

SUPERIOR COURT OF CALIFORNIA
COUNTY OF KERN

TRIAL BRIEF
Dissolution/Legal Separation/Nullity

Trial or hearing briefs are subject to **CRC Rule 5.394**. The "Trial Brief" is your *brief* statement on contested issues and *relevant* facts and law.

1. COMPLETE THE FORMS. (Type or print, blue or black ink only. Writing must be legible.)
2. DATE, PRINT NAME AND SIGN ALL FORMS BEFORE SERVING.
3. MAKE COPIES OF EACH FORM. Make two (2) copies of each form, front and back pages.
4. SERVE YOUR DOCUMENTS/COMPLETE PROOF OF SERVICE. Have a copy of the Trial Brief "served" on the other party/attorney by mail or personal service. (To "SERVE" means that someone other than you, who is over the age of 18, and not a party or witness to the action delivered (served) a copy of the filed endorsed papers to the other party/attorney.) The Trial Brief **must** be served on the parties and filed with the court a minimum of **5 court days before** the trial, or by the date designated by the judicial officer. Once service has been performed, the server then completes the PROOF OF SERVICE BY MAIL (Form FL-335) or PROOF OF PERSONAL SERVICE (Form FL-330), and attaches the form to the original Trail Brief prior to filing- *forms available on-line at www.courts.ca.gov/forms.*
5. FILE TRIAL BRIEF: Take the original and one copy of the Trial Brief to the Family Law Department for filing (*with the proof of service attached*). The clerk will keep the original and return the file stamped copy to you for your records.

NOTICE

PERSONNEL OF THE CLERKS OFFICE OF THE SUPERIOR COURT ARE NOT ALLOWED BY LAW TO GIVE LEGAL ADVICE OR ASSIST IN THE PREPARATION OF ANY FORMS.

PURSUANT TO CA RULE OF COURT 2.200, A PARTY WHOSE ADDRESS CHANGES WHILE AN ACTION IS PENDING MUST SERVE ON ALL PARTIES AND FILE A WRITTEN NOTICE OF CHANGE OF ADDRESS WITH THE COURT- Ask the clerk for Notice of Change of Address and Other Contact Information form

1 _____
(First and last name)
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(Address)
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(City, State, Zip)
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(Phone Number)
5 In Pro Per

7 SUPERIOR COURT OF CALIFORNIA
8 COUNTY OF KERN

9 In Re the Matter of:) Case No: _____
10 Petitioner:) Petitioner's/ Respondent's
_____) TRIAL BRIEF
11 Vs.) Date of Trial: _____
12 Respondent:) Time: _____
_____) Division: _____

14 PETITIONER/ RESPONDENT submits the following Trial Brief:

15 1. STATISTICAL FACTS:

- 16 A. Date of Marriage: _____
17 B. Date of Separation: _____
18 C. Period between Marriage and Separation: _____ years; _____ months.
19 D. Minor Child(ren) and Date of Birth:
20 _____ / ____ / ____
21 _____ / ____ / ____
22 _____ / ____ / ____
23 _____ / ____ / ____
24 _____ / ____ / ____
25 _____ / ____ / ____

2. SUMMARY OF THE CASE:

1 _____
2 _____
3 _____
4 _____
5 _____

3. ISSUES TO BE RESOLVED AT TRIAL:

7
8 A. CHILD CUSTODY/VISITATION: I REQUEST A CHILD CUSTODY AND/OR
9 VISITATION JUDGMENT AS FOLLOWS: _____

10 _____
11 _____
12 _____
13 _____

14
15 B. CHILD SUPPORT: I REQUEST A CHILD SUPPORT JUDGMENT AS
16 FOLLOWS: _____

17 _____
18 _____
19 _____

20
21 C. SPOUSAL SUPPORT: I REQUEST A SPOUSAL SUPPORT JUDGMENT AS
22 FOLLOWS: _____

23 _____
24 _____
25 _____

1 **D. COMMUNITY PROPERTY/DEBT: I REQUEST A COMMUNITY PROPERTY/DEBT**
2 **JUDGMENT AS FOLLOWS:** _____

3 _____
4 _____
5 _____
6 _____
7 _____
8 _____
9 _____

10 **E. OTHER ISSUES: I REQUEST A JUDGMENT ON OTHER ISSUES AS FOLLOWS:**

11 1) _____
12 _____
13 _____
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17 2) _____
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4. ATTACHMENTS:

