

RESPONSIVE DECLARATION TO REQUEST FOR ORDER

FORMS AVAILABLE ON THE INTERNET AT WWW.SUTTERCOURTS.COM OR
WWW.COURTS.CA.GOV

GENERAL INFORMATION

The purpose of a *Responsive Declaration to Request for Order (FL-320)* is to provide you an opportunity to respond to a Request for Orders filed in your family law case. A *Response* allows you to tell the court if you agree or disagree with the request made by the moving party. If the request for orders is for custody or visitation, the Court has ordered you to attend mediation orientation and mediation prior to your court date.

You will need the following:

- **FL-320** *Responsive Declaration to Request for Order*
- **FL-105** *Declaration Under UCCJEA*
- **FL-335** *Proof of Service by Mail*

FILING AND SERVING INSTRUCTIONS All ORIGINAL completed forms need to be copied TWO TIMES and filed with the Court. ALL THE COPIES will be “Endorsed Filed”. One copy for you and the other copy is for the other party. There will be a filing fee if you have not paid your first appearance fee or unless you have filed a fee waiver in your case.

Have someone **OTHER THAN YOURSELF AND OVER THE AGE OF 18 YEARS OLD** serve the other parties with the documents above. Have the server complete *Proof of Service by Mail (FL-335)* form.

After you have served the other parties, have the *Proof of Service by Mail (FL-335)* filed with the Court.

**SUPERIOR COURT OF CALIFORNIA
COUNTY OF SUTTER**

**FAMILY LAW FACILITATOR
FAMILY LAW INFORMATION CENTER**

☎
530-822-3305

REVISED 7/1/2016

PARTY WITHOUT ATTORNEY OR ATTORNEY: STATE BAR NO.: NAME: YOUR NAME FIRM NAME: YOUR STREET ADDRESS STREET ADDRESS: YOUR CITY, STATE, ZIP CODE CITY: YOUR TELEPHONE NUMBER STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF COUNTY NAME STREET ADDRESS: COURT'S PHYSICAL ADDRESS MAILING ADDRESS: COURT'S CITY, STATE, ZIP CODE CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT: FILL THIS OUT EXACTLY AS THE INFORMATION APPEARS ON YOUR OTHER DOCUMENTS OTHER PARENT/PARTY:	
RESPONSIVE DECLARATION TO REQUEST FOR ORDER	CASE NUMBER: COURT 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

CHECK THE APPROPRIATE BOX

- 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:

CHECK WHETHER YOU "AGREE" OR "DISAGREE" WITH WHAT THE OTHER PARTY HAS REQUESTED. IF YOU DISAGREE, TELL THE COURT WHAT YOU WANT.

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:	FILL THIS OUT EXACTLY AS THE INFORMATION APPEARS ON YOUR OTHER DOCUMENTS	CASE NUMBER: <div style="border: 2px solid red; padding: 5px; text-align: center;"> COURT CASE NUMBER </div>
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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:

CHECK WHETHER YOU "AGREE" OR "DISAGREE" WITH WHAT THE OTHER PARTY HAS REQUESTED. IF YOU DISAGREE, TELL THE COURT WHAT YOU WANT.

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.](#)

EXPLAIN TO THE COURT WHY THE REQUESTS OF THE OTHER PARTY SHOULD NOT BE GRANTED CLEARLY AND CONCISELY. EXPLAIN TO THE COURT WHY YOU WANT WHAT YOU ASKED FOR. IF YOU NEED ADDITIONAL SPACE, YOU MAY ATTACH FORM, MC-031.

