



Cover Sheet:	Ex Parte Emergency Family Law Temporary Orders
Effective Date:	May 1, 2019
Last Revision Date:	August 23, 2024
Purpose:	These forms are used to request an emergency order with short notice to the other party in order to avoid irreparable harm for matters that cannot wait until a regularly scheduled hearing.
Assistance:	If you are unable to complete the forms on your own, you may wish to hire a private attorney. If you need help finding an attorney, please contact the State Bar of California at www.calbar.ca.gov or the Attorney Search Network at 800-215-1190 or www.attorneysearchnetwork.com .
Required Forms:	All forms are Judicial Council forms, unless otherwise indicated: <ul style="list-style-type: none">• Document Drop-Off Sheet for Domestic Violence and Elder Abuse Restraining Orders, and Ex Parte Applications (Family Law and Probate), local form FL-E/LP-668• Request for Order, FL-300• Declaration Regarding Notice and Service or Request for Temporary Emergency (Ex Parte) Orders, FL-303• Temporary Emergency (Ex Parte) Orders, FL-305
Optional Forms:	<p>This form is needed only if you are requesting orders regarding payment of monies, including child support, spousal support or attorney's fees and costs:</p> <ul style="list-style-type: none">• Income and Expense Declaration, FL-150 <p>This form is needed only if you are requesting orders regarding child custody or visitation:</p> <ul style="list-style-type: none">• Family Law Case Demographics Information Sheet, local form FL/E-ME-811 <p>This form is needed only if you have not already filed one or wish to change the information on the form that you previously filed:</p> <ul style="list-style-type: none">• Family Law Case Participant Enrollment Form (Party), local form FL/E-LP-665
Filing Fee:	There is a \$120 fee (\$145 if you are requesting orders regarding child custody or visitation) to file these documents. The current fee schedule may be found on the Court's website at: https://www.saccourt.ca.gov/fees/docs/fee-schedule.pdf .
Copies:	Make three copies of the completed forms.



Before You File:	<p>Notify all parties to the case no later than 10:00 am on the day before the ex-parte appearance, unless you can demonstrate that irreparable harm will result if notice is given. (California Rules of Court 5.165)</p> <ul style="list-style-type: none">• Notice must be given in person, by telephone or by fax. If the other party is represented by an attorney, the notice must go to the attorney.• Notice must include the date, time and place where you will appear to request the temporary orders. Review the information sheet on Ex Parte filings on the Court's website: https://www.saccourt.ca.gov/family/docs/fl-ex-parte-information-sheet.pdf
Filing:	<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>Submit all completed forms to the Court through the Drop Box at or before 8:30 am on the business day before the ex parte appearance.</p>
Next Steps:	<p>The Request for Order and all attachments must be served on the other party at least sixteen court days before the next scheduled hearing, unless a shorter time for service is included in the order.</p> <p>If you will need an interpreter at the hearing, please call (916) 875-2620 at least 10 days before the hearing. You will be asked to provide your name, case number, and the language needed.</p>



**SUPERIOR COURT OF CALIFORNIA
COUNTY OF SACRAMENTO
FAMILY LAW & PROBATE DIVISION**

**DOCUMENT DROP-OFF SHEET FOR
DOMESTIC VIOLENCE AND EX PARTE APPLICATIONS
(FAMILY LAW AND PROBATE CASES)**

Case Number: _____

Case Name: _____

Moving/Filing Party's Name: _____

Moving/Filing Party's Contact Phone Number: _____

Moving/Filing Party's Email Address: _____

I need an interpreter at the hearing for the following language: _____

The following must be completed for Ex Parte Applications only.

Opposing/Responding Party's Name: _____

Opposing/Responding Party's Phone Number: _____

Opposing/Responding Party's Email Address: _____

When orders are ready for pick up the court will contact you by telephone with instructions.

PARTY WITHOUT ATTORNEY OR ATTORNEY NAME: _____ STATE BAR NUMBER: _____ 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"/> <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: _____	Dept.: <input type="checkbox"/>	Room.: <input type="checkbox"/>
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:
---	--------------

REQUEST FOR ORDER

Note: Place a mark in front of the box that applies to your case or to your request. If you need more space, mark the box for "Attachment." For example, mark "Attachment 2a" to indicate that the list of children's names and birth dates continues on a paper attached to this form. Then, on a sheet of paper, list each attachment number followed by your request. At the top of the paper, write your name, case number, and "FL-300" as a title. (You may use *Attached Declaration (form MC-031)* for this purpose.)