- Exhibit List**
- Income and Expense Declaration, Form FL-150**
- Witness List, Form FL-321**
- Spousal or Partner Support Declaration Attachment FL-157**
- Declaration**
- Other:** _____

Dated: _____

Respectfully submitted: _____

- PETITIONER
- RESPONDENT

1 CASE NAME: _____

2 CASE NO: _____

3 **EXHIBIT LIST**

4 ATTACHMENT TO: Request for Order Responsive Declaration

5 DV Related Filing Trial Brief Other: _____

6 **PETITIONER** **RESPONDENT** **OTHER PARENT**

7 (Description) (Number for Petitioner/Letter for Respondent)

8 _____ ...Exhibit _____

9 _____ ...Exhibit _____

10 _____ ...Exhibit _____

11 _____ ...Exhibit _____

12 _____ ...Exhibit _____

13 _____ ...Exhibit _____

14 _____ ...Exhibit _____

15 _____ ...Exhibit _____

16 _____ ...Exhibit _____

17 _____ ...Exhibit _____

18 _____ ...Exhibit _____

19 _____ ...Exhibit _____

20 _____ ...Exhibit _____

21 _____ ...Exhibit _____

22 _____ ...Exhibit _____

23 _____ ...Exhibit _____

24 _____

25 _____

EXHIBIT LIST

PARTY WITHOUT ATTORNEY OR ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
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) <input type="checkbox"/> per month <input type="checkbox"/> per week <input type="checkbox"/> per hour.
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(If you have more than one job, attach an 8 1/2-by-11-inch sheet of paper and list the same information as above for your other jobs. Write "Question 1 - Other Jobs" at the top.)

2. **Age and education**

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

3. **Tax information**

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

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

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

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

Date: _____

 (TYPE OR PRINT NAME) ▶ (SIGNATURE OF DECLARANT)

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

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

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

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

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

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

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

Number of years in this business (specify): _____

Name of business (specify): _____

Type of business (specify): _____

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

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

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

10. **Deductions**

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

11. **Assets**

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

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

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

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

13. Average monthly expenses Estimated expenses Actual expenses Proposed needs

a. Home:

(1) 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) \$ _____

q. Other (specify):\$ _____

r. **TOTAL EXPENSES (a-q)** (do not add in the amounts in a(1)(a) and (b)) \$ _____

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 is required if either party is requesting attorney fees.):
- To date, I have paid my attorney this amount for fees and costs (specify): \$ _____
 - The source of this money was (specify): _____
 - I still owe the following fees and costs to my attorney (specify total owed): \$ _____
 - My attorney's hourly rate is (specify): _____

I confirm this fee arrangement.

Date: _____

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER:
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CHILD SUPPORT INFORMATION

(NOTE: Fill out this page only if your case involves child support.)

16. Number of children

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

17. Children's health-care expenses

- a. I do I do not have health insurance available to me for the children through my job.
- b. Name of insurance company:
- c. Address of insurance company:

- d. The monthly cost for the **children's** health insurance is or would be *(specify)*: \$ _____
(Do not include the amount your employer pays.)

18. Additional 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?

- 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)*:

PETITIONER: RESPONDENT:	CASE NUMBER:
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SPOUSAL OR DOMESTIC PARTNER SUPPORT DECLARATION ATTACHMENT

- Declaration for Default or Uncontested Judgment (form FL-170)**
 Supporting Declaration for Attorney's Fees and Costs Attachment (form FL-158)
 Request for Order (form FL-300)
 Other (specify):

1. Spousal or domestic partner support.

- a. I am the (specify all that apply):
- (1) petitioner respondent.
- (2) support payee (party asking for support) support payor (party being asked to pay support).
- b. I request that the court (check all that apply)
- (1) enter a judgment for spousal or domestic partner support for petitioner respondent.
- (2) modify the judgment for spousal or domestic partner support for petitioner respondent.
- (3) deny the request to modify the judgment for spousal or domestic partner support.
- (4) terminate jurisdiction to award spousal or domestic partner support to petitioner respondent.

2. Attorney fees and costs. I request that the court (check one)

- a. order my attorney fees and costs to be paid by my spouse or domestic partner a joined party (specify):
- b. deny the request for attorney fees and costs.

