

DEFAULT of PETITION FOR CUSTODY AND SUPPORT OF MINOR CHILDREN

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?” When a respondent in a family law (or civil) case doesn't file a Response or go to court when they're supposed to, but was properly notified, then the respondent is said to be "in default."

These instructions will describe how to prepare and file a default judgment.

What is a default judgment?: A court decision in favor of the petitioner when the respondent doesn't respond or go to court when they're supposed to.

WHAT YOU NEED TO GET STARTED:

1. A filed COPY of the Petition For Custody and Support of Minor Children;
2. A filed COPY of the Proof of Services of Summons;
3. Three (3) envelopes; and
4. 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.**

PROCEDURE:

STEP ONE: Complete REQUEST TO ENTER DEFAULT (FL-165) and MANDATORY FORMS TO BE ATTACHED TO THE REQUEST TO ENTER DEFAULT such as **INCOME & EXPENSE DECLARATION (FL-150)** - MANDATORY if you are requesting attorney fees and costs; child support; or fee waiver when you first filed the Petition.

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 TWO: Complete the **JUDGMENT (Uniform Parentage – Custody and Support)** (FL-250) and **MANDATORY FORMS:**

- A. **Mandatory** CHILD CUSTODY AND VISITATION ORDER ATTACHMENT (FL-341)
- B. **Mandatory** 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.
- E. **Mandatory** ADVISEMENT AND WAIVER OF RIGHTS RE: ESTABLISHMENT OF PARENTAL REALTIONSHIP (UNIFORM PARENTAGE) (FL-235).

OPTIONAL FORMS:

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

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)).

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

STEP FOUR: *Complete* DECLARATION FOR DEFAULT OR UNCONTESTED JUDGMENT (FL-230) or Default Setting Card.

Note: In Mojave & Ridgecrest you must set a default hearing – ask for a default setting card.

STEP FIVE: Make copies of the completed forms as specified below.

1. Declaration for Default (FL-230) -or- Default Setting Card - original plus 1 copy
2. Request to Enter Default with supporting attachments (FL-165) - original plus 1 copy

Note: Supporting attachments may include form FL-150 (see Step One above).

3. Judgment (FL-250) and attachments - original plus 5 copies; on 2 of the 5 copies, write "Proposed" Judgment on the front page. *Note:* (see Step Two above regarding attachments).
4. Notice of Entry of Judgment (FL-190) - original plus 2 copies
5. Provide 3 envelopes and sufficient postage:
 - **Make out 2 envelopes to the other party, with SUFFICIENT postage.**

Kern County Superior Court <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>	■ ■ ■
SPOUSE'S NAME STREET ADDRESS CITY, STATE, ZIP	

- **Make out 1 envelope to yourself with SUFFICIENT postage.**

Bring additional postage!

Kern County Superior Court <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>	■ ■ ■
YOUR NAME STREET ADDRESS CITY, STATE, ZIP	

STEP SIX: TURN IN ALL FORMS TO THE FAMILY LAW CLERK. The clerk will thoroughly review your papers for the Judge's signature. You will then be mailed your Judgment and Notice of Entry of Judgment using the envelopes you've supplied.

PACKAGE THE FORMS IN THE FOLLOWING ORDER:

- ① **Declaration for Default or Uncontested Judgment (FL-230) or Default Setting Card + 1 copy**
- ② **Request to Enter Default (FL-165) with Attachments & a PROPOSED JUDGMENT + 2 copies**
- ③ **Judgment (FL-250) with attachments + 3 copies**
- ④ **Notice of Entry of Judgment (FL-190) + 2 copies**
- ⑤ **Child Support Case Registry Form (FL-191)**
- ⑥ **Self-Addressed Stamped Envelopes – Bring additional postage!**

FAMILY LAW COURTHOUSE IN KERN COUNTY

Kern County Superior Court
1215 Truxtun Avenue
Bakersfield, CA 93301
Branch Name: Metro-Justice Building
(661) 868-5393