1. **RESTRAINING ORDER INFORMATION**

One or more domestic violence restraining/protective orders are now in effect between *(specify)*:

Petitioner Respondent Other Parent/Party *(Attach a copy of the orders if you have one.)*

The orders are from the following court or courts *(specify county and state)*:

- a. Criminal: County/state *(specify)*: Case No. *(if known)*:
- b. Family: County/state *(specify)*: Case No. *(if known)*:
- c. Juvenile: County/state *(specify)*: Case No. *(if known)*:
- d. Other: County/state *(specify)*: Case No. *(if known)*:

2. **CHILD CUSTODY**

I request temporary emergency orders

VISITATION (PARENTING TIME)

a. I request that the court make orders about the following children *(specify)*:

<u>Child's Name</u>	<u>Date of Birth</u>	<input type="checkbox"/> <u>Legal Custody to</u> <i>(person who decides: health, education, etc):</i>	<input type="checkbox"/> <u>Physical Custody to</u> <i>(person with whom child lives):</i>
---------------------	----------------------	---	--

b. The orders I request for child custody visitation (parenting time) are:

[Attachment 2a.](#)

(1) Specified in the attached forms:

- [Form FL-305](#)
- [Form FL-311](#)
- [Form FL-312](#)
- [Form FL-341\(C\)](#)
- [Form FL-341\(D\)](#)
- [Form FL-341\(E\)](#)
- Other *(specify)*:

(2) As follows *(specify)*:

[Attachment 2b.](#)

c. The orders that I request are in the best interest of the children because *(specify)*:

[Attachment 2c.](#)

d. This is a change from the current order for child custody visitation (parenting time).

(1) The order for legal or physical custody was filed on *(date)*: . The court ordered *(specify)*:

(2) The visitation (parenting time) order was filed on *(date)*: . The court ordered *(specify)*:

[Attachment 2d.](#)

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

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

PARTY WITHOUT ATTORNEY OR ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	STATE BAR NUMBER: 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:	
DECLARATION REGARDING NOTICE AND SERVICE OF REQUEST FOR TEMPORARY EMERGENCY (EX PARTE) ORDERS	CASE NUMBER:

NOTICE: Do not use this form to ask for domestic violence restraining orders. Before completing this form, read your court's local procedures for requesting temporary emergency orders and obtaining the information needed to complete item 2 of this form. Courts may grant temporary emergency orders with or without an emergency hearing. Find local rules at

1. I am (*specify*) attorney for petitioner respondent other parent/party not a party in the case (*name and title/relationship to party*):
2. I did did not give notice (*select all that apply*)
 - that there will be an emergency court hearing that papers will be submitted to the court on the request
 - for temporary emergency (ex parte) orders
 - to reschedule a hearing to reschedule a hearing involving temporary emergency (ex parte) orders
 on the date, time, and location indicated below:

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

3. **NOTICE** (*If you gave notice, complete item 3a. If you did not give notice, complete item 3b or 3c.*)
 - a. I gave notice as described in items (1) through (5) below:
 - (1) I gave notice to (*select all that apply*)

<input type="checkbox"/> petitioner.	<input type="checkbox"/> petitioner's attorney.
<input type="checkbox"/> respondent.	<input type="checkbox"/> respondent's attorney.
<input type="checkbox"/> other parent/party.	<input type="checkbox"/> other parent's/party's attorney.
<input type="checkbox"/> child's attorney.	<input type="checkbox"/> other (<i>specify</i>): _____
 - (2) I gave notice on (*date*): _____ at: _____ a.m. p.m. _____, California.
 - personally at (*location*): _____
 - by telephone using telephone no.: _____
 - by fax using fax no.: _____
 - by voicemail using voicemail no.: _____
 - by electronic means (*if permitted*) (*specify electronic service address of person*): _____
 - by overnight mail or other overnight carrier (*specify address of delivery*): _____
 - (3) I gave notice (*select one*)
 - by 10 a.m. the court day before this emergency hearing.
 - after 10 a.m. the court day before this emergency hearing because of the following exceptional circumstances (*specify*): _____

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

(4) I notified the person in 3a(1) that the following temporary emergency orders are being requested (specify):

(5) The person in 3a(1) responded as follows:

(6) I do do not believe that the person in 3a(1) will oppose the request for temporary emergency orders.

b. **Request for waiver of notice.** Due to exceptional circumstances, I did not give notice about the request for temporary emergency orders. I ask that the court waive notice to the other party to help prevent (specify)

- (1) immediate danger or irreparable harm to myself (or my client) or to the children in the case.
- (2) an immediate risk that the children in the case will be removed from the state of California.
- (3) immediate loss or damage to property subject to disposition in the case.
- (4) other exceptional circumstances (specify):

Facts showing exceptional circumstances in support of the request to waive notice include (specify):

c. **Unable to provide notice.** I did not give notice about the request for temporary emergency orders. I used my best efforts to tell the opposing party when and where this hearing would take place but was unable to do so. The efforts I made to inform the other person were (specify below):

