

# DOMESTIC VIOLENCE RESTRAINING ORDER

## Forms Packet “B”

What you will find in this packet:

- **Additional Resources** (FamLaw-101-INFO)
- **Interpreter Request** (MC-300e&s)
- **Requirements for Filing Court Papers** (MC-500-INFO)
- **Domestic Violence Prevention Act Restraining Order Forms Instructions** (FamLaw-22a)
- **Child Custody, Visitation, and Support Request Forms** (DV-105)
- **Request for Order: No Travel with Children** (DV-108)
- **Ex Parte TRO Intake Form (Cases With Children) CONFIDENTIAL** (FamLaw-40)
- **Child Custody and Visitation Mandatory** (FamLaw-108)
- **Child Custody and Visitation Order** (DV-140)
- **Order: No Travel With Children** (DV-145)
- **Supervised Visitation Order** (DV-150)
- **Income and Expense Declaration** (FL-150) 2 copies

***You Can Get Court Forms FREE at: [www.cc-courts.org/forms](http://www.cc-courts.org/forms)***

*If you don't find what you're looking for here, you may want to check out the additional resources listed on the back of this page*

~ **Additional Resources** ~

**Contra Costa Superior Court**

[www.cc-courts.org/familylaw](http://www.cc-courts.org/familylaw)

**Virtual Self-Help Law Center**

[www.cc-courthelp.org/familylawtopics](http://www.cc-courthelp.org/familylawtopics)

Family Law court is for people who are ending a marriage or other committed relationship, dividing what they own and owe, working out child custody and visitation issues, dealing with child support or spousal support, addressing domestic violence issues, or identifying a child's legal parents.

Often, people involved in court cases need more than just legal help. It's important that you understand what is happening to you and get the help you need. For some suggestions about where to get other help, go to the California Court's Self-Help Center at [www.courts.ca.gov/selfhelp.htm](http://www.courts.ca.gov/selfhelp.htm) or check out one of the sites below:

**Contra Costa County Bar Association's Lawyer Referral Service**

[www.cccba.org/community/find-a-lawyer/index.php](http://www.cccba.org/community/find-a-lawyer/index.php)

**Contra Costa County (CA) Resource Center (211)**

65.166.193.134/IFTWSQL4/cccc/public.aspx

(or do an internet search for 211 Contra Costa County Resource Center)

**Legal glossaries in 12 languages, prepared by the Superior Court in Sacramento**

[www.saccourt.ca.gov](http://www.saccourt.ca.gov)

**A Guide to California's Free Website for Legal Help**

[www.lawhelpcalifornia.org](http://www.lawhelpcalifornia.org)

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*The*  
C o n t r a C o s t a C o u n t y

**Bar Association**

*is proud to sponsor*

*the*

F a m i l y L a w

**MODERATE MEANS PROGRAM**

IF you qualify\*,  
we will refer you to an experienced Family Law Attorney  
who has agreed to represent clients at a reduced rate.  
Please telephone us at:

**925 / 677- 0234**

Monday - Friday 1:00-4:00 p.m.

*\*This is not a low income or pro-bono service.*

# Superior Court of California, County of Contra Costa

## Interpreter Request

If you need an interpreter, please complete the form below and submit it to any Filing Window or courtroom.

Case Number: \_\_\_\_\_

### Case Type:

- |   |   |
|---|---|
| <input type="checkbox"/> Criminal                                 | <input type="checkbox"/> Small Claims – (\$10,000 or less)  |
| <input type="checkbox"/> Traffic                                  | <input type="checkbox"/> Civil - <input type="checkbox"/> \$25,000 <input type="checkbox"/> over \$25,000 |
| <input type="checkbox"/> Civil Harassment                         | <input type="checkbox"/> Civil – Other _____  |
| <input type="checkbox"/> Conservatorship                          | <input type="checkbox"/> Family Law   |
| <input type="checkbox"/> Proceedings to terminate parental rights | <input type="checkbox"/> Unlawful Detainer  |
| <input type="checkbox"/> Dependent Adult Abuse                    | <input type="checkbox"/> Guardianship   |
| <input type="checkbox"/> Juvenile                                 | <input type="checkbox"/> Elder Abuse  |

Party Requesting Interpreter: \_\_\_\_\_

Is interpreter for a witness?  Yes  No

Phone Number(s) where party can be reached: \_\_\_\_\_

Date of Hearing: \_\_\_\_\_ Time of Hearing: \_\_\_\_\_

Department: \_\_\_\_\_ Location:  Martinez  Pittsburg  Richmond  Walnut Creek

Language Needed:  Spanish  Mandarin  Cantonese  Vietnamese

Other: \_\_\_\_\_

To avoid the risk that your hearing will have to be postponed, please submit this form a minimum of one week in advance.

Current information about this program is available at our website:

[www.cc-courts.org/interpreter](http://www.cc-courts.org/interpreter)

# Superior Court of California, County of Contra Costa

## Solicitud Para Intérprete

Si necesita un intérprete, favor completar este formulario y presentarlo en cualquier ventanilla para archivar documentos o con la secretaria del tribunal.

