

PARTY WITHOUT ATTORNEY OR ATTORNEY: STATE BAR NO.: NAME: Angelica Maria Castro FIRM NAME: STREET ADDRESS: 513 South 6th Avenue CITY: Avenal STATE: CA ZIP CODE: 93204 TELEPHONE NO.: (559) 756-4008 FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name): IN PRO PER	FOR COURT USE ONLY  <h1 style="text-align: center;">FILED</h1> <h2 style="text-align: center;">DEC 13 2023</h2> <small>NOCONA SOBOLESKI, CLERK OF COURT SUPERIOR COURT OF THE STATE OF CALIFORNIA COUNTY OF KINGS</small>  DEPUTY <b>STEPHANIE SANGERMAN</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF KINGS</b> STREET ADDRESS: 1640 KINGS COUNTY DRIVE MAILING ADDRESS: 1640 KINGS COUNTY DRIVE CITY AND ZIP CODE: HANFORD CA 93230 BRANCH NAME:	
PETITIONER: Angelica Maria Castro RESPONDENT: Miguel Angel Castro OTHER PARENT/PARTY:	
<b>REQUEST FOR ORDER</b> <input type="checkbox"/> CHANGE <input type="checkbox"/> TEMPORARY EMERGENCY ORDERS <input type="checkbox"/> Child Custody <input type="checkbox"/> Visitation (Parenting Time) <input type="checkbox"/> Spousal or Partner Support <input checked="" type="checkbox"/> Child Support <input type="checkbox"/> Domestic Violence Order <input type="checkbox"/> Attorney's Fees and Costs <input type="checkbox"/> Property Control <input checked="" type="checkbox"/> Other (specify): Alternative Relife	CASE NUMBER: 22FL0575

**NOTICE OF HEARING**

1. TO (name(s)): Miguel Angel Castro  
 Petitioner  Respondent  Other Parent/Party  Other (specify):

2. A COURT HEARING WILL BE HELD AS FOLLOWS:

a. Date: 04/24/2024	Time: 8:15 AM	<input checked="" type="checkbox"/> Dept. 4	<input type="checkbox"/> Room:
b. Address of court <input checked="" type="checkbox"/> same as noted above <input type="checkbox"/> other (specify):			

3. **WARNING to the person served with the Request for Order:** The court may make the requested orders without you if you do not file a *Responsive Declaration to Request for Order* (form FL-320), serve a copy on the other parties at least nine court days before the hearing (unless the court has ordered a shorter period of time), and appear at the hearing. (See form FL-320-INFO for more information.)

(Forms FL-300-INFO and DV-400-INFO provide information about completing this form.)

**COURT ORDER**  
(FOR COURT USE ONLY)

**It is ordered that:**

- 4.  Time  for service  until the hearing is shortened. Service must be on or before (date):
- 5.  A *Responsive Declaration to Request for Order* (form FL-320) must be served on or before (date):
- 6.  The parties must attend an appointment for child custody mediation or child custody recommending counseling as follows (specify date, time, and location):
- 7.  The orders in *Temporary Emergency (Ex Parte) Orders* (form FL-305) apply to this proceeding and must be personally served with all documents filed with this *Request for Order*.
- 8.  Other (specify):

Date: \_\_\_\_\_

JUDICIAL OFFICER

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**REQUEST FOR ORDER**

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REQUEST FOR ORDER

Note: Place a mark [X] in front of the box that applies to your case or to your request. If you need more space, mark the box for "Attachment." For example, mark "Attachment 2a" to indicate that the list of children's names and birth dates continues on a paper attached to this form. Then, on a sheet of paper, list each attachment number followed by your request. At the top of the paper, write your name, case number, and "FL-300" as a title. (You may use Attached Declaration (form MC-031) for this purpose.)

1. [ ] RESTRAINING ORDER INFORMATION

One or more domestic violence restraining/protective orders are now in effect between (specify):

[ ] Petitioner [ ] Respondent [ ] Other Parent/Party (Attach a copy of the orders if you have one.)

The orders are from the following court or courts (specify county and state):

- a. [ ] Criminal: County/state (specify): Case No. (if known):
- b. [ ] Family: County/state (specify): Case No. (if known):
- c. [ ] Juvenile: County/state (specify): Case No. (if known):
- d. [ ] Other: County/state (specify): Case No. (if known):

2. [ ] CHILD CUSTODY

[ ] I request temporary emergency orders

[ ] VISITATION (PARENTING TIME)

a. I request that the court make orders about the following children (specify):

Child's Name	Date of Birth	[ ] Legal Custody to (person who decides: health, education, etc):	[ ] Physical Custody to (person with whom child lives):
Miguel Angel Castro Jr	02/04/2009		
Bella Allizae Castro	10/05/2010		

b. [ ] The orders I request for [ ] child custody [ ] visitation (parenting time) are:

(1) [ ] Specified in the attached forms:

- [ ] Form FL-305 [ ] Form FL-311 [ ] Form FL-312 [ ] Form FL-341(C)
- [ ] Form FL-341(D) [ ] Form FL-341(E) [ ] Other (specify):

(2) [ ] As follows (specify):

[ ] Attachment 2a.

