



# SUPERIOR COURT OF STANISLAUS COUNTY

[www.stanct.org](http://www.stanct.org) (209) 530-3100

Street Address: 1100 I Street Modesto, CA 95353

Mailing Address: P.O. Box 1098 Modesto, CA 95353

Self Help Center: 800 11<sup>th</sup> Street Room #220 Modesto, CA 95353  
(PROVIDING ASSISTANCE TO PARTIES REPRESENTING THEMSELVES)

## Response to Order to Show Cause or Notice of Motion

All documents must be typed or printed legibly per Rules of Court 2.104, in blue or black ink.

This packet includes the necessary forms to respond to an Order to Show Cause or a Notice of Motion.

Judicial Council forms, local forms, and information are available in the Clerk's Office, the Stanislaus County Law Library located at 1101 13<sup>th</sup> Street, Modesto, CA and on the following websites:

- ☛ Stanislaus County Superior Court: [www.stanct.org](http://www.stanct.org)
- ☛ Stanislaus County – Local Forms: [www.stanct.org/Forms.aspx?id=3](http://www.stanct.org/Forms.aspx?id=3)
- ☛ Judicial Council's Self Help: [www.courts.ca.gov/selfhelp.htm](http://www.courts.ca.gov/selfhelp.htm)
- ☛ Judicial Council Forms: [www.courts.ca.gov/formsrules.htm](http://www.courts.ca.gov/formsrules.htm)
- ☛ Stanislaus County Law Library: [www.stanislauslawlibrary.org](http://www.stanislauslawlibrary.org)
- ☛ Free Interactive Electronic Forms Program: [www.icandocs.org/ca/california.html](http://www.icandocs.org/ca/california.html)
- ☛ California's Free Website for Legal Help: [www.lawhelpcalifornia.org](http://www.lawhelpcalifornia.org)
- ☛ Law Libraries, Websites, or Self-Help Legal Books: [www.courts.ca.gov/1091.htm](http://www.courts.ca.gov/1091.htm)

### NOTES:

If you are seeking orders regarding economic issues (example: child support or spousal support), you **MUST** file either an Income and Expense Declaration (FL-150) or a Financial Statement (FL-155). The Income and Expense Declaration is included in this packet. If your only source of income is TANF, SSI, or GA/GR or if you have applied for TANF, SSI, or GA/GR, the Financial Statement is available upon request. Both forms are accessible on the Judicial Council website listed above. The Income and Expense Declaration can be typed directly from the website and the calculations will be computed for you.

The original Responsive Declaration (FL-320) MUST be filed with the Court and a copy served on the other party at least ten calendar days before the hearing date unless an order shortening time was granted.

If you are responding to a Notice of Motion, your issue may have been designated to be heard as a tentative ruling. Please see tentative ruling insert.

Parties are encouraged to review and comply with Local Rules regarding Family Law proceedings. Local Rules can be located on the following Superior Court website: [www.stanct.org](http://www.stanct.org).

Material distributed by the Superior Court Clerk's Office or Self Help Center IS INTENDED FOR INFORMATIONAL AND EDUCATIONAL PURPOSES ONLY. Such material is NOT LEGAL ADVICE and is not intended to be legal advice as to your specific case. IT IS NOT INTENDED TO TAKE THE PLACE OF LEGAL ADVICE FROM AN ATTORNEY. You are strongly urged to seek the advice of a licensed attorney before starting or completing your case in order to protect valuable legal rights that you may have, of which you may be unaware of. Please contact an attorney of your choice or contact the LAWYERS REFERRAL SERVICE of the Stanislaus County Bar Association at: (209) 571-5727 for a referral. The Clerk's Office cannot give you legal advice.