Número de Caso: \_\_\_\_\_

### Tipo de Caso:

- |  |  |
|--|--|
| <input type="checkbox"/> Criminal                                      | <input type="checkbox"/> Demanda Civil – (\$10,000 o menos)  |
| <input type="checkbox"/> Tráfico                                       | <input type="checkbox"/> Demanda Civil -<br><input type="checkbox"/> \$25,000 <input type="checkbox"/> más de \$25,000 |
| <input type="checkbox"/> Acoso Civil                                   | <input type="checkbox"/> Civil – otro tipo _____   |
| <input type="checkbox"/> Conservador                                   | <input type="checkbox"/> Casos de Familia  |
| <input type="checkbox"/> Casos para Terminar Derechos de Madre o Padre | <input type="checkbox"/> Juicio de Desalojo  |
| <input type="checkbox"/> Abuso de Adultos Incapacitados                | <input type="checkbox"/> Tutela  |
| <input type="checkbox"/> Tribunal de Menores                           | <input type="checkbox"/> Abuso de Personas Mayores   |

Persona que Necesita Intérprete: \_\_\_\_\_

Marque aquí si esta persona es un testigo

Número Telefónico: \_\_\_\_\_

Fecha de la Audiencia Judicial: \_\_\_\_\_ Hora: \_\_\_\_\_

Departamento: \_\_\_\_\_ Ciudad:  Martinez  Pittsburg  Richmond  Walnut Creek

Idioma Solicitado:  Español  Mandarín  Cantonés  Vietnamita

Otro Idioma: \_\_\_\_\_

Para evitar la posibilidad que su audiencia sea aplazada, favor the presentar este formulario al menos una semana antes de la fecha de su audiencia.

Información actualizada acerca de este servicio se encuentra en nuestra página web:  
[www.cc-courts.org/interpreter](http://www.cc-courts.org/interpreter)

**The Clerk of the Court cannot accept for filing any papers that do not comply with California Rules of Court 2.100 et seq. (CRC 2.118)**

**To avoid having your papers rejected by the clerk:**

**Use Judicial Council forms whenever possible**

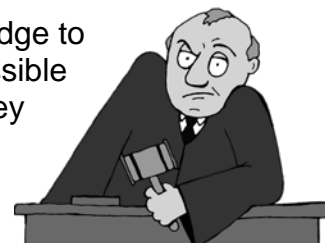
If you print Judicial Council forms from your computer, print them out single-sided. (Don't print double-sided unless you know how to tumble the pages). Judicial Council forms can be found at <http://www.courts.ca.gov/forms.htm>.

If the form you need is not on the Judicial Council website, you will have to make your own form which follows these rules

1. White or unbleached paper – 8 1/2 by 11 inches
2. One-sided paper – only one side of each page may be used
3. 12 pt font (Courier, Times New Roman, Arial or equivalent (Handwritten papers are OK – but write legibly)
4. Line spacing - One and one-half or double-spaced (use pleading paper – either the Judicial Council form MC-20 or create your own using the legal template in your word processor)
5. Margins – at least 1 inch from the left edge and ½ inch from right edge
6. Page Numbers – pages must be numbered consecutively on the bottom (1, 2, 3 ...)
7. Binding – Original and copies must be firmly bound (e.g. stapled) AND the Original must be 2-hole punched at the top.

You will need the **Original document**, signed in ink (blue is best), and correct number of identical copies (***original for the Court, a copy for each party***) for the clerk to file.

**The Rules are important** – Remember - You want the Judge to understand what you have written. Don't make that impossible by submitting papers that are too hard to read because they are upside down, the print is too small or too light, or the pages have fallen out of the file because they are too small or too large and/or not properly fastened.



# DOMESTIC VIOLENCE PREVENTION ACT RESTRAINING ORDER FORMS

## Instructions

***To be used with Packet “A” when you have minor children  
with the person to be restrained.***

**To be used to obtain the Temporary Restraining Order (TRO) in addition  
to the forms in Packet A.:**

- *Child Custody and Visitation Order (DV-140)*
- *Supervised Visitation Order (optional)*
- *Order: No Travel With Children (optional) (DV-145)*
- *Child Custody, Visitation, and Support Request (DV-105)*
- *Request for Order: No Travel With Children (optional) (DV-108)*
- *Income and Expense Declaration (FL-150) 2 copies included*

**If you are asking for child support and/or spousal support, you must fill out  
and file the Income and Expense Declaration (FL-150). It must be filed either  
with your Temporary Restraining Order, or no later than 10 days before your  
hearing.**

**DO NOT COMPLETE THE SECOND COPY OF FL-150. LEAVE IT BLANK.**

**Serve the BLANK FL-150 on the other party with the rest of the documents  
that are being served.**

This form is attached to (check one):  form DV-100  form DV-120

1 Your name: \_\_\_\_\_  Mom  Dad  Other\*

2 Other parent's name: \_\_\_\_\_  Mom  Dad  Other\*

\*If Other, specify relationship to child: \_\_\_\_\_

3  **Child Custody**

I ask the court for custody as follows:

**Legal Custody to** (Person who makes decisions about health, education, and welfare):

**Physical Custody to** (Person you want the child to live with):

Child's Name	Date of Birth	Legal Custody to			Physical Custody to		
		Mom	Dad	Other	Mom	Dad	Other
a. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check here if you need more space. Attach a sheet of paper and write "DV-105, Child Custody" for a title.

4  **Change Current Court Order**

I want to change a current child custody or visitation court order.

Case Number (if you have it): \_\_\_\_\_ County: \_\_\_\_\_

Explain your current order and why you want a change: \_\_\_\_\_

Check here if you need more space. Attach a sheet of paper and write "DV-105, Change Current Court Order" for a title.

5 **Child's Address**

Where has the child in 3a lived for the last five years? List each city and state the child has lived in unless it is unknown to the other parent and you want to keep it confidential because of domestic violence or child abuse. Start with where the child lives now and work backwards in time. If the current address is confidential, check the box below and just provide the current state.

Child 3a addresses (city and state):

Child 3a lived with:

Dates lived there:

<input type="checkbox"/> Confidential	Child 3a lived with:			Dates lived there:		
	Mom	Dad	Other	From	to	present
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	From _____	to	present
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	From _____	to	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	From _____	to	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	From _____	to	_____

Check here if you need more space. Attach a sheet of paper and write "DV-105, Child's Address" for a title.

