

PERSON SEEKING ORDER:	CASE NUMBER:
PERSON TO BE RESTRAINED:	

**CHILD CUSTODY, VISITATION, AND SUPPORT ATTACHMENT
TO APPLICATION AND DECLARATION FOR ORDER (Domestic Violence Prevention)**

1. **CHILD CUSTODY AND VISITATION** To be ordered now and effective until the hearing.

a. **Custody**

I request custody orders as follows:

<u>Child's name</u>	<u>Birth date</u>	<u>Custody to (name)</u>
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b. **Visitation**

I request that the restrained person have the following temporary visitation rights:

- (1) No visitation until the hearing after the hearing
 (2) The following specific visitation schedule: until the hearing after the hearing

(i) **WEEKENDS** (specify starting date): _____

The restrained person shall have the children with him/her from:

- | | | | | |
|--|------------|----------|-------------------------------|-------------------------------|
| <input type="checkbox"/> First weekend of the month (specify day(s) and time): | from _____ | at _____ | <input type="checkbox"/> a.m. | <input type="checkbox"/> p.m. |
| | to _____ | at _____ | <input type="checkbox"/> a.m. | <input type="checkbox"/> p.m. |
| <input type="checkbox"/> Second weekend of the month (specify day(s) and time): | from _____ | at _____ | <input type="checkbox"/> a.m. | <input type="checkbox"/> p.m. |
| | to _____ | at _____ | <input type="checkbox"/> a.m. | <input type="checkbox"/> p.m. |
| <input type="checkbox"/> Third weekend of the month (specify day(s) and time): | from _____ | at _____ | <input type="checkbox"/> a.m. | <input type="checkbox"/> p.m. |
| | to _____ | at _____ | <input type="checkbox"/> a.m. | <input type="checkbox"/> p.m. |
| <input type="checkbox"/> Fourth weekend of the month (specify day(s) and time): | from _____ | at _____ | <input type="checkbox"/> a.m. | <input type="checkbox"/> p.m. |
| | to _____ | at _____ | <input type="checkbox"/> a.m. | <input type="checkbox"/> p.m. |
| <input type="checkbox"/> Fifth weekend of the month, if any (specify day(s) and time): | from _____ | at _____ | <input type="checkbox"/> a.m. | <input type="checkbox"/> p.m. |
| | to _____ | at _____ | <input type="checkbox"/> a.m. | <input type="checkbox"/> p.m. |

(ii) **ALTERNATE WEEKENDS** (specify starting date): _____

The restrained person shall have the children with him/her from (specify day(s) and time): from _____ at _____ a.m. p.m. to _____ at _____ a.m. p.m.

(iii) **MID-WEEK**

The restrained person shall have the children with him/her on (specify day(s) and time): from _____ at _____ a.m. p.m. to _____ at _____ a.m. p.m.

(iv) **OTHER** (specify days and time as well as any additional restrictions): See Attachment 1.b.(2)(iv)

(3) **SUPERVISED VISITATION** until the hearing after the hearing

I request that the restrained person have supervised visitation with the minor children according to the schedule marked above and that the visits be supervised by (name): _____, who is a

professional non-professional supervisor. The supervisor's phone number is (specify): _____

I request that the costs for supervision be paid as follows: Mother: _____ %, Father: _____ %

(4) **TRANSPORTATION FOR VISITATION AND PLACE OF EXCHANGE**

- (i) Transportation to the visits shall be provided by Mother Father Other
 (ii) Transportation from the visits shall be provided by Mother Father Other
 (iii) The exchange of the children shall occur at (specify address): _____
 (iv) Other (specify): _____

(5) **THE RESTRAINED PERSON SHALL NOT REMOVE THE MINOR CHILD OR CHILDREN OF THE PARTIES**

- (i) from the State of California.
 (ii) from the following counties (specify): _____
 (iii) other (specify): _____

2. **CHILD SUPPORT**

a. I am receiving or have applied for public assistance.

b. I am requesting child support under the child support guidelines for the minor children.

I am attaching or will provide a completed *Financial Statement (Simplified)* (form 1285.52) or an *Income and Expense Declaration* (forms 1285.50, 1285.50a, 1285.50b, and 1285.50c).

(THIS IS NOT AN ORDER)