Kern County Superior Court
132 East Coso Street
Ridgecrest, CA 93555
Branch Name: East Kern Division – Ridgecrest Branch
(760) 384-5900

Kern County Superior Court
325 Central Valley Highway
Shafter, CA 93263
Branch Name: North Kern Division – Shafter/ Wasco Branch
(661) 746-7500

Kern County Superior Court
1773 Highway 58
Mojave, CA 93501
Branch Name: East Kern Division – Mojave Branch
(661) 824-7100

Kern County Superior Court
1122 Jefferson Street
Delano, CA 93215
Branch Name: North Kern Division – Delano Branch
(661) 720-5800

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SUPERIOR COURT OF CALIFORNIA, COUNTY OF KERN, FAMILY LAW FACILITATOR, 1215 TRUXTUN AVE., BAKERSFIELD
CA 93301; WMFACIL@KERN.COURTS.CA.GOV

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 + 1 COPY INCLUDE 3 SELF-ADDRESSED STAMPED ENVELOPES MADE OUT TO BOTH PETITIONER AND 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	
REQUEST TO ENTER DEFAULT	CASE NUMBER: CASE NUMBER

1. To the clerk: Please enter the default of the

2. A completed *Income and Expense Declaration*

is attached is not attached.

A completed *Property Declaration* (form FL-160) is attached is not attached

because (check at least one of the following):

- (a) there have been no changes since the previous filing.
- (b) the issues subject to disposition by the court in this proceeding are the subject of a written agreement.
- (c) there are no issues of child, spousal, or partner support or attorney fees and costs subject to determination by the court.
- (d) the petition does not request money, property, costs, or attorney fees. (Fam. Code, §2330.5.)
- (e) there are no issues of division of community property.
- (f) this is an action to establish parental relationship.

MUST ATTACH FL-150 IF FILED BY FEE WAIVER,
 REQUESTING CHILD SUPPORT, or ATTORNEY
 FEES and/or COSTS.

**CHECK
BOXES
2a-e
THAT
APPLY**

Date: **DATE PETITIONER SIGNS**

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

► **PETITIONER'S SIGNATURE** _____
(SIGNATURE OF [ATTORNEY FOR] PETITIONER)

3. Declaration

- a. No mailing is required because service was by publication or posting and the address of the respondent remains unknown.
- b. A copy of this *Request to Enter Default*, including any attachments and an envelope with sufficient postage, was provided to the court clerk, with the envelope addressed as follows (*address of the respondent's attorney or, if none, the respondent's last known address*):

CHECK BOX 3a IF SERVICE COMPLETED THROUGH PUBLICATION IN A NEWSPAPER.

CHECK BOX 3b IF SERVICE COMPLETED BY ANY OTHER METHOD. THEN PUT THE NAME OF RESPONDENT AND THE LAST KNOWN ADDRESS OR ADDRESS WHERE SERVED.

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)

FOR COURT USE ONLY

Request to Enter Default mailed to the respondent or the respondent's attorney on (date):

Default entered as requested on (date):

Default **not** entered. Reason:

Clerk, by _____, Deputy

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

(CHECK BOX 4a IF RECEIVED A FEE WAIVER WHEN YOU OPENED THE CASE or IF YOU ARE NOT REQUESTING 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 SUPPORT or CASE FILED BY FEE WAIVER ***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): **THAT WAS THE AMOUNT THE RESPONDENT 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

