

DEFAULT – DIVORCE, LEGAL SEPARATION, ANNULMENT

HELPFUL WEBSITES

- www.courts.ca.gov - State Court - forms, etc.
www.kern.courts.ca.gov - Kern Court Website
www.kclawlib.org – Kern County Law Library
www.findlaw.com – Case Law
www.leginfo.ca.gov - Legislation/Codes
www.accesslaw.com – Forms, Cases, Codes

WHAT IS “DEFAULT?” In a family law case, when a Respondent does not file a Response to the Petition, or make an appearance, the Respondent is said to be "in default."

These instructions will describe how to prepare and file a Request to Enter Default, Judgment and Notice of Entry of Judgment which are the forms you need to become single again.

WHAT YOU NEED TO GET STARTED:

- ① A filed **COPY** of the Petition-Marriage;
- ② A filed **COPY** of the Proof of Services of Summons;
- ③ A filed **COPY** of any existing orders.
- ④ Three (3) envelopes
- ⑤ At least 12 postage stamps.

REMEMBER THIS RULE: YOUR JUDGMENT MUST MATCH YOUR PETITION. YOU CANNOT ADD TO YOUR JUDGMENT UNLESS THE ITEM IS IN YOUR PETITION OR IN AN ORDER AFTER HEARING.



STEP ONE: (if you haven't already done this) Complete PRELIMINARY DECLARATION OF DISCLOSURE PACKET. (ASK FOR HANDOUT)

- **THEN** Complete the DECLARATION REGARDING SERVICE OF DECLARATION OF DISCLOSURE (FL-141) and Make one copy.

STEP TWO: REQUEST TO ENTER DEFAULT (FL-165) and MANDATORY FORMS TO BE ATTACHED TO THE REQUEST TO ENTER DEFAULT.

- A. **JUDGMENT CHECKLIST – DISSOLUTION/LEGAL SEPARATION (FL-182)** may be used to track and check the attachments needed. You may file the checklist along with your judgment.
- B. **INCOME & EXPENSE DECLARATION (FL-150)** - MANDATORY if you are requesting attorney fees and costs; spousal support; child support; fee waiver when you first filed the Petition; or attached a marital settlement agreement.

- C. **PROPERTY DECLARATION (FL-160) - MANDATORY** if you are requesting
1. Division of separate property/debts;
 2. Division of community property/debts;
 3. Attaching a marital settlement agreement; or
 4. A marriage of 10 years or more

Note: If Respondent is a Member of the Military Services of the United States of America, additional forms are required: Appearance, Stipulation, and Waivers (FL-130) and Declaration and Conditional Waiver of Rights Under the Servicemembers Civil Relief Act 2003 (FL-130a).

STEP THREE: Complete the JUDGMENT (FL-180) AND MANDATORY FORMS

- A. **Mandatory** if you have children use CHILD CUSTODY AND VISITATION ORDER ATTACHMENT (FL-341)
- B. **Mandatory** if you have children use CHILD SUPPORT INFORMATION AND ORDER ATTACHMENT (FL-342) and A DISSOMASTER PRINTOUT with NOTICE OF RIGHTS AND RESPONSIBILITIES (FL-192) and
- C. **Complete CHILD SUPPORT CASE REGISTRY FORM (FL-191)** and provide a blank one to the other party.
- D. Complete a new **UCCJEA (FL-105)** if there have been any changes since the one most recently filed UCCJEA.

OPTIONAL FORMS:

(Some requests/forms are not allowed unless they were on the Petition or in a court order.)

- 1) Child Custody and Visitation forms:
 - a. Supervised Visitation Order (FL-341(A));
 - b. Child Abduction Prevention Order Attachment (FL-341(B));
 - c. Children's Holiday Schedule (FL-341(C));
 - d. Additional Provisions–Physical Custody Attachment FL-341(D));
 - e. Joint Legal Custody Attachment (FL-341(E)).
- 2) Spousal, Partner, or Family Support Order Attachment (FL-343)
- 3) Property Order Attachment to Judgment (FL-345)
- 4) **MARITAL SETTLEMENT AGREEMENT (OPTIONAL)**

The Marital Settlement Agreement must contain a notarized acknowledgment of yours and the other spouse's signature. If using the Marital Settlement Agreement you **MUST** attach the Income and Expense Declaration along with a Property Declaration to your Judgment.

Other mandatory forms if MSA is filed:

1. Both parties must complete and exchange Preliminary/Final Declaration of Disclosure
 2. Both parties must complete and file the Declaration Regarding Service of Declaration of Disclosure (FL-141).
 3. Stipulation and Waiver of Final Declaration of Disclosure (FL-144) can be completed and filed by both parties.
- 5) Income Withholding for Support (FL-195).

STEP FOUR: Complete NOTICE OF ENTRY OF JUDGMENT (FL-190)

STEP FIVE: Complete DECLARATION FOR DEFAULT OR UNCONTESTED JUDGMENT (FL-170)

Note: In Mojave & Ridgecrest you must set a default hearing when there are children involved or marriage over 10 years in duration – ask for a default setting card.

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar number, and address):</i> YOUR NAME YOUR ADDRESS CITY, STATE, and ZIP CODE TELEPHONE NO.: PHONE NUMBER FAX NO. <i>(Optional):</i> E-MAIL ADDRESS <i>(Optional):</i> ATTORNEY FOR <i>(Name):</i> IN PRO PER	FOR COURT USE ONLY COMPLETE AND CHECK EACH DOCUMENT BEING FILED and/or PREVIOUSLY FILED ORIGINAL + 1 COPY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF KERN STREET ADDRESS: (SEE ATTACHED LIST OF MAILING ADDRESS: KERN COURT'S ADDRESSES) CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: PETITIONER'S NAME RESPONDENT: RESPONDENT'S NAME	
JUDGMENT CHECKLIST— DISSOLUTION/LEGAL SEPARATION	CASE NUMBER: CASE NUMBER

This judgment checklist is a list of documents that a court may require to complete a default or uncontested judgment. The checklist may be filed along with your judgment, but is not required. If the forms or other documents have already been filed, you should check the boxes indicating that they have been previously filed. Unless listed otherwise on this form, when you file a document with the court, you should submit an original and 2 copies. One copy is for you and one is for the other party. There are three types of default and uncontested judgments:

- **Default With No Agreement (no response and no written agreement)**
- **Default With Agreement (no response, but there is a written agreement)**
- **Uncontested Case (response filed, or other appearance by respondent, and a written agreement)**

1. **DEFAULT WITH NO AGREEMENT (no response and no written agreement)**
(Please check the box by each document being filed) Previously Filed
- a. *Proof of Service of Summons* (form FL-115) or other proof of service
 - b. *Request to Enter Default* (form FL-165), with a stamped envelope addressed to respondent and the court clerk's address as the return address
 - c. *Petitioner's Declaration Regarding Service of Declaration of Disclosure* (form FL-141)
 - d. *Declaration for Default or Uncontested Dissolution or Legal Separation* (form FL-170)
 - e. *Judgment* (form FL-180) *(5 copies)*
 - f. *Notice of Entry of Judgment* (form FL-190)
 - g. 2 stamped envelopes of sufficient size and with sufficient postage to return the *Judgment* and *Notice of Entry of Judgment*, one envelope addressed to petitioner and the other to respondent.
- If there are minor children of the marriage or domestic partnership:**
- h. *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA)* (form FL-105).
(A new form must be filed if there have been any changes since the one most recently filed.)
 - i. *Petitioner's Income and Expense Declaration* (form FL-150) or *Financial Statement (Simplified)* (form FL-155).
(Needed unless one has been filed within the past 90 days and there have been no changes since then.)
 - j. Computer printout of guideline child support *(optional)*
 - k. *Notice of Rights and Responsibilities and Information Sheet on Changing a Child Support Order* (form FL-192). This may be attached by the petitioner or by the court.

PETITIONER: PETITIONER'S NAME RESPONDENT: RESPONDENT'S NAME	CASE NUMBER: CASE NUMBER
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Previously Filed

- I. Child Support Order
 - Stipulation to Establish or Modify Child Support and Order (form FL-350) (attach to Judgment), or
 - Child Support Information and Order Attachment (form FL-342) (attach to Judgment), or
 - Written agreement containing declarations required by Family Code section 4065(a) (attach to Judgment)
- m. Income Withholding for Support (form FL-195/OMB No. 0970-0154)
- n. Child Custody and Visitation (Parenting Time) Order Attachment (form FL-341) or other proposed written order containing the information required by Family Code 3048(a) (attach to Judgment)

If spousal/partner support is requested, the marriage/partnership is over 10 years in duration, or termination of spousal/partner support for the respondent is requested:

- o. Spousal or Partnership Support Declaration Attachment (form FL-157)
- p. Income and Expense Declaration (form FL-150) (Needed unless a current financial declaration has been filed within the past 90 days and there have been no changes since then.)
- q. Spousal, Partner, or Family Support Order Attachment (form FL-343) or other proposed written order (attach to Judgment)

If assets or debts need to be divided or assigned:

- r. Property Declaration (form FL-160)
- s. Property Order Attachment to Judgment (form FL-345) or other proposed written order (attach to Judgment)

If attorney fees and costs are requested:

- t. Request for Attorney Fees and Costs (form FL-319)
- u. Attorney Fees and Costs Order Attachment (form FL-346) or other proposed written order (attach to Judgment)

2. **DEFAULT WITH AGREEMENT (no response and a written agreement)**

- a. Proof of Service of Summons (form FL-115) or other proof of service
- b. Request to Enter Default (form FL-165), with a stamped envelope addressed to respondent and the court clerk's address as the return address
- c. Petitioner's Declaration Regarding Service of Declaration of Disclosure (form FL-141) (preliminary)
- d. Declaration Regarding Service of Final Declaration of Disclosure
 - Petitioner's Declaration Regarding Service of Declaration of Disclosure (form FL-141) (final) or
 - Stipulation and Waiver of Final Declaration of Disclosure (form FL-144) or
 - Separately filed waiver or waiver included in a written agreement under Family Code section 2105(d)
- e. Declaration for Default or Uncontested Dissolution or Legal Separation (form FL-170)
- f. Written agreement of the parties. Respondent's signature on the agreement must be notarized. (attach to Judgment.)
- g. Judgment (form FL-180) (5 copies)
- h. Notice of Entry of Judgment (form FL-190)
- i. 2 stamped envelopes of sufficient size and with sufficient postage to return the Judgment and Notice of Entry of Judgment, one envelope addressed to petitioner and the other to respondent

If there are minor children of the marriage or domestic partnership:

- j. Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA) (form FL-105). (A new form must be filed if there have been any changes since the one most recently filed.)
- k. Income and Expense Declaration (form FL-150) or Financial Statement (Simplified) (form FL-155). (Needed unless one has been filed within the past 90 days and there have been no changes since then.)

PETITIONER: PETITIONER'S NAME	CASE NUMBER: CASE NUMBER
RESPONDENT: RESPONDENT'S NAME	

Previously Filed

- l. Computer printout of guideline child support (*optional*).
- m. *Notice of Rights and Responsibilities and Information Sheet on Changing a Child Support Order* (form FL-192). This may be attached by the petitioner or by the court.
- n. Child Support Order
 - Stipulation to Establish or Modify Child Support and Order* (form FL-350) (*attach to Judgment*), or
 - Child Support Information and Order Attachment* (form FL-342) (*attach to Judgment*), or
 - Written agreement containing declarations required by Family Code section 4065(a) (*attach to Judgment*)
- o. *Income Withholding for Support* (form FL-195/OMB No. 0970-0154)
- p. *Child Custody and Visitation Order Attachment* (form FL-341) or written agreement containing the information required by Family Code section 3048(a) (*attach to Judgment*)

3. **UNCONTESTED CASE (Response filed, or other appearance by respondent, and a written agreement)**

- a. *Proof of Service of Summons* (form FL-115) or other proof of service if you want to use the date of service as the beginning of the six-month waiting period.
- b. *Appearance, Stipulations, and Waivers* (form FL-130)
- c. Respondent's filing fee, if first appearance, unless respondent has a fee waiver or is currently on active duty in the military
- d. *Declaration Regarding Service of Declaration of Disclosure* (**both** petitioner's and respondent's preliminary) (form FL-141)
- e. Declaration Regarding Service of Final Declaration of Disclosure
 - Declaration Regarding Service of Declaration of Disclosure* (**both** petitioner's and respondent's final) (form FL-141), or
 - Stipulation and Waiver of Final Declaration of Disclosure* (form FL-144), or
 - Separately filed waiver or waiver included in a written agreement under Family Code section 2105(d)
- f. *Declaration for Default or Uncontested Dissolution or Legal Separation* (form FL-170)
- g. Written agreement of the parties (*attach to Judgment*)
- h. *Judgment* (form FL-180) (*5 copies*)
- i. *Notice of Entry of Judgment* (form FL-190)
- j. 2 stamped envelopes of sufficient size and with sufficient postage to return the *Judgment* and *Notice of Entry of Judgment*, one envelope addressed to petitioner and the other to respondent

If there are minor children of the marriage or domestic partnership:

- k. *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA)* (form FL-105).
(A new form must be filed if there have been any changes since the one most recently filed.)
- l. Computer printout of guideline child support (*optional*)
- m. *Notice of Rights and Responsibilities and Information Sheet on Changing a Child Support Order* (form FL-192). This may be attached by either party or by the court.
- n. Child Support Order
 - Stipulation to Establish or Modify Child Support and Order* (form FL-350) (*attach to Judgment*) or
 - Child Support Information and Order Attachment* (form FL-342) (*attach to Judgment*), or
 - Written agreement which includes declarations required by Family Code section 4065(a) (*attach to Judgment*)
- o. *Income Withholding for Support* (form FL-195/OMB No. 0970-0154)
- p. *Child Custody and Visitation Order Attachment* (form FL-341) or written agreement containing the information required by Family Code section 3048(a) (*attach to Judgment*)

CASE NAME <i>(Last name, first name of each party):</i>	CASE NUMBER: CASE NUMBER

(CHECK BOX 4a IF RECEIVED A FEE WAIVER WHEN YOU OPENED THE CASE or IF YOU ARE NOT REQUESTING COSTS.)