4. **SERVICE OF DOCUMENTS**

a. The following documents were served on

- petitioner
- petitioner's attorney
- other parent/party
- other parent's/party's attorney
- respondent
- respondent's attorney
- child's attorney
- other (specify):

before the request was filed with the court:

- (1) A copy of *Request for Order* (form FL-300) for temporary emergency orders, and *Temporary Emergency (Ex Parte) Orders* (form FL-305).
- (2) A copy of a request to reschedule hearing and *Order on Request to Reschedule Hearing* (form FL-309). Form FL-306 may be used for the request.
- (3) A copy of a request to reschedule hearing involving temporary emergency (ex parte) orders and *Order on Request to Reschedule Hearing* (form FL-309). Form FL-307 may be used for the request.
- (4) Other documents (specify):

b. **Documents were served on** (date): _____ at: a.m. p.m.

personally at (location): _____, California.

by fax on _____ using fax no.:

by electronic means (if permitted) (specify electronic service address of person served):

by overnight mail or other overnight carrier (specify address of delivery):

c. Documents were not served on the opposing party due to the exceptional circumstances specified in

- 3b, above.
- 3c, above.
-

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)

ATTORNEY OR PARTY WITHOUT 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:	
TEMPORARY EMERGENCY (EX PARTE) ORDERS <input type="checkbox"/> Child Custody <input type="checkbox"/> Visitation (Parenting Time) <input type="checkbox"/> Property Control <input type="checkbox"/> Other (specify):	CASE NUMBER:

1. **TO (name(s)):** _____
 Petitioner Respondent Other Parent/Party Other (specify):

A court hearing will be held on the *Request for Order* (form FL-300) served with this order, as follows:

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

2. **Findings:** Temporary emergency (ex parte) orders are needed to: (a) help prevent an immediate loss or irreparable harm to a party or to children in the case, (b) help prevent immediate loss or damage to property subject to disposition in the case, or (c) set or change procedures for a hearing or trial.

COURT ORDERS: The following temporary emergency orders expire on the date and time of the hearing scheduled in (1), unless extended by court order:

3. **CHILD CUSTODY**

		Temporary physical custody, care, and control to:		
a. <u>Child's name</u>	<u>Date of Birth</u>	Petitioner	Respondent	Other Party/Parent
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Continued on Attachment 3(a)

b. **Visitation (Parenting Time)** The temporary orders for physical custody, care, and control of the minor children in (3) are subject to the other party's or parties' rights of visitation (parenting time) as follows (specify):

See Attachment 3(b)

THIS IS A COURT ORDER.

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

3. **CHILD CUSTODY (continued)**

c. **Travel restrictions**

- (1) The party or parties with temporary physical custody, care, and control of minor children **must not remove the minor children from the state of California unless the court allows it after a noticed hearing.**
- (2) Petitioner Respondent Other Parent/Party must not remove their minor children (*specify*):
 - (a) from the state of California.
 - (b) from the following counties (*specify*):
 - (c) other (*specify*):

d. **Child abduction prevention orders** are attached (see form FL-341(B)).

- e. (1) **Jurisdiction:** This court has jurisdiction to make child custody orders in this case under the Uniform Child Custody Jurisdiction and Enforcement Act (part 3 of the California Family Code, commencing with section 3400).
- (2) **Notice and opportunity to be heard:** The responding party was given notice and an opportunity to be heard as provided by the laws of the State of California.
- (3) **Country of habitual residence:** The country of habitual residence of the child or children is (*specify*):
 - The United States of America Other (*specify*):
- (4) **If you violate this order, you may be subject to civil or criminal penalties, or both.**

4. **PROPERTY CONTROL**

a. Petitioner Respondent Other Parent/Party is given exclusive temporary use, possession, and control of the following property that the parties own or are buying lease or rent

b. Petitioner Respondent Other Parent/Party is ordered to make the following payments on the liens and encumbrances 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:

5. All other existing orders, not in conflict with these temporary emergency orders, remain in full force and effect.

6. **OTHER ORDERS** (*specify*): Additional orders are listed in Attachment 6.

Date: _____

JUDGE OF THE SUPERIOR COURT

THIS IS A COURT ORDER.