SECTION 1: FACTS ABOUT BOTH PARTIES

3. Length of marriage or domestic partnership(Family Code section 4320(f))

- a. (1) Date of marriage:
- (2) Date of separation:
- (3) Time from date of marriage to date of separation:..... years months
- b. (1) Date domestic partnership was registered:
- (2) Date of separation:
- (3) Time from date of registration of the domestic partnership to date of separation: years months
- c. If applicable, total combined years and months for the marriage (a(3)) and the domestic partnership (b(3))..... years months

4. Standard of living of the marriage or domestic partnership (Family Code section 4320(a)) **See Attachment 4**

The standard of living established during the marriage or domestic partnership was *(describe, for example, information from your income tax return, type and frequency of vacations, value of home and other real estate, value of investments, type of vehicles owned, credit card use or nonuse, ability to save for retirement)*:

PETITIONER: RESPONDENT:	CASE NUMBER:
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5. Age and health of the parties (Family Code section 4320(h))

- a. The age of the party asking for support is:
- b. The age of the party being asked to pay support is:
- c. The health condition of the party asking for support is *(describe)*: See Attachment 5c

- d. The health condition of the party being asked to pay support is *(describe)*: See Attachment 5d

6. Documented history of domestic violence (Family Code section 4320(i)) See Attachment 6

The court will consider all documented evidence of any history of domestic violence between the parties or perpetrated by either party against either party's child, including but not limited to the following:

- a. A plea of nolo contendere ("no contest").
- b. Emotional distress resulting from domestic violence against the party asking for support by the party being asked to pay support.
- c. Any history of violence against the party being asked to pay support by the party asking for support.
- d. A *Restraining Order After Hearing* (form DV-130).
- e. A finding by a court as part of a case involving divorce, separation, or a child custody proceeding, or any other proceeding in family court in which the court has found that the spouse or domestic partner committed domestic violence.
- f. Other evidence of any history of violence between the parties.

Attach to this form copies of the documents that you want the court to consider. Label them "Attachment 6."

7. Documented evidence of criminal conviction (Family Code section 4320(m))

a. **Felony conviction of the party asking for support**

The party being asked to pay support requests that the court find that the party asking for support is prohibited by law from receiving support (including medical, life, or other insurance benefits or payments) under Family Code section 4324.5 because:

- (1) The party asking for support was convicted of a violent sexual felony or domestic violence felony against the party being asked to pay support within five years after the conviction (and any time served in custody, on probation or on parole); and
- (2) The petition for divorce was filed within five years after the spouse's or domestic partner's conviction (and any time served in custody or on parole).

b. **Misdemeanor conviction of the party asking for support** See Attachment 7b

(1) There is a rebuttable presumption that the party asking for support is prohibited from receiving support from the party being asked to pay support under Family Code section 4325 because:

- (A) The party asking for support was either convicted of a domestic violence misdemeanor against the party being asked to pay support in this case or convicted of a misdemeanor against the other party that resulted in a term of probation under Penal Code section 1203.097; and
- (B) The conviction was entered by the court within five years before the petition for divorce was filed (or the conviction was entered at any time during the divorce case).

(2) Based on a preponderance of the evidence,

- (A) The party being asked to pay support asks the court to find that the presumption has not been rebutted.
- (B) The party asking for support asks the court to find that the presumption has been rebutted.

Attach to this form a declaration and documents that you want the court to consider. Label them "Attachment 7b"

PETITIONER: RESPONDENT:	CASE NUMBER:
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SECTION 2: FACTS ABOUT THE PARTY ASKING FOR SUPPORT

8. Earning capacity (Family Code section 4320(a)(1))

a. The marketable skills (training, job skills, and work history) of the party asking for support (*describe*): See Attachment 8a

b. The current job market for the job skills of the party asking for support is (*specify*): See Attachment 8b

c. The time and expenses required for the party asking for support to acquire the appropriate education and training to develop the skills for the job market described in (b) (*specify*): See Attachment 8c

d. The possible need for retraining or education to acquire other, more marketable skills or employment (*specify*): See Attachment 8d

e. Indicate the extent to which the party asking for support is able to earn enough money to maintain the standard of living established during the marriage or domestic partnership.

PETITIONER: RESPONDENT:	CASE NUMBER:
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9. **Earning capacity** (Family Code section 4320(a)(2)) See Attachment 9

- a. The party asking for support has has not had periods of unemployment because of the time needed to attend to domestic duties. *(Complete (b) if there were periods of unemployment.)*
- b. Specify the extent to which the present or future earning capacity of the party asking for support is impaired by periods of unemployment to devote time to domestic duties during the marriage or domestic partnership.

10. **Contributions to the education and training of the party being asked to pay support** See Attachment 10

- a. The party asking for support did did not contribute to the education, training, career position, or license of the party being asked to pay support *(If the party asking for support did contribute, complete item b below.)*
- b. Specify the extent to which the party asking for support contributed to the education, training, career position, or license of the party being asked to pay support.