4. Memorandum of costs

a. Costs and disbursements are waived.

b. Costs and disbursements are listed as follows:

- (1) Clerk's fees \$
- (2) Process server's fees \$
- (3) Other *(specify):* \$
- (IF YOU REQUEST COSTS OR PAID A FEE WHEN FILING,** \$
- COMPLETE 4b(1) - (3) AND PUT THE TOTAL OF** \$
- 4b(1) - (3)).** \$
- TOTAL \$

c. I am the attorney, agent, or party who claims these costs. To the best of my knowledge and belief, the foregoing items of cost are correct and have been necessarily incurred in this cause or proceeding.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: **DATE PETITIONER SIGNS**

PRINT PETITIONER'S NAME _____
(TYPE OR PRINT NAME)

PETITIONER'S SIGNATURE _____
(SIGNATURE OF DECLARANT)

5. **Declaration of nonmilitary status.** The respondent is not in the military service of the United States as defined in section 511 et seq. of the Servicemembers Civil Relief Act (50 U.S.C. Appen. § 501 et seq.), and is not entitled to the benefits of such act.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: **DATE PETITIONER SIGNS**

PRINT PETITIONER'S NAME _____
(TYPE OR PRINT NAME)

PETITIONER'S SIGNATURE _____
(SIGNATURE OF DECLARANT)

*****DON'T COMPLETE #5 IF RESPONDENT IS IN THE MILITARY. IF THE RESPONDENT IS IN THE MILITARY, HE/SHE MUST COMPLETE AND SIGN THE "APPEARANCE, STIPULATION, AND WAIVER" and DECLARATION OF CONDITIONAL WAIVER OF RIGHTS UNDER SERVICEMEMBERS CIVIL RELIEF ACT OF 2003" FORMS FL-130 AND FL-130(A).**

BOTH FORMS ARE TO BE SUBMITTED WITH THE DEFAULT JUDGMENT PACKAGE.***

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):		<i>FOR COURT USE ONLY</i>
YOUR NAME YOUR ADDRESS CITY, STATE, and ZIP CODE TELEPHONE NO.: PHONE NUMBER E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): IN PRO PER		***USED WHEN REQUESTING CHILD AND/OR SPOUSAL SUPPORT ***YOU MUST ATTACH AT LEAST 2 MONTHS WORTH OF PROOF OF INCOME
SUPERIOR COURT OF CALIFORNIA, COUNTY OF KERN STREET ADDRESS: (SEE ATTACHED LIST OF KERN COURT'S ADDRESSES) MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
PETITIONER/PLAINTIFF: PETITIONER'S NAME RESPONDENT/DEFENDANT: RESPONDENT'S NAME OTHER PARENT/CLAIMANT:		
INCOME AND EXPENSE DECLARATION		CASE NUMBER: CASE NUMBER

1. **Employment** (Give information on your current job or, if you're unemployed, your most recent job.)

Attach copies of your pay stubs for last two months (black out social security numbers).

- a. Employer: **BAKERSFIELD HOSPITAL**
- b. Employer's address: **124 HOSPITAL ROW, BAKERSFIELD, CA 93301**
- c. Employer's phone number: **(661) 555-5555**
- d. Occupation: **AD, OTTOMG, G, ERL**
- e. Date job started: **01/2004**
- f. If unemployed, date job ended: **(COMPLETE THIS IF YOU ARE NO LONGER WORKING)**
- g. I work about **40** hours per week.
- h. I get paid \$ **1,500.00** gross (before taxes) per month per week per hour.

(If you have more than one job, attach an 8 1/2-by-11-inch sheet of paper and list the same information as above for your other jobs. Write "Question 1 - Other Jobs" at the top.)

2. **Age and education**

- a. My age is (specify): **25**
- b. I have completed high school or the equivalent: Yes No If no, highest grade completed (specify):
- c. Number of years of college completed (specify): **2** Degree(s) obtained (specify): **AA**
- d. Number of years of graduate school completed (specify): Degree(s) obtained (specify):
- e. I have: professional/occupational license(s) (specify):
 vocational training (specify): **MEDICAL FRONT OFFICE**

3. **Tax information**

- a. I last filed taxes for tax year (specify year): **2005**
- b. My tax filing status is single head of household married, filing separately
 married, filing jointly with (specify name):
- c. I file state tax returns in California other (specify state):
- d. I claim the following number of exemptions (including myself) on my taxes (specify): **4**

- 4. **Other party's income.** I estimate the gross monthly income (before taxes) of the other party in this case at (specify): \$ **5,000.00**
This estimate is based on (explain): **WE WERE MARRIED FOR 5 YEARS AND THAT IS THE AMOUNT MY SPOUSE MADE WHEN WE WERE LIVING TOGETHER.**

(If you need more space to answer any questions on this form, attach an 8 1/2-by-11-inch sheet of paper and write the question number before your answer.) Number of pages attached: _____

I declare under penalty of perjury under the laws of the State of California that the information contained on all pages of this form and any attachments is true and correct.

Date: **DATE YOU SIGN**

PRINT YOUR NAME _____
(TYPE OR PRINT NAME)

SIGN YOUR NAME _____
(SIGNATURE OF DECLARANT)

PETITIONER/PLAINTIFF: PETITIONER'S NAME RESPONDENT/DEFENDANT: RESPONDENT'S NAME OTHER PARENT/CLAIMANT:	CASE NUMBER: CASE NUMBER
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Attach copies of your pay stubs for the last two months and proof of any other income. Take a copy of your latest federal tax return to the court hearing. (Black out your social security number on the pay stub and tax return.)

5. **Income** (For average monthly, add up all the income you received in each category in the last 12 months and divide the total by 12.)

	Last month	Average monthly
a. Salary or wages (gross, before taxes)	\$ 1,500.00	1,400.00
b. Overtime (gross, before taxes)	\$ 200.00	0.00
c. Commissions or bonuses	\$ 0.00	0.00
d. Public assistance (for example: TANF, SSI, GA/GR) <input type="checkbox"/> currently receiving	\$ 0.00	0.00
e. Spousal support <input type="checkbox"/> from this marriage <input type="checkbox"/> from a different marriage	\$ 0.00	0.00
f. Partner support <input type="checkbox"/> from this domestic partnership <input type="checkbox"/> from a different domestic partnership	\$ 0.00	0.00
g. Pension/retirement fund payments	\$ 0.00	0.00
h. Social security retirement (not SSI)	\$ 0.00	0.00
i. Disability: <input type="checkbox"/> Social security (not SSI) <input type="checkbox"/> State disability (SDI) <input type="checkbox"/> Private insurance.	\$ 0.00	0.00
j. Unemployment compensation	\$ 0.00	0.00
k. Workers' compensation	\$ 0.00	0.00
l. Other (military BAQ, royalty payments, etc.) (specify) :	\$ 0.00	0.00

6. **Investment income** (Attach a schedule showing gross receipts less cash expenses for each piece of property.)

a. Dividends/interest	\$ 0.00	0.00
b. Rental property income	\$ 0.00	0.00
c. Trust income	\$ 0.00	0.00
d. Other (specify) :	\$ 0.00	0.00

7. **Income from self-employment, after business expenses for all businesses** \$ **0.00** **0.00**

I am the owner/sole proprietor business partner other (specify) :
 Number of years in this business (specify) :
 Name of business (specify) :
 Type of business (specify) :

Attach a profit and loss statement for the last two years or a Schedule C from your last federal tax return. Black out your social security number. If you have more than one business, provide the information above for each of your businesses.

8. **Additional income.** I received one-time money (lottery winnings, inheritance, etc.) in the last 12 months (specify source and amount) : **INHERITANCE FROM MY AUNT** **2,500.00**

9. **Change in income.** My financial situation has changed significantly over the last 12 months because (specify) :
BONUSES AND OVERTIME ARE NOT OFFERED EACH MONTH.

10. **Deductions**

	Last month
a. Required union dues	\$ 60.00
b. Required retirement payments (not social security, FICA, 401(k), or IRA)	\$ 0.00
c. Medical, hospital, dental, and other health insurance premiums (total monthly amount)	\$ 100.00
d. Child support that I pay for children from other relationships	\$ 0.00
e. Spousal support that I pay by court order from a different marriage	\$ 0.00
f. Partner support that I pay by court order from a different domestic partnership	\$ 0.00
g. Necessary job-related expenses not reimbursed by my employer (attach explanation labeled "Question 10g")	\$ 0.00

11. **Assets**

	Total
a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts	\$ 100.00
b. Stocks, bonds, and other assets I could easily sell	\$ 0.00
c. All other property, <input checked="" type="checkbox"/> real and <input type="checkbox"/> personal (estimate fair market value minus the debts you owe)	\$ 0.00



PETITIONER/PLAINTIFF: PETITIONER'S NAME RESPONDENT/DEFENDANT: RESPONDENT'S NAME OTHER PARENT/CLAIMANT:	CASE NUMBER: CASE NUMBER
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12. The following people live with me:

Name	Age	How the person is related to me? (ex: son)	That person's gross monthly income	Pays some of the household expenses?
a. OLDEST CHILD	10	SON	0.00	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b. MIDDLE CHILD, IF ANY	8	DAUGHTER	0.00	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
c. YOUNGEST CHILD, IF ANY	6	DAUGHTER	0.00	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
d. JANE DOE	27	ROOMMATE	2,500.00	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
e.				<input type="checkbox"/> Yes <input type="checkbox"/> No

13. Average monthly expenses Estimated expenses Actual expenses Proposed needs

a. Home: (1) <input checked="" type="checkbox"/> Rent or <input type="checkbox"/> mortgage \$ 1,200.00 If mortgage: (a) average principal: \$ 0.00 (b) average interest: \$ 0.00 (2) Real property taxes \$ 0.00 (3) Homeowner's or renter's insurance (if not included above) \$ 0.00 (4) Maintenance and repair \$ 0.00 b. Health-care costs not paid by insurance ... \$ 100.00 c. Child care \$ 575.00 d. Groceries and household supplies \$ 500.00 e. Eating out \$ 50.00 f. Utilities (gas, electric, water, trash) \$ 200.00 g. Telephone, cell phone, and e-mail \$ 100.00	h. Laundry and cleaning \$ 20.00 i. Clothes \$ 60.00 j. Education CHILDREN'S ACTIVITY \$ 80.00 k. Entertainment, gifts, and vacation \$ 25.00 l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.) \$ 250.00 m. Insurance (life, accident, etc.; do not include auto, home, or health insurance) \$ 3.00 n. Savings and investments \$ 0.00 o. Charitable contributions \$ 20.00 p. Monthly payments listed in item 14 (itemize below in 14 and insert total here) \$ 420.00 q. Other (specify) : \$ _____ r. TOTAL EXPENSES (a-q) (do not add in \$ 3,603.00 <i>the amounts in a(1)(a) and (b))</i> s. Amount of expenses paid by others \$ _____
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14. Installment payments and debts not listed above

Paid to	For	Amount	Balance	Date of last payment
ABC MASTERCARD	CREDIT CARD	\$ 20.00	\$ 3,000.00	03/2008
CVA CAR MAKER	CAR PAYMENT	\$ 400.00	\$ 95,000.00	03/2008
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

15. Attorney fees (This is required if either party is requesting attorney fees.):

- a. To date, I have paid my attorney this amount for fees and costs (specify) : \$
- b. The source of this money was (specify) :
- c. I still owe the following fees and costs to my attorney (specify total owed) : \$
- d. My attorney's hourly rate is (specify) : \$

I confirm this fee arrangement.

