

MADERA COUNTY SUPERIOR COURT

STATE OF CALIFORNIA

ORDER TO SHOW CAUSE AND AFFIDAVIT FOR CONTEMPT PACKET

The purpose of this packet is to ask the Court for a hearing date to request that the other party be found in contempt of a court order. It is not to modify or ask for a court order. A contempt proceeding is criminal in nature. If the court finds the other party in contempt the court could impose possible penalties that include jail, community service and/or fines.

Inside this packet you will find the following forms: [FL-410 Order to Show Cause and Affidavit for Contempt](#), [FL-411 Affidavit of Facts Constitution Contempt \(Financial and Injunctive Orders\)](#), [FL-412 Affidavit of Facts Constituting Contempt \(Domestic Violence/Custody and Visitation\)](#). Locate your old documents for your case and follow the information as to who is listed on those forms ex: if you are listed as the Respondent then you will remain as the Respondent. The Petitioner and Respondent never change; the Petitioner is the person who started the case in the beginning and will remain as the petitioner.

Pursuant to [Rule 5.1.40](#) of the local Rules of Court: *Any party electing to proceed on a criminal contempt in a Family Law Case not arising from child support or domestic violence, must list each violation with a number indicating the count, specify which order was violated, how the order was violated and when the order was violated.* (Effective 7/1/19)

1. Fill out your forms

Carefully read pages 3 and 4 on [FL-410 Order to Show Cause and Affidavit for Contempt](#) before completing your forms.

2. You will need copies

Once your forms are completed you will need at least 2 copies of [FL-410 Order to Show Cause and Affidavit for Contempt](#) and any attachments you are including such as FL-411 or FL-412. One copy will be for you; another copy will be for the other party. The original is for the court.

3. File your forms with the court clerk

Take your forms to the Civil Division (located on the 4th Floor). Once the judge signs your papers, the clerk will keep the original and return the copies to you file stamped with a hearing date. You will have to pay a filing fee. If you cannot afford the fee, you can ask for a [fee waiver](#).

4. Serve your papers on the other parent

Have someone (NOT you) serve the other party with a copy of your papers before your court date. Generally, your papers **MUST** be served **in person at least 16 court days before your court date**.

5. File your Proof of Service

Have your server fill out a proof of service (you can use *Proof of Personal Service* form [FL-330](#)) and give it to you so you can file it with the court. It is very important that your server fills out the Proof of Service correctly. If possible, have your [family law facilitator/self-help center](#) review it to make sure it was filled out properly.

| | | |
|---|--|---|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (name, State Bar number, and address): | | FOR COURT USE ONLY |
| TELEPHONE NO.: _____ FAX NO. (optional): _____ | | |
| E-MAIL ADDRESS (optional): _____ | | |
| ATTORNEY FOR (name): In Pro Per | | |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF MADERA STREET ADDRESS: 200 South G Street MAILING ADDRESS: Same CITY AND ZIP CODE: Madera, CA 93637 BRANCH NAME: Civil Division | | |
| PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARTY/PARENT: | | CASE NUMBER: _____ |
| ORDER TO SHOW CAUSE AND AFFIDAVIT FOR CONTEMPT | | |
| NOTICE! <p>A contempt proceeding is criminal in nature. If the court finds you in contempt, the possible penalties include jail sentence, community service, and fine.</p> <p>You are entitled to the services of an attorney, who should be consulted promptly in order to assist you. If you cannot afford an attorney, the court may appoint an attorney to represent you.</p> | | ¡AVISO! <p>Un proceso judicial por desacato es de índole criminal. Si la corte le declara a usted en desacato, las sanciones posibles incluyen penas de prisión y de servicio a la comunidad, y multas.</p> <p>Usted tiene derecho a los servicios de un abogado, a quien debe consultar sin demora para obtener ayuda. Si no puede pagar a un abogado, la corte podrá nombrar a un abogado para que le represente.</p> |

1. TO CITEE (name of person you allege has violated the orders):
2. YOU ARE ORDERED TO APPEAR IN THIS COURT AS FOLLOWS, TO GIVE ANY LEGAL REASON WHY THIS COURT SHOULD NOT FIND YOU GUILTY OF CONTEMPT, PUNISH YOU FOR WILLFULLY DISOBEDIING ITS ORDERS AS SET FORTH IN THE AFFIDAVIT BELOW AND ANY ATTACHED AFFIDAVIT OF FACTS CONSTITUTING CONTEMPT; AND REQUIRE YOU TO PAY, FOR THE BENEFIT OF THE MOVING PARTY, THE ATTORNEY FEES AND COSTS OF THIS PROCEEDING.

