

PARTY WITHOUT ATTORNEY OR ATTORNEY STATE BAR NUMBER: <b>295975</b> NAME: <b>Omar Raul Serrato</b> FIRM NAME: <b>The Eagle Law Firm</b> STREET ADDRESS: <b>320 N. E St., Suite 206</b> CITY: <b>SAN BERNARDINO</b> TELEPHONE NO.: <b>909-757-6540</b> EMAIL ADDRESS: <b>office@eaglelawfirm.org</b> ATTORNEY FOR (name): <b>Michael Marraccini</b>	<b>FOR COURT USE ONLY</b>  <b>ELECTRONICALLY FILED</b> <i>Superior Court of California, County of San Francisco</i>  <b>05/04/2026</b> <b>Clerk of the Court</b> BY: <b>JONATHAN J. WONG</b> Deputy Clerk
SUPERIOR COURT OF CALIFORNIA, COUNTY OF <b>San Francisco</b> STREET ADDRESS: <b>400 McAllister St.</b> MAILING ADDRESS: CITY AND ZIP CODE: <b>San Francisco 94102</b> BRANCH NAME: <b>Civic Center Courthouse</b>	STATE: <b>CA</b> ZIP CODE: <b>92401</b> FAX NO.: <b>909-757-6542</b>
PETITIONER: <b>Laura Owens</b> RESPONDENT: <b>Michael Marraccini</b> OTHER PARENT/PARTY:	DEPARTMENT: <b>405A</b> Hearing: <b>07/20/2026 9:00 am</b>
REQUEST FOR ORDER <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 type="checkbox"/> Child Support <input type="checkbox"/> Property Control <input checked="" type="checkbox"/> Attorney's Fees and Costs <input type="checkbox"/> Other (specify):	CASE NUMBER: <b>FDV-18-813693</b>

Note: Read form FL-300-INFO for information about how to complete this form. To ask to change or end an order that was granted in a Restraining Order After Hearing (form DV-130 or JV-255), read form FL-300-INFO and form DV-300-INFO

**NOTICE OF HEARING**

1. TO (name): Laura Owens  
 Petitioner  Respondent  Other Parent/Party  Other (specify):

2. A COURT HEARING WILL BE HELD AS FOLLOWS:

a. Date: <b>July 20th, 2026</b>	Time: <b>9:00AM</b>	<input checked="" type="checkbox"/> Dept.: <b>405A</b>	<input type="checkbox"/> Room.:
b. Address of court <input 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.)

**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**

**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):
- | <u>Child's Name</u> | <u>Date of Birth</u> | <input type="checkbox"/> <u>Legal Custody to (person who decides: health, education, etc):</u> | <input type="checkbox"/> <u>Physical Custody to (person with whom child lives):</u> |
|---------------------|----------------------|--|---|
|---------------------|----------------------|--|---|

- b.  The orders I request for  child custody  visitation (parenting time) are:  Attachment 2a.
- (1)  Specified in the attached forms:
- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Form FL-305    | <input type="checkbox"/> Form FL-311    | <input type="checkbox"/> Form FL-312      | <input type="checkbox"/> Form FL-341(C) |
| <input type="checkbox"/> Form FL-341(D) | <input type="checkbox"/> Form FL-341(E) | <input type="checkbox"/> Other (specify): |   |
- (2)  As follows (specify):  Attachment 2b.

- c. The orders that I request are in the best interest of the children because (specify):  Attachment 2c.

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2. 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.

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:  
Child's name and age  I request support for each child Monthly amount (\$) requested  
 based on the child support guideline. (if not by guideline)

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): \_\_\_\_\_  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.

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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.

6.  ATTORNEY'S FEES AND COSTS
- I request attorney's fees and costs, which total (specify amount): \$109,633.98 . 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.  OTHER ORDERS REQUESTED (specify):  Attachment 7.

8.  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 8.

9.  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 9.
- Please see attached Motion for Attorney Fees and Costs; Memorandum of Points and Authorities**

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: 04/29/2026

**Omar Serrato**  
(TYPE OR PRINT NAME)

  
(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 [courts.ca.gov/forms](https://courts.ca.gov/forms) for *Disability Accommodations Request* (form MC-410). (Civ. Code, § 54.8.)