Instructions for filing a Request for Order (Non-Emergency)

Forms Needed: *(* Mandatory Forms)*

- ☐ Request for Order (FL-300) *
- ☐ Income and Expense Declaration (FL-150)
- ☐ Proof of Personal Service (FL-330)
- ☐ Proof of Service by Mail (FL-335)
- ☐ Request for Interpreter (RI-IN007)

Request for Order (Non-Emergency)

To schedule a court hearing and ask the court to make new orders or to change orders in your case. The request can be about child custody, visitation (parenting time), child support, spousal or partner support, property, finances, attorney's fees and costs, or other matters.

You can find more information Request for Orders at https://www.courts.ca.gov/documents/fl300info.pdf
How to Schedule a Family Law Hearing? Video:
https://www.youtube.com/embed/UhrNBoFFHcY?rel=0&modestbranding=1&autoplay=1

1	**Complete all Forms**	Complete all the documents and sign them.
2	**File with the Court**	***In-Person:*** Go to the Clerk's Office window. You will need the following: • The original and at least copy (max 2) ***Drop box or Mail:*** Use the drop off box or mail your forms to the court listed on your forms. Include the following: • The original and at least a copy (max 2) • An envelope addressed to yourself with sufficient postage affixed. ***Online:*** Submit your forms online through eSubmit Portal. Follow the instructions below: • Electronically sign your documents at all signature lines in the document. • Watch video tutorials to prepare your documents at: https://riverside.courts.ca.gov/SelfHelp/FamiliesChildren/PDF-Video.mp4 • Read instructions and eSubmit documents at: https://riverside.courts.ca.gov/forms-filing/esubmit *The filing fee or fee waiver will be required at the time of submission. Once the court files the documents, the copies will be returned to you in the same way they were filed.*
3	**Serve Copy on Other Party**	Generally, if the Respondent *has not* filed a Response in the case, the Request for Order must be served by personal service by someone other than you, at least 18 years of age at least 16 court days prior to the hearing date. If the Respondent *has* filed a Response in the case, service can be completed by mail by someone other than you, at least 18 years of age at least 21 calendar days prior to the hearing date.
4	**File the Proof of Service**	File the completed Proof of Service (FL-330 or FL-335) with the court. You should keep a copy of the completed form for your own records.
5	**Attend CCRC**	If an appointment is set, attend the Child Custody Recommending Counseling Appointment.
6	**Attend Court Hearing**	Attend your scheduled court hearing date. For Telephonic Hearings, please ensure that you call-in for hearing at the time indicated on your notice.
7	**Prepare FOAH**	If necessary, prepare a Findings and Order After Hearing (FL-340).

DISCLAIMER: Our Self-Help Center staff is not your private attorney and does not represent any party. There is NO attorney-client relationship and staff are unable to provide legal advice based on your individual facts. The Self-Help Center staff may provide information and services to the other party in the case. Further, communications between you and Self-Help Center staff is NOT Confidential. You should consult with your own attorney if you want personalized advise or strategy, to have a confidential conversation, or to be represented by an attorney in court. (1) https:// riverside.courts.ca.gov/SelfHelp/DivorceSeparation/divorce_roadmap.pdf

Print These Forms

WARNING - After clicking, "Print These Forms," packet will close and all data will be erased!

Clear These Forms

Superior Court of California
County of Riverside
Request for Order Packet

Your Information: I am the ☐ Petitioner ☐ Respondent

Name (First, Middle, Last): _____

Street Address _____

City, State, Zip Code: _____

Telephone Number: _____

Petitioner's Name:

Name (First, Middle, Last): _____

Respondent's Name:

Name (First, Middle, Last): _____

Type of Order you are requesting: Check here if changing an existing order ☐

☐ Child Custody ☐ Visitation (Parenting Time) ☐ Spousal Support

☐ Child Support ☐ Attorney Fees & Costs ☐ Other:

_____

Case Number: _____

List minor children of the relationship:

Name *(First, Middle, Last):* _____

Date of Birth: _____ Age: _____

Name *(First, Middle, Last):* _____

Date of Birth: _____ Age: _____

Name *(First, Middle, Last):* _____

Date of Birth: _____ Age: _____

Where is your case filed?