Date:

N/A _____
 (TYPE OR PRINT NAME OF ATTORNEY)

N/A _____
 (SIGNATURE OF ATTORNEY)

PETITIONER/PLAINTIFF: PETITIONER'S NAME	CASE NUMBER:
RESPONDENT/DEFENDANT: RESPONDENT'S NAME	CASE NUMBER
OTHER PARENT/CLAIMANT:	

CHILD SUPPORT INFORMATION

(NOTE: Fill out this page only if your case involves child support.)

16. Number of children

- a. I have (specify number): **3** children under the age of 18 with the other parent in this case.
- b. The children spend **80** percent of their time with me and **20** percent of their time with the other parent.
(If you're not sure about percentage or it has not been agreed on, please describe your parenting schedule here.)
THE OTHER PARENT SEES THE CHILDREN ON THE 1ST, 3RD, AND 5TH WEEKEND OF EACH MONTH FROM SATURDAY AT 8:00 A.M. TO SUNDAY AT 5:00 P.M. ALSO SHARES 1/2 OF HOLIDAYS.

17. Children's health-care expenses

- a. I do I do not have health insurance available to me for the children through my job.
- b. Name of insurance company: **INSURANCE COMPANY OF CALIFORNIA**
- c. Address of insurance company:
**123 INSURANCE STREET
INSURANCE, CA 91234**
- d. The monthly cost for the children's health insurance is or would be (specify): \$ **100.00**
(Do not include the amount your employer pays.)

18. Additional expenses for the children in this case

Amount per month

- a. Child care so I can work or get job training \$ **575.00**
- b. Children's health care not covered by insurance \$ **100.00**
- c. Travel expenses for visitation \$ **0.00**
- d. Children's educational or other special needs (specify below): \$ **0.00**

19. Special hardships. I ask the court to consider the following special financial circumstances

(attach documentation of any item listed here, including court orders):

	Amount per month	For how many months?
a. Extraordinary health expenses not included in 18b	\$ 0.00	0
b. Major losses not covered by insurance (examples: fire, theft, other insured loss)	\$ 0.00	0
c. (1) Expenses for my minor children who are from other relationships and are living with me	\$ 0.00	0
(2) Names and ages of those children (specify):		

(3) Child support I receive for those children \$ **0.00**

The expenses listed in a, b and c create an extreme financial hardship because (explain):

IF YOU COMPLETE #19, YOU MUST LIST REASON(S) WHY YOU ARE EXPERIENCING FINANCIAL HARDSHIP.

20. Other information I want the court to know concerning support in my case (specify):

WRITE ANY OTHER ADDITIONAL INFORMATION YOU WANT THE COURT TO KNOW CONCERNING SUPPORT.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): YOUR NAME YOUR ADDRESS CITY, STATE , and ZIP CODE TELEPHONE NO.: PHONE NUMBER FAX NO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): IN PRO PER	FOR COURT USE ONLY THIS MUST MATCH THE PROPERTY DECLARATION YOU'VE ATTACHED TO THE PETITION, IF ANY. YOU WILL NEED TWO ORIGINALS OF THIS FORM.
SUPERIOR COURT OF CALIFORNIA, COUNTY OF KERN STREET ADDRESS: (SEE ATTACHED LIST OF KERN COURT'S ADDRESSES) MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: PETITIONER'S NAME RESPONDENT: RESPONDENT'S NAME	
<input checked="" type="checkbox"/> PETITIONER'S <input type="checkbox"/> RESPONDENT'S <input checked="" type="checkbox"/> COMMUNITY AND QUASI-COMMUNITY PROPERTY DECLARATION <input type="checkbox"/> SEPARATE PROPERTY DECLARATION	CASE NUMBER: CASE NUMBER

INSTRUCTIONS

When this form is attached to the *Petition or Response*, values and your proposal regarding division need not be completed. Do not list community, including quasi-community, property with separate property on the same form. Quasi-community property must be so identified. For additional space, use *Continuation of Property Declaration* (form FL-161).

ITEM NO.	BRIEF DESCRIPTION	GROSS FAIR MARKET VALUE	AMOUNT OF DEBT	NET FAIR MARKET VALUE	PROPOSAL FOR DIVISION	
					Award to:	
					PETITIONER	RESPONDENT
1.	REAL ESTATE 123 ANY ST., BAKERSFIELD, CA 93333	\$ TBD	\$ TBD	\$ TBD	\$ 100%	
2.	HOUSEHOLD FURNITURE, FURNISHINGS, APPLIANCES ALL HOUSEHOLD APPLIANCES ALL TOOLS	TBD TBD	TBD TBD	TBD TBD	100%	100%
3.	JEWELRY, ANTIQUES, ART, COIN COLLECTIONS, etc. N/A					
4.	VEHICLES, BOATS, TRAILERS 2000 FORD VAN 2006 FORD F-250 PICK UP	TBD TBD	TBD TBD	TBD TBD	100%	100%

ITEM NO.	BRIEF DESCRIPTION	GROSS FAIR MARKET VALUE	AMOUNT OF DEBT	NET FAIR MARKET VALUE	PROPOSAL FOR DIVISION	
					PETITIONER	Award to: RESPONDENT
5.	SAVINGS, CHECKING, CREDIT UNION, CASH N/A	\$	\$	\$	\$	\$
6.	LIFE INSURANCE (CASH VALUE) N/A					
7.	EQUIPMENT, MACHINERY, LIVESTOCK N/A					
8.	STOCKS, BONDS, SECURED NOTES N/A					
9.	RETIREMENT, PENSION, PROFIT-SHARING, ANNUITIES 12345 RETIREMENT PLAN	TBD	TBD	TBD	100%	
10.	ACCOUNTS RECEIVABLE, UNSECURED NOTES, TAX REFUNDS N/A					
11.	PARTNERSHIPS, OTHER BUSINESS INTERESTS N/A					
12.	OTHER ASSETS AND DEBTS FEES SHALL BE SPLIT	TBD	TBD	TBD	50%	50%
13.	TOTAL FROM CONTINUATION SHEET					
14.	TOTALS	TBD	TBD	TBD	TBD	TBD

15. A Continuation of Property Declaration (form FL-161) is attached and incorporated by reference.

I declare under penalty of perjury under the laws of the State of California that, to the best of my knowledge, the foregoing is a true and correct listing of assets and obligations and the amounts shown are correct.

Date: **CURRENT DATE**

PRINT YOUR NAME _____
(TYPE OR PRINT NAME)

SIGN YOUR NAME _____
(SIGNATURE)

<p>ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):</p> <p>YOUR NAME YOUR ADDRESS CITY, STATE , and ZIP CODE TELEPHONE NO.: PHONE NUMBER FAX NO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): IN PRO PER</p>	<p><i>FOR COURT USE ONLY</i></p> <p>THIS MUST MATCH THE PROPERTY DECLARATION YOU'VE ATTACHED TO THE PETITION, IF ANY.</p> <p>YOU WILL NEED TWO ORIGINALS OF THIS FORM.</p>
<p>SUPERIOR COURT OF CALIFORNIA, COUNTY OF KERN STREET ADDRESS: (SEE ATTACHED LIST OF KERN COURT'S ADDRESSES) MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:</p>	
<p>PETITIONER: PETITIONER'S NAME</p> <p>RESPONDENT: RESPONDENT'S NAME</p>	
<p><input checked="" type="checkbox"/> PETITIONER'S <input type="checkbox"/> RESPONDENT'S <input type="checkbox"/> COMMUNITY AND QUASI-COMMUNITY PROPERTY DECLARATION <input checked="" type="checkbox"/> SEPARATE PROPERTY DECLARATION</p>	<p>CASE NUMBER: CASE NUMBER</p>

INSTRUCTIONS

When this form is attached to the *Petition or Response*, values and your proposal regarding division need not be completed. Do not list community, including quasi-community, property with separate property on the same form. Quasi-community property must be so identified. For additional space, use *Continuation of Property Declaration* (form FL-161).

ITEM NO.	BRIEF DESCRIPTION	GROSS FAIR MARKET VALUE	AMOUNT OF DEBT	NET FAIR MARKET VALUE	PROPOSAL FOR DIVISION	
					Award to:	
					PETITIONER	RESPONDENT
1. N/A	REAL ESTATE	\$	\$	\$	\$	\$
2. N/A	HOUSEHOLD FURNITURE, FURNISHINGS, APPLIANCES					
3. N/A	JEWELRY, ANTIQUES, ART, COIN COLLECTIONS, etc.					
4. N/A	VEHICLES, BOATS, TRAILERS					

ITEM NO.	BRIEF DESCRIPTION	GROSS FAIR MARKET VALUE	AMOUNT OF DEBT	NET FAIR MARKET VALUE	PROPOSAL FOR DIVISION	
					PETITIONER	Award to: RESPONDENT
5.	SAVINGS, CHECKING, CREDIT UNION, CASH N/A	\$	\$	\$	\$	\$
6.	LIFE INSURANCE (CASH VALUE) N/A					
7.	EQUIPMENT, MACHINERY, LIVESTOCK N/A					
8.	STOCKS, BONDS, SECURED NOTES N/A					
9.	RETIREMENT, PENSION, PROFIT-SHARING, ANNUITIES 12345 RETIREMENT PLAN	TBD	TBD	TBD	100%	
10.	ACCOUNTS RECEIVABLE, UNSECURED NOTES, TAX REFUNDS N/A					
11.	PARTNERSHIPS, OTHER BUSINESS INTERESTS N/A					
12.	OTHER ASSETS AND DEBTS FEES SHALL BE SPLIT	TBD	TBD	TBD	50%	50%
13.	TOTAL FROM CONTINUATION SHEET					
14.	TOTALS	TBD	TBD	TBD	TBD	TBD

15. A Continuation of Property Declaration (form FL-161) is attached and incorporated by reference.

I declare under penalty of perjury under the laws of the State of California that, to the best of my knowledge, the foregoing is a true and correct listing of assets and obligations and the amounts shown are correct.

Date: **CURRENT DATE**

PRINT YOUR NAME _____
(TYPE OR PRINT NAME)

SIGN YOUR NAME _____
(SIGNATURE)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): YOUR NAME YOUR ADDRESS CITY, STATE, and ZIP CODE TELEPHONE NO.: PHONE NUMBER FAX NO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): IN PRO PER	<p style="text-align: right; font-size: small;">FOR COURT USE ONLY</p> <p>***IMPORTANT***</p> <p>READ THROUGH THE FORMS AND CHECK THE BOXES THAT ARE APPROPRIATE TO YOUR CASE. ADD ANY NECESSARY ATTACHMENTS AS SHOWN ON PAGE TWO.</p> <p>ORIGINAL + 5 COPIES. WRITE "PROPOSED" ON 2 OF THE COPIES.</p>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF KERN STREET ADDRESS: (SEE ATTACHED LIST OF KERN COURT'S ADDRESSES) MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
MARRIAGE OR PARTNERSHIP OF PETITIONER: PETITIONER'S NAME RESPONDENT: RESPONDENT'S NAME	
<p style="text-align: center;">JUDGMENT</p> <input checked="" type="checkbox"/> DISSOLUTION <input type="checkbox"/> LEGAL SEPARATION <input type="checkbox"/> NULLITY <input type="checkbox"/> Status only <input type="checkbox"/> Reserving jurisdiction over termination of marital or domestic partnership status <input type="checkbox"/> Judgment on reserved issues Date marital or domestic partnership status ends:	CASE NUMBER: CASE NUMBER

1. This judgment contains personal conduct restraining orders modifies existing restraining orders.
 The restraining orders are contained on page(s) _____ of the attachment. They expire on (date): _____
2. This proceeding was heard as follows: Default or uncontested By declaration under Family Code section 2336
 Contested Agreement in court
 a. Date: _____ Dept.: _____ Room: _____
 b. Judicial officer (name): _____ Temporary judge
 c. Petitioner present in court Attorney present in court (name): _____
 d. Respondent present in court Attorney present in court (name): _____
 e. Claimant present in court (name): _____ Attorney present in court (name): _____
 f. Other (specify name): _____
3. The court acquired jurisdiction of the respondent on (date): **DATE RESPONDENT WAS SERVED WITH PETITION**
 a. The respondent was served with process.
 b. The respondent appeared.