- | | |
|--|--|
| <p>a. Home:</p> <p>(1) <input checked="" type="checkbox"/> Rent or <input type="checkbox"/> mortgage\$ 1,200.00</p> <p style="margin-left: 20px;">If mortgage:</p> <p style="margin-left: 40px;">(a) average principal: \$ 0.00</p> <p style="margin-left: 40px;">(b) average interest: \$ 0.00</p> <p>(2) Real property taxes\$ 0.00</p> <p>(3) Homeowner's or renter's insurance (if not included above)\$ 0.00</p> <p>(4) Maintenance and repair\$ 0.00</p> <p>b. Health-care costs not paid by insurance ...\$ 100.00</p> <p>c. Child care\$ 575.00</p> <p>d. Groceries and household supplies\$ 500.00</p> <p>e. Eating out\$ 50.00</p> <p>f. Utilities (gas, electric, water, trash)\$ 200.00</p> <p>g. Telephone, cell phone, and e-mail\$ 100.00</p> | <p>h. Laundry and cleaning\$ 20.00</p> <p>i. Clothes\$ 60.00</p> <p>j. Education CHILDREN'S ACTIVITY\$ 80.00</p> <p>k. Entertainment, gifts, and vacation\$ 25.00</p> <p>l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.)\$ 250.00</p> <p>m. Insurance (life, accident, etc.; do not include auto, home, or health insurance) \$ 3.00</p> <p>n. Savings and investments\$ 0.00</p> <p>o. Charitable contributions\$ 20.00</p> <p>p. Monthly payments listed in item 14 (itemize below in 14 and insert total here) \$ 420.00</p> <p>q. Other (specify) :\$</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>r. TOTAL EXPENSES (a-q) (do not add in the amounts in a(1)(a) and (b)) \$ 3,603.00</p> </div> <p>s. Amount of expenses paid by others \$</p> |
|--|--|

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	\$ <u>575.00</u>
b. Children's health care not covered by insurance	\$ <u>100.00</u>
c. Travel expenses for visitation	\$ <u>0.00</u>
d. Children's educational or other special needs (specify below):	\$ <u>0.00</u>

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	\$ <u>0.00</u>	<u>0</u>
b. Major losses not covered by insurance (examples: fire, theft, other insured loss)	\$ <u>0.00</u>	<u>0</u>
c. (1) Expenses for my minor children who are from other relationships and are living with me	\$ <u>0.00</u>	<u>0</u>
(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.: ATTORNEY FOR (Name): IN PRO PER	FOR COURT USE ONLY ***IMPORTANT*** READ THROUGH THE FORMS AND CHECK THE BOXES THAT ARE APPROPRIATE TO YOUR CASE. ADD ANY NECESSARY ATTACHMENTS AS SHOWN ON PAGE TWO. ORIGINAL + 5 COPIES. WRITE "PROPOSED" ON 2 OF THE COPIES.
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	CASE NUMBER: CASE NUMBER

1. This judgment contains personal conduct restraining orders. modifies existing restraining orders.
 The restraining orders are contained in item(s): _____ of the attachment.
 They expire on (date): _____ A CLETS form must be attached.
2. a. This matter proceeded as follows: Default or uncontested By declaration Contested
 b. Date: _____ Dept.: _____ Room: _____
 c. Judicial officer (name): _____ Temporary judge
 d. Petitioner present Attorney present (name): _____
 e. Respondent present Attorney present (name): _____
 f. **Petitioner** (1) The petitioner appeared without counsel and was advised of relevant rights.
 (2) The petitioner signed *Advisement and Waiver of Rights Re: Establishment of Parental Relationship* (form FL-235).
 (3) The petitioner is married to the Respondent, and no other action is pending.
 (4) The petitioner signed a Voluntary Declaration of Paternity.
 (5) There is a prior judgment of parentage in a family support, juvenile, or adoption court case.
 g. **Respondent** (1) The respondent appeared without counsel and was advised of relevant rights.
 (2) The respondent signed *Advisement and Waiver of Rights Re: Establishment of Parental Relationship* (form FL-235).
 (3) The respondent is married to the Petitioner, and no other action is pending.
 (4) The respondent signed a Voluntary Declaration of Paternity.
 (5) There is a prior judgment of parentage in a family support, juvenile or adoption court case.
 h. Other parties or attorneys present (specify): _____

CHECK THE BOX THAT APPLY FOR PETITIONER; CHECK THE BOX THAT APPLY FOR RESPONDENT.