**This is not a Court Order.**



**6 Other Children's Addresses**

- Check here if the other child's (or children's) address information is the same as listed in **5**.
- If it is different, check here. Attach a sheet of paper and write "DV-105, Other Children's Addresses" for a title. List other children's address information, including dates, and name of person(s) children lived with.

**7 Other Custody Case**

Were you involved in, or do you know of, any other custody case for any child listed in this form?

- No  Yes (If yes, fill out below and attach a copy of any custody or visitation orders if you have them):

a. Name of each child in other case: \_\_\_\_\_

- b. Type of case:  Parentage (Paternity)  Domestic Violence  Child Support  
 Juvenile/Dependency  Guardianship  Other (specify): \_\_\_\_\_  
 Divorce

c. I was a  party  witness  Other (specify): \_\_\_\_\_

d. Court (name): \_\_\_\_\_

Address: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

e. Date of court order: \_\_\_\_\_

f. Case number (if you have it): \_\_\_\_\_

**8 Other People With or Claiming to Have Custody or Visitation Rights**

Do you know of anyone who is not involved in this case who has or claims to have custody or visitation rights with any child listed on this form?  No  Yes (If yes, fill out below.)

That person (give name and address): \_\_\_\_\_

- has custody  claims custody rights  claims visitation rights

for these children (name of each child): \_\_\_\_\_

**9 Visitation**

I ask the court to order that the person in **2** have the following temporary visitation rights:

Check all that apply

- a.  No visitation until the hearing
- b.  No visitation after the hearing
- c.  The following visitation  until the hearing  after the hearing

(1)  **Weekends** (starting): \_\_\_\_\_ (The 1st weekend of the month is the 1st weekend with a Saturday.)

1st  2nd  3rd  4th  5th weekend of month  
 from \_\_\_\_\_ at \_\_\_\_\_  a.m.  p.m. to \_\_\_\_\_ at \_\_\_\_\_  a.m.  p.m.  
(day of week) (time) (day of week) (time)

(2)  **Weekdays** (starting): \_\_\_\_\_

from \_\_\_\_\_ at \_\_\_\_\_  a.m.  p.m. to \_\_\_\_\_ at \_\_\_\_\_  a.m.  p.m.  
(day of week) (time) (day of week) (time)

**This is not a Court Order.**





**10**  **Other Visitation**

I ask the court to make other visitation orders, like summer vacation, birthdays, and holidays. (List the orders you want on a separate sheet of paper. Write "DV-105, Other Visitation" for a title and attach it to this form.)

**11**  **Responsibility for Transportation**

(The parent will take or pick up the child or make arrangements for someone else to do so.)

I ask the court to order that:

- a.  Mom  Dad  Other (name): \_\_\_\_\_ **take children to the visits.**
- b.  Mom  Dad  Other (name): \_\_\_\_\_ **pick up children from the visits.**
- c.  Drop-off / pick-up of children will be at (address): \_\_\_\_\_
- d.  Check here if other arrangement. Attach a sheet of paper and write "DV-105, Responsibility for Transportation" for a title.

**12**  **Supervised Visitation**

a. I ask that the visitation in **9** be supervised by:

a professional supervisor  a nonprofessional supervisor  Other: \_\_\_\_\_  
(Name and telephone number, if known): \_\_\_\_\_

b. I ask that the visitation in **10** be supervised by:

a professional supervisor  a nonprofessional supervisor  Other: \_\_\_\_\_  
(Name and telephone number, if known): \_\_\_\_\_

c. I ask that any costs for supervision be paid by:

Mom \_\_\_\_\_ % Dad \_\_\_\_\_ % Other (name): \_\_\_\_\_ %

**13**  **Travel With Children**

I ask the court to order that:

Mom  Dad  Other (name): \_\_\_\_\_ **must** have written permission from the other parent, or a court order, to take the children outside of:

- a.  California
- b.  County of (list): \_\_\_\_\_
- c.  Other place(s) (list): \_\_\_\_\_

**14**  **Child Abduction Risk**

I believe that there is a risk the other parent will take our child out of California and hide the child from me.

(If you check this box you must fill out and attach [form DV-108, Request for Order: No Travel with Children.](#))

**Important Instructions**

- You must tell the court if you find out any other information about a custody case in any court for the children listed on this form.
- If the court makes a temporary custody order, the parent receiving custody must not take the child out of California without a noticed hearing. (See Family Code, § 3063.)

**This is not a Court Order.**

This form is attached to DV-105, *Request for Child Custody and Visitation Orders*.

① Your name: \_\_\_\_\_  Mom  Dad  Other\*

② Other parent's name: \_\_\_\_\_  Mom  Dad  Other\*

\*If "Other," specify relationship with children: \_\_\_\_\_

③ Do you think the other parent may take the children without your permission to:

a.  Another county in California?  Yes  No *If "yes," what county?* \_\_\_\_\_

b.  Another state?  Yes  No *If "yes," what state?* \_\_\_\_\_

c.  A foreign country?  Yes  No *If "yes," what country?* \_\_\_\_\_

*If "Yes," is the other parent a citizen of that country?*  Yes  No

*If "Yes," does the other parent have family or emotional ties to that country?*  Yes  No

*Explain:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

④ Why do you think the other parent may take the children without your permission?

The other parent: *(Check all that apply)*

a.  Has violated — or threatened to violate — a custody or visitation order in the past.

b.  Does not have strong ties to California.

c.  Has done things recently that make it easy for him or her to take the children away without permission.

