PARTY WITHOUT ATTORNEY OR ATTORNEY	STATE BAR NUMBER:	FOR COURT USE ONLY
NAME:		
FIRM NAME:		
STREET ADDRESS:		
CITY:	STATE: ZIP CODE:	
TELEPHONE NO.:	FAX NO.:	
EMAIL ADDRESS:		
ATTORNEY FOR *(name)*:		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF		
STREET ADDRESS:		
MAILING ADDRESS:		
CITY AND ZIP CODE:		
BRANCH NAME:		
PETITIONER/PLAINTIFF:		
RESPONDENT/DEFENDANT:		
OTHER PARENT/PARTY:		
FINDINGS AND ORDER AFTER HEARING		CASE NUMBER:

1. This proceeding was heard
   on *(date)*: at *(time)*: in Dept.: Room:
   by Judge *(name)*: ☐ Temporary Judge
   On the order to show cause, notice of motion or request for order filed *(date)*: by *(name)*:
   a. ☐ Petitioner/plaintiff present ☐ Attorney present *(name)*:
   b. ☐ Respondent/defendant present ☐ Attorney present *(name)*:
   c. ☐ Other parent/party present ☐ Attorney present *(name)*:

THE COURT ORDERS

2. Custody and visitation/parenting time: As attached ☐ on form FL-341 ☐ Other ☐ Not applicable
3. Child support: As attached ☐ on form FL-342 ☐ Other ☐ Not applicable
4. Spousal or family support: As attached ☐ on form FL-343 ☐ Other ☐ Not applicable
5. Property orders: As attached ☐ on form FL-344 ☐ Other ☐ Not applicable
6. Attorney's fees As attached ☐ on form FL-346 ☐ Other ☐ Not applicable
7. Other orders: ☐ As attached ☐ Not applicable
8. All other issues are reserved until further order of court.
9. ☐ This matter is rescheduled for further hearing on *(date)*: at *(time)*: in Dept.:
   on the following issues:

Date:

▶ _____
JUDICIAL OFFICER

The order prepared by *(specify)*: is approved as conforming to the court order.

Date:

_____
SIGNATURE OF ☐ ATTORNEY FOR ☐ PETITIONER / PLAINTIFF ☐ RESPONDENT/DEFENDANT ☐ OTHER PARENT/PARTY

Date:

_____
SIGNATURE OF ☐ ATTORNEY FOR ☐ PETITIONER / PLAINTIFF ☐ RESPONDENT/DEFENDANT ☐ OTHER PARENT/PARTY

Form Adopted for Mandatory Use
Judicial Council of California
FL-340 [Rev. July 1, 2025]

FINDINGS AND ORDER AFTER HEARING
(Family Law—Custody and Support—Uniform Parentage)

Cal. Rules of Court, rule 5.125
courts.ca.gov

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:

CHILD CUSTODY AND VISITATION (PARENTING TIME) ORDER ATTACHMENT

TO ☐ ***Findings and Order After Hearing*** **(form FL-340)** ☐ ***Judgment*** **(form FL-180)** ☐ ***Judgment*** **(form FL-250)**
☐ ***Stipulation and Order for Custody and/or Visitation (Parenting Time)*** **(form FL-355)**
☐ **Other** *(specify):*

1. **Jurisdiction.** This court has jurisdiction to make child custody orders in this case under the Uniform Child Custody Jurisdiction and Enforcement Act (Fam. Code, §§ 3400–3465).
2. **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.
3. **Country of habitual residence.** The country of habitual residence of the child or children in this case is
   ☐ the United States ☐ Other *(specify):*
4. **Penalties for violating this order.** If you violate this order, you may be subject to civil or criminal penalties, or both.
5. ☐ **Child abduction prevention.** There is a risk that one of the parties will take the children out of California without the other party's permission. (*Child Abduction Prevention Order Attachment* (form FL-341(B)) is attached and must be obeyed.)
6. ☐ The court refers the parties to child custody mediation or child custody recommending counseling as follows:

7. ☐ **Child custody**. Custody of the minor children of the parties is awarded as follows:

a. Child's Name	Birth Date	Legal custody to: *(person who decides about the child's health, education, and welfare)*	Physical custody to: *(person the child regularly lives with)*

   b. ☐ Joint legal custody of the child or children will be exercised as specified in the following order:
      ☐ Attachment 7b (form MC-025 may be used for this purpose)
      ☐ *Joint Legal Custody Attachment* (form FL-341(E))