3. THE COURT FINDS

Name: **PETITIONER'S NAME**
 Name: **RESPONDENT'S NAME**
 are the parents of the following children:
Child's name
CHILD'S NAME

Mother Father
 Mother Father
Date of birth
DATE OF BIRTH

4. THE COURT ORDERS

- a. Child custody and visitation are as specified in one or more of the attached forms:
 - (1) *Child Custody and Visitation Order Attachment* (form FL-341)
 - (2) *Stipulation for Order for Child Custody and/or Visitation of Children* (form FL-355)
 - (3) Other (specify): _____

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

5. THE COURT FURTHER ORDERS

(CHECK ALL THAT APPLY TO YOUR CASE AS REQUESTED IN YOUR FILED PETITION or COURT ORDER)

- a. Child support is as stated in one or more of the attached:
 - (1) *Child Support Information and Order Attachment* (form FL-342)
 - (2) *Stipulation to Establish or Modify Child Support and Order* (form FL-350)
 - (3) Other (*specify*):

- b. 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 judgment. Thereafter, the parents must notify the court of any change in the information submitted, within 10 days of the change.
- c. The form *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.
- d. The last names of the children are changed to (*specify*):
(COMPLETE THIS SECTION IF YOU'VE REQUESTED TO CHANGE THE CHILD'S NAME IN THE PETITION.)
- e. The birth certificates must be amended to conform to this court order by
 - (1) adding the father's name.
 - (2) changing the last name of the children.
- f. Attorney fees and costs are as stated in the attachment.
- g. Reasonable expenses of pregnancy and birth are as stated in the attachment.
- h. Other (*specify*):

Continued on Attachment 3h.

6. Number of pages attached: _____

Date: _____

JUDICIAL OFFICER

SIGNATURE FOLLOWS LAST ATTACHMENT

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

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

ADVISEMENT AND WAIVER OF RIGHTS RE: ESTABLISHMENT OF PARENTAL RELATIONSHIP

- RIGHT TO BE REPRESENTED BY A LAWYER.** I understand that I have the right to be represented by a lawyer of my own choice at my own expense. If I cannot afford a lawyer, I can contact the Lawyer Referral Association of the local bar association or the Family Law Facilitator for assistance.
- RIGHT TO A TRIAL.** I understand that I have a right to have a judge determine whether I am the parent of the children named in this action.
- RIGHT TO CONFRONT AND CROSS-EXAMINE WITNESSES.** I understand that in a trial I have the right to confront and cross-examine the witnesses against me and to present evidence and witnesses in my own defense.
- RIGHT TO HAVE PARENTAGE TESTS.** I understand that, where the law permits, I have the right to have the court order parentage tests. The court will decide who pays for the tests. The court could order that I pay none, some, or all of the costs of the tests.
- OBLIGATIONS.** I understand that if I admit that I am the parent of the children in this action that those children will be my children for legal purposes.
- WAIVER.** I understand that I am admitting that I am the parent of the children named in the stipulation and am giving up the rights stated above (except the right to an attorney if I have an attorney).
- CHILD SUPPORT.** I understand that I will have the duty to contribute to the support of the children named in this action and that this duty of support will continue for each child until the obligation is terminated by law.

- CRIMINAL NON-SUPPORT.** I understand that if I am the parent of the children named in this action, criminal proceedings may be initiated against me.
- UNDERSTANDING.**
 - I have read and understand the *Judgment (Uniform Parentage-Custody and Support)* (form FL-250) and this *Advisement and Waiver of Rights*.
 - I understand the translation.

CHECK 9a or 9b. IF YOU CHECK 9b, THE INTERPRETER'S DECLARATION BELOW MUST BE COMPLETED.

IF I AM REPRESENTED BY AN ATTORNEY, I ACKNOWLEDGE THAT MY ATTORNEY HAS READ AND EXPLAINED TO ME THE CONTENTS OF THE STIPULATION, RECITALS, AND WAIVERS, AND I ACKNOWLEDGE THAT I UNDERSTAND THEM.