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: DATE

PRINT YOUR NAME

(TYPE OR PRINT NAME)

▶ SIGN YOUR NAME

(SIGNATURE OF DECLARANT)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): <div style="border: 1px solid red; padding: 2px; margin-bottom: 5px;">YOUR NAME YOUR STREET ADDRESS YOUR CITY, STATE, and ZIP CODE</div> TELEPHONE NO.: TELEPHONE # FAX NO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): WRITE "IN PRO PER"	FOR COURT USE ONLY <div style="border: 1px solid red; padding: 5px; margin: 10px auto; width: 80%;"> THIS FORM IS TO TELL THE COURT WHERE THE CHILD HAS BEEN LIVING FOR THE PAST FIVE YEARS. </div>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF COUNTY NAME STREET ADDRESS: COURT'S PHYSICAL ADDRESS MAILING ADDRESS: CITY AND ZIP CODE: COURT'S CITY, STATE, and ZIP CODE BRANCH NAME:	
PETITIONER: <i>(This section applies only to family law cases.)</i> RESPONDENT: FILL THIS OUT EXACTLY AS THE INFORMATION APPEARS ON YOUR OTHER DOCUMENTS OTHER PARTY:	
GUARDIANSHIP OF (Name): <i>(This section applies only to guardianship cases.)</i> Minor	CASE NUMBER: <div style="border: 1px solid red; padding: 2px; text-align: center;">COURT CASE NUMBER</div>
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)	

1. I am a party to this proceeding to determine custody of a child.
2. My present address and the present address of each child residing with me is confidential under Family Code section 3429 as I have indicated in item 3. WRITE IN THE NUMBER OF CHILDREN
3. There are *(specify number)*: WRITE IN THE NUMBER OF CHILDREN minor children who are subject to this proceeding, as follows:
(Insert the information requested below. The residence information must be given for the last FIVE years.)

a. Child's name OLDEST CHILD'S NAME	Place of birth CITY & STATE WHERE CHILD WAS BORN	Date of birth MM / DD / YYYY	Sex M or F
Period of residence to present CURRENT ADDRESS FOR THE CHILD <input type="checkbox"/> Confidential	Address PREVIOUS ADDRESSES FOR THE CHILD FOR FIVE YEARS GO IN THESE BOXES.	Person child lived with (name and complete current address) NAME OF PERSON THE CHILD LIVES WITH AT THAT ADDRESS	Relationship RELATIONSHIP OF PERSON TO CHILD
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
b. Child's name NEXT OLDEST CHILD'S NAME	Place of birth CITY & STATE WHERE CHILD WAS BORN	Date of birth MM / DD / YYYY	Sex M or F
<input checked="" type="checkbox"/> Residence information is the same as given above for child a. <i>(If NOT the same, provide the information below.)</i>			
Period of residence to present CHECK THIS BOX IF THE CHILDREN HAVE BEEN LIVING AT THE SAME ADDRESSES <input type="checkbox"/> Confidential	Address IF THE CHILDREN HAVE NOT BEEN LIVING AT THE SAME ADDRESSES, THEN TELL THE COURT WHERE THE CHILD HAS BEEN LIVING FOR THE PAST 5 YEARS.	Person child lived with (name and complete current address) IF THE CHILD(REN) HAS LIVED AT MORE THAN 4 ADDRESSES IN THE LAST 5 YEARS, CHECK BOX C AND CREATE AN ATTACHMENT TITLED "ATTACHMENT 3C" AND LIST THE ADDITIONAL ADDRESSES.	Relationship IF YOU HAVE MORE THAN 2 CHILDREN INVOLVED IN THIS CASE, CHECK BOX D AND COMPLETE FORM FL-105(A)/GC-120(A).
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	

- c. Additional residence information for a child listed in item a or b is continued on attachment 3c.
- d. Additional children are listed on form FL-105(A)/GC-120(A). *(Provide all requested information for additional children.)*

SHORT TITLE: LAST NAME VS. LAST NAME	CASE NUMBER: COURT CASE NUMBER
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4. Do you have information about, or have you participated as a party or as a witness or in some other capacity in, another court case or custody or visitation proceeding, in California or elsewhere, concerning a child subject to this proceeding?
 Yes No (If yes, attach a copy of the orders (if you have one) and provide the following information):

Proceeding	Case number	Court <i>(name, state, location)</i>	Court order or judgment <i>(date)</i>	Name of each child	Your connection to the case	Case status
a. <input type="checkbox"/> Family						
b. <input type="checkbox"/> Guardianship						
c. <input type="checkbox"/> Other						

ANSWER QUESTION #4. TELL THE COURT IF THERE IS ANOTHER COURT CASE THAT DEALS WITH THE CUSTODY AND/OR VISITATION OF THE CHILD(REN) IN THIS CASE. IF YES, COMPLETE THE INFORMATION IN THIS SECTION.