(CHECK BOX 4a, 4b, or 4c)

THE COURT ORDERS, GOOD CAUSE APPEARING

4. a. Judgment of dissolution is entered. Marital or domestic partnership status is terminated and the parties are restored to the status of single persons
 (1) on (specify date): _____
 (2) on a date to be determined on noticed motion of either party or on stipulation.
- b. Judgment of legal separation is entered.
- c. Judgment of nullity is entered. The parties are declared to be single persons on the ground of (specify): _____
(IF FILING A NULLITY MAKE SURE YOU STATE THE GROUNDS AND CODE THAT YOU USED. REFER TO THE BACK OF YOUR ORIGINAL PETITION. MUST SET THE CASE FOR A HEARING ON DEFAULT CARD.)
- d. This judgment will be entered nunc pro tunc as of (date): _____
- e. Judgment on reserved issues.
- f. The petitioner's respondent's former name is restored to (specify): **NAME TO BE RESTORED.**
- g. Jurisdiction is reserved over all other issues, and all present orders remain in effect except as provided below.
- h. This judgment contains provisions for child support or family support. Each party must complete and file with the court a *Child Support Case Registry Form* (form FL-191) within 10 days of the date of this judgment. The parents must notify the court of any change in the information submitted within 10 days of the change, by filing an updated form. The *Notice of Rights and Responsibilities—Health-Care Costs and Reimbursement Procedures and Information Sheet on Changing a Child Support Order* (form FL-192) is attached. **(IF YOU HAVE CHILDREN, BOX 4h MUST BE CHECKED).**

CASE NAME (Last name, first name of each party): _____	CASE NUMBER: CASE NUMBER
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4. i. The children of this marriage or domestic partnership are: **(CHECK ALL THAT APPLY TO YOUR CASE)**
- (1) Name **CHILD'S NAME** Birthdate **DATE OF BIRTH OF THE CHILD**
- (2) Parentage is established for children of this relationship born prior to the marriage or domestic partnership
- j. Child custody and visitation (parenting time) are ordered as set forth in the attached
- (1) Settlement agreement, stipulation for judgment, or other written agreement which contains the information required by Family Code section 3048(a). **(USE APPROPRIATE ATTACHMENT - REFER TO SAMPLE ATTACHED)**
- (2) *Child Custody and Visitation Order Attachment* (form FL-341).
- (3) *Stipulation and Order for Custody and/or Visitation of Children* (form FL-355).
- (4) Previously established in another case. Case number: _____ Court: _____
- k. Child support is ordered as set forth in the attached
- (1) Settlement agreement, stipulation for judgment, or other written agreement which contains the declarations required by Family Code section 4065(a).
- (2) *Child Support Information and Order Attachment* (form FL-342).
- (3) *Stipulation to Establish or Modify Child Support and Order* (form FL-350).
- (4) Previously established in another case. Case number: _____ Court: _____
- l. Spousal, domestic partner, or family support is ordered:
- (1) Reserved for future determination as relates to petitioner respondent
- (2) Jurisdiction terminated to order spousal or partner support to petitioner respondent
- (3) As set forth in the attached *Spousal, Partner, or Family Support Order Attachment* (form FL-343).
- (4) As set forth in the attached settlement agreement, stipulation for judgment, or other written agreement.
- (5) Other (specify): _____
- m. Property division is ordered as set forth in the attached
- (1) Settlement agreement, stipulation for judgment, or other written agreement.
- (2) *Property Order Attachment to Judgment* (form FL-345).
- (3) Other (specify): _____
- n. Attorney fees and costs are ordered as set forth in the attached
- (1) Settlement agreement, stipulation for judgment, or other written agreement.
- (2) *Attorney Fees and Costs Order* (form FL-346).
- (3) Other (specify): **N/A**
- o. Other (specify): **N/A**

Each attachment to this judgment is incorporated into this judgment, and the parties are ordered to comply with each attachment's provisions. Jurisdiction is reserved to make other orders necessary to carry out this judgment.

Date: _____

JUDICIAL OFFICER

5. Number of pages attached: # OF PAGES

SIGNATURE FOLLOWS LAST ATTACHMENT

NOTICE

Dissolution or legal separation may automatically cancel the rights of a spouse or domestic partner under the other spouse's or domestic partner's will, trust, retirement plan, power of attorney, pay-on-death bank account, transfer-on-death vehicle registration, survivorship rights to any property owned in joint tenancy, and any other similar property interest. It does not automatically cancel the rights of a spouse or domestic partner as beneficiary of the other spouse's or domestic partner's life insurance policy. You should review these matters, as well as any credit cards, other credit accounts, insurance policies, retirement plans, and credit reports, to determine whether they should be changed or whether you should take any other actions.

A debt or obligation may be assigned to one party as part of the dissolution of property and debts, but if that party does not pay the debt or obligation, the creditor may be able to collect from the other party.

An earnings assignment may be issued without additional proof if child, family, partner, or spousal support is ordered.

Any party required to pay support must pay interest on overdue amounts at the "legal rate," which is currently 10 percent.

MUST MATCH PETITION OR COURT ORDERS

FL-341

PETITIONER/PLAINTIFF: PETITIONER'S NAME	CASE NUMBER: CASE NUMBER
RESPONDENT/DEFENDANT: RESPONDENT'S NAME	

CHILD CUSTODY AND VISITATION (PARENTING TIME) ORDER ATTACHMENT

*****MUST MATCH THE REQUEST IN THE PETITION OR COURT ORDERS*****

- TO *Findings and Order After Hearing* (form FL-340) *Judgment* (form FL-180)
 Stipulation and Order for Custody and/or Visitation of Children (form FL-355)
 Other (specify):

- Jurisdiction.** This court has jurisdiction to make child custody orders in this case under the Uniform Child Custody Jurisdiction and Enforcement Act (part 3 of the California Family Code, commencing with section 3400).
- Notice and opportunity to be heard.** The responding party was given notice and an opportunity to be heard, as provided by the laws of the State of California.
- Country of habitual residence.** The country of habitual residence of the child or children in this case is the United States other (specify):
- Penalties for violating this order.** If you violate this order, you may be subject to civil or criminal penalties, or both.
- Custody.** Custody of the minor children of the parties is awarded as follows:

<u>Child's name</u>	<u>Date of birth</u>	<u>Legal custody to</u> <i>(person who makes decisions about health, education, etc.)</i>	<u>Physical custody to</u> <i>(person with whom the child lives)</i>
CHILD'S NAME	DATE of BIRTH	JOINT	JOINT

- Child abduction prevention.** There is a risk that one of the parents will take the children out of California without the other parent's permission. (*Child Abduction Prevention Orders Attachment* (form FL-341(B)) must be attached and must be obeyed.)

Visitation (parenting time)

- Reasonable right of visitation to the party without physical custody (**not appropriate in cases involving domestic violence**)
- See the attached _____ -page document.
- The parties will go to mediation at (specify location):
- No visitation
- Visitation (parenting time) for the petitioner respondent other (name): will be as follows:

(1) **Weekends starting (date): 01/01/20xx**

(The first weekend of the month is the first weekend with a Saturday.)

1st 2nd 3rd 4th 5th weekend of the month

from **FRIDAY** at **6:00** a.m. p.m.
(day of week) (time)

to **SUNDAY** at **600** a.m. p.m.
(day of week) (time)

- The parents will alternate the fifth weekends, with the petitioner respondent other (name): having the initial fifth weekend, which starts (date):
- The petitioner will have fifth weekends in odd even months.

THIS IS A COURT ORDER.

CHILD CUSTODY AND VISITATION (PARENTING TIME) ORDER ATTACHMENT

Page 1 of 3

PETITIONER/PLAINTIFF: PETITIONER'S NAME	CASE NUMBER: CASE NUMBER
RESPONDENT/DEFENDANT: RESPONDENT'S NAME	

7. e. (2) **Alternate weekends starting** (date):
 The petitioner respondent other (name): will have the children
 with him or her during the period

from _____ at _____ a.m. p.m.
 (day of week) (time)

to _____ at _____ a.m. p.m.
 (day of week) (time)

(3) **Weekdays starting** (date):
 The petitioner respondent other (name): will have the children
 with him or her during the period

from _____ at _____ a.m. p.m.
 (day of week) (time)

to _____ at _____ a.m. p.m.
 (day of week) (time)

(4) **Other** (specify days and times as well as any additional restrictions):

See Attachment 7e(4).

8. **The court acknowledges** that criminal protective orders in case number (specify):
 in (specify court): _____ relating to the parties in this case are in effect
 under Penal Code section 136.2, are current, and have priority of enforcement.

9. **Supervised visitation.** Until further order of the court other (specify):
 the petitioner respondent other (name): will have supervised visitation with
 the minor children according to the schedule

set forth on page 1. (You must attach **Supervised Visitation Order (form FL-341(A))**)

10. **Transportation for visitation**

a. The children must be driven only by a licensed and insured driver. The car or truck must have legal child restraint devices.

b. Transportation **to** the visits will be provided by the petitioner respondent
 other (specify):

c. Transportation **from** the visits will be provided by the petitioner respondent
 other (specify):

d. The exchange point at the beginning of the visit will be at (address):

e. The exchange point at the end of the visit will be at (address):

f. During the exchanges, the parent driving the children will wait in the car and the other parent will wait in his or
 her home while the children go between the car and the home.

g. Other (specify):

11. **Travel with children.** The petitioner respondent other (name):
must have written permission from the other parent or a court order to take the children out of

a. the state of California.

b. the following counties (specify):

c. other places (specify):

THIS IS A COURT ORDER.

CHILD CUSTODY AND VISITATION (PARENTING TIME)

ORDER ATTACHMENT

SAMPLES

MUST MATCH PETITION OR COURT ORDERS

FL-341

PETITIONER/PLAINTIFF: PETITIONER'S NAME	CASE NUMBER: CASE NUMBER
RESPONDENT/DEFENDANT: RESPONDENT'S NAME	

12. **Holiday schedule.** The children will spend holiday time as listed below in the attached schedule.
(*Children's Holiday Schedule Attachment (form FL-341(C))* may be used for this purpose.)

13. **Additional custody provisions.** The parents will follow the additional custody provisions listed below in the attached schedule. (*Additional Provisions—Physical Custody Attachment (form FL-341(D))* may be used for this purpose.)

14. **Joint legal custody.** The parents will share joint legal custody as listed below in the attached schedule.
(*Joint Legal Custody Attachment (form FL-341(E))* may be used for this purpose.)

15. **Other (specify):**

THIS IS A COURT ORDER.

PETITIONER/PLAINTIFF: PETITIONER'S NAME RESPONDENT/DEFENDANT: RESPONDENT'S NAME OTHER PARENT:	CASE NUMBER: CASE NUMBER
---	------------------------------------

CHILD SUPPORT INFORMATION AND ORDER ATTACHMENT

- TO Findings and Order After Hearing (form FL-340) Judgment (form FL-180)
 Restraining Order After Hearing (CLETS-OAH)(form DV-130)
 Other (specify):

THE COURT USED THE FOLLOWING INFORMATION IN DETERMINING THE AMOUNT OF CHILD SUPPORT:

1. A printout of a computer calculation and findings is attached and incorporated in this order for all required items not filled out below.

2. **Income**

	<u>Gross monthly income</u>	<u>Net monthly income</u>	<u>Receiving TANF/CalWORKS</u>
a. Each parent's monthly income is as follows:			
Petitioner/plaintiff: \$	\$		<input type="checkbox"/>
Respondent/defendant: \$	\$		<input type="checkbox"/>
Other parent: \$	\$		<input type="checkbox"/>

b. Imputation of income. The court finds that the petitioner/plaintiff respondent/defendant other parent has the capacity to earn: \$ _____ per _____ and has based the support order upon this imputed income.

3. **Children of this relationship**

- a. Number of children who are the subjects of the support order (specify): _____
 b. Approximate percentage of time spent with petitioner/plaintiff: _____ %
 respondent/defendant: _____ %
 other parent: _____ %

4. **Hardships**

Hardships for the following have been allowed in calculating child support:

	<u>Petitioner/ plaintiff</u>	<u>Respondent/ defendant</u>	<u>Other parent</u>	<u>Approximate ending time for the hardship</u>
a. <input type="checkbox"/> Other minor children:	\$	\$	\$	
b. <input type="checkbox"/> Extraordinary medical expenses:	\$	\$	\$	
c. <input type="checkbox"/> Catastrophic losses:	\$	\$	\$	

THE COURT ORDERS

5. **Low-income adjustment**

- a. The low-income adjustment applies.
 b. The low-income adjustment does not apply because (specify reasons): _____

6. **Child support**

a. **Base child support**
 Petitioner/plaintiff Respondent/defendant Other parent must pay child support beginning (date): _____ and continuing until further order of the court, or until the child marries, dies, is emancipated, reaches age 19, or reaches age 18 and is not a full-time high school student, whichever occurs first, as follows:

<u>Child's name</u>	<u>Date of birth</u>	<u>Monthly amount</u>	<u>Payable to (name):</u>
CHILD'S NAME	DATE OF BIRTH	\$300.00	PETITIONER'S NAME

Payable on the 1st of the month one-half on the 1st and one-half on the 15th of the month
 other (specify): _____

THIS IS A COURT ORDER.