☐ 265 N. Broadway, Blythe, CA 92225
☐ 46-200 Oasis St., Indio, CA 92201
☐ 27401 Menifee Center Drive Menifee, CA 92584
☐ 4175 Main St., Riverside, CA 92501

Filing Options:

☐ I plan to print the documents and submit them in person.

☐ I plan to electronic sign my documents and submit my paperwork online.
By checking this box, I declare under penalty of perjury under the laws of the State of California that all the information provided for this filing is true and correct.
Type your name here to serve as your electronic signature to the oath above.

Today's Date: _____

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):	FOR COURT USE ONLY
TELEPHONE NO.: EMAIL ADDRESS: ATTORNEY FOR *(name)*: SELF-REPRESENTED	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE ☐ 265 N. Broadway, Blythe, CA 92225 ☐ 46-200 Oasis St., Indio, CA 92201 ☐ 27401 Menifee Center Drive Menifee, CA 92584 ☐ 4175 Main St., Riverside, CA 92501	
PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	
REQUEST FOR ORDER ☐ **CHANGE** ☐ **TEMPORARY EMERGENCY ORDERS** ☐ Child Custody ☐ Visitation (Parenting Time) ☐ Spousal or Partner Support ☐ Child Support ☐ Property Control ☐ Attorney's Fees and Costs ☐ Other *(specify):*	CASE NUMBER:

Note: Read form FL-300-INFO for information about how to complete this form. To ask to change or end an order that was granted in a Restraining Order After Hearing (form DV-130 or JV-255), read form FL-300-INFO and form DV-300-INFO

NOTICE OF HEARING

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

2. **A COURT HEARING WILL BE HELD AS FOLLOWS:**

   a. Date: Time: ☒ Dept.: ☐ Room.:
   b. Address of court ☒ same as noted above ☐ 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.)*

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

Form Adopted for Mandatory Use
Judicial Council of California
FL-300 [Rev. July 1, 2025]

Family Code, §§ 2045, 2107, 6224, 6226, 6320–6326, 6380–6383
Government Code, § 70612
Cal. Rules of Court, rule 5.92
courts.ca.gov

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

REQUEST FOR ORDER

Note: Place a mark **X** 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
   ☐ VISITATION (PARENTING TIME)
   ☐ I request temporary emergency orders
   a. I request that the court make orders about the following children *(specify):*

Child's Name	Date of Birth	☐ Legal Custody to *(person who decides: health, education, etc):*	☐ Physical Custody to *(person with whom child lives):*

   ☐ Attachment 2a.
   b. ☐ The orders I request for ☐ child custody ☐ visitation (parenting time) are:
      (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.

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

2. 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.

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 based on the child support guideline.	Monthly amount ($) requested (if not by guideline)

☐ Attachment 3a.

b. ☐ I want to change a current court order for child support filed on *(date):*
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):* $ "GUIDELINE"
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 make, change, or end the support orders because *(specify):* ☐ Attachment 4e.

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

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.

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. ☐ OTHER ORDERS REQUESTED *(specify):* ☐ Attachment 7.

8. ☐ 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 *Request for Order* to be sooner.
   c. I need the order because *(specify):* ☐ Attachment 8.

9. ☒ 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 9.

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)

☐ This document has been electronically signed pursuant to Code of Civil Proc. § 1010.6 and Cal. Rules of Court 2.257.

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 courts.ca.gov/forms for *Disability Accommodations Request* (form MC-410). (Civ. Code, § 54.8.)

SHORT TITLE: — v.	CASE NUMBER:

ATTACHMENT *(Number):* _____

(This Attachment may be used with any Judicial Council form.)

(If the item that this Attachment concerns is made under penalty of perjury, all statements in this Attachment are made under penalty of perjury.)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):	FOR COURT USE ONLY
TELEPHONE NO.: E-MAIL ADDRESS: ATTORNEY FOR (*name*): Self-Represented	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE ☐ 265 N. Broadway, Blythe, CA 92225 ☐ 46-200 Oasis St., Indio, CA 92201 ☐ 27401 Menifee Center Drive Menifee, CA 92584 ☐ 4175 Main St., Riverside, CA 92501	
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)

☐ This document has been electronically signed pursuant to Code of Civil Proc. § 1010.6 and Cal. Rules of Court 2.257.