## NOTICE TO ALL PARTIES OF FAMILY LAW TENTATIVE RULINGS

1. THIS NOTICE MUST BE SERVED ON THE OTHER PARTY ALONG WITH THE NOTICE OF MOTION.
2. THE COURT WILL ISSUE A TENTATIVE RULING ANNOUNCEMENT ON THE COURT DAY PRIOR TO THE SCHEDULED HEARING ON THE FOLLOWING TYPES OF MOTIONS:
  - Motion to Compel Discovery
  - Motion to Withdraw as Attorney of Record/Counsel
  - Motion for Alternate Valuation Date
  - Motion to Set Aside Default/Judgment
  - Motion for Reconsideration of Order
  - Motion for Bifurcation of Marital Status/Economics Issues
  - Motion for Joinder of Parties
  - Motion to Amend Pleadings
  - Motion for Change of Venue
  - Motion for New Trial
  - Motion to Enforce Judgment
  - Motion to Award or Divide Omitted Assets or Debts
  - Motion to Modify Judgment
  - Any Motion specifically determined at Judge's discretion
3. RULINGS WILL BE POSTED IN THE FOLLOWING LOCATIONS BY 1:30 PM ON THE COURT DAY PRIOR TO THE HEARING:
  - INTERNET: THE TENTATIVE RULING ANNOUNCEMENT WILL BE POSTED ON THE COURT'S WEBSITE AT THE FOLLOWING LINK: [www.stanct.org](http://www.stanct.org).
  - TELEPHONE: TENTATIVE RULINGS ARE NOT AVAILABLE ON A TELEPHONIC RECORDING.
  - CLERK'S OFFICE LOBBY: CHECK THE POSTING IN THE CLERK'S OFFICE LOBBY.
  - COURTROOM DOORS: CHECK THE POSTING ON THE OUTER DOOR OF THE ASSIGNED COURTROOM (DEPARTMENT 13 OR 14 OR 25).
4. IF THE TENTATIVE RULING IN YOUR CASE IS SATISFACTORY, YOU DO NOT NEED TO APPEAR at the scheduled hearing time, THE RULING BECOMES FINAL, and the prevailing party prepares the order.
5. IF YOU ARE NOT SATISFIED with the Tentative Ruling and wish to appear and argue the matter, YOU MUST NOTIFY the Clerk's office and opposing counsel of your intent BEFORE 4:00 p.m. ON THE COURT DAY PRIOR TO THE SCHEDULED HEARING DATE to request an actual hearing.
6. IF YOU WISH TO REQUEST A HEARING, PLEASE CALL THE FAMILY LAW CALENDAR LINE AT 530-3107 to speak directly with a clerk.
7. IF YOU ARE NOTIFIED BY THE OTHER PARTY THAT THEY HAVE REQUESTED A HEARING, YOU MUST APPEAR AT THE SCHEDULED HEARING TIME.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):		FOR COURT USE ONLY	
YOUR NAME YOUR ADDRESS CITY, STATE, ZIP CODE  TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____		<b>***NOTICE***</b>  You may <u>ONLY</u> respond & address only those items requested by the other party.  If you are seeking additional orders you will need to file your own motion.	
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b>  STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____		COURT'S PHYSICAL ADDRESS HERE COURT'S MAILING ADDRESS HERE COURT'S CITY, STATE, and ZIP CODE HERE  COUNTY NAME HERE	
PETITIONER/PLAINTIFF: _____ RESPONDENT/DEFENDANT: _____  OTHER PARENT: _____		Complete the PETITIONER'S & RESPONDENT'S names as it appears on the motion you received.	
<b>RESPONSIVE DECLARATION TO ORDER TO SHOW CAUSE OR NOTICE OF MOTION</b>		CASE NUMBER: _____  Your Case Number HERE	
HEARING DATE: _____	TIME: _____	DEPARTMENT OR ROOM: _____	

- CHILD CUSTODY
 

If you agree to the orders requested on the motion, CHECK BOX "A".

  - I consent to the order requested.
  - I do not consent to the order requested, but I consent to the following order:  
 If you do NOT agree to the orders requested on the motion, CHECK BOX "B". You may indicate the reasons HERE or complete a declaration & attach.
  
- CHILD VISITATION
 

If you agree to the orders requested on the motion, CHECK BOX "A".

  - I consent to the order requested.
  - I do not consent to the order requested, but I consent to the following order:  
 If you do NOT agree to the orders requested on the motion, CHECK BOX "B". You may indicate the reasons HERE or complete a declaration & attach.
  