8. ☐ **Child custody and visitation (parenting time) involving allegations of a history of abuse or substance abuse**
   a. Allegations have been raised in form FL-311, other documents filed in the court, or in a court hearing that
      (1) ☐ Petitioner ☐ Respondent ☐ Other parent/party is (or are) alleged to have a history of abuse against any of the following persons: a child, the other parent, their current spouse, or the person they live with or are dating or engaged to.
      (2) ☐ Petitioner ☐ Respondent ☐ Other parent/party is (or are) alleged to have the habitual or continual illegal use of controlled substances, or the habitual or continual abuse of alcohol, or the habitual or continual abuse of prescribed controlled substances.
   b. ☐ The court does NOT grant sole or joint custody of the minor children to:
      ☐ Petitioner ☐ Respondent ☐ Other parent/party
   c. ☐ (1) Even though there are allegations of a history of abuse or substance abuse, the court GRANTS sole or joint custody of the minor child as set out in item 7.
      (2) As required by Family Code section 3011(a)(5)(A), the court's reasons for making the orders:
         (A) ☐ Are in writing and filed separately (form FL-351 may be used for this purpose).
         (B) ☐ Were recorded as follows: ☐ In a minute order ☐ By a court reporter
         ☐ Other *(specify):*
      (3) The court finds that the order is in the best interests of the child, protects the safety of the parties and the child, and is specific as to time, day, place, and manner of transfer (exchange) of the child as Family Code sections 3011(a)(5)(A) and 6323(c) require.

THIS IS A COURT ORDER.

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:

9. ☐ **Visitation (parenting time)**
   a. ☐ Reasonable right of visitation to the party without physical custody **(not appropriate in cases involving domestic violence)**
   b. ☐ See the attached _____-page document
   c. ☐ No visitation (parenting time)
   d. ☐ The visitation (parenting time) will be supervised as specified in the attached *Supervised Visitation (Parenting Time) and Exchanges Order* (FL-341(A)).
   e. ☐ Visitation (parenting time) for the ☐ petitioner ☐ respondent ☐ other *(name):* will be in person, by virtual visitation (not in person), and/or other ways as specified below:
      (1) ☐ **In person,** as follows
         (a) ☐ **Weekends starting** *(date):*
         (Note: The first weekend of the month is the first weekend with a Saturday.)

Weekend	**Day(s)**	**Times**			**Start of (or After) School *(if applicable)***	
☐ 1st	from _____	at _____	☐ a.m.	☐ p.m.	☐ start of	☐ after
	to _____	at _____	☐ a.m.	☐ p.m.	☐ start of	☐ after
☐ 2nd	from _____	at _____	☐ a.m.	☐ p.m.	☐ start of	☐ after
	to _____	at _____	☐ a.m.	☐ p.m.	☐ start of	☐ after
☐ 3rd	from _____	at _____	☐ a.m.	☐ p.m.	☐ start of	☐ after
	to _____	at _____	☐ a.m.	☐ p.m.	☐ start of	☐ after
☐ 4th	from _____	at _____	☐ a.m.	☐ p.m.	☐ start of	☐ after
	to _____	at _____	☐ a.m.	☐ p.m.	☐ start of	☐ after
☐ 5th	from _____	at _____	☐ a.m.	☐ p.m.	☐ start of	☐ after
	to _____	at _____	☐ a.m.	☐ p.m.	☐ start of	☐ after

            (i) ☐ The parties will alternate the fifth weekends, with the ☐ petitioner ☐ respondent ☐ other parent/party having the initial fifth weekend, starting *(date):*
            (ii) ☐ The ☐ petitioner ☐ respondent ☐ other parent/party will have the fifth weekend in ☐ odd ☐ even numbered months.
         (b) ☐ **Alternate weekends starting** *(date):*
            from _____ at _____ ☐ a.m. ☐ p.m. ☐ start of ☐ after
            to _____ at _____ ☐ a.m. ☐ p.m. ☐ start of ☐ after
         (c) ☐ **Weekdays starting** *(date):*
            from _____ at _____ ☐ a.m. ☐ p.m. ☐ start of ☐ after
            to _____ at _____ ☐ a.m. ☐ p.m. ☐ start of ☐ after
         (d) ☐ **Other visitation (parenting time) days and restrictions are** ☐ listed in Attachment 9e(1)(d) (form MC-025 may be used for this purpose) ☐ as follows:

      (2) ☐ **Virtual visitation**, as follows:

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:

9. e. (3) ☐ **Other ways visitation can happen** that are in the best interests of the child are as follows:

10. ☐ **Supervised visitation (parenting time)**

Until ☐ further order of the court ☐ other *(specify):*
☐ petitioner ☐ respondent ☐ other parent/party *(name):*
will have supervised visitation (parenting time) with the minor children according to the attached *Supervised Visitation (Parenting Time) and Exchanges Order* (form FL-341(A)).

