

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:													
<table style="width:100%; border: none;"> <tr> <td style="width:33%;">ORDER TO SHOW CAUSE</td> <td style="width:33%;"><input type="checkbox"/> MODIFICATION</td> <td style="width:33%;"><input type="checkbox"/> Injunctive Order</td> </tr> <tr> <td><input type="checkbox"/> Child Custody</td> <td><input type="checkbox"/> Visitation</td> <td><input type="checkbox"/> Other (specify):</td> </tr> <tr> <td><input type="checkbox"/> Child Support</td> <td><input type="checkbox"/> Spousal Support</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Attorney Fees and Costs</td> <td></td> <td></td> </tr> </table>	ORDER TO SHOW CAUSE	<input type="checkbox"/> MODIFICATION	<input type="checkbox"/> Injunctive Order	<input type="checkbox"/> Child Custody	<input type="checkbox"/> Visitation	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> Child Support	<input type="checkbox"/> Spousal Support		<input type="checkbox"/> Attorney Fees and Costs			CASE NUMBER:
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1. TO (name):
2. YOU ARE ORDERED TO APPEAR IN THIS COURT AS FOLLOWS TO GIVE ANY LEGAL REASON WHY THE RELIEF SOUGHT IN THE ATTACHED APPLICATION SHOULD NOT BE GRANTED. **If child custody or visitation is an issue in this proceeding, Family Code section 3170 requires mediation before or concurrently with the hearing listed below.**

a. Date:	Time:	<input type="checkbox"/> Dept.:	<input type="checkbox"/> Room:
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b. The address of the court is same as noted above other (specify):

c. The parties are ordered to attend custody mediation services as follows:

3. THE COURT FURTHER ORDERS that a completed *Application for Order and Supporting Declaration* (form FL-310), a **blank Responsive Declaration** (form FL-320), and the following documents be served with this order:

- a. (1) Completed *Income and Expense Declaration* (form FL-150) and a **blank Income and Expense Declaration**
- (2) Completed *Financial Statement (Simplified)* (form FL-155) and a **blank Financial Statement (Simplified)**
- (3) Completed *Property Declaration* (form FL-160) and a **blank Property Declaration**
- (4) Points and authorities
- (5) Other (specify):

b. Time for service hearing is shortened. Service must be on or before (date):

Any responsive declaration must be served on or before (date):

- c. You are ordered to comply with the temporary orders attached.
- d. Other (specify):

Date: _____

JUDICIAL OFFICER

NOTICE: If you have children from this relationship, the court is required to order payment of child support based on the incomes of both parents. The amount of child support can be large. It normally continues until the child is 18. You should supply the court with information about your finances. Otherwise, the child support order will be based on the information supplied by the other parent.

You do not have to pay any fee to file declarations in response to this order to show cause (including a completed Income and Expense Declaration (form FL-150) or Financial Statement (Simplified) (form FL-155) that will show your finances). In the absence of an order shortening time, the original of the responsive declaration must be filed with the court and a copy served on the other party at least nine court days before the hearing date. Add five calendar days if you serve by mail within California. (See Code of Civil Procedure 1005 for other situations.) To determine court and calendar days, go to www.courtinfo.ca.gov/selfhelp/courtcalendars/.



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.courtinfo.ca.gov/forms for *Request for Accommodations by Persons With Disabilities and Response* (Form MC-410). (Civil Code, § 54.8.)