PETITIONER/PLAINTIFF: PETITIONER'S NAME RESPONDENT/DEFENDANT: RESPONDENT'S NAME OTHER PARENT:	CASE NUMBER: CASE NUMBER
---	------------------------------------

THE COURT FURTHER ORDERS

6. b. **Mandatory additional child support**

- (1) Child-care costs related to employment or reasonably necessary job training
- (a) Petitioner/plaintiff must pay: % of total or \$ per month child-care costs.
 - (b) Respondent/defendant must pay: % of total or \$ per month child-care costs.
 - (c) Other parent must pay: % of total or \$ per month child-care costs.
 - (d) Costs to be paid as follows (*specify*):

c. **Mandatory additional child support**

- (2) Reasonable uninsured health-care costs for the children
- (a) Petitioner/plaintiff must pay: % of total or \$ per month.
 - (b) Respondent/defendant must pay: % of total or \$ per month.
 - (c) Other parent must pay: % of total or \$ per month.
 - (d) Costs to be paid as follows (*specify*):

d. **Additional child support**

- (1) Costs related to the educational or other special needs of the children
- (a) Petitioner/plaintiff must pay: % of total or \$ per month.
 - (b) Respondent/defendant must pay: % of total or \$ per month.
 - (c) Other parent must pay: % of total or \$ per month.
 - (d) Costs to be paid as follows (*specify*):
- (2) Travel expenses for visitation
- (a) Petitioner/plaintiff must pay: % of total or \$ per month.
 - (b) Respondent/defendant must pay: % of total or \$ per month.
 - (c) Other parent must pay: % of total or \$ per month.
 - (d) Costs to be paid as follows (*specify*):

e. **Non-Guideline Order**

This order does not meet the child support guideline set forth in Family Code section 4055. *Non-Guideline Child Support Findings Attachment* (form FL-342(A)) is attached.

Total child support per month: \$	300.00
--	---------------

7. **Health-care expenses**

- a. Health insurance coverage for the minor children of the parties must be maintained by the petitioner/plaintiff respondent/defendant other parent if available at no or reasonable cost through their respective places of employment or self-employment. Both parties are ordered to cooperate in the presentation, collection, and reimbursement of any health-care claims. The parent ordered to provide health insurance must seek continuation of coverage for the child after the child attains the age when the child is no longer considered eligible for coverage as a dependent under the insurance contract, if the child is incapable of self-sustaining employment because of a physically or mentally disabling injury, illness, or condition and is chiefly dependent upon the parent providing health insurance for support and maintenance.
- b. Health insurance is not available to the petitioner/plaintiff respondent/defendant other parent at a reasonable cost at this time.
- c. The party providing coverage must assign the right of reimbursement to the other party.

8. **Earnings assignment**

An earnings assignment order is issued. **Note:** The payor of child support is responsible for the payment of support directly to the recipient until support payments are deducted from the payor's wages and for payment of any support not paid by the assignment.

9. In the event that there is a contract between a party receiving support and a private child support collector, the party ordered to pay support must pay the fee charged by the private child support collector. This fee must not exceed 33 1/3 percent of the total amount of past due support nor may it exceed 50 percent of any fee charged by the private child support collector. The money judgment created by this provision is in favor of the private child support collector and the party receiving support, jointly.

10. **Employment search order (Family Code, § 4505)**

Petitioner/plaintiff Respondent/defendant Other parent is ordered to seek employment with the following terms and conditions:

THIS IS A COURT ORDER.



PETITIONER/PLAINTIFF: PETITIONER'S NAME RESPONDENT/DEFENDANT: RESPONDENT'S NAME OTHER PARENT:	CASE NUMBER: CASE NUMBER
---	------------------------------------

11. **Other orders** (specify):

12. **Notices**

- a. *Notice of Rights and Responsibilities (Health-Care Costs and Reimbursement Procedures) and Information Sheet on Changing a Child Support Order* (form FL-192) must be attached and is incorporated into this order.
- b. If this form is attached to *Restraining Order After Hearing* (form DV-130), the support orders issued on this form (form FL-342) remain in effect after the restraining orders issued on form DV-130 end.

13. **Child Support Case Registry Form**

Both parties must complete and file with the court a *Child Support Case Registry Form* (form FL-191) within 10 days of the date of this order. Thereafter, the parties must notify the court of any change in the information submitted within 10 days of the change by filing an updated form.

NOTICE: Any party required to pay child support must pay interest on overdue amounts at the legal rate, which is currently 10 percent per year.

*****MUST ATTACH FL-192 AND COMPLETE AND SUBMIT FL-191*****

THIS IS A COURT ORDER.

NOTICE OF RIGHTS AND RESPONSIBILITIES
Health-Care Costs and Reimbursement Procedures

IF YOU HAVE A CHILD SUPPORT ORDER THAT INCLUDES A PROVISION FOR THE REIMBURSEMENT OF A PORTION OF THE CHILD'S OR CHILDREN'S HEALTH-CARE COSTS AND THOSE COSTS ARE NOT PAID BY INSURANCE, THE LAW SAYS:

1. Notice. You must give the other parent an itemized statement of the charges that have been billed for any health-care costs not paid by insurance. You must give this statement to the other parent within a reasonable time, but no more than 30 days after those costs were given to you.

2. Proof of full payment. If you have already paid all of the uninsured costs, you must (1) give the other parent proof that you paid them and (2) ask for reimbursement for the other parent's court-ordered share of those costs.

3. Proof of partial payment. If you have paid only your share of the uninsured costs, you must (1) give the other parent proof that you paid your share, (2) ask that the other parent pay his or her share of the costs directly to the health-care provider, and (3) give the other parent the information necessary for that parent to be able to pay the bill.

4. Payment by notified parent. If you receive notice from a parent that an uninsured health-care cost has been incurred, you must pay your share of that cost within the time the court orders; or if the court has not specified a period of time, you must make payment (1) within 30 days from the time you were given notice of the amount due, (2) according to any payment schedule set by the health-care provider, (3) according to a schedule agreed to in writing by you and the other parent, or (4) according to a schedule adopted by the court.

5. Disputed charges. If you dispute a charge, you may file a motion in court to resolve the dispute, but only if you pay that charge before filing your motion.

If you claim that the other party has failed to reimburse you for a payment, or the other party has failed to make a payment to the provider after proper notice has been given, you may file a motion in court to resolve the dispute. The court will presume that if uninsured costs have been paid, those costs were reasonable. The court may award attorney fees and costs against a party who has been unreasonable.

6. Court-ordered insurance coverage. If a parent provides health-care insurance as ordered by the court, that insurance must be used at all times to the extent that it is available for health-care costs.

a. **Burden to prove.** The party claiming that the coverage is inadequate to meet the child's needs has the burden of proving that to the court.

b. **Cost of additional coverage.** If a parent purchases health-care insurance in addition to that ordered by the court, that parent must pay all the costs of the additional coverage. In addition, if a parent uses alternative coverage that costs more than the coverage provided by court order, that parent must pay the difference.

7. Preferred health providers. If the court-ordered coverage designates a preferred health-care provider, that provider must be used at all times consistent with the terms of the health insurance policy. When any party uses a health-care provider other than the preferred provider, any health-care costs that would have been paid by the preferred health provider if that provider had been used must be the sole responsibility of the party incurring those costs.

INFORMATION SHEET ON CHANGING A CHILD SUPPORT ORDER

General Information

The court has just made a child support order in your case. This order will remain the same unless a party to the action requests that the support be changed (modified). An order for child support can be modified only by filing a motion to change child support and serving each party involved in your case. If both parents and the local child support agency (if it is involved) agree on a new child support amount, you can complete, have all parties sign, and file with the court a *Stipulation to Establish or Modify Child Support and Order* (form FL-350) or *Stipulation and Order (Governmental)* (form FL-625).

When a Child Support Order May Be Modified

The court takes several things into account when ordering the payment of child support. First, the number of children is considered. Next, the net incomes of both parents are determined, along with the percentage of time each parent has physical custody of the children. The court considers both parties' tax filing status and may consider hardships, such as a child of another relationship. An existing order for child support may be modified when the net income of one of the parents changes significantly, the parenting schedule changes significantly, or a new child is born.

Examples

- You have been ordered to pay \$500 per month in child support. You lose your job. You will continue to owe \$500 per month, plus 10 percent interest on any unpaid support, unless you file a motion to modify your child support to a lower amount and the court orders a reduction.
- You are currently receiving \$300 per month in child support from the other parent, whose net income has just increased substantially. You will continue to receive \$300 per month unless you file a motion to modify your child support to a higher amount and the court orders an increase.
- You are paying child support based upon having physical custody of your children 30 percent of the time. After several months it turns out that you actually have physical custody of the children 50 percent of the time. You may file a motion to modify child support to a lower amount.

How to Change a Child Support Order

To change a child support order, you must file papers with the court. *Remember:* You must follow the order you have now.

What forms do I need?

If you are asking to change a child support order open with the local child support agency, you must fill out one of these forms:

- FL-680, *Notice of Motion (Governmental)* **or** FL-683 *Order to Show Cause (Governmental)* **and**
- FL-684, *Request for Order and Supporting Declaration (Governmental)*

If you are asking to change a child support order that is **not** open with the local child support agency, you must fill out one of these forms:

- FL-301, *Notice of Motion* **or** FL-300, *Order to Show Cause* **and**
- FL-310, *Application for Order and Supporting Declaration* **or**
- FL-390, *Notice of Motion and Motion for Simplified Modification of Order for Child, Spousal, or Family Support*

You must also fill out one of these forms:

- FL-150, *Income and Expense Declaration* **or** FL-155, *Financial Statement (Simplified)*

What if I am not sure which forms to fill out?

Talk to the family law facilitator at your court.

After you fill out the forms, file them with the court clerk and ask for a hearing date. Write the hearing date on the form.

The clerk will ask you to pay a filing fee. If you cannot afford the fee, fill out these forms, too:

- Form FW-001, *Application for Waiver of Court Fees and Costs*
- Form FW-003, *Order on Application for Waiver of Court Fees and Costs*

You must serve the other parent. If the local child support agency is involved, serve it too.

This means someone 18 or over - **not you** - must serve the other parent copies of your filed court forms at least **16 court days** before the hearing. Add **5 calendar days** if you serve by mail within California (see Code of Civil Procedure section 1005 for other situations).

Court days are weekdays when the court is open for business (Monday through Friday except court holidays). **Calendar days** include all days of the month, including weekends and holidays. To determine court and calendar days, go to

www.courtinfo.ca.gov/selfhelp/courtcalendars/.

The server must also serve blank copies of these forms:

- FL-320, *Responsive Declaration to Order to Show Cause or Notice of Motion* **and** FL-150, *Income and Expense Declaration*, **or**
- FL-155, *Financial Statement (Simplified)*

Then the server fills out and signs a *Proof of Service* (form FL-330 or FL-335). Take this form to the clerk and file it.

Go to your hearing and ask the judge to change the support. Bring your tax returns from the last two years and your last two months' pay stubs. The judge will look at your information, listen to both parents, and make an order. After the hearing, fill out:

- FL-340, *Findings and Order After Hearing* **and**
- FL-342, *Child Support Information and Order Attachment*

Need help?

Contact the family law facilitator in your county or call your county's bar association and ask for an experienced family lawyer.

PETITIONER/PLAINTIFF: PETITIONER'S NAME RESPONDENT/DEFENDANT: RESPONDENT'S NAME OTHER PARENT:	CASE NUMBER: CASE NUMBER
---	------------------------------------

SPOUSAL, PARTNER, OR FAMILY SUPPORT ORDER ATTACHMENT

- TO Findings and Order After Hearing (form FL-340) Judgment (form FL-180)
 Restraining Order After Hearing (CLETS-OAH) (form DV-130) Other (specify):
 Stipulation of Parties

THE COURT FINDS

1. **Net income.** The parties' monthly income and deductions are as follows (complete a, b, or both):

	<u>Total gross monthly income</u>	<u>Total monthly deductions</u>	<u>Total hardship deductions</u>	<u>Net monthly disposable income</u>
a. Petitioner: <input type="checkbox"/> receiving TANF/CalWORKS \$	1,500.00	100.00	0.00	1,400.00
b. Respondent: <input type="checkbox"/> receiving TANF/CalWORKS \$	2,000.00	200.00	0.00	1,800.00

2. A printout of a computer calculation of the parties' financial circumstances is attached for all required items not filled out above (for temporary support only).

3. **Judgment for spousal or partner support (MUST COMPLETE 3b & 3e)**

- a. Modifies a judgment or order entered on (date):
 b. The parties were married for (specify numbers): **4** years **3** months.
 c. The parties were registered as domestic partners or the equivalent on (specify numbers): _____ years _____ months.
 d. The parties are both self-supporting, as shown on the Declaration for Default or Uncontested Dissolution or Legal Separation (form FL-170).
 e. The marital standard of living was (describe):
MUST COMPLETE 3b & 3e: DESCRIBE THE MARTIAL STANDARD OF LIVING HERE (e.g. WHAT WAS THE PARTIES INCOME DURING THE MARRIAGE, HISTORY OF SAVINGS, # OF HOMES, CARS, VACATIONS, ETC.)