11. ☐ **Transportation for visitation (parenting time) and place of exchange**

a. The children must be driven only by a licensed and insured driver. The vehicle must be legally registered with the Department of Motor Vehicles, and must have child restraint devices properly installed, as required by law.

b. ☐ Transportation **to** begin 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 party driving the children will wait in the car and the other party will wait in the home (or exchange location) while the children go between the car and the home (or exchange location).

g. ☐ Other *(specify):*

12. ☐ **Travel with children**. The ☐ petitioner ☐ respondent ☐ other parent/party *(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):*

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:

13. ☐ **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.)

14. ☐ **Additional custody provisions**. The parties 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.)

15. **Access to children's records.** Both the custodial and noncustodial parent have the right to access records and information about their minor children (including medical, dental, and school records) and consult with professionals who are providing services to the children.

16. ☐ **Other** *(specify):*

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

SUPERVISED VISITATION (PARENTING TIME) AND EXCHANGES ORDER

ATTACHMENT TO: ☐ ***Child Custody and Visitation (Parenting Time) Order Attachment*** **(form FL-341)**
☐ **Other *(specify):***

1. Evidence has been presented in support of a request that the contact of ☐ Petitioner ☐ Respondent ☐ Other Parent/Party with the child(ren) be supervised based upon allegations of
   ☐ child abduction ☐ physical abuse ☐ drug abuse ☐ neglect
   ☐ sexual abuse ☐ domestic violence ☐ alcohol abuse ☐ other *(specify):*
   ☐ Petitioner ☐ Respondent ☐ Other Parent/Party disputes these allegations and the court reserves the findings on these issues pending further investigation and hearing or trial.

2. The court finds, under Family Code section 3100, that the best interest of the child or children requires that visitation by ☐ Petitioner ☐ Respondent ☐ Other Parent/Party must, until further order of the court, be limited to contact supervised by the person or supervised visitation center set forth in this order pending further investigation and hearing or trial.

THE COURT MAKES THE FOLLOWING ORDERS

3. **CHILDREN**
   a. Name: Date of birth:
   b. Name: Date of birth:
   c. Name: Date of birth:
   ☐ The names and birthdates of additional children are attached to the order.

4. ☐ **PROFESSIONAL SUPERVISED VISITATION WITH CHILDREN**
   a. Provider Information *(check one):*
      (1) ☐ Chosen provider *(name):* Telephone:
      Address *(if known):*
      If the chosen provider cannot provide services, parties must use the alternate provider.
      Alternate provider *(name):* Telephone:
      Address *(if known):*
      ☐ Petitioner ☐ Respondent ☐ Other Parent/Party to contact the provider by *(date):*
      (2) ☐ The parties have not yet chosen a provider. A list of professional providers *(check all that apply):*
      ☐ is attached to this order.
      ☐ was given in court to: ☐ Petitioner ☐ Respondent ☐ Other Parent/Party
      ☐ Petitioner ☐ Respondent ☐ Other Parent/Party must choose and contact a provider by *(date):*
      (3) ☐ The professional provider will be a mutually agreed-upon third party as arranged by the parties.
      (4) ☐ Other *(specify):*
   b. Frequency of visits *(check one):*
      (1) ☐ Once a week, for *(number of hours for each visit):*
      (2) ☐ Two times each week, for *(number of hours for each visit):*
      (3) ☐ According to the schedule specified in: ☐ Form FL-341 ☐ Other *(specify):*
   c. Visits must be *(check one):*
      (1) ☐ In person at a safe location.
      (2) ☐ Virtual visitation (not in person).
      (3) ☐ Other *(specify):*
   d. Payment responsibility Petitioner: % Respondent: % Other: %

THIS IS A COURT ORDER.

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

5. ☐ **NONPROFESSIONAL SUPERVISED VISITATION WITH CHILDREN**
   a. Nonprofessional provider (person) to supervise visits:
      Name: Relationship to child:
      Address *(if known):*
      Telephone *(if known):*
   b. Frequency of visits *(check one):*
      (1) ☐ Once a week, for *(number of hours for each visit):*
      (2) ☐ Two times each week, for *(number of hours for each visit):*
      (3) ☐ According to the schedule specified in: ☐ Form FL-341 ☐ Other *(specify):*
   c. Visits must be *(check one):*
      (1) ☐ In person at a safe location.*(specify location):*
      (2) ☐ Virtual visitation (not in person). *(Provider, child, and visiting parent may need to access the internet.)*
      (3) ☐ Other *(specify):*
   d. Resources for nonprofessional providers:
      (1) Find your *Declaration* (form FL-324(NP)) at: courts.ca.gov/sites/default/files/courts/default/2024-11/fl324np.pdf.
      (2) For online information, go to: www.courtinfo.ca.gov/accesstovisitation/story_html5.html.
      (3) For information about safe locations and virtual visits, go to: selfhelp.courts.ca.gov/guide-supervised-visitation

