

SUPERIOR COURT OF CALIFORNIA, COUNTY OF KERN

FOR COURT USE ONLY

STREET ADDRESS: 1215 TRUXTUN AVENUE
MAILING ADDRESS: 1215 TRUXTUN AVENUE
CITY AND ZIP CODE: BAKERSFIELD, CA 93301
BRANCH NAME: METROPOLITAN DIVISION - JUSTICE BUILDING

PETITIONER/PLAINTIFF: _____

RESPONDENT/DEFENDANT: _____

OTHER PARENT: _____

**STIPULATION TO CONTINUE
AND ORDER THEREON**

CASE NUMBER: _____

DATE HEARING
SET FOR: _____

DATE HEARING
CONTINUED TO: _____

The above entitled matter came on regularly for hearing on _____. The parties agree to waive the verbatim record. The parties were present and agree as follows:

- Attorney for Petitioner _____ Petitioner present in Room 300 in court.
- Attorney for Respondent _____ Respondent present in Room 300 in court.
- Attorney for Other Parent _____ Other Parent present in Room 300 in court.
- Attorney for DCSS _____ present in Room 300 in court.
- Purpose of continuance: _____

The continued hearing date set forth below has been cleared and confirmed by the Clerk's Office.

The hearing in this matter is continued to _____ at _____ in Division _____. Further notice of hearing is waived. Petitioner Respondent Other Parent is / are ordered to return on such date, as specified, and to produce and deliver to DCSS at the time of the continued hearing the following items:

- A completed, dated and signed Income And Expense Declaration (Judicial Council Form FL-150) and supporting documents.
- Copies of relevant supporting evidence for the Petitioner Respondent Other Parent, as follows:
 - Most recent pay stubs reflecting year-to-date earnings
 - Completed employer verification
 - UIB SDI Worker Comp documents re beginning and / or amount of benefits
 - State and federal income tax returns for the last two years
 - W-2 forms for the last two years
- Documentary evidence to support an assertion that the Petitioner Respondent Other Parent:
 - Is or will be incarcerated in a county jail or state or federal prison for more than 90 days
 - Is or will be in a court ordered residential drug or alcohol treatment program that lasts more than 90 days and the program terms prevent the obligor from outside work
 - Has income limited to SSI / SSP CalWORKS General Assistance
 - Has income or income history substantially different than presumed income
 - Now has custody of all or some of the children (change in custody)

Other: _____

Support rights are assigned under W&I Code §11477.

Petitioner

Attorney for Petitioner

Respondent

Attorney for Respondent

Other Parent

Attorney for Other Parent

DCSS Attorney

It is so ordered.

Date: _____

Judge / Commissioner of the Superior Court