

TRIBAL SPOKESPERSON, ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, Tribal/State Bar number, and address</i>): TELEPHONE NO.: _____ FAX NO. (<i>Optional</i>): _____ E-MAIL ADDRESS (<i>Optional</i>): _____ ATTORNEY FOR (<i>Name</i>): _____													
TRIBAL COURT 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%; border: none;">NOTICE OF MOTION</td> <td style="width:33%; border: none;"><input type="checkbox"/> MODIFICATION</td> <td style="width:33%; border: none;"><input type="checkbox"/> Injunctive Order</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Child Custody</td> <td style="border: none;"><input type="checkbox"/> Visitation</td> <td style="border: none;"><input type="checkbox"/> Other (<i>specify</i>):</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Child Support</td> <td style="border: none;"><input type="checkbox"/> Spousal Support</td> <td></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Attorney Fees and Costs</td> <td></td> <td></td> </tr> </table>	NOTICE OF MOTION	<input type="checkbox"/> MODIFICATION	<input type="checkbox"/> Injunctive Order	<input type="checkbox"/> Child Custody	<input type="checkbox"/> Visitation	<input type="checkbox"/> Other (<i>specify</i>):	<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. A hearing on this motion for the relief requested in the attached application will be held as follows:

a. Date:	Time:	<input type="checkbox"/> Dept.:	<input type="checkbox"/> Rm.:
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b. Address of court same as noted above other (*specify*):

3. Supporting attachments:

- | | |
|---|--|
| a. Completed <i>Application for Order and Supporting Declaration</i> (form FL-310(TC)) and a blank <i>Responsive Declaration</i> (form FL-320(TC)) | d. <input type="checkbox"/> Completed <i>Property Declaration</i> (form FL-160(TC)) and a blank <i>Property Declaration</i> |
| b. <input type="checkbox"/> Completed <i>Income and Expense Declaration</i> (form FL-150(TC)) | <input type="checkbox"/> Points and authorities |
| e. and a blank <i>Income and Expense Declaration</i> | <input type="checkbox"/> Other (<i>specify</i>): |
| c. <input type="checkbox"/> f. Completed <i>Financial Statement (Simplified)</i> (form FL-155(TC)) and a blank <i>Financial Statement (Simplified)</i> | |

Date: _____ _____
(TYPE OR PRINT NAME) (SIGNATURE)

ORDER

4. Time for service hearing is shortened. Service must be on or before (*date*):
5. Any responsive declaration must be served on or before (*date*):
6. *If child custody or visitation is an issue in this proceeding, Family Code section 3170 requires mediation before or concurrently with the hearing listed above.* The parties are ordered to attend orientation and mandatory custody services as follows:

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 *Notice of Motion* (including a completed *Income and Expense Declaration* (form FL-150(TC)) or *Financial Statement (Simplified)* (form FL-155(TC)) 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/.

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT:	CASE NUMBER:
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7. PROOF OF SERVICE BY MAIL

a. I am at least age 18, **not a party to this action**, and am a resident or employed in the county where the mailing took place. My residence or business address is:

b. I served copies of the following documents by enclosing them in a sealed envelope with postage fully prepaid, depositing them in the United States mail as follows:

(1) Papers served:

(a) *Notice of Motion* and a completed *Application for Order and Supporting Declaration* (form FL-310(TC)) **and** a blank *Responsive Declaration* (form FL-320(TC))

(b) Completed *Income and Expense Declaration* (form FL-150(TC)) **and** a blank *Income and Expense Declaration*

(c) Completed *Financial Statement (Simplified)* (form FL-155(TC)) **and** a blank *Financial Statement (Simplified)*

(d) Completed *Property Declaration* (form FL-160(TC)) **and** a blank *Property Declaration*

(e) Points and authorities

(f) Other (*specify*):

(2) Manner of service:

(a) Date of deposit:

(b) Place of deposit (*city and state*):

(c) Addressed as follows:

c. 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)



Requests for Accommodations

Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services may be 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(TC)). (Civil Code, § 54.8.)