6. ☐ **SUPERVISED EXCHANGES (Drop-off and Pick-up of Children)**
   a. Type of provider:
      (1) ☐ Professional provider
      Name: Relationship to child:
      Address *(if known):*
      Payment responsibility Petitioner: % Respondent: % Other: %
      ☐ Petitioner ☐ Respondent ☐ Other Parent/Party to contact the provider by *(specify date)*
      (date):
      Location of supervised exchanges to be decided by the professional provider.

      (2) ☐ Nonprofessional provider
      Name: Relationship to child:
      Address *(if known):*
      Telephone *(if known):*
      Safe location for exchanges:
      (For more information, see item 5d. Resources for nonprofessional providers.)

   b. Supervised exchanges will be according to the schedule specified:
      (1) ☐ In form FL-341
      (2) ☐ Other *(specify):*
      (3) ☐ Below:

7. ☐ **THE COURT FURTHER ORDERS**

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:

CHILDREN'S HOLIDAY SCHEDULE ATTACHMENT

TO ☐ **Petition** ☐ **Response** ☐ **Request for Order** ☐ **Responsive Declaration to Request for Order**
☐ **Stipulation and Order for Custody and/or Visitation of Children** ☐ **Findings and Order After Hearing or Judgment**
☐ **Visitation Order—Juvenile** ☐ **Other *(specify):***

1. **Holiday parenting.** The following table shows the holiday parenting schedules. Write "Petitioner," "Respondent," "Other Parent," or "Other Party" to specify each parent's (or party's) years—odd or even numbered years or both ("every year")—and under "Times," specify the starting and ending days and times.
   Note: Unless specifically ordered, a child's holiday schedule order has priority over the regular parenting time.

Holidays	**Times (from when to when)** *(Unless noted below, all single-day holidays start at _____ a.m. and end at _____ p.m.)*	**Every Year** *Petitioner/ Respondent/ Other Parent/Party*	**Even Numbered Years** *Petitioner/ Respondent/ Other Parent/Party*	**Odd Numbered Years** *Petitioner/ Respondent/ Other Parent/Party*
December 31 (New Year's Eve)				
January 1 (New Year's Day)				
Martin Luther King's Birthday (weekend)				
February 12 (Lincoln's Birthday)				
President's Day (Weekend)				
President's Week Recess, first half				
President's Week Recess, second half				
Spring Break, first half				
Spring Break, second half				
Mother's Day				
Memorial Day (weekend)				
Father's Day				
July 4th				
Summer Break				
Labor Day (weekend)				
Columbus Day (weekend)				
Halloween				
November 11 (Veterans Day)				
Thanksgiving Day				
Thanksgiving weekend				
December/January School Break				
Child's birthday *(date):*				
Child's birthday *(date):*				
Child's birthday *(date):*				
Mother's birthday *(date):*				
Father's birthday *(date):*				
Other Parent/Party's birthday *(date):*				
Breaks for year-round schools				

Form Approved for Optional Use
Judicial Council of California
FL-341(C) [Rev. July 1, 2016]
CEB ceb.com | Essential Forms

Family Code, §§ 3003, 3083
www.courts.ca.gov

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:

1. **Holiday parenting *(continued)***

Other Holidays	**Times (from when to when)** *(Unless noted below, all single-day holidays start at _____ a.m. and end at _____ p.m.)*	**Every Year** *Petitioner/ Respondent/ Other Parent/Party*	**Even Numbered Years** *Petitioner/ Respondent/ Other Parent/Party*	**Odd Numbered Years** *Petitioner/ Respondent/ Other Parent/Party*

☐ Any three-day weekend not specified in item 1 will be spent with the parent or party who would normally have that weekend.
☐ Other *(specify)* :