He or she has: *(Check all that apply)*

Quit his or her job

Sold his or her home

Closed a bank account

Ended a lease

Sold or gotten rid of assets

Hidden or destroyed documents

Applied for a passport, birth certificate, or school or medical records

d.  Has a history of: *(Check all that apply)*

Domestic violence

Child abuse

Not cooperating with me in parenting

Child abduction

e.  Has a criminal record

f. Please explain your answers to a–e:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**This is not a Court Order.**

**What orders do you want? Check the boxes that apply to your case.**

- 5  **Post a Bond**  
I ask the court to order the other parent to post a bond for \$ \_\_\_\_\_. If the other parent takes the children without my permission, I can use this money to bring the children back.
  
- 6  **Do Not Move Without My Permission or Court Order**  
I ask the court to order the other parent *not* to move with the children without my written permission or a court order.
  
- 7  **No Travel Without My Permission**  
I ask the court to order the other parent *not* to travel with the children outside: (*Check all that apply*)  
 This county    California    The United States    Other (*specify*): \_\_\_\_\_
  
- 8  **Notify Other State of Travel Restrictions**  
I ask the court to order the other parent to register this order in the state of \_\_\_\_\_ before the children can travel to that state for visits.
  
- 9  **Turn In and Do Not Apply for Passports or Other Vital Documents**  
I ask the court to order the other parent to turn in and *not* apply for passports or other documents (such as visas or birth certificates) that can be used for travel.
  
- 10  **Provide Itinerary and Other Travel Documents**  
If the other parent is allowed to travel with the children, I ask the court to order the other parent to give me before leaving:  
 The children's travel itinerary  
 Copies of round-trip airline tickets  
 Addresses and telephone numbers where the children can be reached  
 An open airline ticket for me in case the children are not returned  
 Other (*specify*): \_\_\_\_\_
  
- 11  **Notify Foreign Embassy or Consulate of Passport Restrictions**  
I ask the court to order the other parent to notify the embassy or consulate of \_\_\_\_\_ of this order and to provide the court with proof of that notification within \_\_\_\_\_ calendar days.
  
- 12  **Foreign Custody and Visitation Order**  
I ask the court to order the other parent to get a custody and visitation order equal to the most recent U.S. order before the child can travel to that country for visits. I understand that foreign orders may be changed or enforced depending on the laws of the country.
  
- 13  I declare under penalty of perjury under the laws of the State of California that the information on this form is true and correct.

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

\_\_\_\_\_  
*Type or print your name*

\_\_\_\_\_  
*Sign your name*

**This is not a Court Order.**

## EX PARTE TRO INTAKE FORM (CASES WITH CHILDREN)

**\*\*\*\*\*CONFIDENTIAL\*\*\*\*\***

### How This Form Will Be Used

This form is **CONFIDENTIAL** and will not be part of the public file in this case. You are required to complete and submit this form to the court. **THIS INFORMATION IS FOR OFFICIAL USE ONLY. THE PERSON TO BE RESTRAINED IS NOT ALLOWED TO SEE THIS FORM.** The information you provide will be used by the court to assist the court in conducting a background check on all parties seeking custody of the minor child(ren) subject to this action for the purpose of determining whether to award custody to you. You **must** provide a response to each item.

Your Driver's License Number:			
Your Social Security Number:			
Name(s) and Date of Birth of your child(ren):	Name:	Name:	Name:
	DOB:	DOB:	DOB:
	Name:	Name:	Name:
	DOB:	DOB:	DOB:
Names of other adults living in <b>your</b> home AND Date of Birth	Full Name:	Full Name:	Full Name:
	AKA:	AKA:	AKA:
	DOB:	DOB:	DOB:
	Full Name:	Full Name:	Full Name:
	AKA:	AKA:	AKA:
	DOB:	DOB:	DOB:



**Superior Court of California**  
COUNTY OF CONTRA COSTA  
FAMILY AND INVESTIGATIVE SERVICES  
751 PINE STREET  
MARTINEZ, CA 94553

## **CHILD CUSTODY AND VISITATION**

**\*\*\*\*\* MANDATORY \*\*\*\*\***

### **ORIENTATION AND** **CHILD CUSTODY RECOMMENDING COUNSELING** **(formerly known as MEDIATION)**

Parties filing for custody, visitation or a change in custody/visitation and parties objecting to such requests **MUST** complete the online orientation and attend child custody recommending counseling (custody counseling).

**EACH PARTY** must **IMMEDIATELY** call Family Court Services at (925) 608-2065 to schedule a **CUSTODY COUNSELING APPOINTMENT**. Upon receiving a phone call from the responding party, Family Court Services will schedule your custody counseling appointment. You are **required by law** to complete the online orientation and custody counseling. Cases involving domestic violence in which custody or visitation is an issue require custody counseling as well. Please note that you may request a SEPARATE appointment if there is an existing restraining order or a history of domestic violence. If you wish to request a separate appointment, please call FCS at (925) 608-2065 between 10:00am and 2:00pm.

If you fail to schedule and attend custody counseling, the other parent's custody/visitation requests may be granted without the benefit of custody counseling. Money sanctions may also be imposed.

If you and the other parent reach an agreement regarding custody/visitation, you **BOTH** must call Family Court Services to cancel your appointment(s) or you may be assessed a \$100 fee for failure to appear.

This form is attached to (check one):  DV-110  DV-130

1 Name of Protected Person: \_\_\_\_\_  Mom  Dad  Other\*

2 Other Parent's Name: \_\_\_\_\_  Mom  Dad  Other\*

\* If Other, specify relationship to child: \_\_\_\_\_

The Court Orders:

3  Child Custody is ordered as follows:

Legal Custody to: (Person who makes decisions about health, education. Check at least one.)

