PARTY WITHOUT ATTORNEY OR ATTORNEY	STATE BAR NUM	BER:	FOR COURT USE ONLY	
NAME:				
FIRM NAME:				
STREET ADDRESS:				
CITY:	STATE:	ZIP CODE:		
TELEPHONE NO.:	FAX NO.:			
E-MAIL ADDRESS:				
ATTORNEY FOR (name):				
SUPERIOR COURT OF CALIFORNIA, CO	DUNTY OF			
STREET ADDRESS:				
MAILING ADDRESS:				
CITY AND ZIP CODE:				
BRANCH NAME:				
PETITIONER:				
RESPONDENT:				
OTHER PARENT/PARTY:				
DESDONSIVE DECL	ARATION TO REQUES	T EOD ODDED	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 INF	ORMATION			
		orders are now in effect he	tween the parties in this case.	
			s are now in effect between the parties in	
this case.	more domestic violence it	estialiling/ protective order	s are now in enect between the parties in	
2. CHILD CUSTODY				
VISITATION (PARENTING	ΓIME)			
a. I consent to the or	der requested for child cus	tody (legal and physical cu	ustody).	
<ul><li>b. I consent to the ord</li></ul>	der requested for visitation	(parenting time).		
c. I do not consent to	the order requested for [	child custody	visitation (parenting time)	
but I consen	t to the following order:		-	
	· ·			
3. CHILD SUPPORT				
	ad a current Income and F	vnense Declaration (form l	FL-150) or, if eligible, a current <i>Financial</i>	
	orm FL-155) to support my		<u>L 100</u> ) or, il cligible, a carrett <i>i manoiai</i>	
b. I consent to the or		responsive designation.		
	•			
c. I consent to guide			suring and an	
d. I do not consent to	the order requested	but I consent to the follo	owing order:	
4. SPOUSAL OR DOMESTIC	PARTNER SUPPORT			
		Expense Declaration (form	FL-150) to support my responsive	
declaration.	Sa a santoni moomo ana L	Experies Designation (IOIIII	1 2 100/ to oupport my responsive	
b. I consent to the or	rder requested			
		hut Loonaant to the falls	owing order:	
c. I do not consent to the order requested but I consent to the following order:				

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PETITIONER:	CASE NUMBER:
RESPONDENT:	
OTHER PARENT/PARTY:	
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:
declaration.	Expense Declaration (form FL-150) to support my responsive ting Declaration for Attorney's Fees and Costs Attachment (form a covered in that form.  but I consent to the following order:
7. DOMESTIC VIOLENCE ORDER  a. I consent to the order requested.  b. I do not consent to the order requested	but I consent to the following order:
8. OTHER ORDERS REQUESTED  a. I consent to the order requested.  b. I do not consent to the order requested.	but I consent to the following order:
9. TIME FOR SERVICE / TIME UNTIL HEARING a. I consent to the order requested. b. I do not consent to the order requested	but I consent to the following order:
10. FACTS TO SUPPORT my responsive declaration are longer than 10 pages, unless the court gives me perm	listed below. The facts that I write and attach to this form cannot be ission.  Attachment 10.
I declare under penalty of perjury under the laws of the State of (is true and correct.  Date:	California that the information provided in this form and all attachments
(TYPE OR PRINT NAME)	(SIGNATURE OF DECLARANT)
,	,