form FL-320) b. <input type="checkbox"/> Completed <i>Income and Expense Declaration</i> (form FL-150) and a blank Income and Expense Declaration | <ol style="list-style-type: none"> c. <input type="checkbox"/> Completed <i>Financial Statement (Simplified)</i> (form FL-155) and a blank Financial Statement (Simplified) d. <input type="checkbox"/> Points and authorities e. <input type="checkbox"/> Other (specify): _____ |
|---|---|

Date: _____

 (TYPE OR PRINT NAME)

 (SIGNATURE)

COURT ORDER

4. YOU ARE ORDERED TO APPEAR IN COURT AT THE DATE AND TIME LISTED IN ITEM 2 TO GIVE ANY LEGAL REASON WHY THE ORDERS REQUESTED SHOULD NOT BE GRANTED.
5. Time for service hearing is shortened. Service must be on or before (date): _____
6. Any responsive declaration must be served on or before (date): _____
7. The parties are ordered to attend mandatory custody services as follows:

8. You are ordered to comply with the *Temporary Emergency Court Orders* (form FL-305) attached.
9. Other (specify): _____

Date: _____

JUDICIAL OFFICER

To the person who received this *Request for Order*: If you wish to respond to this *Request for Order*, you must file a *Responsive Declaration to Request for Order* (form FL-320) and serve a copy on the other parties at least nine court days before the hearing date unless the court has ordered a shorter period of time. You do not have to pay a filing fee to file the *Responsive Declaration to Request for Order* (form FL-320) or any other declaration including an *Income and Expense Declaration* (form FL-150) or *Financial Statement (Simplified)* (form FL-155).

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	CASE NUMBER:
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9. I request that time for service of the *Request for Order* and accompanying papers be shortened so that these documents may be served no less than (*specify number*): _____ days before the time set for the hearing. I need to have this order shortening time because of the facts specified in item 10 or the attached declaration.
10. FACTS IN SUPPORT of orders requested and change of circumstances for any modification are (*specify*):
 Contained in the attached declaration. (*You may use Attached Declaration (form MC-031) for this purpose. The attached declaration must not exceed 10 pages in length unless permission to file a longer declaration has been obtained from the court.*)

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 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). (Civil Code, § 54.8.)