Physical Custody to: (Person the child lives with. Check at least one.)

Child's Name	Date of Birth	Mom	Dad	Other*	Mom	Dad	Other*
a. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If more children, check here. Attach a sheet of paper and write "DV-140, Child Custody" for a title.

\* If Other, specify relationship to child and name of person: \_\_\_\_\_

4  Child Visitation is ordered as follows:

a.  No visitation to  Mom  Dad  Other (name): \_\_\_\_\_

b.  See the attached \_\_\_\_\_ - page document, dated: \_\_\_\_\_

c.  The parties must go to mediation at: \_\_\_\_\_

d.  Until the next court order, visitation for  Mom  Dad  Other (name): \_\_\_\_\_ will be:

(1)  Weekends (starting): \_\_\_\_\_ (The 1st weekend of the month is the 1st weekend with a Saturday.)

1st  2nd  3rd  4th  5th weekend of month  
from \_\_\_\_\_ at \_\_\_\_\_  a.m.  p.m. to \_\_\_\_\_ at \_\_\_\_\_  a.m.  p.m.  
(day of week) (time) (day of week) (time)

(2)  Weekdays (starting): \_\_\_\_\_  
from \_\_\_\_\_ at \_\_\_\_\_  a.m.  p.m. to \_\_\_\_\_ at \_\_\_\_\_  a.m.  p.m.  
(day of week) (time) (day of week) (time)

(3)  Other Visitation

Check here and attach a sheet of paper if there are other visitation days and times, like holidays, birthdays, sports events. List dates and times. Write "DV- 140, Other Visitation" for a title.

5  Supervised Visitation or Exchange

Visits and/or exchanges of children are supervised as specified on Form DV-150, Supervised Visitation and Exchange Order.

This is a Court Order.

**6**  **Responsibility for Transportation for Visitation**

“Responsibility for transportation” means the parent will take or pick up the child or make arrangements for someone else to do so.

- a.  Mom  Dad  Other (name): \_\_\_\_\_ **take children to** the visits.  
b.  Mom  Dad  Other (name): \_\_\_\_\_ **pick up children from** the visits.  
c.  Drop-off / pick-up of children will be at (address): \_\_\_\_\_
- 

**7**  **Travel with Children**

Mom  Dad  Other (name): \_\_\_\_\_ **must** have written permission from the other parent, or a court order, to take the children outside of:

- a.  The State of California  
b.  The United States of America  
c.  Other place(s) (list): \_\_\_\_\_
- 

**8**  **Child Abduction**

There is a risk that one of the parents will take the children out of California without the other parent’s permission.  The orders in Form DV-145, *Order: No Travel with Children*, are attached and must be obeyed. (Fill out and attach Form DV-145 to this form.)

**9**  **Other Orders**

Check here and attach any other orders to this form. Write “DV-140, Other Orders” as a title.

**10** **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 starting with § 3400).

**11** **Notice and Opportunity to Be Heard**

The responding party was given reasonable notice and an opportunity to be heard as provided by the laws of the State of California.

**12** **Country of Habitual Residence**

The country of habitual residence of the child or children in this case is  The United States of America or  Other (specify): \_\_\_\_\_.

**13** **Penalties for Violating This Order**

If you violate this order, you may be subject to civil or criminal penalties, or both.

**14** **Duration of Child Custody, Visitation, and Support Orders**

If this form is attached to Form DV-130 (*Restraining Order After Hearing*), the custody and visitation orders in this form remain in effect after the restraining orders on Form DV-130 end.

**This is a Court Order.**

This form is attached to DV-140, Child Custody and Visitation Order.

1 Name of Protected Person: Mom Dad Other\*

2 Other Parent's Name: Mom Dad Other\*

\*If Other, specify relationship to child:

The Court Finds:

3 There is a risk that (name of parent) might take the children without permission because that parent (check all that apply):

- a. Has violated—or threatened to violate—a custody or visitation order in the past
b. Does not have strong ties to California
c. Has done things that make it easy for him or her to take the child without permission.

He or she has (check all that apply):

- Quit his or her job Sold his or her home
Closed a bank account Ended a lease
Sold or gotten rid of assets Hidden or destroyed documents
Applied for a passport, birth certificate, or school or medical records

- d. Has a history of (check all that apply):
Domestic violence
Child abuse
Not cooperating with the other parent in parenting
Taking the children without permission

e. Has a criminal record

f. Has family or emotional ties to another county, state or foreign country

Note: If (f) is checked, at least one other item in items (a)–(e) must be checked also.

The Court Orders:

The Court makes the orders, checked below, to prevent the parent in 3 from taking the children without permission. These orders are valid in other states and any country that has signed The Hague Convention on the Civil Aspects of International Child Abduction.

4 Post a Bond
The parent in 3 must post a bond for \$

5 Do Not Move Without Written Permission of the Other Parent or Court Order
The parent in 3 must not move with the children outside This county California
The United States

Other (specify):
without written permission from the other parent or a court order.

6 Do Not Travel Without Permission of the Other Person or Court Order
The parent in 3 must not travel with the children outside (check all that apply):
This county California The United States Other (specify):
without written permission of the other parent or a court order.

This is a Court Order.