[ ] Attachment 2b.

c. The orders that I request are in the best interest of the children because (specify):

[ ] Attachment 2c.

d. [ ] This is a change from the current order for [ ] child custody [ ] visitation (parenting time).

(1) [ ] The order for legal or physical custody was filed on (date): . The court ordered (specify):

(2) [ ] The visitation (parenting time) order was filed on (date): . The court ordered (specify):

[ ] Attachment 2d.

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3.  CHILD SUPPORT

(Note: An earnings assignment may be issued. See *Income Withholding for Support* (form FL-195))

a. I request that the court order child support as follows:

<u>Child's name and age</u>	<input checked="" type="checkbox"/> I request support for each child based on the child support guideline.	<input type="checkbox"/> Monthly amount (\$) requested (if not by guideline)
Miguel Angel Castro Jr 14		
Bella Allizae Castro 13		

Attachment 3a.

b.  I want to change a current court order for child support filed on (date):  
The court ordered child support as follows (specify):

c. I have completed and filed with this *Request for Order* a current *Income and Expense Declaration* (form FL-150) or I filed a current *Financial Statement (Simplified)* (form FL-155) because I meet the requirements to file form FL-155.

d. The court should make or change the support orders because (specify):  
See #10  Attachment 3d.

4.  SPOUSAL OR DOMESTIC PARTNER SUPPORT

(Note: An *Earnings Assignment Order For Spousal or Partner Support* (form FL-435) may be issued.)

a.  Amount requested (monthly): \$

b.  I want the court to  change  end the current support order filed on (date):  
The court ordered \$ per month for support.

c.  This request is to modify (change) spousal or partner support after entry of a judgment.  
I have completed and attached *Spousal or Partner Support Declaration Attachment* (form FL-157) or a declaration that addresses the same factors covered in form FL-157.

d. I have completed and filed a current *Income and Expense Declaration* (form FL-150) in support of my request.

e. The court should make, change, or end the support orders because (specify):  Attachment 4e.

5.  PROPERTY CONTROL

I request temporary emergency orders

a. The  petitioner  respondent  other parent/party be given exclusive temporary use, possession, and control of the following property that we  own or are buying  lease or rent (specify):

b. The  petitioner  respondent  other parent/party be ordered to make the following payments on debts and liens coming due while the order is in effect:

Pay to: _____	For: _____	Amount: \$ _____	Due date: _____
Pay to: _____	For: _____	Amount: \$ _____	Due date: _____
Pay to: _____	For: _____	Amount: \$ _____	Due date: _____
Pay to: _____	For: _____	Amount: \$ _____	Due date: _____

c.  This is a change from the current order for property control filed on (date):

d. Specify in Attachment 5d the reasons why the court should make or change the property control orders.

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6.  ATTORNEY'S FEES AND COSTS

I request attorney's fees and costs, which total (specify amount): \$ . I filed the following to support my request:

- a. A current *Income and Expense Declaration* (form FL-150).
- b. A *Request for Attorney's Fees and Costs Attachment* (form FL-319) or a declaration that addresses the factors covered in that form.
- c. A *Supporting Declaration for Attorney's Fees and Costs Attachment* (form FL-158) or a declaration that addresses the factors covered in that form.

7.  DOMESTIC VIOLENCE ORDER

- Do not use this form to ask for domestic violence restraining orders! Read form DV-505-INFO, *How Do I Ask for a Temporary Restraining Order*, for forms and information you need to ask for domestic violence restraining orders.
- Read form DV-400-INFO, *How to Change or End a Domestic Violence Restraining Order* for more information.

- a. The *Restraining Order After Hearing* (form DV-130) was filed on (date):
- b. I request that the court  change  end the personal conduct, stay-away, move-out orders, or other protective orders made in *Restraining Order After Hearing* (form DV-130). (If you want to change the orders, complete 7c.)
- c.  I request that the court make the following changes to the restraining orders (specify):  Attachment 7c.
- d. I want the court to change or end the orders because (specify):  Attachment 7d.

8.  OTHER ORDERS REQUESTED (specify):

Attachment 8.

I request an order that granta an alternative relief, setting aside the ward of of the residence to the Petitioner and deferring the sale and disposition of the real property until our youngest child graduates high school.

9.  TIME FOR SERVICE / TIME UNTIL HEARING I urgently need:

- a.  To serve the *Request for Order* no less than (number): court days before the hearing.
- b.  The hearing date and service of the *Request for Order* to be sooner.
- c. I need the order because (specify):  Attachment 9c.

10.  FACTS TO SUPPORT the orders I request are listed below. The facts that I write in support and attach to this request cannot be longer than 10 pages, unless the court gives me permission.

Attachment 10.

SEE ATTACHED

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: Dec 13, 2023  
(TYPE OR PRINT NAME)

Angelica Castro  
(SIGNATURE OF APPLICANT)



**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.courts.ca.gov/forms](http://www.courts.ca.gov/forms) for *Request for Accommodations by Persons With Disabilities and Response* (form MC-410). (Civ. Code, § 54.8.)

I request that the court grant an alternative relief to the equalization payment. I attempted to have the home refinance under my name and found that I would have a high APR and a mortgage payment I could not afford. In addition to this I had to use the house as collateral to get a loan to pay off my debt.

At this time, I ask the court to grant an alternative relief to postpone the equalization payment to when my youngest child graduates high school.