

**FAMILY LAW FACILITATOR  
SELF-HELP CENTER**

**REQUEST FOR ORDER INSTRUCTIONS**

**1** You will need the following forms:

1. [FL-300 Request for Order](#)
2. [FL-150 Income & Expense Declaration](#) (if requesting support)
3. [FL-320 Responsive Declaration Regarding Order to Show Cause](#)
4. [FL-330 Proof of Personal Service](#)

The filing fee is \$60.00 payable when you give the completed papers to the clerk. If asking for custody/visitation orders, the filing fee is \$85.00. If you would like to request a Fee Waiver, you will also need a [Fee Waiver Application FW-001](#) and [Fee Waiver Order FW-003](#).

**2** You can get copies of the forms on-line at [www.courtinfo.ca.gov/forms](http://www.courtinfo.ca.gov/forms)

**3** Use the attached instructions with examples to fill out the forms. Your case number and case title can be obtained through the Civil Records Department.

<b>Your Case Information</b>		
<b>Petitioner/Plaintiff:</b>	<b>Case Number:</b>	
<b>Other Parent:</b>		
<b>Respondent/Defendant:</b>		
<b>Requested Court Date:</b>	<b>Time:</b>	<b>Dept:</b>
<b>Current Orders:</b>		

**4** Follow the steps on the last page to properly file and serve your papers.

**5** If you have any questions, feel free to contact us in person or by calling the office at 299-1137.

## How to fill out

# REQUEST FOR ORDERS (FL-300)

## DIRECTIONS

- ▶ Find the highlighted number on the sample form.
- ▶ Go to the same number below to find out how to fill out the form.
- ▶ Type or print in ink. You can also prepare and print this form online at <http://www.courts.ca.gov/forms.htm>

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):		FOR COURT USE ONLY	
1. TELEPHONE NO.: FAX NO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR Name:			
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Napa STREET ADDRESS: 825 BROWN St. MAILING ADDRESS: CITY AND ZIP CODE: Napa, CA 94559 BRANCH NAME:			
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:		2.	
REQUEST FOR ORDER <input type="checkbox"/> Child Custody <input type="checkbox"/> Child Support <input type="checkbox"/> Attorney Fees and Costs		3. CASE NUMBER:	
<input type="checkbox"/> MODIFICATION <input type="checkbox"/> Visitation <input type="checkbox"/> Spousal Support <input type="checkbox"/> Temporary Emergency Court Order <input type="checkbox"/> Other (specify):			
1. TO (name):		5.	
2. A hearing on this Request for Order will be held as follows: If child custody or visitation is an issue in this proceeding, Family Code section 3170 requires mediation before or at the same time as the hearing (see item 7.)			
a. Date: Time: Dept.: Room:		6.	
b. Address of court: <input type="checkbox"/> same as noted above <input type="checkbox"/> other (specify):			
3. Attachments to be served with this Request for Order: a. <input type="checkbox"/> A blank Responsive Declaration (form FL-320) b. <input type="checkbox"/> Completed Income and Expense Declaration (form FL-150) and a blank Income and Expense Declaration		c. <input type="checkbox"/> Completed Financial Statement (Simplified) (form FL-155) and a blank Financial Statement (Simplified) d. <input type="checkbox"/> Points and authorities e. <input type="checkbox"/> Other (specify):	
Date: (TYPE OR PRINT NAME)		7. (SIGNATURE)	
8. <input type="checkbox"/> COURT ORDER			
4. <input type="checkbox"/> YOU ARE ORDERED TO APPEAR IN COURT AT THE DATE AND TIME LISTED IN ITEM 2 TO GIVE ANY LEGAL REASON WHY THE ORDERS REQUESTED SHOULD NOT BE GRANTED.			
5. <input type="checkbox"/> Time for <input type="checkbox"/> service <input type="checkbox"/> hearing is shortened. Service must be on or before (date):			
6. Any responsive declaration must be served on or before (date):			
7. The parties are ordered to attend mandatory custody services as follows:			
8. <input type="checkbox"/> You are ordered to comply with the Temporary Emergency Court Orders (form FL-305) attached.			
9. <input type="checkbox"/> Other (specify):			
Date:			
To the person who received this Request for Order: If you wish to respond to this Request for Order, you must file a Responsive Declaration to Request for Order (form FL-320) and serve a copy on the other parties at least nine court days before the hearing date unless the court has ordered a shorter period of time. You do not have to pay a filing fee to file the Responsive Declaration to Request for Order (form FL-320) or any other declaration including an Income and Expense Declaration (form FL-150) or Financial Statement (Simplified) (form FL-155).			
Form Adopted by Mandatory Law Judicial Council of California FL-300 (Rev. July 1, 2012)		Page 1 of 4 REQUEST FOR ORDER Family Code, §§ 2009, 2107, 2500 Government Code, § 26520 www.courts.ca.gov	