- CHILD SUPPORT
 

If you agree to the orders requested on the motion, CHECK BOX "A".

  - 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:
    - Guideline
    - Other (specify): \_\_\_\_\_

If you do NOT agree to the orders requested on the motion, CHECK BOX "B or C". You MUST complete a INCOME & EXPENSE DECLARATION (FORM FL-150) if the motion addressed matters of support.
  
- SPOUSAL OR PARTNER SUPPORT
 

If you agree to the orders requested on the motion, CHECK BOX "A".

  - I consent to the order requested.
  - I do not consent to the order requested.
  - I consent to the following order:  
 If you do NOT agree to the orders requested on the motion, CHECK BOX "B or C". You MUST complete a INCOME & EXPENSE DECLARATION (FORM FL-150) if the motion addressed matters of support.
  
- ATTORNEY FEES AND COSTS
 

If you agree to the orders requested on the motion, CHECK BOX "A".

  - I consent to the order requested.
  - I do not consent to the order requested.
  - I consent to the following order:  
 If you do NOT agree to the orders requested on the motion, CHECK BOX "B or C". You MUST complete a INCOME & EXPENSE DECLARATION (FORM FL-150) if the motion addressed matters of support.

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	<div style="border: 1px solid red; padding: 5px;">         Complete the PETITIONER'S &amp; RESPONDENT'S names as it appears on the motion you received.       </div>	CASE NUMBER <div style="border: 1px solid red; padding: 5px; text-align: center;"> <b>Your Case Number HERE</b> </div>
---	--	---

6.  PROPERTY RESTRAINT

a.  I consent to the order requested. If you agree to the orders requested on the motion, CHECK BOX "A".

b.  I do not consent to the order requested.

c.  I consent to the following order:

If you do NOT agree to the orders requested on the motion. CHECK BOX "B or C".

7.  PROPERTY CONTROL

a.  I consent to the order requested. If you agree to the orders requested on the motion, CHECK BOX "A".

b.  I do not consent to the order requested.

c.  I consent to the following order:

If you do NOT agree to the orders requested on the motion. CHECK BOX "B or C".

8.  OTHER RELIEF

a.  I consent to the order requested. If you agree to the orders requested on the motion, CHECK BOX "A".

b.  I do not consent to the order requested.

c.  I consent to the following order:

If you do NOT agree to the orders requested on the motion. CHECK BOX "B or C".

9.  SUPPORTING INFORMATION

Contained in the attached declaration. (You may use *Attached Declaration* (form MC-031) for this purpose).

Here is where you tell the court why or why not you agree or disagree with the orders requested by the other party.

**NOTE:** Do not use this form to respond to domestic violence restraining orders requested in the *Request for Order (Domestic Violence Prevention)* (form DV-100). If you must use the *Answer to Temporary Restraining Order (Domestic Violence Prevention)* (form DV-120).

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

Date:

PRINT YOUR NAME

(TYPE OR PRINT NAME)



SIGN HERE

(SIGNATURE OF DECLARANT)



ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):

**YOUR NAME HERE**  
YOUR STREET ADDRESS HERE  
YOUR CITY, STATE, and ZIP CODE HERE

TELEPHONE NO.:  
E-MAIL ADDRESS (Optional):  
ATTORNEY FOR (Name): **IN PRO PER**

**This is the Form Number**

**SAMPLE**

SUPERIOR COURT OF CALIFORNIA, COUNTY OF **COUNTY NAME HERE**

STREET ADDRESS:  
MAILING ADDRESS:  
CITY AND ZIP CODE:  
BRANCH NAME:

**COURT'S PHYSICAL ADDRESS HERE**  
**COURT'S MAILING ADDRESS HERE**  
**COURT'S CITY, STATE, and ZIP CODE HERE**

PETITIONER/PLAINTIFF:  
RESPONDENT/DEFENDANT:  
OTHER PARENT/CLAIMANT:

**FILL THIS OUT EXACTLY AS THE INFORMATION APPEARS ON YOUR OTHER DOCUMENTS**

**INCOME AND EXPENSE DECLARATION** CASE NUMBER **COURT CASE NUMBER HERE**

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.