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 PARTY/PARENT/CLAIMANT:	
INCOME AND EXPENSE DECLARATION	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:
--	--------------

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:
--	--------------

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: <ul style="list-style-type: none"> (1) <input type="checkbox"/> Rent or <input type="checkbox"/> mortgage..... \$ _____ <li style="margin-left: 20px;">If mortgage: <li style="margin-left: 40px;">(a) average principal: \$ _____ <li style="margin-left: 40px;">(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..... \$ _____	h. Laundry and cleaning..... \$ _____
c. Child care..... \$ _____	i. Clothes..... \$ _____
d. Groceries and household supplies..... \$ _____	j. Education..... \$ _____
e. Eating out..... \$ _____	k. Entertainment, gifts, and vacation..... \$ _____
f. Utilities (gas, electric, water, trash)..... \$ _____	l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.)..... \$ _____
g. Telephone, cell phone, and e-mail..... \$ _____	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): \$ _____
	r. TOTAL EXPENSES (a-q) (do not add in the amounts in a(1)(a) and (b)) \$ _____
	s. Amount of expenses paid by others \$ _____

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:
--	--------------

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)*:



Family Law Case Demographics Information Sheet for Child Custody/Visitation

Court Case Number: _____

Family Court Services Number: _____

Petitioner's Information			
<div style="display: flex; justify-content: space-between;"> First Name Middle Initial Last Name </div>			
Mailing Address (Include Apt. or Suite #)			
City State		Zip Code	
Date of Birth: _____ <div style="display: flex; justify-content: space-around; font-size: small;"> Month Day Year </div>			
Home Phone: ()			
Work Phone: ()			
Relationship to Child/ren: _____			

Petitioner's Attorney Information			
<div style="display: flex; justify-content: space-between;"> First Name Middle Initial Last Name </div>			
Mailing Address (Include Suite #)			
City State		Zip Code	
Work Phone: ()			

Respondent's Information			
<div style="display: flex; justify-content: space-between;"> First Name Middle Initial Last Name </div>			
Mailing Address (Include Apt. or Suite #)			
City State		Zip Code	
Date of Birth: _____ <div style="display: flex; justify-content: space-around; font-size: small;"> Month Day Year </div>			
Home Phone: ()			
Work Phone: ()			
Relationship to Child/ren: _____			

Respondent's Attorney Information			
<div style="display: flex; justify-content: space-between;"> First Name Middle Initial Last Name </div>			
Mailing Address (Include Suite #)			
City State		Zip Code	
Work Phone: ()			

Court Case Number: _____

Family Court Services Number: _____

Claimant's (3rd Party's) Information			
First Name	Middle Initial	Last Name	
Mailing Address (Include Apt. or Suite #)			
City	State	Zip Code	
Date of Birth: _____			
	Month	Day	Year
Home Phone: ()			
Work Phone: ()			
Relationship to Child/ren: _____			

Claimant's Attorney Information		
First Name	Middle Initial	Last Name
Mailing Address (Include Suite #)		
City	State	Zip Code
Work Phone: ()		

List all of the children you had or adopted with the other party in this case:

Full Name	Date of Birth	Age	School	Resides with

Does any party need an interpreter? Yes No

If Yes, for which party? Petitioner Respondent Claimant / 3rd Party

If Yes, please indicate for what language? _____

I declare under penalty of perjury that the foregoing information is true and correct.

_____/_____/_____
DATE

SIGNATURE OF DECLARANT

TYPE OR PRINT NAME

Important Notice about Access to Your Case

Court orders, minute orders, and child custody mediation reports are available online using our Public Case Access System. Access to court orders and minute orders provides you with information on what the court ordered in your case. Access to child custody mediation reports is necessary so that you know what child custody, visitation, or other suggestions the mediator recommended to the court.

To get secure access to your case online, you must complete and submit to the court the attached Family Law Case Participant Enrollment Form - Party, along with a copy of your driver's license, to create or update an account on our Public Case Access System. A separate form must be filed for each case or when you change your email address.

Once you complete the form, you may submit it in person at the courthouse at the public service counter or use the Drop Box. You may also submit it by US Mail at 3341 Power Inn Road, Sacramento, CA 95826.

Submitting the form as soon as possible is important because it may take two to five days to be processed from the date of receipt.

Once your access is set up you will receive an email letting you know that you are subscribed to your case. If you do not receive an email notifying you that you are subscribed to your case during the timeframes identified above, please inform the court using our Contact Us page at:

<https://www.saccourt.ca.gov/contact.aspx>

CONFIDENTIAL

CASE PARTICIPANT NAME: STREET ADDRESS: CITY/STATE/ZIP CODE: TELEPHONE NO.: E-MAIL ADDRESS (<i>must be legible</i>)	<i>FOR COURT USE ONLY</i>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SACRAMENTO STREET ADDRESS: 3341 Power Inn Road CITY AND ZIP CODE: Sacramento, CA 95826 BRANCH NAME: William R. Ridgeway Family Relations Courthouse	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: CLAIMANT:	
FAMILY LAW CASE PARTICIPANT ENROLLMENT FORM (PARTY)	CASE NUMBER:

You may access orders for law and motion hearings, and mediation reports prepared by Family Court Services using the court's online Public Case Access System. Access is available at no charge from the time the court creates your case subscription.

INSTRUCTIONS

To setup your account you must:

- File this form with the court with a copy of 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 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.

I, _____, request that 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 understand if I change my e-mail 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), 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)