3. Write in the case number.
4. Check the box or boxes that specify what you are seeking. If it is not listed, check the “Other” box and fill in a general description of what you want the court to order.
5. Write in the name of the person you are taking to court.
6. Fill in the court date, time and department.  

If the other parent does not have an attorney, schedule the date 8 weeks out on a Wednesday at 8:30 a.m. in Department F at the “other” address: 1111 Third Street, Napa, CA 94559 in item 2b.

If the other parent has an attorney, schedule the matter out 8 weeks on a Monday at 8:30 a.m. in Department A at the address “same as noted above” in item 2b.
7. Date, print and sign your name.
8. If you are seeking Child Custody, Visitation or Temporary orders, check the “COURT ORDER” box. Also check box 4 “YOU ARE ORDERED TO APPEAR IN COURT....”
9. If seeking a Child Custody or Visitation orders, write in “Prior to court, attend orientation and mediation through Family Court Services (707) 299-1240.”



PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: <b>1</b> OTHER PARENT/PARTY:	FL-300 CASE NUMBER:
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**2** 4.  **SPOUSAL OR PARTNER SUPPORT** *(An earnings assignment order may be issued.)*

a.  Amount requested (monthly): \$ **3**

b.  Terminate existing order  
 (1) filed on (date):  
 (2) ordering (specify):

**4** c.  Modify existing order  
 (1) filed on (date):  
 (2) ordering (specify):

d.  The Spousal or Partner Support Declaration Attachment (form FL-157) is attached (for modification of spousal or partner support after judgment only)  
 e. An Income and Expense Declaration (form FL-150) must be attached

5.  **ATTORNEY FEES AND COSTS** are requested on Request for Attorney Fees and Costs Order Attachment (form FL-319) or a declaration that addresses the factors covered in that form. An Income and Expense Declaration (form FL-150) must be attached. A Supporting Declaration for Attorney Fees and Costs Order Attachment (form FL-158) or a declaration that addresses the factors covered in that form must also be attached.

6.  **PROPERTY RESTRAINT**  **To be ordered pending the hearing**

a. The  petitioner  respondent  claimant is restrained from transferring, encumbering, hypothecating, concealing, or in any way disposing of any property, real or personal, whether community, quasi-community, or separate, except in the usual course of business or for the necessities of life.  
 The applicant will be notified at least five business days before any proposed extraordinary expenditures, and an accounting of such will be made to the court.

b.  Both parties are restrained and enjoined from cashing, borrowing against, canceling, transferring, disposing of, or changing the beneficiaries of any insurance or other coverage, including life, health, automobile, and disability, held for the benefit of the parties or their minor children.

c.  Neither party may incur any debts or liabilities for which the other may be held responsible, other than in the ordinary course of business or for the necessities of life.