- 7**  **Notify Other State of Travel Restrictions**  
 The parent in **(3)** must register this order in the state of \_\_\_\_\_ before the children can travel to that state for visits.
- 8**  **Turn In and Do Not Apply for Passports or Other Vital Documents**  
 The parent in **(3)** must *not* apply for passports or other documents (such as visas or birth certificates) that can be used for travel, and must turn in the following documents: \_\_\_\_\_
- 9**  **Provide Itinerary and Other Travel Documents**  
 The parent in **(3)** must give the other parent the following before traveling with the children:
- The children's travel itinerary
  - Copies of round-trip airline tickets
  - Addresses and telephone numbers where the children can be reached
  - An open airline ticket for the other parent in case the children are not returned
  - Other (*specify*): \_\_\_\_\_
- 10**  **Notify Foreign Embassy or Consulate of Passport Restrictions**  
 The parent in **(3)** must notify the embassy or consulate of \_\_\_\_\_ of this order and provide the court with proof of that notification within \_\_\_\_\_ calendar days.
- 11**  **Foreign Custody and Visitation Order**  
 The parent in **(3)** must get a foreign custody and visitation order equal to the most recent U.S. order before the children can travel to that country for visits. The court recognizes that foreign orders may be changed or enforced depending on the laws of that country.
- 12**  **Enforcing the Order**  
 The court authorizes any law enforcement officer to enforce this order. In this county, contact the Child Abduction Unit of the Office of the District Attorney at: \_\_\_\_\_
- 13**  **Other**  
 \_\_\_\_\_

**Notice to Authorities in Other States and Countries**

This court has jurisdiction to make child custody orders under California's Uniform Child Custody Jurisdiction and Enforcement Act (California Family Code, part 3, § 3400 et seq.) and The Hague Convention on the Civil Aspects of International Child Abduction (42 U.S.C. § 11601 et seq.). If jurisdiction is based on other factors, they will be listed in paragraph 13 above.

**This is a Court Order.**

This form is attached to  DV-110, *Temporary Restraining Order*  DV-130, *Restraining Order After Hearing*  
 DV-140, *Child Custody and Visitation Order*

① **Name of Protected Person:** \_\_\_\_\_  Mom  Dad  Other\*

② **Other Parent's Name:** \_\_\_\_\_  Mom  Dad  Other\*

\*If Other, specify relationship to child: \_\_\_\_\_

### The Court Orders:

③ **Mediation, Visitation and Exchange**

a.  Parties must go to mediation at: \_\_\_\_\_

b.  Visitation of children is supervised.

Parent to be supervised is:  Mom  Dad  Other (name): \_\_\_\_\_

c.  Exchanges of children are supervised.

④ **Schedule of Supervised Visits**

a.  All visits as provided in the schedule on Form DV-140, item ④(d) are to be supervised.

b.  Supervised visits shall be \_\_\_\_\_ visit(s) per week of \_\_\_\_\_ hours(s) each, to be arranged with the provider.

c.  Other schedule of supervised visits is attached. (Check here and attach a sheet of paper with "DV-150, Other Schedule" for a title.)

⑤ **Type of Provider**

a.  Professional (individual or supervised visitation center)

b.  Nonprofessional

⑥ **Provider's Information**

Name: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Address: \_\_\_\_\_

⑦ **Costs Will Be Paid As Follows:**

Mom to pay: \_\_\_\_\_ %

Dad to pay: \_\_\_\_\_ %

Other: \_\_\_\_\_

⑧ **Contact With Provider**

Mom to contact provider before (date): \_\_\_\_\_

Dad to contact provider before (date): \_\_\_\_\_

Other: \_\_\_\_\_

⑨ **The court also orders (specify):** \_\_\_\_\_

**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):	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	
<b>INCOME AND EXPENSE DECLARATION</b>	CASE NUMBER:

1. **Employment** (Give information on your current job or, if you're unemployed, your most recent job.)

Attach copies of your pay stubs for last two months (black out Social Security numbers).

- a. Employer:
- b. Employer's address:
- c. Employer's phone number:
- d. Occupation:
- e. Date job started:
- f. If unemployed, date job ended:
- g. I work about \_\_\_\_\_ hours per week.
- h. I get paid \$ \_\_\_\_\_ gross (before taxes)  per month  per week  per hour.

(If you have more than one job, attach an 8 1/2-by-11-inch sheet of paper and list the same information as above for your other jobs. Write "Question 1—Other Jobs" at the top.)

2. **Age and education**

- a. My age is (specify): \_\_\_\_\_
- b. I have completed high school or the equivalent:  Yes  No If no, highest grade completed (specify): \_\_\_\_\_
- c. Number of years of college completed (specify): \_\_\_\_\_ Degree(s) obtained (specify): \_\_\_\_\_
- d. Number of years of graduate school completed (specify): \_\_\_\_\_ Degree(s) obtained (specify): \_\_\_\_\_
- e. I have:  professional/occupational license(s) (specify): \_\_\_\_\_  
 vocational training (specify): \_\_\_\_\_

3. **Tax information**

- a.  I last filed taxes for tax year (specify year): \_\_\_\_\_
- b. My tax filing status is  single  head of household  married, filing separately  
 married, filing jointly with (specify name): \_\_\_\_\_
- c. I file state tax returns in  California  other (specify state): \_\_\_\_\_
- d. I claim the following number of exemptions (including myself) on my taxes (specify): \_\_\_\_\_

- 4. **Other party's income.** I estimate the gross monthly income (before taxes) of the other party in this case at (specify): \$ \_\_\_\_\_  
 This estimate is based on (explain): \_\_\_\_\_

(If you need more space to answer any questions on this form, attach an 8 1/2-by-11-inch sheet of paper and write the question number before your answer.) Number of pages attached: \_\_\_\_\_

I declare under penalty of perjury under the laws of the State of California that the information contained on all pages of this form and any attachments is true and correct.

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

\_\_\_\_\_ (TYPE OR PRINT NAME) \_\_\_\_\_ (SIGNATURE OF DECLARANT)

PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER:
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**Attach copies of your pay stubs for the last two months and proof of any other income. Take a copy of your latest federal tax return to the court hearing. (Black out your Social Security number on the pay stub and tax return.)**

5. **Income** (For average monthly, add up all the income you received in each category in the last 12 months and divide the total by 12.)