2. **Vacations**
The ☐ Petitioner ☐ Respondent ☐ Other Parent/Party:

a. May take vacation with the children of up to (*specify number*): ☐ days ☐ weeks the following number of times per year *(specify):*

b. Must notify the other parent or party in writing of vacation plans a minimum of *(specify number):* days in advance and provide the other parent or party with a basic itinerary that includes dates of leaving and returning, destinations, flight information, and telephone numbers for emergency purposes.
(1) ☐ The other parent or party has *(number):* days to respond if there is a problem with the vacation schedule.
(2) ☐ If the parties cannot agree on the vacation plans (*check all that apply):*
(A) ☐ They must confer to try to resolve any disagreement before filing for a court hearing.
(B) ☐ In even-numbered years, the parties will follow the suggestions of ☐ Petitioner ☐ Respondent ☐ Other Parent/Party for resolving the disagreement.
(C) ☐ In odd-numbered years, the parties will follow the suggestions of ☐ Petitioner ☐ Respondent ☐ Other Parent/Party for resolving the disagreement.
(D) ☐ Other *(specify):*

c. ☐ This vacation may be outside the state of California.

d. ☐ Any vacation outside ☐ California ☐ the United States requires prior written consent of the other parent or a court order.

e. ☐ Other *(specify):*

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:

ADDITIONAL PROVISIONS—PHYSICAL CUSTODY ATTACHMENT

TO ☐ **Petition** ☐ **Response** ☐ **Request for Order** ☐ **Responsive Declaration to Request for Order**
☐ **Stipulation and Order for Custody and/or Visitation of Children** ☐ **Findings and Order After Hearing or Judgment**
☐ **Custody Order—Juvenile —Final Judgment** ☐ **Other *(specify):***

The additional provisions to physical custody apply to *(specify parties):* ☐ Petitioner ☐ Respondent ☐ Other Parent/Party

1. ☐ **Notification of parties' current address.** ☐ Petitioner ☐ Respondent ☐ Other Parent/Party must notify all parties within *(specify number)*: days of any change in his or her
   a. address for ☐ residence ☐ mailing ☐ work. ☐ e-mail
   b. telephone/message number at ☐ home ☐ cell phone ☐ work ☐ the children's schools
   The parties may not use such information for the purpose of harassing, annoying, or disturbing the peace of the other or invading the other's privacy. No residence or work address is needed if a party has an address with the State of California's Safe at Home confidential address program.

2. ☐ **Notification of proposed move of child.** Each party must notify the other *(specify number):* days before any planned change in residence of the children. The notification must state, to the extent known, the planned address of the children, including the county and state of the new residence. The notification must be sent by certified mail, return receipt requested.

3. ☐ **Child care.**
   a. ☐ The children must not be left alone without age-appropriate supervision.
   b. ☐ The parties must let each other know the name, address, and phone number of the children's regular child-care providers.

4. ☐ **Right of first option of child care.** In the event any party requires child care for *(specify number):* hours or more while the children are in his or her custody, the other party or parties must be given first opportunity, with as much prior notice as possible, to care for the children before other arrangements are made. Unless specifically agreed or ordered by the court, this order does not include regular child care needed when a party is working.

5. ☐ **Canceled visitation (parenting time).**
   a. ☐ If the noncustodial party fails to arrive at the appointed time and fails to notify the custodial party that he or she will be late, then the custodial party need wait for only *(specify number):* minutes before considering the visitation (parenting time) canceled.
   b. ☐ If the noncustodial party is unable to exercise visitation (parenting time) on a given occasion, he or she must notify the custodial party *(specify):*
      ☐ at the earliest possible opportunity.
      ☐ Other *(specify):*
   c. ☐ If the children are ill and unable to participate in the scheduled visitation (parenting time), the custodial party must give the noncustodial party *(specify):*
      ☐ as much notice as possible.
      ☐ A doctor's excuse.
      ☐ Other *(specify):*

6. ☐ **Phone contact between parents and children.**
   a. ☐ The children may have telephone access to the parties ☐ and the parties may have telephone access to the children at reasonable times, for reasonable durations.
   b. ☐ The custodial parent must make the child available for the following scheduled telephone contact *(specify child's telephone contact with each party):*

   c. ☐ No party or any other third party may listen to, monitor, or interfere with the calls.

Form Approved for Optional Use
Judicial Council of California
FL-341(D) [Rev. July 1, 2016]

Family Code, §§ 3003, 3024, 3083
www.courts.ca.gov

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:

7. ☐ **No negative comments.** The parties will not make or allow others to make negative comments about each other or about their past or present relationships, family, or friends within hearing distance of the children.

8. ☐ **Discussion of court proceedings with children.** Other than age-appropriate discussion of the parenting plan and the children's role in mediation or other court proceedings, the parties will not discuss with the children any court proceedings relating to custody or visitation (parenting time).

9. ☐ **No use of children as messengers.** The parties will communicate directly with each other on matters concerning the children and may not use the children as messengers between them.

10. ☐ **Alcohol or substance abuse.** The ☐ petitioner ☐ respondent ☐ other parent/party may not consume alcoholic beverages, narcotics, or restricted dangerous drugs (except by prescription) within *(specify number):* hours before or during periods of time with the children ☐ and may not permit any third party to do so in the presence of the children.