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

Date: _____



JUDICIAL OFFICER

AFFIDAVIT SUPPORTING ORDER TO SHOW CAUSE FOR CONTEMPT

3. An *Affidavit of Facts Constituting Contempt* (form FL-411 or FL-412) is attached.
4. Citee has willfully disobeyed certain orders of this court as set forth in this affidavit and any attached affidavits.
5. a. Citee had knowledge of the order in that
 - (1) citee was present in court at the time the order was made.
 - (2) citee was served with a copy of the order.
 - (3) citee signed a stipulation upon which the order was based.
 - (4) other (specify) : _____

Continued on Attachment 5a(4).

- b. Citee was able to comply with each order when it was disobeyed.
6. Based on the instances of disobedience described in this affidavit
 - a. I have not previously filed a request with the court that the citee be held in contempt.
 - b. I have previously filed a request with the court that the citee be held in contempt (specify date filed and results): _____

Continued on Attachment 6b.

| | |
|---|--------------|
| PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARTY/PARENT: | CASE NUMBER: |
|---|--------------|

7. Citee has previously been found in contempt of a court order (*specify case, court, date*):

Continued on Attachment 7.

8. Each order disobeyed and each instance of disobedience is described as follows:

- Orders for child support, spousal support, family support, attorney fees, and court or other litigation costs (see attached *Affidavit of Facts Constituting Contempt* (form FL-411))
- Domestic violence restraining orders and child custody and visitation orders (see attached *Affidavit of Facts Constituting Contempt* (form FL-412))
- Injunctive or other order (*specify which order was violated, how the order was violated, and when the order was violated*):

Continued on Attachment 8c.

d. Other material facts, including facts indicating that the violation of the orders was without justification or excuse (*specify*):

Continued on Attachment 8d.

e. I am requesting that attorney fees and costs be awarded to me for the costs of pursuing this contempt action. (A copy of my *Income and Expense Declaration* (form FL-150) is attached.)

WARNING: IF YOU PURSUE THIS CONTEMPT ACTION, IT MAY AFFECT THE ABILITY OF THE DISTRICT ATTORNEY TO PROSECUTE THE CITEE CRIMINALLY FOR THE SAME VIOLATIONS.

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)

INFORMATION SHEET FOR ORDER TO SHOW CAUSE AND AFFIDAVIT FOR CONTEMPT

(Do NOT deliver this Information Sheet to the court clerk.)

Please follow these instructions to complete the *Order to Show Cause and Affidavit for Contempt* (form FL-410) if you do not have an attorney to represent you. Your attorney, if you have one, should complete this form, as well as the *Affidavit of Facts Constituting Contempt* (form FL-411 or form FL-412). You may wish to consult an attorney for assistance. Contempt actions are very difficult to prove. An attorney may be appointed for the citee.

INSTRUCTIONS FOR COMPLETING THE ORDER TO SHOW CAUSE AND AFFIDAVIT FOR CONTEMPT (TYPE OR PRINT FORM IN INK):

If the top section of the form has already been filled out, skip down to number 1 below. If the top section of the form is blank, you must provide this information.

Front page, first box, top of form, left side: Print your name, address, telephone number, and fax number, if any, in this box. If you have a restraining order and wish to keep your address confidential, you may use any address where you can receive mail. **You can be legally served court papers at this address.**

Front page, second box, left side: Print the name of the county where the court is located and insert the address and any branch name of the court building where you are seeking to obtain a contempt order. You may get this information from the court clerk. This should be the same court in which the original order was issued.

Front page, third box, left side: Print the names of the Petitioner, Respondent, and Other Party/Parent (if any) in this box. Use the same names as appear on the most recent court order disobeyed.

Front page, first box, top of form, right side: Leave this box blank for the court's use.

Front page, second box, right side: Print the court case number in this box. This number is also shown on the most recent court order disobeyed.

Item 1: Insert the name of the party who disobeyed the order ("the citee").

Item 2: The court clerk will provide the hearing date and location.

Item 3: Either check the box in item 3 and attach an *Affidavit of Facts Constituting Contempt* (form FL-411 for financial orders or form FL-412 for domestic violence, or custody and visitation orders), or leave the box in item 3 blank but check and complete item 8.