	Last month	Average monthly
a. Salary or wages (gross, before taxes).....	\$ _____	\$ _____
b. Overtime (gross, before taxes).....	\$ _____	\$ _____
c. Commissions or bonuses.....	\$ _____	\$ _____
d. Public assistance (for example: TANF, SSI, GA/GR) <input type="checkbox"/> currently receiving .....	\$ _____	\$ _____
e. Spousal support <input type="checkbox"/> from this marriage <input type="checkbox"/> from a different marriage <input type="checkbox"/> federally taxable* .....	\$ _____	\$ _____
f. Partner support <input type="checkbox"/> from this domestic partnership <input type="checkbox"/> from a different domestic partnership .....	\$ _____	\$ _____
g. Pension/retirement fund payments.....	\$ _____	\$ _____
h. Social Security retirement (not SSI).....	\$ _____	\$ _____
i. Disability: <input type="checkbox"/> Social Security (not SSI) <input type="checkbox"/> State disability (SDI) <input type="checkbox"/> Private insurance .....	\$ _____	\$ _____
j. Unemployment compensation.....	\$ _____	\$ _____
k. Workers' compensation.....	\$ _____	\$ _____
l. Other (military allowances, royalty payments) (specify): .....	\$ _____	\$ _____

6. **Investment income** (Attach a schedule showing gross receipts less cash expenses for each piece of property.)

a. Dividends/interest.....	\$ _____	
b. Rental property income.....	\$ _____	
c. Trust income.....	\$ _____	
d. Other (specify): .....	\$ _____	

7. **Income from self-employment, after business expenses for all businesses**..... \$ \_\_\_\_\_

I am the  owner/sole proprietor  business partner  other (specify): \_\_\_\_\_

Number of years in this business (specify): \_\_\_\_\_

Name of business (specify): \_\_\_\_\_

Type of business (specify): \_\_\_\_\_

**Attach a profit and loss statement for the last two years or a Schedule C from your last federal tax return. Black out your Social Security number. If you have more than one business, provide the information above for each of your businesses.**

8.  **Additional income.** I received one-time money (lottery winnings, inheritance, etc.) in the last 12 months (specify source and amount): \_\_\_\_\_

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

10. **Deductions**

	Last month
a. Required union dues.....	\$ _____
b. Required retirement payments (not Social Security, FICA, 401(k), or IRA).....	\$ _____
c. Medical, hospital, dental, and other health insurance premiums (total monthly amount).....	\$ _____
d. Child support that I pay for children from other relationships.....	\$ _____
e. Spousal support that I pay by court order from a different marriage <input type="checkbox"/> federally tax deductible*.....	\$ _____
f. Partner support that I pay by court order from a different domestic partnership.....	\$ _____
g. Necessary job-related expenses not reimbursed by my employer (attach explanation labeled "Question 10g").....	\$ _____

11. **Assets**

	Total
a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts.....	\$ _____
b. Stocks, bonds, and other assets I could easily sell.....	\$ _____
c. All other property, <input type="checkbox"/> real and <input type="checkbox"/> personal (estimate fair market value minus the debts you owe).....	\$ _____

\* Check the box if the spousal support order or judgment was executed by the parties and the court before January 1, 2019, or if a court-ordered change maintains the spousal support payments as taxable income to the recipient and tax deductible to the payor.

PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER:
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**12. The following people live with me:**

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

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

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

**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)
(SIGNATURE OF DECLARANT)

PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER:
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**CHILD SUPPORT INFORMATION**  
**(NOTE: Fill out this page only if your case involves child support.)**

**16. Number of children**

- a. I have *(specify number)*: \_\_\_\_\_ children under the age of 18 with the other parent in this case.
- b. The children spend \_\_\_\_\_ percent of their time with me and \_\_\_\_\_ percent of their time with the other parent.  
*(If you're not sure about percentage or it has not been agreed on, please describe your parenting schedule here.)*

**17. Children's health-care expenses**

- a.  I do  I do not have health insurance available to me for the children through my job.
- b. Name of insurance company:
- c. Address of insurance company:
  
- d. The monthly cost for the **children's** health insurance is or would be *(specify)*: \$ \_\_\_\_\_  
*(Do not include the amount your employer pays.)*

**18. Additional expense for the children in this case**

- |   | Amount per month |
|---|------------------|
| a. Childcare so I can work or get job training.....                           | \$ _____         |
| b. Children's health care not covered by insurance.....                       | \$ _____         |
| c. Travel expenses for visitation.....  | \$ _____         |
| d. Children's educational or other special needs <i>(specify below)</i> ..... | \$ _____         |

**19. Special hardships.** I ask the court to consider the following special financial circumstances

*(attach documentation of any item listed here, including court orders):*

- |  | Amount per month | For how many months? |
|--|------------------|----------------------|
| a. Extraordinary health expenses not included in 18b.....  | \$ _____         | _____                |
| b. Major losses not covered by insurance <i>(examples: fire, theft, other insured loss)</i> .....  | \$ _____         | _____                |
| c. (1) Expenses for my minor children who are from other relationships and are living with me..... | \$ _____         | _____                |
| (2) Names and ages of those children <i>(specify)</i> :  |                  |                      |
| (3) Child support I receive for those children..... \$ _____                                       |                  |                      |

The expenses listed in a, b, and c create an extreme financial hardship because *(explain)*:

**20. Other information I want the court to know concerning support in my case *(specify)*:**

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):	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	
<b>INCOME AND EXPENSE DECLARATION</b>	CASE NUMBER:

1. **Employment** (Give information on your current job or, if you're unemployed, your most recent job.)