11. ☐ **No exposure to cigarette or medical marijuana smoke.** The parties will not expose the children to secondhand cigarette or medical marijuana smoke.

12. ☐ **No interference with schedule of any party without that party's consent.** The parties will not schedule activities for the children during the other party's scheduled visitation (parenting time) without the other party's prior agreement.

13. ☐ **Third-party contact.**
    a. ☐ The children will have no contact with *(specify name):*
    b. ☐ The children must not be left alone in the presence of *(specify name):*

14. ☐ **Children's clothing and belongings.**
    a. ☐ Each party will maintain clothing for the children so that the children do not have to make the exchanges with additional clothing.
    b. ☐ The children will be returned to the other party with the clothing and other belongings they had when they arrived.

15. ☐ **Log book.** The parties will maintain a "log book" and make sure that the book is sent with the children between their homes. Using businesslike notes (no personal comments), parties will record information related to the health, education, and welfare issues that arise during the time the children are with them.

16. ☐ **Terms and conditions of order may be changed.** The terms and conditions of this order may be added to or changed as the needs of the children and parties change. Such changes will be in writing, dated and signed by the parties; each party will retain a copy. If the parties want a change to be a court order, it must be filed with the court in the form of a court document.

17. ☐ **Other *(specify):***

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:

JOINT LEGAL CUSTODY ATTACHMENT

TO ☐ **Petition** ☐ **Response** ☐ **Request for Order** ☐ **Responsive Declaration to Request for Order**
☐ **Stipulation and Order for Custody and/or Visitation of Children** ☐ **Findings and Order After Hearing or Judgment**
☐ **Custody Order—Juvenile—Final Judgment** ☐ **Other *(specify):***

NOTICE! In exercising joint legal custody, the parties may act alone, as long as the action does not conflict with any orders about the physical custody of the children. **Use this form only if you want to ask the court to make orders specifying when the consent of both parties is required to exercise legal control of the children and the consequences for failing to obtain mutual consent.**

1. The parties *(specify):* ☐ Petitioner ☐ Respondent ☐ Other Parent/Party will have joint legal custody of the children.
2. In exercising joint legal custody, the parties will share in the responsibility and discuss in good faith matters concerning the health, education, and welfare of the children. The parties must discuss and consent in making decisions on the following matters:
   a. ☐ Enrollment in or leaving a particular private or public school or daycare center
   b. ☐ Beginning or ending of psychiatric, psychological, or other mental health counseling or therapy
   c. ☐ Participation in extracurricular activities
   d. ☐ Selection of a doctor, dentist, or other health professional (except in emergency situations)
   e. ☐ Participation in particular religious activities or institutions
   f. ☐ Out-of-country or out-of-state travel
   g. ☐ Other *(specify):*
3. **If a party does not obtain the consent of the other party to those items in 2, which are granted as court orders:**
   a. He or she may be subject to civil or criminal penalties.
   b. The court may change the legal and physical custody of the minor children.
   c. ☐ Other consequences *(specify):*
4. ☐ **Special decision making designation and access to children's records**
   a. The ☐ petitioner ☐ respondent ☐ other parent/party will be responsible for making decisions regarding the following issues *(specify):*
   b. Both the custodial and noncustodial parent have the right to access records and information about their minor children (including medical, dental, and school records) and consult with professionals who are providing services to the children.
5. ☐ **Health-care notification.**
   a. ☐ Each party must notify the other of the name and address of each health practitioner who examines or treats the children; such notification must be made within *(specify number):* days of the first treatment or examination.
   b. ☐ Each party is authorized to take any and all actions necessary to protect the health and welfare of the children, including but not limited to consent to emergency surgical procedures or treatment. The party authorizing such emergency treatment must notify the other party as soon as possible of the emergency situation and of all procedures or treatment administered to the children.
   c. ☐ The parties are required to administer any prescribed medications for the children.
6. ☐ **School notification.** Each party will be designated as a person the children's school will contact in the event of an emergency.
7. ☐ **Name.** The parties will not change the last name of the children or have a different name used on the children's medical, school, or other records without the written consent of the other party.
8. ☐ **Other *(specify):***

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:

CHILD SUPPORT INFORMATION AND ORDER ATTACHMENT

Attachment to: ☐ **Findings and Order After Hearing (form FL-340)** ☐ **Judgment (form FL-180)**
☐ **Judgment (form FL-250)** ☐ **Restraining Order After Hearing (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**

a. Each parent's monthly income is as follows:

