

**Superior Court of California
County of Riverside
Responsive Dec. to Request for Order Cover Sheet**

Your Information:

Name (First, Middle, Last):

Street Address:

City, State, Zip Code:

Telephone Number (home or cellular):

Type Petitioner's name here (person who started case):

Type Respondent's name here:

When is your hearing date, time, and department?

Date:

Time:

Dept.:

Please check off what the OTHER PARTY has requested:

Child Support

Child Custody

Visitation

Spousal Support

Attorney Fees & Costs

Injunctive Order

Other

Case number:

What Courthouse will your hearing be at? (choose location listed on the papers you were served):

PARTY WITHOUT ATTORNEY OR ATTORNEY E E E E E-MAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF F 9 F G 8 9 STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	
RESPONSIVE DECLARATION TO REQUEST FOR ORDER	CASE NUMBER:
HEARING DATE: TIME: DEPARTMENT OR ROOM:	

Read *Information Sheet: Responsive Declaration to Request for Order* ([form FL-320-INFO](#)) for more information about this form.

1. RESTRAINING ORDER INFORMATION
 - a. No domestic violence restraining/protective orders are now in effect between the parties in this case.
 - b. I agree that one or more domestic violence restraining/ protective orders are now in effect between the parties in this case.

2. CHILD CUSTODY
 VISITATION (PARENTING TIME)
 - a. I consent to the order requested for child custody (legal and physical custody).
 - b. I consent to the order requested for visitation (parenting time).
 - c. I do not consent to the order requested for child custody visitation (parenting time)
 but I consent to the following order:

3. CHILD SUPPORT
 - a. I have completed and filed a current *Income and Expense Declaration* ([form FL-150](#)) or, if eligible, a current *Financial Statement (Simplified)* ([form FL-155](#)) to support my responsive declaration.
 - b. I consent to the order requested.
 - c. I consent to guideline support.
 - d. I do not consent to the order requested but I consent to the following order:

4. SPOUSAL OR DOMESTIC PARTNER SUPPORT
 - a. I have completed and filed a current *Income and Expense Declaration* ([form FL-150](#)) to support my responsive declaration.
 - b. I consent to the order requested.
 - c. I do not consent to the order requested but I consent to the following order:

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

5. PROPERTY CONTROL

- a. I consent to the order requested.
- b. I do not consent to the order requested but I consent to the following order:

6. ATTORNEY'S FEES AND COSTS

- a. I have completed and filed a current *Income and Expense Declaration* ([form FL-150](#)) to support my responsive declaration.
- b. I have completed and filed with this form a *Supporting Declaration for Attorney's Fees and Costs Attachment* ([form FL-158](#)) or a declaration that addresses the factors covered in that form.
- c. I consent to the order requested.
- d. I do not consent to the order requested but I consent to the following order:

7. DOMESTIC VIOLENCE ORDER

- a. I consent to the order requested.
- b. I do not consent to the order requested but I consent to the following order:

8. OTHER ORDERS REQUESTED

- a. I consent to the order requested.
- b. I do not consent to the order requested but I consent to the following order:

9. TIME FOR SERVICE / TIME UNTIL HEARING

- a. I consent to the order requested.
- b. I do not consent to the order requested but I consent to the following order:

10. FACTS TO SUPPORT my responsive declaration are listed below. The facts that I write and attach to this form 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 DECLARANT)

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

DECLARATION

(This form must be attached to another form or court paper before it can be filed in court.)

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

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

- Attorney for Plaintiff Petitioner Defendant
- Respondent Other (*Specify*):

PARTY WITHOUT ATTORNEY OR ATTORNEY TELEPHONE NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE	
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: (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. TOTAL EXPENSES (a-q) (do not add in the amounts in a(1)(a) and (b)) \$ _____ </div> 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)

 (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)*:

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar Number and Address</i>) TELEPHONE NO: _____ FAX NO. (<i>Optional</i>): _____ E-MAIL ADDRESS (<i>Optional</i>): _____ ATTORNEY FOR (<i>Name</i>): _____	FOR COURT USE ONLY CASE NUMBER: _____
<input type="checkbox"/> PEOPLE OF THE STATE OF CALIFORNIA <input type="checkbox"/> PLAINTIFF/PETITIONER: vs. DEFENDANT/RESPONDENT: _____	
REQUEST FOR AN INTERPRETER	