7.  **PROPERTY CONTROL**  **To be ordered pending the hearing**

a.  The petitioner  respondent is given the exclusive temporary use, possession, and control of the following property that we own or are buying (specify):

b.  The petitioner  respondent is ordered to make the following payments on liens and encumbrances coming due while the order is in effect:

<u>Debt</u>	<u>Amount of payment</u>	<u>Pay to</u>
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8.  **OTHER RELIEF** (specify):

**5**

**NOTE:** To obtain domestic violence restraining orders, you must use the forms Request for Order (Domestic Violence Prevention) (form DV-100), Temporary Restraining Order (Domestic Violence) (form DV-110), and Notice of Court Hearing (Domestic Violence) (form DV-109).

FL-300 (Rev. July 1, 2012) Page 3 of 4  
 REQUEST FOR ORDER

## How to fill out

### Page 3 of the REQUEST FOR ORDER (FL-300)

#### DIRECTIONS

- ▶ Find the highlighted number on the sample form.
- ▶ Go to the same number below to find out how to fill out the form.
- ▶ Type or print in ink.

- 1** Write in the name of the Petitioner, Respondent and Case Number.
- 2** If seeking spousal support, check box 4 “Spousal Support.” If this is your first request for support prior to judgment, check box 4(a). For “amount requested,” fill in “temporary guideline.”
- 3** If seeking to terminate spousal support, check box 4(b). Fill in the date of the current order and the amount payable by the order.
- 4** If seeking to modify spousal support, check box 4(c). Fill the date of the current order and the amount payable by the order. If the request to modify is made after the final judgment, check box 4(d) and attach a completed [FL-157 Spousal Support Declaration](#).
- 5** If seeking any other orders not listed on the form, check box 8. Write in what you want the court to order.

## How to fill out

### Page 4 of the REQUEST FOR ORDER (FL-300)

#### DIRECTIONS

- ▶ Find the highlighted number on the sample form.
- ▶ Go to the same number below to find out how to fill out the form.
- ▶ Type or print in ink.

PETITIONER/PLAINTIFF: <b>1</b>		CASE NUMBER:
RESPONDENT/DEFENDANT:		
OTHER PARENT/PARTY:		

9.  I request that time for service of the Request for Order and accompanying papers be shortened so that these documents may be served no less than (specify number) days before the time set for the hearing. I need to have this order shortening time because of the facts specified in item 10 or the attached declaration.

10.  FACTS IN SUPPORT of orders requested and change of circumstances for any modification are (specify):

**2**  Contained in the attached declaration. (You may use Attached Declaration (form MC-031) for this purpose. The attached declaration must not exceed 10 pages in length unless permission to file a longer declaration has been obtained from the court.)


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

Date: **3** \_\_\_\_\_

(TYPE OR PRINT NAME)      (SIGNATURE OF APPLICANT)

**2** Requests for Accommodations  
Assistive listening systems, computer-assisted real time captioning, or sign language interpreter services are available if you ask at least five days before the proceeding. Contact the clerk's office or go to [www.courts.ca.gov/forms](http://www.courts.ca.gov/forms) for Request for Accommodations by Persons With Disabilities and Response (form MC-110). (Civil Code, § 54.8.)

FL-300 (Rev. July 1, 2012)      REQUEST FOR ORDER      Page 4 of 4

 ESSENTIAL FORMS

- 1** Write in the name of the Petitioner, Respondent and Case Number.
- 2** Check box 10. Write in the space provided the reasons for your request. If more space is needed, check the “Contained in the attached declaration” box and attach additional sheets as necessary.
- 3** Date, print and sign your name.

# How to fill out INCOME & EXPENSE DECLARATION (FL-150)

## DIRECTIONS

- ▶ Find the highlighted number on the sample form.
- ▶ Go to the same number below to find out how to fill out the form.
- ▶ Type or print in ink.