Item 5: Check the box that describes how the citee knew about the order that has been disobeyed.

Item 6: a. Check this box if you have not previously applied for a contempt order.

b. Check this box if you have previously applied for a contempt order and briefly explain when you requested the order and results of your request. If you need more space, check the box that says "continued on Attachment 6b" and attach a separate sheet to this order to show cause.

Item 7: Check this box if the citee has previously been found in contempt by a court of law. Briefly explain when the citee was found in contempt and for what. If there is not enough space to write all the facts, check the box that says "continued on Attachment 7" and attach a separate sheet to this order to show cause.

Item 8: a. Check this box if the citee has disobeyed orders for child support, custody, visitation, spousal support, family support, attorney fees, and court or litigation costs. Refer to item 1a on *Affidavit of Facts Constituting Contempt* (form FL-411).

b. Check this box if the citee has disobeyed domestic violence orders or child custody and visitation orders. Refer to *Affidavit of Facts Constituting Contempt* (form FL-412).

Information Sheet (*continued*)

Item 8: c. If you are completing this item, use facts personally known to you or known to the best of your knowledge. State the facts in detail. If there is not enough space to write all the facts, check the box that says "continued on Attachment 8c" and attach a separate sheet to this order to show cause, including facts indicating that the violation of the orders was without justification or excuse.

d. Use this item to write other facts that are important to this order. If you are completing this item, insert facts personally known to you, or known to the best of your knowledge. State facts in detail. If there is not enough space to write all the facts, check the box that says "Continued on Attachment 8d" and attach a separate sheet to the order to show cause.

e. If you request attorney fees and/or costs for pursuing this contempt action, check this box. Attach a copy of your *Income and Expense Declaration* (form FL-150).

Type or print and sign your name at the bottom of page 2.

If you checked the boxes in item 3 and item 8a or 8b, complete the appropriate *Affidavit of Facts Constituting Contempt* (form FL-411), following the instructions for the affidavit above.

Make at least three copies of the *Order to Show Cause and Affidavit for Contempt* (form FL-410) and any supporting *Affidavit of Facts Constituting Contempt* (form FL-411 or FL-412) and the *Income and Expense Declaration* (form FL-150) for the court clerk, the citee, and yourself. If the district attorney or local child support agency is involved in your case, you must provide a copy to the district attorney or local child support agency.

Take the completed form(s) to the court clerk's office. The clerk will provide hearing date and location in item 2, obtain the judicial officer's signature, file the originals, and return the copies to you.

Have someone who is at least 18 years of age, who is not a party, serve the order and any attached papers on the disobedient party. For example, a process server or someone you know may serve the papers. **You may not serve the papers yourself. Service must be personal; service by mail is insufficient.** The papers must be served at least 16 court days before the hearing. The person serving papers must complete a *Proof of Personal Service* (form FL-330) and give the original to you. Keep a copy for yourself and file the original *Proof of Personal Service* (form FL-330) with the court.

If you need assistance with these forms, contact an attorney or the Family Law Facilitator in your county.

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|---|--------------|
| PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY: | CASE NUMBER: |
|---|--------------|

AFFIDAVIT OF FACTS CONSTITUTING CONTEMPT

Financial and Injunctive Orders

Attachment to Order to Show Cause and Affidavit for Contempt (form FL-410)

1. Orders for child support, spousal support, family support, attorney fees, and court and litigation costs (*separately itemize each default on installment payments*):

| DATE DUE | TYPE OF ORDER AND DATE FILED | PAYABLE TO | AMOUNT ORDERED | AMOUNT PAID | AMOUNT DUE |
|---|------------------------------|------------|----------------------|-------------------|------------------|
| | | | | | |
| <input type="checkbox"/> Continued on Attachment 1. | | | TOTAL AMOUNT ORDERED | TOTAL AMOUNT PAID | TOTAL AMOUNT DUE |
| Summary of contempt counts alleged (including all attachments): | | | | | |
| Child support: | | | | | |
| Spousal support: | | | | | |
| Family support: | | | | | |
| Attorney fees: | | | | | |
| Court and other costs: | | | | | |
| Total | | | \$ | \$ | \$ |

2. Other orders (*specify which order was violated, how the order was violated, and when the violation occurred*):

Continued on Attachment 2.

3. Other material facts (*specify*):

Continued on Attachment 3.