**FILL OUT YOUR EMPLOYER'S INFORMATION HERE. IF YOU DO NOT HAVE A JOB, GIVE THE INFORMATION FROM YOUR LAST JOB.**

(If you have more than one job, attach an additional form. Write "Question 1—Other Jobs" at the top of the form.) **FILL OUT YOUR AGE AND WHAT GRADE IN SCHOOL YOU COMPLETED. IF YOU HAVE ANY SPECIAL LICENSES, FILL OUT THAT INFORMATION AS WELL.** Give the same information as above for your other jobs.

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 8½-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: **DATE** **PRINT** **SIGN**

(TYPE OR PRINT NAME) (SIGNATURE OF DECLARANT)

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	FILL THIS OUT EXACTLY AS THE INFORMATION APPEARS ON YOUR OTHER DOCUMENTS	CASE NUMBER:  COURT CASE NUMBER HERE
--	--	--

Attach copies of your pay stubs for the last 12 months (Black out your name and address.) **YOU MUST ATTACH YOUR LAST TWO PAY STUBS. REMEMBER TO CROSS OUT YOUR SOCIAL SECURITY NUMBER.** Copy of your latest federal tax return to the court hearing.

5. **Income** (For average monthly, add up all income from every 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 receive	_____	_____
e. Spousal support <input type="checkbox"/> from this marriage <input type="checkbox"/> from a different marriage	_____	_____
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 disability	_____	_____
j. Unemployment compensation.....	_____	_____
k. Workers' compensation.....	_____	_____
l. Other (military BAQ, royalty payments, etc.) (specify):.....	\$ _____	_____

**YOU MUST LIST ALL OF YOUR INCOME, BEFORE TAXES, IN THIS AREA**

**IN THIS COLUMN YOU WILL LIST WHAT YOU RECEIVED LAST MONTH FOR EACH SOURCE**

**IN THIS COLUMN YOU WILL LIST THE AVERAGE YOU RECEIVED FROM THE LAST 12 MONTHS FOR EACH SOURCE**

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):.....	\$ _____	_____

**YOU MUST LIST ALL OF YOUR INVESTMENT INCOME, BEFORE TAXES, IN THIS AREA**

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): \_\_\_\_\_

**IF YOU ARE SELF-EMPLOYED**

8.  **Additional income.** I received one-time income from \_\_\_\_\_ (specify source and amount): \_\_\_\_\_

Attach a profit and loss statement for the last 12 months for each business. If you have more than one business, attach a separate statement for each. **CHECK THIS BOX IF YOU RECEIVED A ONE-TIME SOURCE OF INCOME, LIKE LOTTERY OR INHERITANCE, AND WRITE WHERE YOU RECEIVE THE MONEY AND HOW MUCH YOU RECEIVED**

9.  **Change in income.** My financial situation changed significantly in the last 12 months because (specify): \_\_\_\_\_

**CHECK THIS BOX IF YOU HAVE HAD A SIGNIFICANT CHANGE IN INCOME AND STATE WHAT THAT CHANGE WAS**

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 vision insurance (specify amount).....	\$ _____
d. Child support that I pay for child(ren).....	\$ _____
e. Spousal support that I pay by court order from a different marriage.....	\$ _____
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").....	\$ _____

**WRITE IN ANY DEDUCTIONS YOU PAID LAST MONTH FOR THE ITEMS LISTED**

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 estate (specify).....	\$ _____

**STATE WHAT YOU HAVE IN YOUR SAVINGS AND CHECKING ACCOUNTS, ANY STOCKS, BONDS, AND/OR REAL/PERSONAL PROPERTY**







PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	FILL THIS OUT EXACTLY AS THE INFORMATION APPEARS ON YOUR OTHER DOCUMENTS	CASE NUMBER:  COURT CASE NUMBER HERE
--	--	--