<p style="text-align: right;">FL-150</p> <p>ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):</p> <p>TELEPHONE NO: <b>1</b></p> <p>E-MAIL ADDRESS (Optional):</p> <p>ATTORNEY FOR (Name):</p> <p><b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF Napa</b></p> <p>STREET ADDRESS: 825 Brown St.</p> <p>MAILING ADDRESS:</p> <p>CITY AND ZIP CODE: Napa, CA 94559</p> <p>BRANCH NAME:</p> <p>PETITIONER/PLAINTIFF: <b>2</b></p> <p>RESPONDENT/DEFENDANT:</p> <p>OTHER PARENT/CLAIMANT:</p> <p style="text-align: center;"><b>INCOME AND EXPENSE DECLARATION</b></p>	<p>FOR COURT USE ONLY</p> <p>CASE NUMBER: <b>3</b></p>
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1. **Employment** (Give information on your current job or, if you're unemployed, your most recent job.)

4 **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.)

5 **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):

6 **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):

7 **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: \_\_\_\_\_ **8**

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

Page 1 of 4

Form Adopted for Mandatory Use  
Judicial Council of California  
FL-150 (Rev. January 1, 2007)

**INCOME AND EXPENSE DECLARATION**

Family Code, §§ 2030-2032;  
2100-2113, 3052, 3020-3034,  
6006-6075, 6300-6308  
www.courtinfo.ca.gov

- 1 Write in your name, address, and telephone number. Next to "Attorney for:" write in "Self-represented." Write in court address as shown.
- 2 Write in the name of the Petitioner and the Respondent as shown on the first page.
- 3 Write in the case number as shown on the first page.
- 4 Write in answers to the questions regarding your Current Employment. If not employed, write in when you last worked.
- 5 Write in answers to the questions regarding your Age and Education
- 6 Write in answers to the questions regarding Tax Information.
- 7 Provide your best estimate of the other party's income and the basis for your estimate.
- 8 Date, print and sign.

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	FL-150 CASE NUMBER:
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**1** 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.)

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

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

**6** 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): _____	\$ _____

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

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

**5** 10. **Deductions**

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

**6** 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) _____	\$ _____

FL-150 (Rev. January 1, 2007) INCOME AND EXPENSE DECLARATION Page 2 of 4

## How to fill out

# Page 2 of the INCOME & EXPENSE DECLARATION (FL-150)

## DIRECTIONS

- ▶ Find the highlighted number on the sample form.
- ▶ Go to the same number below to find out how to fill out the form.
- ▶ Type or print in ink.

- 1** Write in the name of the Petitioner, Respondent and Case Number as shown on the first page.
- 2** Write in your gross income from each identified source. First, write in the total earned for last month. Second, write in the average monthly income over the last 12 months.
- 3** If self-employed, write in your answers to questions about your Business and Earnings.
- 4** If there has been a significant change in your income in the last 12 months, check box 9. Write in a short explanation of how your income has changed.
- 5** Fill in the amount of any mandatory deductions from your pay.
- 6** Write in the value of additional assets.





FL-150

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER 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

2 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

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

18. Additional expenses for the children in this case

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

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

	Amount per month	For how many months?
5 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): \_\_\_\_\_

6

FL-150 (Rev. January 1, 2007) INCOME AND EXPENSE DECLARATION Page 4 of 4

## How to fill out

# Page 4 of the INCOME & EXPENSE DECLARATION (FL-150)

## DIRECTIONS

- ▶ Find the highlighted number on the sample form.
- ▶ Go to the same number below to find out how to fill out the form.
- ▶ Type or print in ink.

- 1 Write in the name of the Petitioner, Respondent and Case Number as shown on the first page.
- 2 Add information about number of children and % of time each parent spends with the children. If you don't know the % of time share, write in your visitation schedule.
- 3 For 17(a), check the box indicating whether or not you have healthcare coverage available for your children through your employer. If available, provide the information regarding the insurance carrier and cost of coverage for the children.
- 4 Write in the amounts of any additional monthly expenses related to your children.
- 5 Write in the amount of any special hardships including extraordinary health expenses, major losses not covered by insurance, or expenses related to your children in your home from other relationships.
- 6 Write in any other information you want the court to know about child support in your case.