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)

Page 1 of 1

| | |
|---|--------------|
| PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT: | CASE NUMBER: |
|---|--------------|

AFFIDAVIT OF FACTS CONSTITUTING CONTEMPT

Domestic Violence/Custody and Visitation

Attachment to *Order to Show Cause and Affidavit for Contempt* (form FL-410)

1. The Citee has violated the restraining order issued on (date): by contacting, molesting, harassing, attacking, striking, threatening, sexually assaulting, battering, telephoning, sending any messages to, following, stalking, destroying the personal property of, disturbing the peace of, keeping under surveillance, or blocking movements in public places and thoroughfares of me or any other person protected by the restraining order. (*Specify which order was violated, how the order was violated, and when the violation occurred*):

 Continued on Attachment 1.
2. The Citee has violated the restraining order issued on (date): by not moving from and staying away from the residence as ordered by the court. (*Specify how the order was violated and when the violation occurred*):

 Continued on Attachment 2.
3. The Citee has violated the restraining order issued on (date): by not staying (specify): yards away from me, the other protected persons, my residence, my place of work, the children's school or place of child care, my vehicle, or other (specify): (*Specify which order was violated, how the order was violated, and when the violation occurred*):

 Continued on Attachment 3.
4. The Citee has violated the restraining order issued on (date): by not relinquishing his or her firearm(s) as ordered by the court. (*Specify which order was violated, how the order was violated, and when the violation occurred*):

 Continued on Attachment 4.
5. The Citee has violated the restraining order issued on (date): by failure to complete court-ordered batterer's treatment/anger management class (*specify how the order was violated*):

 Continued on Attachment 5.
6. The Citee has violated order issued on (date): by violating the following custody or visitation order (*specify which order was violated, how the order was violated, and when the violation occurred*):

 Continued on Attachment 6.
7. The Citee has violated the order issued on (date): by violating other orders (*specify which order was violated and how the order was violated*):

 Continued on Attachment 7.

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)

SHORT TITLE:

CASE NUMBER:

ATTACHMENT (Number) : _____
(This Attachment may be used with any Judicial Council form.)

(If the item that this Attachment concerns is made under penalty of perjury, all statements in this Attachment are made under penalty of perjury.)

Page _____ of _____
(Add pages as required)

Form Approved for Optional Use
Judicial Council of California
MC-025 [Rev. July 1, 2009]

**ATTACHMENT
to Judicial Council Form**

www.courtinfo.ca.gov

INFORMATION SHEET FOR PROOF OF PERSONAL SERVICE

Use these instructions to complete the *Proof of Personal Service* (form FL-330).

A person at least 18 years of age or older must serve the documents. There are two ways to serve documents: (1) personal delivery and (2) by mail. See the *Proof of Service by Mail* (form FL-335) if the documents are being served by mail. The person who serves the documents must complete a proof of service form for the documents being served. **You cannot serve documents if you are a party to the action.**

INSTRUCTIONS FOR THE PERSON WHO SERVES THE DOCUMENTS (TYPE OR PRINT IN BLACK INK)

You must complete a proof of service for each package of documents you serve. For example, if you serve the respondent and the other parent, you must complete two proofs of service; one for the respondent and one for the other parent.

Complete the top section of the proof of service forms as follows:

First box, left side: In this box print the name, address, and phone number of the person for whom you are serving the documents.

Second box, left side: Print the name of the county in which the legal action is filed and the court's address in this box. Use the same address for the court that is on the documents you are serving.

Third box, left side: Print the names of the petitioner/plaintiff, respondent/defendant, and other parent in this box. Use the same names listed on the documents you are serving.

First box, top of form, right side: Leave this box blank for the court's use.

Second box, right side: Print the case number in this box. This number is also stated on the documents you are serving.

Third box, right side: Print the hearing date, time, and department. Use the same information that is on the documents you are serving.

1. You are stating that you are over the age of 18 and that you are neither a party of this action nor a protected person listed in any of the orders.
2. Print the name of the party to whom you handed the documents.
3. List the name of each document that you delivered to the party.
4. a. Write in the date that you delivered the documents to the party.
b. Write in the time of day that you delivered the documents to the party.
c. Print the address where you delivered the documents.
5. Check the box that applies to you. If you are a private person serving the documents for a party, check box "a."
6. Print your name, address, and telephone number. If applicable, include the county in which you are registered as a process server and your registration number.
7. You must check this box if you are not a California sheriff or marshal. You are stating under penalty of perjury that the information you have provided is true and correct.
8. Do not check this box unless you are a California sheriff or marshal.