See Attachment 3d.

THE COURT ORDERS (MUST MATCH PETITION or COURT ORDERS)

4. The issue of spousal or partner support for the petitioner respondent is reserved for a later determination.
 5. The court terminates jurisdiction over the issue of spousal or partner support for the petitioner respondent.
 6. a. The petitioner respondent must pay to the petitioner respondent as temporary spousal support family support partner support \$ **200.00** per month, beginning (date): **01/01/20XX**, payable through (specify end date): **UNTIL FURTHER ORDER OF THE COURT.**
 payable on the (specify): **1ST** day of each month.
 Other (specify):

- b. Support must be paid by check, money order, or cash. The support payor's obligation to pay support will terminate on the death of either party, remarriage, or registration of a new domestic partnership of the support payee.
 c. An earnings assignment for the foregoing support will issue. (Note: The payor of spousal, family, or partner support is responsible for the payment of support directly to the recipient until support payments are deducted from the payor's earnings, and for any support not paid by the assignment.)
 d. Service of the earnings assignment is stayed provided the payor is not more than (specify number): _____ days late in the payment of spousal, family, or partner support.

THIS IS A COURT ORDER.

MUST MATCH PETITION or COURT ORDER

PETITIONER/PLAINTIFF: PETITIONER'S NAME RESPONDENT/DEFENDANT: RESPONDENT'S NAME OTHER PARENT:	CASE NUMBER: CASE NUMBER
---	------------------------------------

- 7. The petitioner respondent should make reasonable efforts to assist in providing for his or her support needs.
- 8. The parties must promptly inform each other of any change of employment, including the employer's name, address, and telephone number.
- 9. This order is for family support. Both parties must complete and file with the court a *Child Support Case Registry Form* (form FL-191) within 10 days of the date of this order. The parents must notify the court of any change of information submitted within 10 days of the change by filing an updated form. A *Notice of Rights and Responsibilities (Health-Care Costs and Reimbursement Procedures) and Information Sheet on Changing a Child Support Order* (form FL-192) is attached.
- 10. Notice: If this form is attached to *Restraining Order After Hearing (CLETS-OAH) (Order of Protection)* (form DV-130), the orders issued on this form (FL-343) do not expire upon termination of the restraining orders issued on form DV-130.
- 11. Other orders (*specify*):

NOTICE: Any party required to pay support must pay interest on overdue amounts at the "legal" rate, which is currently 10 percent.

THIS IS A COURT ORDER.

**SPOUSAL, PARTNER, OR FAMILY SUPPORT ORDER ATTACHMENT
(Family Law)**

PETITIONER: PETITIONER'S NAME RESPONDENT: RESPONDENT'S NAME	CASE NUMBER: CASE NUMBER
--	------------------------------------

PROPERTY ORDER ATTACHMENT TO JUDGMENT

1. Division of community property assets

(CHECK THE BOX AS APPLICABLE TO YOUR CASE, MUST MATCH PETITION OR COURT ORDERS)

IF YOU CHECK 1a, GO TO #2

- a. There are no community property assets.
- b. The court finds that the net value of the community estate is less than \$5,000 and that the petitioner respondent cannot be found. Under Family Code section 2604, the entire community estate is awarded to the petitioner respondent.
- c. The petitioner will receive the following assets: *(Attach additional page if necessary.)*
HOME LOCATED AT: 123 ANY STREET, BAKERSFIELD, CA 93333; ALL HOUSEHOLD APPLIANCES; 2000 FORD VAN
- d. The respondent will receive the following assets: *(Attach additional page if necessary.)*
ALL TOOLS; 2006 FORD F250 PICK-UP
- e. The petitioner respondent will be responsible for preparing and filing a *Qualified Domestic Relations Order (QDRO)* to divide the following plan or retirement account(s) *(specify)*:
12345 RETIREMENT PLAN

 The fee for preparation of the QDRO shall be shared as follows *(specify)*:
THE FEES SHALL BE SPLIT BETWEEN THE PARTIES.
- f. Other orders:

- g. Each spouse will receive the assets listed above as his or her sole and separate property. The parties must execute any and all documents required to carry out this division.
- h. The court reserves jurisdiction to divide any community assets not listed here and enforce the terms of this order.

2. Division of community property debts

IF YOU CHECK 2a, GO TO 2nd PAGE

- a. There are no community debts.
- b. All community debts have been paid by the petitioner respondent. The petitioner respondent must reimburse the other party: \$
The payment plan is as follows:
- c. The petitioner will be responsible for the following debts: *(Attach additional page if necessary.)*
MORTGAGE PAYMENT FOR: 123 ANY STREET, BAKERSFIELD, CA 93333; ALL CREDIT CARDS OBTAINED DURING THE MARRIAGE.
- d. The respondent will be responsible for the following debts: *(Attach additional page if necessary.)*
2006 FORD VAN PAYMENTS, ACCOUNT #: 123456

PETITIONER: PETITIONER'S NAME	CASE NUMBER:
RESPONDENT: RESPONDENT'S NAME	CASE NUMBER

e. Other orders:

THE RESPONDENT IS ORDERED TO SIGN INTERSPOUSAL GRANT DEED TO REMOVE HIS NAME AND INTEREST IN THE REAL PROPERTY KNOWN AS: 123 ANY STREET, BAKERSFIELD, CA 93333.

f. Each party will be solely responsible for paying the debts assigned to him or her and will hold the other harmless from those debts. The parties understand that the creditors are not bound by this judgment. If a creditor seeks payment from the party who is not listed as responsible for the debt, that party can file a motion to seek reimbursement from the defaulting party.

g. The court reserves jurisdiction to divide any community debts not listed here.

3. **Equalization of division of property and debt orders.** To equalize the division of the community property assets and debts, the petitioner respondent must pay to the other the sum of: \$ _____, payable as follows (*specify*):

4. **Separate property**

a. The court confirms the following assets or debts as the sole separate property, or sole responsibility, of the petitioner:
STUDENT LOAN FROM XYZ INSTITUTION

b. The court confirms the following assets or debts as the sole separate property, or sole responsibility, of the respondent:
STUDENT LOAN FROM XYZ INSTITUTION

5. The settlement agreement between the parties dated (*date*): _____ is attached and made a part of this judgment.

6. **Sale of property.** The following property will be offered for sale and sold for the fair market value as soon as a willing buyer can be found, and the net proceeds from the sale will be divided equally other (*specify*):

7. Other orders (*specify*):

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): YOUR NAME YOUR ADDRESS CITY, STATE, and ZIP CODE TELEPHONE NO.: PHONE NUMBER FAX NO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): IN PRO PER	FOR COURT USE ONLY ORIGINAL + 2 COPIES REMEMBER TO INCLUDE 3 SELF-ADDRESSED STAMPED ENVELOPES MADE OUT TO BOTH PETITIONER AND RESPONDENT WITH SUFFICIENT POSTAGE 1 TO PETITIONER 2 TO RESPONDENT
SUPERIOR COURT OF CALIFORNIA, COUNTY OF KERN STREET ADDRESS: (SEE ATTACHED LIST OF MAILING ADDRESS: KERN COURT'S ADDRESSES) CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: PETITIONER'S NAME RESPONDENT: RESPONDENT'S NAME	
NOTICE OF ENTRY OF JUDGMENT	CASE NUMBER: CASE NUMBER

You are notified that the following judgment was entered on (date) : **(CLERK WILL PUT THE DATE)**

1. Dissolution
2. Dissolution - status only
3. Dissolution - reserving jurisdiction over termination of marital status or domestic partnership
4. Legal separation
5. Nullity
6. Parent-child relationship
7. Judgment on reserved issues
8. Other (specify) :

<--- MARK ONLY ONE BOX THAT APPLY TO YOUR CASE

Date:

Clerk, by _____, Deputy

-NOTICE TO ATTORNEY OF RECORD OR PARTY WITHOUT ATTORNEY-

Under the provisions of Code of Civil Procedure section 1952, if no appeal is filed the court may order the exhibits destroyed or otherwise disposed of after 60 days from the expiration of the appeal time.

STATEMENT IN THIS BOX APPLIES ONLY TO JUDGMENT OF DISSOLUTION Effective date of termination of marital or domestic partnership status (specify) : WARNING: Neither party may remarry or enter into a new domestic partnership until the effective date of the termination of marital or domestic partnership status, as shown in this box.
--

CLERK'S CERTIFICATE OF MAILING

I certify that I am not a party to this cause and that a true copy of the *Notice of Entry of Judgment* was mailed first class, postage fully prepaid, in a sealed envelope addressed as shown below, and that the notice was mailed

at (place) : _____, California, on (date) :

Date: _____ Clerk, by _____, Deputy

Name and address of petitioner or petitioner's attorney

PETITIONER'S NAME ADDRESS CITY, STATE, AND ZIP CODE
--

Name and address of respondent or respondent's attorney

RESPONDENT'S NAME ADDRESS CITY, STATE, AND ZIP CODE
--



ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):		<i>FOR COURT USE ONLY</i>	
YOUR NAME YOUR ADDRESS CITY, STATE, and ZIP CODE TELEPHONE NO.: PHONE NUMBER FAX NO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): IN PRO PER		CHECK ALL THE BOXES THAT APPLY TO YOUR CASE. THIS FORM IS TO BE COMPLETED IF YOU ARE NOT GOING TO APPEAR AT THE HEARING.	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF KERN STREET ADDRESS: (SEE ATTACHED LIST OF MAILING ADDRESS: KERN COURT'S ADDRESSES) CITY AND ZIP CODE: BRANCH NAME:			
PETITIONER: PETITIONER'S NAME RESPONDENT: RESPONDENT'S NAME			
DECLARATION FOR DEFAULT OR UNCONTESTED (CHECK A BOX) <input checked="" type="checkbox"/> DISSOLUTION <input type="checkbox"/> LEGAL SEPARATION		CASE NUMBER: CASE NUMBER	

(NOTE: Items 1 through 12 apply to both dissolution and legal separation proceedings.)

1. I declare that if I appeared in court and were sworn, I would testify to the truth of the facts in this declaration.
2. I agree that my case will be proven by this declaration and that I will not appear before the court unless I am ordered by the court to do so.
3. All the information in the amended *Petition* *Response* is true and correct.
4. **Type of case** (check a, b, or c):
 - a. **Default without agreement**
 - (1) No response has been filed and there is no written agreement or stipulated judgment between the parties;
 - (2) The default of the respondent was entered or is being requested, and I am not seeking any relief not requested in the petition; and
 - (3) The following statement is true (check one):
 - (A) There are no assets or debts to be disposed of by the court.
 - (B) The community and quasi-community assets and debts are listed on the **completed** current *Property Declaration* (form FL-160), which includes an estimate of the value of the assets and debts that I propose to be distributed to each party. The division in the proposed *Judgment* (form FL-180) is a fair and equal division of the property and debts, or if there is a negative estate, the debts are assigned fairly and equitably.
 - b. **Default with agreement**
 - (1) No response has been filed and the parties have agreed that the matter may proceed as a default matter without notice; and
 - (2) The parties have entered into a written agreement regarding their property and their marriage or domestic partnership rights, including support, the original of which is being or has been submitted to the court. I request that the court approve the agreement.
 - c. **Uncontested**
 - (1) Both parties have appeared in the case; and
 - (2) The parties have entered into a written agreement regarding their property and their marriage or domestic partnership rights, including support, the original of which is being or has been submitted to the court. I request that the court approve the agreement.
5. **Declaration of disclosure** (check a, b, or c):
 - a. Both the petitioner and respondent have filed, or are filing concurrently, a *Declaration Regarding Service of Declaration of Disclosure* (form FL-141) and an *Income and Expense Declaration* (form FL-150).
 - b. This matter is proceeding by default. I am the petitioner in this action and have filed a proof of service of the preliminary *Declaration of Disclosure* (form FL-140) with the court. I hereby waive receipt of the final *Declaration of Disclosure* (form FL-140) from the respondent.
 - c. This matter is proceeding as an uncontested action. Service of the final *Declaration of Disclosure* (form FL-140) is mutually waived by both parties. A waiver provision executed by both parties under penalty of perjury is contained on the *Stipulation and Waiver of Final Declaration of Disclosure* (form FL-144), in the settlement agreement or proposed judgment or another, separate stipulation.