Proceeding	Case Number	Court <i>(name, state, location)</i>
d. <input type="checkbox"/> Juvenile Delinquency/ Juvenile Dependency		
e. <input type="checkbox"/> Adoption		

5. One or more domestic violence restraining/protective orders are now in effect. (Attach a copy of the orders if you have one and provide the following information):

Court	County	State	Case number <i>(if known)</i>	Orders expire <i>(date)</i>
a. <input type="checkbox"/> Criminal				
b. <input type="checkbox"/> Family				
c. <input type="checkbox"/> Juvenile Delinquency/ Juvenile Dependency				
d. <input type="checkbox"/> Other				

TELL THE COURT IF THERE ARE ANY DOMESTIC VIOLENCE RESTRAINING ORDERS NOW IN EFFECT AND COMPLETE THE INFORMATION IN THIS SECTION.

6. Do you know of any person who is not a party to this proceeding who has physical custody or claims to have custody of or visitation rights with any child in this case? Yes No (If yes, provide the following information):

a. Name and address of person	b. Name and address of person	c. Name and address of person
<input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights	<input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights	<input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights
Name of each child	Name of each child	Name of each child

ANSWER QUESTION #5. TELL THE COURT IF THERE IS ANYONE ELSE THAT CLAIMS TO HAVE CUSTODY AND/OR VISITATION.

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

Date: DATE

PRINT YOUR NAME

SIGN YOUR NAME

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

7. Number of pages attached: _____

NOTICE TO DECLARANT: You have a continuing duty to inform this court if you obtain any information about a custody proceeding in a California court or any other court concerning a child subject to this proceeding.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): <div style="border: 1px solid red; padding: 5px; margin: 5px 0;">YOUR NAME YOUR STREET ADDRESS YOUR CITY, STATE, ZIP CODE</div> TELEPHONE NO.: TELEPHONE # FAX NO. (Optional): E-MAIL ADDRESS (Optional): <div style="border: 1px solid red; padding: 2px; display: inline-block; margin: 5px 0;">WRITE "IN PRO PER"</div>	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF COUNTY NAME STREET ADDRESS: COURT'S PHYSICAL ADDRESS MAILING ADDRESS: CITY AND ZIP CODE: COURT'S CITY, STATE, ZIP CODE BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	CASE NUMBER: <div style="border: 1px solid red; padding: 2px; text-align: center; margin: 5px 0;">COURT CASE NUMBER</div> <i>(If applicable, provide):</i> HEARING DATE: HEARING TIME: DEPT.:
PROOF OF SERVICE BY MAIL	

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:

SERVER'S NAME
 SERVER'S STREET ADDRESS
 SERVER'S CITY, STATE, and ZIP CODE

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

WRITE IN THE NAME(S) AND FORM NUMBER(S) OF THE DOCUMENTS BEING SERVED ON THE OTHER PARTY.

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.

CHECK THIS BOX

4. The envelope was addressed and mailed as follows:

- a. Name of person served: OTHER PARTY'S NAME
- b. Address: OTHER PARTY'S STREET ADDRESS, CITY, STATE, ZIP CODE
- c. Date mailed: DATE THE DOCUMENTS WERE PLACED IN THE MAIL
- d. Place of mailing (city and state): CITY AND STATE WHERE THEY WERE MAILED

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: DATE PRINT SERVERS NAME

SERVER SIGNS THEIR NAME

(TYPE OR PRINT NAME)

(SIGNATURE OF PERSON COMPLETING THIS FORM)