	Gross income monthly	Net monthly income	Receiving TANF/CalWORKs
Petitioner:	$	$	☐
Respondent:	$	$	☐
Other parent/party:	$	$	☐

b. **Earning capacity.** The court finds that the *(check all that apply):*
(1) ☐ petitioner has the ability to earn $ per month.
(2) ☐ respondent has the ability to earn $ per month.
(3) ☐ other parent/party has the ability to earn $ per month.
(4) The factors used to calculate earning capacity under Family Code section 4058(b) are stated
(a) ☐ in *Earning Capacity Factors Attachment* (form FL-302).
(b) ☐ as follows *(specify):*

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: %
respondent: %
other parent/party: %

4. ☐ **Hardships**

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

	Petitioner	Respondent	Other Parent/Party	Approximate end date for the hardship
a. ☐ Other minor children:	$	$	$	
b. ☐ Extraordinary medical expenses:	$	$	$	
c. ☐ Catastrophic losses:	$	$	$	

THE COURT ORDERS

5. ☐ **Low-income adjustment**

a. ☐ The low-income adjustment applies at the lowest amount of the range.
b. ☐ The lowest amount of the low-income adjustment has been rebutted and does not apply because *(specify reasons):*

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:

6. ☐ **Child support**

a. **Base child support**

☐ Petitioner ☐ Respondent ☐ Other parent/party 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:

Child's name	Date of birth	Monthly amount	Payable to *(name):*

Payable ☐ on the 1st of the month ☐ other *(specify):*

b. ☐ **Mandatory additional child support**

(1) Childcare costs related to employment or reasonably necessary job training

(a) ☐ Petitioner must pay: % of total or ☐ $ per month child-care costs.
(b) ☐ Respondent must pay: % of total or ☐ $ per month child-care costs.
(c) ☐ Other parent/party must pay: % of total or ☐ $ per month child-care costs.
(d) ☐ Costs to be paid as follows *(specify):*

(2) Reasonable uninsured health care costs for the children

(a) ☐ Petitioner must pay: % of total or ☐ $ per month.
(b) ☐ Respondent must pay: % of total or ☐ $ per month.
(c) ☐ Other parent/party must pay: % of total or ☐ $ per month.
(d) ☐ Costs to be paid as follows *(specify):*

c. ☐ **Additional child support**

(1) ☐ Costs related to the educational or other special needs of the children

(a) ☐ Petitioner must pay: % of total or ☐ $ per month.
(b) ☐ Respondent must pay: % of total or ☐ $ per month.
(c) ☐ Other parent/party must pay: % of total or ☐ $ per month.
(d) ☐ Costs to be paid as follows *(specify):*

(2) ☐ Travel expenses for visitation

(a) ☐ Petitioner must pay: % of total or ☐ $ per month.
(b) ☐ Respondent must pay: % of total or ☐ $ per month.
(c) ☐ Other parent/party must pay: % of total or ☐ $ per month.
(d) ☐ Costs to be paid as follows *(specify):*

d. ☐ **Non-Guideline Order**

This order is ☐ below ☐ above 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: $

THIS IS A COURT ORDER.

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:

7. **Health care expenses**

   a. Health insurance coverage for the minor children of the parties must be maintained by the ☐ petitioner ☐ respondent ☐ other parent/party 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 on the parent providing health insurance for support and maintenance.

   b. ☐ Health insurance is not available to the ☐ petitioner ☐ respondent ☐ other parent/party 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 parent ordered to pay 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 person ordered to receive support and a private child support collector, the parent 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 person ordered to receive support, jointly.

10. ☐ **Employment search order (Family Code section 4505)**
    ☐ Petitioner ☐ Respondent ☐ Other parent/party is ordered to seek employment with the following terms and conditions:

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

12. **Notices**

    a. *Notice of Rights and Responsibilities Regarding Child Support* (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 parent ordered to pay child support must pay interest on overdue amounts at the legal rate, which is currently 10 percent per year.

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. Going to court. Sometimes parents get into disagreements about health-care costs. If you and the other parent cannot resolve the situation after talking about it, you can request that the court make a decision.

a. **Disputed charges.** If you dispute a charge made by the other parent, you may file a request for the court to resolve the dispute, but only if you pay that charge before filing your request.

b. **Nonpayment.** If you claim that the other parent has failed to pay you back for a payment, or they have failed to make a payment to the provider after proper notice, you may file a request for the court to resolve the dispute. The court will presume that if uninsured costs have been paid, those costs were reasonable.

c. **Attorney's fees.** If the court decides one parent has been unreasonable, it can order that parent to pay the other parent's attorney's fees and costs.

d. **Court forms.** Use forms FL-300 and FL-490 to get a court date. See form FL-300-INFO for information about completing, filing, and serving your court papers.

