	FL-320(TC)
TRIBAL SPOKESPERSON, ATTORNEY OR PARTY WITHOUT ATTORNEY TRIBAL/STATE BAR NUMBER:	FOR TRIBAL COURT USE ONLY
NAME:	
FIRM NAME:	
STREET ADDRESS:	
CITY: STATE: ZIP CODE:	
TELEPHONE NO.: FAX NO.:	
E-MAIL ADDRESS:	
ATTORNEY FOR (name):	
TRIBAL COURT OF:	
STREET ADDRESS:	
MAILING ADDRESS:	
CITY AND ZIP CODE:	
BRANCH NAME:	-
PETITIONER:	
RESPONDENT:	
OTHER PARENT/PARTY:	
RESPONSIVE DECLARATION TO REQUEST FOR ORDER	CASE NUMBER:
HEARING DATE: TIME: DEPARTMENT OR ROOM:	
 RESTRAINING ORDER INFORMATION No domestic violence restraining/protective orders are now in effect be I agree that one or more domestic violence restraining/ protective order this case. CHILD CUSTODY VISITATION (PARENTING TIME) I consent to the order requested for child custody (legal and physical or b. I consent to the order requested for visitation (parenting time). I do not consent to the order requested for child custody but I consent to the following order: 	ers are now in effect between the parties in
 CHILD SUPPORT a. I have completed and filed a current <i>Income and Expense Declaration</i> (form <i>Financial Statement (Simplified)</i> (form FL-155(TC)) to support my responsive 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 the order requested is to the order requested but I consent to the following the order requested is to the order requested but I consent to the following the order requested but I consent to the order requested but I consent to the order requested but I consent to the following the order requested but I consent to the order reque	e declaration.
 SPOUSAL OR DOMESTIC PARTNER SUPPORT a. I have completed and filed a current <i>Income and Expense Declaration</i> (form responsive declaration. b. I consent to the order requested. c. I do not consent to the order requested but I consent to the following the order requested in the order requested in the following the order requested in the order requested in the following the order requested in the order requested in the following the order requested in the order requested in the following the order requested in the order requested in the following the order requested in the order requested in the following the order requested in the order requested in the following the order requested in the order requested in the following the order requested in the order reque	

	FL-320(10
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 fol	lowing order:
 ATTORNEY'S FEES AND COSTS a. I have completed and filed a current <i>Income and Expense Declaration</i> (form 	EL = 150(TC)) to support my
responsive declaration.	
b. I have completed and filed with this form a <i>Supporting Declaration for Attorn</i>	
 <u>FL-158(TC)</u>) or a declaration that addresses the factors covered in that form c. I consent to the order requested. 	
	ne 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	ne 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 	ne following order:
	U U U U U U U U U U U U U U U U U U U
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	ne following order:
10. FACTS TO SUPPORT my responsive declaration are listed below. The facts th longer than 10 pages, unless the court gives me permission.	at I write and attach to this form cannot be Attachment 10.
	, accounter to.

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:

(TYPE OR PRINT	NAME)
· ·	,

(SIGNATURE OF DECLARANT)