**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.)

FILL OUT THIS PAGE ONLY IF YOU ARE PAYING CHILD SUPPORT

WRITE IN THE NUMBER OF CHILDREN UNDER 18 YOU ARE/WILL BE PAYING CHILD SUPPORT FOR AND HOW MUCH TIME EACH PARENT SPENDS WITH THEM

**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: \_\_\_\_\_

CHECK WHETHER YOU DO OR DO NOT HAVE HEALTH INSURANCE FOR THE CHILDREN. IF YOU DO HAVE HEALTH INSURANCE, WRITE IN HOW MUCH YOU PAY, NOT HOW MUCH YOUR EMPLOYER PAYS

- 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 expenses for the children in this case**

Amount per month

- a. Child care 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 (specify below): ..... \$ \_\_\_\_\_

WRITE IN ANY OTHER EXPENSES YOU PAY FOR THE CHILDREN

**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 (examples: fire, theft, other insured loss): ..... \$ \_\_\_\_\_
- c. (1) Expenses for my minor children who are from other relationships and are living with me: ..... \$ \_\_\_\_\_
- (2) Names and ages of those children (specify): \_\_\_\_\_

WRITE DOWN ANY EXTREME HARDSHIPS YOU HAVE IN THIS AREA. WRITE DOWN THE AMOUNT AND FOR HOW MANY MONTHS.

- (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 (Name, State Bar number, and address):     TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): IN PRO PER	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF STANISLAUS</b> STREET ADDRESS: 1100 I Street MAILING ADDRESS: PO Box 1098 CITY AND ZIP CODE: Modesto, CA 95353-1098 BRANCH NAME: _____	
PETITIONER/PLAINTIFF:  RESPONDENT/DEFENDANT:  OTHER PARENT: _____	
<b>RESPONSIVE DECLARATION TO ORDER TO SHOW CAUSE OR NOTICE OF MOTION</b>	
HEARING DATE: _____ TIME: _____ DEPARTMENT OR ROOM: _____	
CASE NUMBER: _____	

1.  CHILD CUSTODY
  - a.  I consent to the order requested.
  - b.  I do not consent to the order requested, but I consent to the following order:
  
2.  CHILD VISITATION
  - a.  I consent to the order requested.
  - b.  I do not consent to the order requested, but I consent to the following order:
  
3.  CHILD SUPPORT
  - a.  I consent to the order requested.
  - b.  I consent to guideline support.
  - c.  I do not consent to the order requested, but I consent to the following order:
    - (1)  Guideline
    - (2)  Other (specify): \_\_\_\_\_
  
4.  SPOUSAL OR PARTNER SUPPORT
  - a.  I consent to the order requested.
  - b.  I do not consent to the order requested.
  - c.  I consent to the following order:
  
5.  ATTORNEY FEES AND COSTS
  - a.  I consent to the order requested.
  - b.  I do not consent to the order requested.
  - c.  I consent to the following order:

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

6.  PROPERTY RESTRAINT
- a.  I consent to the order requested.
  - b.  I do not consent to the order requested.
  - c.  I consent to the following order:

7.  PROPERTY CONTROL
- a.  I consent to the order requested.
  - b.  I do not consent to the order requested.
  - c.  I consent to the following order:

8.  OTHER RELIEF
- a.  I consent to the order requested.
  - b.  I do not consent to the order requested.
  - c.  I consent to the following order:

9.  SUPPORTING INFORMATION
- Contained in the attached declaration. (You may use *Attached Declaration* (form MC-031) for this purpose).

**NOTE:** To respond to domestic violence restraining orders requested in the *Request for Order (Domestic Violence Prevention)* (form DV-100), you must use the *Answer to Temporary Restraining Order (Domestic Violence Prevention)* (form DV-120).