Form Adopted for Mandatory Use
Judicial Council of California
FL-150 [Rev. September 1, 2024]

Family Code, §§ 2030–2032, 2100–2113, 3552, 3620–3634, 4050–4076, 4300–4339
www.courts.ca.gov

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) ☐ currently receiving	$	
e. Spousal support ☐ from this marriage ☐ from a different marriage ☐ federally taxable*	$	
f. Partner support ☐ from this domestic partnership ☐ from a different domestic partnership	$	
g. Pension/retirement fund payments	$	
h. Social Security retirement (not SSI)	$	
i. Disability: ☐ Social Security (not SSI) ☐ State disability (SDI) ☐ 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):*

TOTAL INCOME: $ 0.00 0.00

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 ☐ 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, ☐ real and ☐ 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.				☐ Yes ☐ No
b.				☐ Yes ☐ No
c.				☐ Yes ☐ No
d.				☐ Yes ☐ No
e.				☐ Yes ☐ No

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

a. Home:
   (1) ☐ Rent or ☐ 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)...* $ 0.00
q. Other *(specify):* $
r. **TOTAL EXPENSES** (a–q) *(do not add in the amounts in a(1)(a) and (b))* $ 0.00
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):* XXXXXXXXXXXXX
   a. To date, I have paid my attorney this amount for fees and costs *(specify):* $ XXXXXXXXXXXXXXXXX
   b. The source of this money was *(specify):* XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
   c. I still owe the following fees and costs to my attorney *(specify total owed):* $ XXXXXXXXXXXXXXXXX
   d. My attorney's hourly rate is *(specify):* XXXXXXX

I confirm this fee arrangement.

Date: XXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
(TYPE OR PRINT NAME OF ATTORNEY)

▶ XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
(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 *(specify below):*	$

19. **Special hardships.** I ask the court to consider the following special financial circumstances *(attach documentation of any item listed here, including court orders):*

	Amount per month	For how many months?
a. Extraordinary health expenses not included in 18b	$	
b. Major losses not covered by insurance *(examples: fire, theft, other insured loss)*	$	
c. (1) Expenses for my minor children who are from other relationships and are living with me	$	

    (2) Names and ages of those children *(specify):*

    (3) Child support I receive for those children $

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

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

ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400,17406 *(Name, State Bar number, and address):*	*FOR COURT USE ONLY*
— TELEPHONE NO.: FAX NO.: ATTORNEY FOR *(Name):* SELF-REPRESENTED	* IF THE RESPONDENT HAS NOT FILED A RESPONSE IN THIS CASE, THE REQUEST FOR ORDER MUST BE SERVED BY PERSONAL SERVICE AND THE SERVER MUST COMPLETE THIS FORM.
SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE ☐ 265 N. Broadway, Blythe, CA 92225 ☐ 46-200 Oasis St., Indio, CA 92201 ☐ 27401 Menifee Center Drive Menifee, CA 92584 ☐ 4175 Main St., Riverside, CA 92501	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	CASE NUMBER: *(If applicable, provide):* HEARING DATE: HEARING TIME: DEPT.:
PROOF OF PERSONAL SERVICE	

1. I am at least 18 years old, not a party to this action, and not a protected person listed in any of the orders.
2. Person served *(name):*
3. I served copies of the following documents *(specify):*
   - ☒ REQUEST FOR ORDER
   - ☐ INCOME AND EXPENSE DECLARATION
4. By personally delivering copies to the person served, as follows:
   a. Date: b. Time:
   c. Address:
5. I am
   a. ☐ not a registered California process server.
   b. ☐ a registered California process server.
   c. ☐ an employee or independent contractor of a registered California process server.
   d. ☐ exempt from registration under Business & Profession Code section 22350(b).
   e. ☐ a California sheriff or marshal.
6. My name, address, and telephone number, and, if applicable, county of registration and number *(specify):*
7. ☒ I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
8. ☐ I am a California sheriff or marshal and I certify that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME OF PERSON WHO SERVED THE PAPERS)

(SIGNATURE OF PERSON WHO SERVED THE PAPERS)