Date: **DATE YOU SIGN THE FORM**

PRINT YOUR NAME _____
(TYPE OR PRINT NAME)

SIGN YOUR NAME _____
(SIGNATURE OF DECLARANT)

INTERPRETER'S DECLARATION

- The Petitioner Respondent is unable to read or understand the *Judgment (Uniform Parentage-Custody and Support)* (form FL-250) and this *Advisement and Waiver of Rights* because:
 - his/her primary language is (specify):
 - other (specify):

I certify under penalty of perjury under the laws of the State of California that I have, to the best of my ability, read or translated for the Petitioner Respondent the *Judgment (Uniform Parentage-Custody and Support)* (form FL-250) and this *Advisement and Waiver of Rights* for the Petitioner Respondent.

IF YOU DON'T SPEAK ENGLISH, YOU WILL NEED AN INTERPRETER TO TRANSLATE THE ABOVE INFORMATION TO YOU AND THAT PERSON MUST DATE, PRINT, AND SIGN IN THIS SPACE.

Date: _____
(TYPE OR PRINT NAME)

(SIGNATURE OF INTERPRETER)

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 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:

- 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)
(a) The parents will alternate the fifth weekends, with the petitioner respondent other (name): having the initial fifth weekend, which starts (date):
(b) 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**

	Gross monthly <u>income</u>	Net monthly <u>income</u>	Receiving <u>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 <input type="checkbox"/> petitioner/plaintiff <input type="checkbox"/> respondent/defendant <input type="checkbox"/> 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:

	Petitioner/ <u>plaintiff</u>	Respondent/ <u>defendant</u>	<u>Other parent</u>	Approximate ending time <u>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**

<input type="checkbox"/> Petitioner/plaintiff	<input checked="" type="checkbox"/> Respondent/defendant	<input type="checkbox"/> 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>
CHILD'S NAME	DATE OF BIRTH	\$300.00
		<u>Payable to (name):</u>
		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.

CHILD SUPPORT INFORMATION AND ORDER ATTACHMENT

SAMPLES



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.

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.: ATTORNEY FOR (Name): IN PRO PER	ORIGINAL + 1 COPY MUST ATTACH COMPLETED ADVISEMENT AND WAIVER OF RIGHTS (FL-235)
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	
DECLARATION FOR DEFAULT OR UNCONTESTED JUDGMENT	CASE NUMBER: CASE NUMBER

CHECK ALL THAT APPLY.

1. I declare that if I appeared in court with of the facts in this declaration.
2. I request that proof will be by this declaration and that I will not appear before the court unless I am ordered by the court to appear.
3. All the information in the *Petition or Complaint to Establish Parental Relationship* *Response or Answer* *Petition to Establish Custody and Support* *Response* is true and correct.
4. Respondent and/or Petitioner is/are the parent(s) of the minor child(ren).
5. A Voluntary Declaration of Paternity form has has not been signed regarding this child (*attach a copy if available*).
6. **DEFAULT OR UNCONTESTED (Check a or b)**
 - a. The default of the respondent was entered or is being requested, and I am not seeking any relief not requested in the petition. **OR**
 - b. The parties have stipulated that the matter may proceed as an uncontested matter without notice, and the stipulation is attached.
7. **CHILD SUPPORT** should be ordered as set forth in the proposed *Judgment* (form FL-250).
 - a. Petitioner Respondent is presently receiving public assistance (TANF); thus all support should be made payable to the local child support agency at (*specify address*):
 - b. **NOTE: If a support order is requested, submit a completed *Income and Expense Declaration* (form FL-150), or *Financial Statement (Simplified)* (form FL-155), unless a current form is on file. Include your best estimate of the other party's gross monthly income.**
8. **ATTORNEY FEES** should be ordered as set forth in the proposed *Judgment* (form FL-250).
9. **CHILD CUSTODY** should be ordered as set forth in the proposed *Judgment* (form FL-250).
10. **CHILD VISITATION** should be ordered as set forth in the proposed *Judgment* (form FL-250).
11. **REASONABLE EXPENSES OF PREGNANCY AND BIRTH** should be ordered as set forth in the proposed *Judgment* (form FL-250).
12. **NAMES OF THE CHILDREN** should be changed as set forth in the proposed *Judgment* (form FL-250).
13. 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.
14. I have read and understand the *Advisement and Waiver of Rights Re: Establishment of Parental Relationship* (form FL-235), which is signed and attached to this declaration.
15. 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 THIS FORM**