**DECLARATION FOR DEFAULT OR UNCONTESTED
DISSOLUTION OR LEGAL SEPARATION**

(Family Law)

SAMPLES

PETITIONER: PETITIONER'S NAME	CASE NUMBER: CASE NUMBER
RESPONDENT: RESPONDENT'S NAME	

(IF #6a IS CHECKED AND YOU CHECK "HAS" CHANGED YOU MUST COMPLETE AN UPDATED UCCJEA)

6. **Child custody and visitation (parenting time)** should be ordered as set forth in the proposed *Judgment* (form FL-180).
- a. The information in *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act* (UCCJEA) (form FL-105) has has not changed since it was last filed with the court. (If changed, attach updated form.)
- b. There is an existing court order for custody/parenting time in another case in (county):
The case number is (specify):
- c. The current custody and visitation (parenting time) previously ordered in this case, or current schedule is (specify):
 Contained on Attachment 6c.
- d. Facts in support of requested judgment (In a default case, state your reasons below):
 Contained on Attachment 6d.

7. **Child support** should be ordered as set forth in the proposed *Judgment* (form FL-180).
- a. If there are minor children, check and complete item (1) if applicable and item (2) or (3):
- (1) Child support is being enforced in another case in (county):
The case number is (specify):
- (2) The information in the child support calculation attached to the proposed judgment is correct based on my personal knowledge.
- (3) I request that this order be based on the petitioner's respondent's earning ability. The facts in support of my estimate of earning ability are (specify):
 Continued on Attachment 7a(3).

- b. Complete items (1) and (2) regarding public assistance.
- (1) I am receiving am not receiving intend to apply for public assistance for the child or children listed in the proposed order.
- (2) To the best of my knowledge, the other party is is not receiving public assistance.
- c. The petitioner respondent is presently receiving public assistance, and all support should be made payable to the local child support agency at the address set forth in the proposed judgment. A representative of the local child support agency has signed the proposed judgment.

8. **Spousal, Partner, and Family Support** (If a support order or attorney fees are requested, submit a completed Income and Expense Declaration (form FL-150) unless a current form is on file. Include your best estimate of the other party's income. Check at least one of the following.)

- a. I knowingly give up forever any right to receive spousal or partner support.
- b. I ask the court to reserve jurisdiction to award spousal or partner support in the future to (name):
- c. I ask the court to terminate forever spousal or partner support for: petitioner respondent.
- d. Spousal support or domestic partner support should be ordered as set forth in the proposed *Judgment* (form FL-180) based on the factors described in:
 Spousal or Partner Support Declaration Attachment (form FL-157)
 written agreement
 attached declaration (Attachment 8d.)
- You may use form MC-031 as an "Attached Declaration".
- e. Family support should be ordered as set forth in the proposed *Judgment* (form FL-180).
- f. Other (specify):

PETITIONER: PETITIONER'S NAME RESPONDENT: RESPONDENT'S NAME	CASE NUMBER: CASE NUMBER
--	------------------------------------

9. **Parentage** of the children of the petitioner and respondent born prior to their marriage or domestic partnership should be ordered as set forth in the proposed *Judgment* (form FL-180).
- a. A Voluntary Declaration of Paternity is attached.
- b. Parentage was previously established by the court in (*county*):
 The case number is (*specify*):
 Written agreement of the parties attached here or to the *Judgment* (form FL-180).
10. **Attorney fees** should be ordered as set forth in the proposed *Judgment* (form FL-180)
 facts in support in form FL-319
 other (*specify facts below*):
11. The judgment should be entered nunc pro tunc for the following reasons (*specify*):

12. The petitioner respondent requests restoration of his or her former name as set forth in the proposed *Judgment* (form FL-180).
13. There are irreconcilable differences that have led to the irremediable breakdown of the marriage or domestic partnership, and there is no possibility of saving the marriage or domestic partnership through counseling or other means.
14. This declaration may be reviewed by a commissioner sitting as a temporary judge, who may determine whether to grant this request or require my appearance under Family Code section 2336.

STATEMENTS IN THIS BOX APPLY ONLY TO DISSOLUTIONS

15. If this is a dissolution of marriage or of a domestic partnership created in another state, the petitioner and/or the respondent have been residents of this county for at least three months and of the state of California for at least six months continuously and immediately preceding the date of the filing of the petition for dissolution of marriage or domestic partnership.

16. I ask that the court grant the request for a judgment for dissolution of marriage or domestic partnership based on irreconcilable differences and that the court make the orders set forth in the proposed *Judgment* (form FL-180) submitted with this declaration.

17. This declaration is for the termination of **marital or domestic partner status only**. I ask the court to reserve jurisdiction over all issues whose determination is not requested in this declaration.

THIS STATEMENT APPLIES ONLY TO LEGAL SEPARATIONS

18. I ask that the court grant the request for a judgment for legal separation based on irreconcilable differences and that the court make the orders set forth in the proposed *Judgment* (form FL-180) submitted with this declaration.

I understand that a judgment of legal separation does not terminate a marriage or domestic partnership and that I am still married or a partner in a domestic partnership.

19. Other (*specify*):

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: **DATE YOU SIGN THE FORM**

PRINT YOUR NAME _____ **SIGN YOUR NAME** _____

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

PLAINTIFF/PETITIONER: PETITIONER'S NAME	CASE NUMBER:
DEFENDANT/RESPONDENT:RESPONDENT'S NAME	CASE NUMBER

EXAMPLE ONLY

DECLARATION

(This form must be attached to another form or court paper before it can be filed in court.)

ATTACHMENT #8d : TO DECLARATION FOR DEFAULT OR UNCONTESTED
DISSOLUTION OR LEGAL SEPARATION

Ken and I were married for 8 years and 1 month.

Prior to our marriage and during the 1st year of our marriage, I worked part-time as a dog groomer. Ken didn't want me working so I could take care of our children. I have a high school education and my skills consists of grooming dogs. Current market for this job is poor because I am older and unable to lift heavy animals. I have had some health issues. Ken is in good health.

EXAMPLE ONLY

During the time of our marriage, while I focused on raising our children and running the household, Ken focused on his business and career. Ken has the ability to pay spousal support. He earns approximately \$120,000 per year based upon his earnings history during our marriage. He continues to go on vacations and has purchased a new car.

We owned a home, had new cars, and took family vacations during our marriage. I have no assets because our home has gone into foreclosure. Since our separation, I have been working minimum wage jobs to support myself and the 2 children since.

I lack the needed education, training, and job skills to be marketable to obtain gainful employment. I am requesting spousal support be granted for a reasonable time period so I can return to school or get job training to obtain better employment opportunities.

EXAMPLE ONLY

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: DATE SIGNED

Barbie Mateel _____
(TYPE OR PRINT NAME)



(SIGNATURE OF DECLARANT)

(CHECK ONE) →

- Attorney for
- Plaintiff
- Petitioner
- Defendant
- Respondent
- Other (Specify):

No. CASE #

DEFAULT SETTING CARD

**IN THE SUPERIOR COURT OF THE
STATE OF CALIFORNIA, IN AND FOR
THE COUNTY OF KERN**

PETITIONER'S NAME

.....

Vs.

RESPONDENT'S NAME

.....

**REQUEST is made to calendar the above
entitled case for**

_____, _____, 20_____

PETITIONER'S NAME

Attorney _____ for plaintiff _____

PETITIONER IN PRO PER

Attorney _____ for _____

Dated: _____, 20_____

Original Summons: Request for Entry of Default and Affidavit Re Military Service or Stipulation for Hearing must be on file in the Clerk of Superior Court's Office and SPECIFIC DATE must be Requested in writing to Presiding Department on Default Setting Card at least seven (7) court days in advance of hearing. (Compute time according to Section 12, C.C.P)

HEARING DATE IS NOT TO BE REQUESTED
UNTIL ALL NECESSARY PAPERS ARE ON
FILE IN SUPRIOR COURT

SUP CRT 5809410MI-11 (9/00)

*MUST USE FOR NULLITY CASE

*OPTIONAL FOR DISSOLUTION OF
MARRIAGE or LEGAL SEPARATION

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): YOUR NAME YOUR ADDRESS CITY, STATE, and ZIP CODE TELEPHONE NO.: PHONE NUMBER FAX NO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): IN PRO PER	FOR COURT USE ONLY USE IT IF YOU CHECK 6a ON FL-170
SUPERIOR COURT OF CALIFORNIA, COUNTY OF KERN STREET ADDRESS: (SEE ATTACHED LIST OF KERN COURT'S ADDRESSES) MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
(This section applies only to family law cases.) PETITIONER: PETITIONER'S NAME RESPONDENT: RESPONDENT'S NAME OTHER PARTY:	
(This section applies only to guardianship cases.) GUARDIANSHIP OF (Name): _____ Minor	CASE NUMBER: CASE NUMBER
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)	

1. I am a party to this proceeding to determine custody of a child.
2. My present address and the present address of each child residing with me is confidential under Family Code section 3429 as I have indicated in item 3.
3. There are (specify number): **2** minor children who are subject to this proceeding, as follows:
(Insert the information requested below. The residence information must be given for the last FIVE years.)

a. Child's name CHILD'S NAME (oldest child if more than 1 child)	Place of birth CITY, STATE	Date of birth DATE OF BIRTH	Sex M or F
Period of residence DATE to present	Address ADDRESS, CITY & STATE <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) PERSON CHILD IS LIVING WITH <input type="checkbox"/> Confidential ADDRESS, CITY & STATE	Relationship MOM, DAD, or PARENTS
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
b. Child's name CHILD'S NAME (if more than 1 child) <input checked="" type="checkbox"/> Residence information is the same as given above for child a. (If NOT the same, provide the information below.) (CHECK THIS BOX IF RESIDENCE INFORMATION FOR THIS CHILD IS SAME AS CHILD "a" AND LEAVE THIS CHILD'S RESIDENCE INFORMATION BLANK)	Place of birth CITY, STATE	Date of birth DATE OF BIRTH	Sex M or F
Period of residence to present	Address <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) <input type="checkbox"/> Confidential	Relationship
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	

(CHECK C or D as NEEDED)

- c. Additional residence information for a child listed in item a or b is continued on attachment 3c.
- d. Additional children are listed on form FL-105(A)/GC-120(A). (Provide all requested information for additional children.) Page 1 of 2

SHORT TITLE: PETITIONER'S NAME VS. RESPONDENT'S NAME	CASE NUMBER:
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4. Do you have information about, or have you participated as a party or as a witness or in some other capacity in, another court case or custody or visitation proceeding, in California or elsewhere, concerning a child subject to this proceeding?

Yes No (If yes, attach a copy of the orders (if you have one) and provide the following information):

(IF YES IS CHECKED, COMPLETE BELOW) Proceeding	Case number	Court (name, state, location)	Court order or judgment (date)	Name of each child	Your connection to the case	Case status
a. <input type="checkbox"/> Family						
b. <input type="checkbox"/> Guardianship						
c. <input type="checkbox"/> Other						

Proceeding	Case Number	Court (name, state, location)
d. <input type="checkbox"/> Juvenile Delinquency/ Juvenile Dependency		
e. <input type="checkbox"/> Adoption		

5. One or more domestic violence restraining/protective orders are now in effect. (Attach a copy of the orders if you have one and provide the following information):

Court	County	State	Case number (if known)	Orders expire (date)
a. <input type="checkbox"/> Criminal				
b. <input type="checkbox"/> Family				
c. <input type="checkbox"/> Juvenile Delinquency/ Juvenile Dependency				
d. <input type="checkbox"/> Other				

6. Do you know of any person who is not a party to this proceeding who has physical custody or claims to have custody of or visitation rights with any child in this case? Yes No (If yes, provide the following information):

(IF YES IS CHECKED, COMPLETE BELOW)

a. Name and address of person <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights Name of each child	b. Name and address of person <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights Name of each child	c. Name and address of person <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights Name of each child
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I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: **CURRENT DATE**

PRINT YOUR NAME _____

(TYPE OR PRINT NAME)

SIGN YOUR NAME _____

(SIGNATURE OF DECLARANT)

7. Number of pages attached: _____

NOTICE TO DECLARANT: You have a continuing duty to inform this court if you obtain any information about a custody proceeding in a California court or any other court concerning a child subject to this proceeding.