<p style="font-size: small;">ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406) (Name, state bar number, and address):</p> <p style="text-align: center;"><b>1</b></p> <p>TELEPHONE NO.: _____ FAX NO.: _____</p> <p>ATTORNEY FOR (Name): _____</p> <p><b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF Napa</b> STREET ADDRESS: 825 Brown St. MAILING ADDRESS: CITY AND ZIP CODE: Napa, CA 94559 BRANCH NAME: _____</p> <p>PETITIONER/PLAINTIFF: _____</p> <p>RESPONDENT/DEFENDANT: <b>2</b></p> <p>OTHER PARENT: _____</p> <p style="text-align: center;"><b>PROOF OF PERSONAL SERVICE</b></p>	<p style="font-size: x-small;">FOR COURT USE ONLY</p> <p style="font-size: x-small;">FL-330</p> <p style="font-size: x-small;">CASE NUMBER: <b>3</b></p>
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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): **4**

3. I served copies of the following documents (specify):

**5**

4. By personally delivering copies to the person served, as follows:

a. Date: \_\_\_\_\_ b. Time: \_\_\_\_\_

c. Address: **6**

5. I am

**7** a.  not a registered California process server. d.  exempt from registration under Bus. & Prof. Code section 22350(b).

b.  a registered California process server.

c.  an employee or independent contractor of a registered California process server. e.  a California sheriff or marshal.

6. My name, address, and telephone number, and, if applicable, county of registration and number (specify):

**8**

**9** 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: **10**

\_\_\_\_\_  
(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, 2003)  
Martin Clavin's Essential Forms™

**PROOF OF PERSONAL SERVICE**

Page 1 of 2  
Code of Civil Procedure, § 10111  
www.courtinfo.ca.gov

## How to fill out PROOF OF PERSONAL SERVICE (FL-330)

### DIRECTIONS

- ▶ Find the highlighted number on the sample form.
- ▶ Go to the same number below to find out how to fill out the form.
- ▶ Type or print in ink.

- 1** Write in your name, address, and telephone number. Next to “Attorney for:” write in “Self-represented.” Write in court address as shown.
- 2** Write in the name of the Petitioner and the Respondent as shown on the first page.
- 3** Write in the case number as shown on the first page
- 4** Write in the name of the person who is being served with copies.
- 5** Write in the following: “Request for Order; Blank Response”
- 6** Have the person who served the papers write in the date, time and address where the other person was given the copies.
- 7** Check box 5 (a) if a friend or family member served the copies.
- 8** Have the person who served the papers write in their name, address and telephone number.
- 9** Check box 7 if a friend or family member served the copies.
- 10** Have the person who served the copies date, print and sign.

**FAMILY LAW FACILITATOR  
SELF-HELP CENTER**

**REQUEST FOR ORDER  
CHILD CUSTODY & VISITATION**

**So how do I get the court to hear my case?**

Fill out the forms using the attached Samples & Instructions. You can get additional copies of the forms at [www.courtinfo.ca.gov](http://www.courtinfo.ca.gov)

Make 2 copies.

**File**

Drop off the originals and 2 copies with the clerk at Napa Superior Court, 825 Brown Street, Napa, CA 94559.

The copies will be returned stamped “Endorsed” by the clerk. If seeking custody/visitation orders, the copies will be available for pick-up 2 days after filing.

One set of copies is for your records.

The other set of copies must be served on the other party.

Contact Family Court Services at 299-1240 to schedule Orientation and Mediation.

**Serve**

Have someone 18 or older personally serve the other party with one of the Endorsed copies AND blank Response forms. You must serve the other party at least 16 court days before the hearing. If the other party lives out of state or out of the country, longer notice is required.

Have the person who served the other party fill out the Proof of Service.

**File the  
Proof**

File the Proof of Service with the clerk. This gives the judge proof that the other party was notified of the court date.

Attend the hearing on the scheduled date. Bring your papers with you in case the judge has any questions.