Print your name, fill in the date, and sign the form.

If you need additional assistance with this form, contact the family law facilitator in your county.

| | | |
|---|----------|---------------------------|
| ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406) (Name, State Bar number, and address) | | FOR COURT USE ONLY |
| | | |
| TELEPHONE NO.: | FAX NO.: | |
| ATTORNEY FOR (Name): In Pro Per | | |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF MADERA | | |
| STREET ADDRESS: 200 South G Street | | |
| MAILING ADDRESS: Same | | |
| CITY AND ZIP CODE: Madera, CA 93637 | | |
| BRANCH NAME: Civil Division | | |
| PETITIONER/PLAINTIFF: | | CASE NUMBER: |
| RESPONDENT/DEFENDANT: | | (If applicable, provide): |
| OTHER PARENT/PARTY: | | HEARING DATE: |
| | | HEARING TIME: |
| | | DEPT.: |
| PROOF OF PERSONAL SERVICE | | |

1. I am at least 18 years old, not a party to this action, and not a protected person listed in any of the orders.
2. Person served (*name*):
3. I served copies of the following documents (*specify*):

4. By personally delivering copies to the person served, as follows:
 - a. Date:
 - b. Time:
 - c. Address:

5. I am
 - a. not a registered California process server.
 - b. a registered California process server.
 - c. an employee or independent contractor of a registered California process server.
 - d. exempt from registration under Business & Profession Code section 22350(b).
 - e. a California sheriff or marshal.

6. My name, address, and telephone number, and, if applicable, county of registration and number (*specify*):

7. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
8. I am a California sheriff or marshal and I certify that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME OF PERSON WHO SERVED THE PAPERS)

(SIGNATURE OF PERSON WHO SERVED THE PAPERS)

SUPERIOR COURT OF CALIFORNIA, COUNTY OF MADERA
200 South G Street
Madera, Ca 93637

(For Court Use Only)

Need an interpreter? | ¿Necesita un intérprete?

REQUEST FOR INTERPRETER SERVICES | solicitud para servicios de un intérprete

Fill out this form if you or your witness in your case needs an interpreter when you are in court. | Si usted o un testigo en su caso necesita un intérprete cuando esté en la corte, llene este formulario.

Case Number(s) | numero(s) del caso: _____

Case Name | nombre del caso: _____

Hearing Date | fecha de audiencia: _____

Time | hora: _____

Dept | sala: _____

INTERPRETER NEEDED IN THE FOLLOWING LANGUAGE | necesito un intérprete para el siguiente idioma:

| | | | |
|--|---------------------------------------|--|--|
| <input type="checkbox"/> Spanish/español | <input type="checkbox"/> Chatino* | <input type="checkbox"/> Cambodian | <input type="checkbox"/> Arabic |
| <input type="checkbox"/> Amuzgo* | <input type="checkbox"/> Triqui Alto* | <input type="checkbox"/> Cantonese | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Mixteco Alto* | <input type="checkbox"/> Triqui Bajo* | <input type="checkbox"/> Mandarin | <input type="checkbox"/> Hmong |
| <input type="checkbox"/> Mixteco Bajo* | <input type="checkbox"/> Punjabi | <input type="checkbox"/> Farsi/Persian | <input type="checkbox"/> Lao |
| <input type="checkbox"/> Zapoteco* | <input type="checkbox"/> ASL | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Other/Otro: _____ |

*For indigenous languages, include country, state, municipality and town of origin | para los idiomas indígenas, incluya su país, estado, municipio y ciudad de origen: _____

INTERPRETER NEEDED FOR | se necesita intérprete para:

Plaintiff/Petitioner
 Demandante/Solicitante

Defendant/Respondent
 Demandado(a)

_____ # of Witnesses | cantidad de testigos

Estimated duration time of witness | tiempo estimado de duración del testimonio: _____

REQUESTING PARTY'S INFORMATION | datos del solicitante:

Name | nombre: _____

Email | correo electrónico: _____

Phone Number | número de teléfono: _____

Please email this request to | favor de enviar esta solicitud por correo electrónico a:

Interpreter.Madera@madera.courts.ca.gov

or file it with the clerk's office | ó entregue este formulario a la oficina del secretario

Please submit this form with a minimum of ten (10) court days in advance. | favor de entregar este formulario con un mínimo de diez (10) días hábiles antes de la fecha de su audiencia.