Form Approved for Optional Use
Judicial Council of California
FL-330 [Rev. January 1, 2012]

Code of Civil Procedure, § 1011
www.courts.ca.gov

ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address):*	*FOR COURT USE ONLY*
— TELEPHONE NO.: FAX NO. *(Optional):* E-MAIL ADDRESS *(Optional):* ATTORNEY FOR *(Name):* SELF-REPRESENTED	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE ☐ 265 N. Broadway, Blythe, CA 92225 ☐ 46-200 Oasis St., Indio, CA 92201 ☐ 27401 Menifee Center Drive Menifee, CA 92584 ☐ 4175 Main St., Riverside, CA 92501	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	CASE NUMBER:
PROOF OF SERVICE BY MAIL	*(If applicable, provide):* HEARING DATE: HEARING TIME: DEPT.:

NOTICE: To serve temporary restraining orders you must use personal service (see form FL-330).

1. I am at least 18 years of age, not a party to this action, and I am a resident of or employed in the county where the mailing took place.

2. My residence or business address is:

3. I served a copy of the following documents *(specify):*
   ☒ REQUEST FOR ORDER
   ☐ INCOME AND EXPENSE DECLARATION

   by enclosing them in an envelope AND
   a. ☒ **depositing** the sealed envelope with the United States Postal Service with the postage fully prepaid.
   b. ☐ **placing** the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.

4. The envelope was addressed and mailed as follows:
   a. Name of person served:
   b. Address:

   c. Date mailed:
   d. Place of mailing *(city and state):*

5. ☐ I served a request to modify a child custody, visitation, or child support judgment or permanent order which included an address verification declaration. *(Declaration Regarding Address Verification—Postjudgment Request to Modify a Child Custody, Visitation, or Child Support Order* (form FL-334) may be used for this purpose.)

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

Date:

(TYPE OR PRINT NAME) ▶ (SIGNATURE OF PERSON COMPLETING THIS FORM)

Form Approved for Optional Use
Judicial Council of California
FL-335 [Rev. January 1, 2012]

PROOF OF SERVICE BY MAIL

Code of Civil Procedure, §§ 1013, 1013a
www.courts.ca.gov

SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE

RI-IN007

ATTORNEY OR PARTY WITHOUT ATTORNEY (*Name, State Bar Number and Address)*	*FOR COURT USE ONLY*
TELEPHONE NO: FAX NO. *(Optional):* E-MAIL ADDRESS *(Optional):* ATTORNEY FOR *(Name)*: SELF-REPRESENTED	
☐ PEOPLE OF THE STATE OF CALIFORNIA ☒ PLAINTIFF/PETITIONER: vs. DEFENDANT/RESPONDENT:	CASE NUMBER:

REQUEST FOR AN INTERPRETER

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

☐ Criminal ☐ Traffic ☐ Juvenile Delinquency
☐ Juvenile Dependency ☐ Mental Health ☐ Child Support Case
☐ Family Law Domestic Violence ☐ Elder Abuse ☐ Civil Harassment
☐ Unlawful Detainer ☐ Termination of Parental Relationship – Family Law ☐ Guardianship or Conservatorship

☒ Other: Family Law

2. Name of person needing an interpreter: _____

☐ Defendant ☐ Plaintiff ☐ Witness for: _____
☐ Minor ☐ Parent/Guardian ☐ Party on Case

Requested by:

☐ District Attorney ☐ DPSS ☐ Juvenile Defense Counsel
☐ DA Advocate ☐ Probation ☒ Party on Case
☐ Defense Counsel ☐ County Counsel ☐ 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).

☐ Arabic ☐ German ☐ Lao ☐ Russian
☐ Armenian East ☐ Hungarian ☐ Mandarin/Chinese ☐ Samoan
☐ Armenian West ☐ Indonesian ☐ Portuguese ☐ Spanish*
☐ Cantonese ☐ Japanese ☐ Punjabi ☐ Tagalog
☐ Farsi ☐ Khmer (Cambodian) ☐ Q'anjob'al (K'anjob'al) ☐ Thai
☐ French ☐ Korean ☐ Romanian ☐ Vietnamese
☐ 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.