PRINT YOUR NAME _____
(TYPE OR PRINT NAME)

▶ **SIGN YOUR NAME** _____
(SIGNATURE OF DECLARANT)



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

ADVISEMENT AND WAIVER OF RIGHTS RE: ESTABLISHMENT OF PARENTAL RELATIONSHIP

- RIGHT TO BE REPRESENTED BY A LAWYER.** I understand that I have the right to be represented by a lawyer of my own choice at my own expense. If I cannot afford a lawyer, I can contact the Lawyer Referral Association of the local bar association or the Family Law Facilitator for assistance.
- RIGHT TO A TRIAL.** I understand that I have a right to have a judge determine whether I am the parent of the children named in this action.
- RIGHT TO CONFRONT AND CROSS-EXAMINE WITNESSES.** I understand that in a trial I have the right to confront and cross-examine the witnesses against me and to present evidence and witnesses in my own defense.
- RIGHT TO HAVE PARENTAGE TESTS.** I understand that, where the law permits, I have the right to have the court order parentage tests. The court will decide who pays for the tests. The court could order that I pay none, some, or all of the costs of the tests.
- OBLIGATIONS.** I understand that if I admit that I am the parent of the children in this action that those children will be my children for legal purposes.
- WAIVER.** I understand that I am admitting that I am the parent of the children named in the stipulation and am giving up the rights stated above (except the right to an attorney if I have an attorney).
- CHILD SUPPORT.** I understand that I will have the duty to contribute to the support of the children named in this action and that this duty of support will continue for each child until the obligation is terminated by law.

- CRIMINAL NON-SUPPORT.** I understand that if I am the parent of the children named in this action, criminal proceedings may be initiated against me.
- UNDERSTANDING.**
 - I have read and understand the *Judgment (Uniform Parentage-Custody and Support)* (form FL-250) and this *Advisement and Waiver of Rights*.
 - I understand the translation.

CHECK 9a or 9b. IF YOU CHECK 9b, THE INTERPRETER'S DECLARATION BELOW MUST BE COMPLETED.

IF I AM REPRESENTED BY AN ATTORNEY, I ACKNOWLEDGE THAT MY ATTORNEY HAS READ AND EXPLAINED TO ME THE CONTENTS OF THE STIPULATION, RECITALS, AND WAIVERS, AND I ACKNOWLEDGE THAT I UNDERSTAND THEM.

Date: **DATE YOU SIGN THE FORM**

PRINT YOUR NAME _____
(TYPE OR PRINT NAME)

SIGN YOUR NAME _____
(SIGNATURE OF DECLARANT)

INTERPRETER'S DECLARATION

- The Petitioner Respondent is unable to read or understand the *Judgment (Uniform Parentage-Custody and Support)* (form FL-250) and this *Advisement and Waiver of Rights* because:
 - his/her primary language is (specify):
 - other (specify):

I certify under penalty of perjury under the laws of the State of California that I have, to the best of my ability, read or translated for the Petitioner Respondent the *Judgment (Uniform Parentage-Custody and Support)* (form FL-250) and this *Advisement and Waiver of Rights* for the Petitioner Respondent.

IF YOU DON'T SPEAK ENGLISH, YOU WILL NEED AN INTERPRETER TO TRANSLATE THE ABOVE INFORMATION TO YOU AND THAT PERSON MUST DATE, PRINT, AND SIGN IN THIS SPACE.

Date: _____
(TYPE OR PRINT NAME)

(SIGNATURE OF INTERPRETER)

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 COMPLETE ANOTHER UCCJEA IF THERE HAS BEEN ANY CHANGES SINCE THE MOST RECENTLY FILED UCCJEA
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)	
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)	
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)	
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.

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.