Attach copies of your pay stubs for last two months (black out Social Security numbers).

- a. Employer:
- b. Employer's address:
- c. Employer's phone number:
- d. Occupation:
- e. Date job started:
- f. If unemployed, date job ended:
- g. I work about \_\_\_\_\_ hours per week.
- h. I get paid \$ \_\_\_\_\_ gross (before taxes)  per month  per week  per hour.

(If you have more than one job, attach an 8 1/2-by-11-inch sheet of paper and list the same information as above for your other jobs. Write "Question 1—Other Jobs" at the top.)

2. **Age and education**

- a. My age is (specify): \_\_\_\_\_
- b. I have completed high school or the equivalent:  Yes  No If no, highest grade completed (specify): \_\_\_\_\_
- c. Number of years of college completed (specify): \_\_\_\_\_ Degree(s) obtained (specify): \_\_\_\_\_
- d. Number of years of graduate school completed (specify): \_\_\_\_\_ Degree(s) obtained (specify): \_\_\_\_\_
- e. I have:  professional/occupational license(s) (specify): \_\_\_\_\_  
 vocational training (specify): \_\_\_\_\_

3. **Tax information**

- a.  I last filed taxes for tax year (specify year): \_\_\_\_\_
- b. My tax filing status is  single  head of household  married, filing separately  
 married, filing jointly with (specify name): \_\_\_\_\_
- c. I file state tax returns in  California  other (specify state): \_\_\_\_\_
- d. I claim the following number of exemptions (including myself) on my taxes (specify): \_\_\_\_\_

- 4. **Other party's income.** I estimate the gross monthly income (before taxes) of the other party in this case at (specify): \$ \_\_\_\_\_  
 This estimate is based on (explain): \_\_\_\_\_

(If you need more space to answer any questions on this form, attach an 8 1/2-by-11-inch sheet of paper and write the question number before your answer.) Number of pages attached: \_\_\_\_\_

I declare under penalty of perjury under the laws of the State of California that the information contained on all pages of this form and any attachments is true and correct.

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

▶

(TYPE OR PRINT NAME)
(SIGNATURE OF DECLARANT)

PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER:
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**Attach copies of your pay stubs for the last two months and proof of any other income. Take a copy of your latest federal tax return to the court hearing. (Black out your Social Security number on the pay stub and tax return.)**

5. **Income** (For average monthly, add up all the income you received in each category in the last 12 months and divide the total by 12.)

	Last month	Average monthly
a. Salary or wages (gross, before taxes).....	\$	_____
b. Overtime (gross, before taxes).....	\$	_____
c. Commissions or bonuses.....	\$	_____
d. Public assistance (for example: TANF, SSI, GA/GR) <input type="checkbox"/> currently receiving .....	\$	_____
e. Spousal support <input type="checkbox"/> from this marriage <input type="checkbox"/> from a different marriage <input type="checkbox"/> federally taxable* .....	\$	_____
f. Partner support <input type="checkbox"/> from this domestic partnership <input type="checkbox"/> from a different domestic partnership .....	\$	_____
g. Pension/retirement fund payments.....	\$	_____
h. Social Security retirement (not SSI).....	\$	_____
i. Disability: <input type="checkbox"/> Social Security (not SSI) <input type="checkbox"/> State disability (SDI) <input type="checkbox"/> Private insurance .....	\$	_____
j. Unemployment compensation.....	\$	_____
k. Workers' compensation.....	\$	_____
l. Other (military allowances, royalty payments) (specify): .....	\$	_____

6. **Investment income** (Attach a schedule showing gross receipts less cash expenses for each piece of property.)

a. Dividends/interest.....	\$	_____
b. Rental property income.....	\$	_____
c. Trust income.....	\$	_____
d. Other (specify): .....	\$	_____

7. **Income from self-employment, after business expenses for all businesses**..... \$ \_\_\_\_\_

I am the  owner/sole proprietor  business partner  other (specify): \_\_\_\_\_

Number of years in this business (specify): \_\_\_\_\_

Name of business (specify): \_\_\_\_\_

Type of business (specify): \_\_\_\_\_

**Attach a profit and loss statement for the last two years or a Schedule C from your last federal tax return. Black out your Social Security number. If you have more than one business, provide the information above for each of your businesses.**

8.  **Additional income.** I received one-time money (lottery winnings, inheritance, etc.) in the last 12 months (specify source and amount): \_\_\_\_\_

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

10. **Deductions**

	Last month
a. Required union dues.....	\$ _____
b. Required retirement payments (not Social Security, FICA, 401(k), or IRA).....	\$ _____
c. Medical, hospital, dental, and other health insurance premiums (total monthly amount).....	\$ _____
d. Child support that I pay for children from other relationships.....	\$ _____
e. Spousal support that I pay by court order from a different marriage <input type="checkbox"/> federally tax deductible*.....	\$ _____
f. Partner support that I pay by court order from a different domestic partnership.....	\$ _____
g. Necessary job-related expenses not reimbursed by my employer (attach explanation labeled "Question 10g").....	\$ _____

11. **Assets**

	Total
a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts.....	\$ _____
b. Stocks, bonds, and other assets I could easily sell.....	\$ _____
c. All other property, <input type="checkbox"/> real and <input type="checkbox"/> personal (estimate fair market value minus the debts you owe).....	\$ _____

\* Check the box if the spousal support order or judgment was executed by the parties and the court before January 1, 2019, or if a court-ordered change maintains the spousal support payments as taxable income to the recipient and tax deductible to the payor.



PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER:
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**12. The following people live with me:**

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

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

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

**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)
(SIGNATURE OF DECLARANT)

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)*:**