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)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): NAME :  ADDRESS :  TELEPHONE NO. : E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): <b>IN PRO PER</b>	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF STANISLAUS</b> STREET ADDRESS: 1100 I Street MAILING ADDRESS: PO Box 1098 CITY AND ZIP CODE: Modesto, CA 95353-1098 BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER 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 8½-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 8½-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/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	CASE NUMBER:
--	--------------

**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 .....	\$ _____	_____
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 BAQ, royalty payments, etc.) (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 .....	\$ _____
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) . . . . .	\$ _____

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

**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

- |   |  |
|---|--|
| <p>a. Home:</p> <p>(1) <input type="checkbox"/> Rent or <input type="checkbox"/> mortgage ..... \$ _____</p> <p style="padding-left: 20px;">If mortgage:</p> <p style="padding-left: 40px;">(a) average principal: \$ _____</p> <p style="padding-left: 40px;">(b) average interest: \$ _____</p> <p>(2) Real property taxes ..... \$ _____</p> <p>(3) Homeowner's or renter's insurance (if not included above) ..... \$ _____</p> <p>(4) Maintenance and repair ..... \$ _____</p> <p>b. Health-care costs not paid by insurance ... \$ _____</p> <p>c. Child care ..... \$ _____</p> <p>d. Groceries and household supplies ..... \$ _____</p> <p>e. Eating out ..... \$ _____</p> <p>f. Utilities (gas, electric, water, trash) ..... \$ _____</p> <p>g. Telephone, cell phone, and e-mail ..... \$ _____</p> | <p>h. Laundry and cleaning ..... \$ _____</p> <p>i. Clothes ..... \$ _____</p> <p>j. Education ..... \$ _____</p> <p>k. Entertainment, gifts, and vacation. . . . \$ _____</p> <p>l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.) . . . . \$ _____</p> <p>m. Insurance (life, accident, etc.; do not include auto, home, or health insurance) \$ _____</p> <p>n. Savings and investments ..... \$ _____</p> <p>o. Charitable contributions ..... \$ _____</p> <p>p. Monthly payments listed in item 14 (itemize below in 14 and insert total here) \$ _____</p> <p>q. Other (specify): ..... \$ _____</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>r. <b>TOTAL EXPENSES</b> (a–q) (do not add in the amounts in a(1)(a) and (b)) \$ _____</p> </div> <p>s. <b>Amount of expenses paid by others</b> \$ _____</p> |
|---|--|

**14. Installment payments and debts not listed above**

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

**15. Attorney fees** (This 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:

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



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

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

**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 expenses for the children in this case**

Amount per month

- a. Child care 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 *(specify below)*: . . . . . \$ \_\_\_\_\_

**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 (examples: fire, theft, other insured loss) . . . . .	\$ _____	_____
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>       TELEPHONE NO.: _____ FAX NO.: _____ ATTORNEY FOR <i>(Name)</i> : IN PRO PER	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF STANISLAUS</b> STREET ADDRESS: 1100 I Street MAILING ADDRESS: PO Box 1098 CITY AND ZIP CODE: Modesto, CA 95353-1098 BRANCH NAME: _____	
PETITIONER/PLAINTIFF:  RESPONDENT/DEFENDANT:  OTHER PARENT: _____	
<b>PROOF OF SERVICE BY MAIL</b>	CASE NUMBER: _____

**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)*:  
 Responsive Declaration to Order to Show Cause

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 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)



## INFORMATION SHEET FOR PROOF OF SERVICE BY MAIL

Use these instructions to complete the *Proof of Service by Mail* (form FL-335).

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 Personal Service* (form FL-330) if the documents are being personally served. 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.

**You cannot serve a temporary restraining order by mail. You must serve those documents by personal service.**

1. You are stating that you are at least 18 years old and that you are not a party to this action. You are also stating that you either live in or are employed in the county where the mailing took place.
2. Print your home or business address.
3. List the name of each document that you mailed (the exact names are listed on the bottoms of the forms).
  - a. Check this box if you put the documents in the regular U.S. mail.
  - b. Check this box if you put the documents in the mail at your place of employment.
4.
  - a. Print the name you put on the envelope containing the documents.
  - b. Print the address you put on the envelope containing the documents.
  - c. Write in the date that you put the envelope containing the documents in the mail.
  - d. Write in the city and state you were in when you mailed the envelope containing the documents.
5. You are stating under penalty of perjury that the information you have provided is true and correct.

**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.*