

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:

Child's name

Birth date

Custody to (name)

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)**