1. Case Type (*Please check applicable box*):

- | | | |
|---|--|--|
| <input type="checkbox"/> Criminal | <input type="checkbox"/> Traffic | <input type="checkbox"/> Juvenile Delinquency |
| <input type="checkbox"/> Juvenile Dependency | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Child Support Case |
| <input type="checkbox"/> Family Law Domestic Violence | <input type="checkbox"/> Elder Abuse | <input type="checkbox"/> Civil Harassment |
| <input type="checkbox"/> Unlawful Detainer | <input type="checkbox"/> Termination of Parental Relationship – Family Law | <input type="checkbox"/> Guardianship or Conservatorship |
| <input type="checkbox"/> Other: _____ | | |

2. Name of person needing an interpreter: _____

- | | | |
|------------------------------------|--|---|
| <input type="checkbox"/> Defendant | <input type="checkbox"/> Plaintiff | <input type="checkbox"/> Witness for: _____ |
| <input type="checkbox"/> Minor | <input type="checkbox"/> Parent/Guardian | <input type="checkbox"/> Party on Case |

Requested by:

- | | | |
|--|---|---|
| <input type="checkbox"/> District Attorney | <input type="checkbox"/> DPSS | <input type="checkbox"/> Juvenile Defense Counsel |
| <input type="checkbox"/> DA Advocate | <input type="checkbox"/> Probation | <input type="checkbox"/> Party on Case |
| <input type="checkbox"/> Defense Counsel | <input type="checkbox"/> County Counsel | <input type="checkbox"/> Other: _____ |

3. Date of Hearing: _____ **Dept:** _____ **Estimate of time interpreter will be needed:** _____

- Half Day (*choose one*): AM - 8 to 12 PM - 1 to 5 Full Day - 8 to 5 On-call - Any time
 Estimated Length of Hearing (HRS/DAYS): _____

4. Language being requested: (*A minimum of 48 hours needed for a Spanish and Sign Language Interpreter and 5 days for all other languages (Local Rule 1025).*)

- | | | | |
|---|--|--|-------------------------------------|
| <input type="checkbox"/> Arabic | <input type="checkbox"/> German | <input type="checkbox"/> Lao | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Armenian East | <input type="checkbox"/> Hungarian | <input type="checkbox"/> Mandarin/Chinese | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Armenian West | <input type="checkbox"/> Indonesian | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Spanish* |
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> Japanese | <input type="checkbox"/> Punjabi | <input type="checkbox"/> Tagalog |
| <input type="checkbox"/> Farsi | <input type="checkbox"/> Khmer (Cambodian) | <input type="checkbox"/> Q'anjob'al (K'anjob'al) | <input type="checkbox"/> Thai |
| <input type="checkbox"/> French | <input type="checkbox"/> Korean | <input type="checkbox"/> Romanian | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Other: _____ (If requesting a language not listed above, please include country or region if known.) Country/Region: _____ | | | |

* Requests for an assigned Spanish interpreter to trials lasting one day or more must be made in advance.

If the above hearing date is continued or taken off calendar, please cancel the request with the Courtroom Assistant or Court Services Coordinator no less than 24 hours in advance. If the attorney cancels the request for an interpreter less than 24 hours in advance of the hearing date, the attorney who requested the interpreter shall pay the cost incurred by the court for the interpreter.

Note: Please complete Judicial Council form MC-410 *Request for Accommodations by Persons with Disabilities and Response* if you need an American Sign Language interpreter.

INSTRUCTIONS FOR FILING

- 1. FILL OUT** the documents
- 2. MAKE COPIES** – Make (2) copies of each document. You will have the original, plus two extra copies.
- 3. SERVE** – Have someone other than you, at least 18 years of age and not a party to the case mail **1 copy** of all the documents you completed (You must also serve the Department of Child Support Services if they are involved in your case). Your server will then fill out the **Proof of Service by Mail, Form FL-335** and give it back to you.
- 4. FILE** – You must file at the Clerk’s Office the **original** Responsive Declaration to Request for Order (FL-320), Income and Expense Declaration (FL-150 if completed), and Proof of Service by Mail, (FL-335) plus your extra copy. The Clerk will keep the originals and give you back your copies stamped, “Filed”.
 - **FILE** - If an interpreter is needed, file form RI-IN007 (Request for Interpreter) along with your paperwork. Please request an interpreter as soon as possible to allow for processing.
- 5. HEARING** – Attend your hearing on the scheduled date.

NOTE:

You must file your documents at least 10 days before your scheduled hearing.

Attend your Child Custody Recommending Counseling appointment, if necessary.

Bring your entire file with you to court and take notes at the hearing.