CASE NAME: PETITIONER'S NAME VS. RESPONDENT'S NAME	CASE NUMBER: CASE NUMBER
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**ATTACHMENT TO
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)**

c. Child's name CHILD'S NAME <input checked="" type="checkbox"/> Residence information is the same as given on form FL-105/GC-120 for child a. (If NOT the same, provide the information below.)		Place of birth CITY & STATE OF BIRTH	Date of birth DATE OF BIRTH	Sex M or F
Period of residence to present	Present address <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) <input type="checkbox"/> Confidential	Relationship	
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
Child's name <input type="checkbox"/> Residence information is the same as given on form FL-105/GC-120 for child a. (If NOT the same, provide the information below.)		Place of birth	Date of birth	Sex
Period of residence to present	Address <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) <input type="checkbox"/> Confidential	Relationship	
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
Child's name <input type="checkbox"/> Residence information is the same as given on form FL-105/GC-120 for child a. (If NOT the same, provide the information below.)		Place of birth	Date of birth	Sex
Period of residence to present	Address <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) <input type="checkbox"/> Confidential	Relationship	
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar number, and address)</i> : YOUR NAME YOUR ADDRESS CITY, STATE, and ZIP CODE TELEPHONE NO.: PHONE NUMBER FAX NO. <i>(Optional)</i> : E-MAIL ADDRESS <i>(Optional)</i> : ATTORNEY FOR <i>(Name)</i> : IN PRO PER	COURT PERSONNEL: STAMP DATE RECEIVED HERE DO NOT FILE PETITIONER MUST COMPLETE THIS FORM AND SUBMIT IT WITH THE DEFAULT JUDGMENT PACKET.
SUPERIOR COURT OF CALIFORNIA, COUNTY OF KERN STREET ADDRESS: (SEE ATTACHED LIST OF MAILING ADDRESS: KERN COURT'S ADDRESSES) CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: PETITIONER'S NAME RESPONDENT/DEFENDANT: RESPONDENT'S NAME OTHER PARENT:	
(CHECK ALL THAT APPLY) CHILD SUPPORT CASE REGISTRY FORM <input type="checkbox"/> Mother <input type="checkbox"/> First form completed <input type="checkbox"/> Father <input type="checkbox"/> Change to previous information	CASE NUMBER: CASE NUMBER

THIS FORM WILL NOT BE PLACED IN THE COURT FILE. IT WILL BE MAINTAINED IN A CONFIDENTIAL FILE WITH THE STATE OF CALIFORNIA.

Notice: Pages 1 and 2 of this form must be completed and delivered to the court along with the court order for support. Pages 3 and 4 are instructional only and do not need to be delivered to the court. If you did not file the court order, you must complete this form and deliver it to the court within 10 days of the date on which you received a copy of the support order. Any later change to the information on this form must be delivered to the court on another form within 10 days of the change. It is important that you keep the court informed in writing of any changes of your address and telephone number.

1. Support order information *(this information is on the court order you are filing or have received)*.
 - a. Date order filed:
 - b. Initial child support or family support order Modification
 - c. Total monthly base current child or family support amount ordered for children listed below, plus any monthly amount ordered payable on past-due support:

<u>Child Support:</u> (1) <input checked="" type="checkbox"/> Current \$ 300.00 base child support: <input type="checkbox"/> Reserved order <input type="checkbox"/> \$0 (zero) order (2) <input type="checkbox"/> Additional monthly support: \$ (3) <input type="checkbox"/> Total past-due support: \$ (4) <input type="checkbox"/> Payment on past-due support: \$ (5) <input type="checkbox"/> Wage withholding was <input type="checkbox"/> ordered <input type="checkbox"/> ordered but stayed until <i>(date)</i> :	<u>Family Support:</u> <input type="checkbox"/> Current \$ base family support: <input type="checkbox"/> Reserved order <input type="checkbox"/> \$0 (zero) order <input type="checkbox"/> Additional monthly support: \$ <input type="checkbox"/> Total past-due support: \$ <input type="checkbox"/> Payment on past-due support: \$	<u>Spousal Support:</u> <input type="checkbox"/> Current \$ spousal support: <input type="checkbox"/> Reserved order <input type="checkbox"/> \$0 (zero) order <input type="checkbox"/> Total past-due support: \$ <input type="checkbox"/> Payment on past-due support: \$
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2. Person required to pay child or family support *(name)*: **PERSON REQUIRED TO PAY CHILD SUPPORT**
 Relationship to child *(specify)*: **PERSON RELATIONSHIP TO CHILD**
3. Person or agency to receive child or family support payments *(name)*: **PERSON TO RECEIVE CHILD SUPPORT**
 Relationship to child *(if applicable)*: **PERSON RELATIONSHIP TO CHILD**

TYPE OR PRINT IN INK

PETITIONER/PLAINTIFF: PETITIONER'S NAME RESPONDENT/DEFENDANT: RESPONDENT'S NAME OTHER PARENT:	CASE NUMBER: CASE NUMBER
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4. The child support order is for the following children: ***COMPLETE AS MUCH AS YOU KNOW***
- | | | | |
|----|---------------------|----------------------|-------------------------------|
| | <u>Child's name</u> | <u>Date of birth</u> | <u>Social security number</u> |
| a. | CHILD'S NAME | DATE OF BIRTH | |
| b. | | | |
| c. | | | |

Additional children are listed on a page attached to this document.

You are required to complete the following information about yourself. You are not required to provide information about the other person, but you are encouraged to provide as much as you can. This form is confidential and will not be filed in the court file. It will be maintained in a confidential file with the State of California.

- | | |
|---|--|
| <p>5. Father's name: (COMPLETE FATHER'S INFORMATION ON THE LEFT SIDE)</p> <p>a. Date of birth:</p> <p>b. Social security number:</p> <p>c. Street address:</p>
<p>City, state, zip code:</p> <p>d. Mailing address:</p>
<p>City, state, zip code:</p> <p>e. Driver's license number:</p> <p>State:</p> <p>f. Telephone number:</p> <p>g. <input type="checkbox"/> Employed <input type="checkbox"/> Not employed <input type="checkbox"/> Self-employed</p> <p>Employer's name:</p>
<p>Street address:</p> <p>City, state, zip code:</p> <p>Telephone number:</p> | <p>6. Mother's name: (COMPLETE MOTHER'S INFORMATION ON RIGHT SIDE)</p> <p>a. Date of birth:</p> <p>b. Social security number:</p> <p>c. Street address:</p>
<p>City, state, zip code:</p> <p>d. Mailing address:</p>
<p>City, state, zip code:</p> <p>e. Driver's license number:</p> <p>State:</p> <p>f. Telephone number:</p> <p>g. <input type="checkbox"/> Employed <input type="checkbox"/> Not employed <input type="checkbox"/> Self-employed</p> <p>Employer's name:</p>
<p>Street address:</p> <p>City, state, zip code:</p> <p>Telephone number:</p> |
|---|--|

7. A restraining order, protective order, or nondisclosure order due to domestic violence is in effect.
- a. The order protects: Father Mother Children
- b. From: Father Mother
- c. The restraining order expires on (date):

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: **DATE YOU SIGN THE FORM**

PRINT YOUR NAME HERE
(TYPE OR PRINT NAME)

YOUR SIGNATURE HERE
(SIGNATURE OF PERSON COMPLETING THIS FORM)

INFORMATION SHEET FOR CHILD SUPPORT CASE REGISTRY FORM

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

Please follow these instructions to complete the *Child Support Case Registry Form* (form FL-191) if you do not have an attorney to represent you. Your attorney, if you have one, should complete this form.

Both parents must complete a *Child Support Case Registry Form*. The information on this form will be included in a national database that among other things, is used to locate absent parents. When you file a court order, you must deliver a completed form to the court clerk along with your court order. If you did not file a court order, you must deliver a completed form to the court clerk **WITHIN 10 DAYS** of the date you received a copy of your court order. If any of the information you provide on this form changes, you must complete a new form and deliver it to the court clerk within 10 days of the change. The address of the court clerk is the same as the one shown for the superior court on your order. This form is confidential and will not be filed in the court file. It will be maintained in a confidential file with the State of California.

INSTRUCTIONS FOR COMPLETING THE *CHILD SUPPORT CASE REGISTRY FORM* (TYPE OR PRINT 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.

Page 1, first box, top of form, left side: Print your name, address, telephone number, fax number, and e-mail address, if any, in this box. Attorneys must include their State Bar identification numbers.

Page 1, second box, top of form, left side: Print the name of the county and the court's address in this box. Use the same address for the court that is on the court order you are filing or have received.

Page 1, third box, top of form, left side: Print the names of the petitioner/plaintiff, respondent/defendant, and other parent in this box. Use the same names listed on the court order you are filing or have received.

Page 1, fourth box, top of form, left side: Check the box indicating whether you are the mother or the father. If you are the attorney for the mother, check the box for mother. If you are the attorney for the father, check the box for father. Also, if this is the first time you have filled out this form, check the box by "First form completed." If you have filled out form FL-191 before, and you are changing any of the information, check the box by "Change to previous information."

Page 1, first box, right side: Leave this box blank for the court's use in stamping the date of receipt.

Page 1, second box, right side: Print the court case number in this box. This number is also shown on the court papers.

Instructions for numbered paragraphs:

1. a. Enter the date the court order was filed. This date is shown in the "COURT PERSONNEL: STAMP DATE RECEIVED HERE" box on page 1 at the top of the order on the right side. If the order has not been filed, leave this item blank for the court clerk to fill in.
- b. If the court order you filed or received is the first child or family support order for this case, check the box by "Initial child support or family support order." If this is a change to your order, check the box by "Modification."
- c. Information regarding the amount and type of support ordered and wage withholding is on the court order you are filing or have received.
 - (1) If your order provides for any type of current support, check all boxes that describe that support. For example, if your order provides for both child and spousal support, check both of those boxes. If there is an amount, put it in the blank provided. If the order says the amount is reserved, check the "Reserved order" box. If the order says the amount is zero, check the "\$0 (zero) order" box. Do not include child care, special needs, uninsured medical expenses, or travel for visitation here. These amounts will go in (2). Do NOT complete the Child Support Case Registry form if you receive spousal support only.
 - (2) If your order provides for a set monthly amount to be paid as additional support for such needs as child care, special needs, uninsured medical expenses or travel for visitation check the box in Item 2 and enter the monthly amount. For example, if your order provides for base child support and in addition the paying parent is required to pay \$300 per month, check the box in item 2 underneath the "Child Support" column and enter \$300. Do NOT check this box if your order provides only for a payment of a percentage, such as 50% of the childcare.

- (3) If your order determined the amount of past due support, check the box in Item 3 that states the type of past due support and enter the amount. For example, if the court determined that there was \$5000 in past due child support and \$1000 in past due spousal support, you would check the box in item 3 in the "Child Support" column and enter \$5000 and you would also check the box in item 3 in the "Spousal Support" column and enter \$1000.
 - (4) If your order provides for a specific dollar amount to be paid towards any past due support, check the box in item 4 that states the type of past due support and enter the amount. For example, the court ordered \$350 per month to be paid on the past due child support, you would check the box in Item 4 in the "Child Support" column and enter \$350.
 - (5) Check the "ordered" box if wage withholding was ordered with no conditions. Check the box "ordered but stayed until" if wage withholding was ordered but is not to be deducted until a later date. If the court delayed the effective date of the wage withholding, enter the specific date. Check only one box in this item.
2. a. Write the name of the person who is supposed to pay child or family support.
 - b. Write the relationship of that person to the child.
 3. a. Write the name of the person or agency supposed to receive child or family support payments.
 - b. Write the relationship of that person to the child.
 4. List the full name, date of birth, and social security number for each child included in the support order. If there are more than five children included in the support order, check the box below item 4e and list the remaining children with dates of birth and social security numbers on another sheet of paper. Attach the other sheet to this form.

The local child support agency is required, under section 466(a)(13) of the Social Security Act, to place in the records pertaining to child support the social security number of any individual who is subject to a divorce decree, support order, or paternity determination or acknowledgment. This information is mandatory and will be kept on file at the local child support agency.

Top of page 2, box on left side: Print the names of the petitioner/plaintiff, respondent/defendant, and other parent in this box. Use the same names listed on page 1.

Top of page 2, box on right side: Print your court case number in this box. Use the same case number as on page 1, second box, right side.

You are required to complete information about yourself. If you know information about the other person, you may also fill in what you know about him or her.

5. If you are the father in this case, list your full name in this space. See instructions for a-g under item 6 below.
6. If you are the mother in this case, list your full name in this space.
 - a. List your date of birth.
 - b. Write your social security number.
 - c. List the street address, city, state, and zip code where you live.
 - d. List the street address, city, state, and zip code where you want your mail sent, if different from the address where you live.
 - e. Write your driver's license number and the state where it was issued.
 - f. List the telephone number where you live.
 - g. Indicate whether you are employed, not employed, self-employed, or by checking the appropriate box. If you are employed, write the name, street address, city, state, zip code, and telephone number where you work.
7. If there is a restraining order, protective order, or nondisclosure order, check this box.
 - a. Check the box beside each person who is protected by the restraining order.
 - b. Check the box beside the parent who is restrained.
 - c. Write the date the restraining order expires. See the restraining order, protective order, or nondisclosure order for this date.

If you are in fear of domestic violence, you may want to ask the court for a restraining order, protective order, or nondisclosure order.

You must type or print your name, fill in the date, and sign the *Child Support Case Registry Form* under penalty of perjury. When you sign under penalty of perjury, you are stating that the information you have provided is true and correct.