11. **Care for children** (Family Code section 4320(g)) See Attachment 11

- a. The party asking for support has has not had periods of unemployment to care for the children of the marriage or domestic partnership. *(Complete (b) if there were periods of unemployment.)*
- b. The party asking for support is is not able to be gainfully employed without unduly interfering with the interests of the children in the care of the party asking for support *(specify):*

12. **Needs of the party asking for support** (Family Code section 4320(d)) See Attachment 12

Specify the needs of the party asking for support based on the standard of living established during the marriage or domestic partnership, as described in question 4.

13. **Assets and debts** (Family Code section 4320(e)) See Attachment 13

- a. The assets, including separate property, of the party asking for support are *(specify):*

PETITIONER: RESPONDENT:	CASE NUMBER:
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b. The debts, including separate property, of the party asking for support are *(specify)*:

14. **Tax consequences** (Family Code section 4320(j))

See Attachment 14

The immediate and specific tax consequences for the party asking for support are *(specify)*:

15. **Goal to become self-supporting** (Family Code section 4320(l))

See Attachment 15

Notice: When ordering spousal or domestic partner support in a judgment, the court may advise (warn) the party asking for support to make reasonable efforts to become self-supporting within a reasonable period of time, considering all the factors in Family Code section 4320. The court may decide that this warning (often called a "Gavron" warning) is not appropriate if the case involves a marriage or domestic partnership of long duration (about 10 years or longer). Generally, failure to become self-supporting after the court gives the warning can result in an order to reduce the amount of the support award.

- a. This is is not a marriage or domestic partnership of long duration (ten years or more).
- b. The party asking for support is is not self-supporting *(If not, specify below what steps, if any, the party asking for support will take to become self-supporting within a reasonable period of time)*:

c. Other *(specify below)*:

PETITIONER: RESPONDENT:	CASE NUMBER:
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SECTION 3: FACTS ABOUT THE PARTY BEING ASKED TO PAY SUPPORT

16. **Ability to pay support / earning capacity** (Family Code sections 4320(a) and (c)) See Attachment 16
- a. The earned income of the party being asked to pay support is *(specify)*: unknown
- b. The unearned income of the party being asked to pay support is *(specify)*: unknown
- c. This party does does not have the ability to earn enough money to maintain the standard of living described in 4 for both spouses or domestic partners. *(If not, explain why below.)*

d. Based on the above responses, this party is is not able to pay spousal or domestic partner support.

17. **Needs of the party being asked to pay support** (Family Code section 4320(d)) See Attachment 17
- Specify the needs of the party being asked to pay support based on the standard of living established during the marriage or domestic partnership, as described in question 4.

18. **Assets and debts** (Family Code section 4320(e)) See Attachment 18
- a. The assets, including separate property, of the party being asked to pay support are *(specify)*:

b. The debts, including separate property, of the party being asked to pay support are *(specify)*:

19. **Tax consequences** (Family Code section 4320(j)) See Attachment 19
- The immediate and specific tax consequences for the party being asked to pay support *(specify)*:

PETITIONER: RESPONDENT:	CASE NUMBER:
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SECTION 4: BALANCE OF HARDSHIPS AND OTHER FACTORS

20. **Balance of hardships** (Family Code section 4320(k)) See Attachment 20
 Describe below any special financial difficulties to the party if ordered to pay support compared to the hardship to the party who is asking for support. *(For example, consider the ability of a party to pay support versus the need of the other party to receive financial support).*

21. Indicate below other factors, if any, that the court should consider that are just and equitable in ordering See Attachment 21
 spousal or domestic partner.(Family Code section 4320(n))

Number of pages attached: _____

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	
WITNESS LIST	CASE NUMBER(S):

Attachment to Request for Order (FL-300) Responsive Declaration (FL-320) Other (specify):

Petitioner Respondent Other intends to call the following witnesses to testify at the time of hearing or trial scheduled on (date):

Name	Subject and Brief Description of Testimony

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	
DECLARATION	CASE NUMBER:

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)

- | | | | |
|---------------------------------------|---|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Attorney for | <input type="checkbox"/> Plaintiff | <input type="checkbox"/> Petitioner | <input type="checkbox"/> Defendant |
| <input type="checkbox"/> Respondent | <input type="checkbox"/> Other (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
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	CASE NUMBER: <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:

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

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)