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 parent 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 parent 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 parent incurring those costs.

Information About Child Support for Incarcerated or Confined Parents

1. Child support. As of September 27, 2022, child support automatically stops if the parent who has to pay is confined against their will for more than 90 days in a row in jail, prison, juvenile detention, a mental health facility, or other institution.

Exception. Child support does not automatically stop if the parent who has to pay has money available to pay child support.

2. Past confinement. Child support also stops during past confinement if it was ordered from October 8, 2015, through December 31, 2019, or January 1, 2021, through September 26, 2022, and the parent who has to pay was confined for more than 90 days in a row during the same time frame.

Exceptions for past confinement. Child support does not automatically stop if the parent who has to pay was in jail or prison for failing to pay child support or for domestic violence against the other parent or the child, or if they had money available to pay support.

3. Timing. Child support automatically restarts the first day of the first full month after the parent is released. If you need to change your child support order, see page 2.

4. More info. For more information about child support and incarcerated parents, see Family Code section 4007.5 or go to *https://selfhelp.courts.ca.gov/child-support/incarcerated-parent*.

Form Adopted for Mandatory Use
Judicial Council of California
FL-192 [Rev. January 1, 2024]

CEB Essential Forms
ceb.com

Family Code, §§ 4007.5, 4010, 4062, 4063
www.courts.ca.gov

NOTICE OF RIGHTS AND RESPONSIBILITIES

Information Sheet on Changing a Child Support Order

General Info
The court has made a child support order in your case. This order will remain the same unless one of the parents requests that the support be changed (modified). An order for child support can be modified by filing a request to change child support and serving the other parent. If both parents agree on a new child support amount, they can complete, sign, and file with the court a *Stipulation to Establish or Modify Child Support and Order* (form FL-350). (**Note:** If the local child support agency is involved in your case, it must be served with any request to change child support and approve any agreement.)

Online Self-Help Guide
For more information about how child support works, visit: *https://selfhelp.courts.ca.gov/child-support.*

When a Child Support Order May Be Changed
The court considers several things when ordering the payment of child support.

- First, the number of children is considered, along with the percentage of time each parent has physical custody of the children.
- Next, the net disposable incomes of both parents are determined (which is how much money is left each month after taxes and certain other items like health insurance, union dues, or other child support ordered and paid are subtracted from a parent's paycheck). The court can also look at earning ability if a parent is not working.
- The court considers both parents' tax filing status and may consider hardships, such as the cost of raising a child of another relationship who lives with a parent.

A parent can request to change an existing order for child support when circumstances change significantly. For example if the net disposable income of one of the parents changes, parenting time changes, 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, you must fill out one of these forms:

- Form FL-300, *Request for Order* **or**
- Form 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, and attach proof of income for the past two months (like your paycheck stubs):

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

What if I am not sure which forms to fill out?
Contact the family law facilitator in your county. You can find them here: *https://www.courts.ca.gov/selfhelp-facilitators.htm*.

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

- Form FW-001, *Request to Waive Court Fees* **and**
- Form FW-003, *Order on Court Fee Waiver (Superior Court)*

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 deliver copies of your filed court forms to the other parent, at least **16 court days** before the hearing. Add **5 calendar days** if delivered 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 find court holidays, go to *www.courts.ca.gov/holidays.htm.*

Blank copies of both of these forms must also be served:

- Form FL-320, *Responsive Declaration to Request for Order*
- Form FL-150, *Income and Expense Declaration*

Then the server fills out and signs a *Proof of Service.* Take this form, plus one copy, to the clerk and file it at least one week before your hearing.

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:

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

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)*:	*COURT PERSONNEL:* *STAMP DATE RECEIVED HERE*
TELEPHONE NO.: FAX NO.*(Optional)*: E-MAIL ADDRESS *(Optional)*: ATTORNEY FOR *(Name)*:	**DO NOT FILE**
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	
CHILD SUPPORT CASE REGISTRY FORM ☐ Mother ☐ Father ☐ First form completed ☐ Change to previous information	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:

	Child Support:	Family Support:	Spousal Support:
(1)	☐ Current base child support: $ ☐ Reserved order ☐ $0 (zero) order	☐ Current base family support: $ ☐ Reserved order ☐ $0 (zero) order	☐ Current spousal support: $ ☐ Reserved order ☐ $0 (zero) order
(2)	☐ Additional monthly support: $	☐ Additional monthly support: $	
(3)	☐ Total past-due support: $	☐ Total past-due support: $	☐ Total past-due support: $
(4)	☐ Payment on past-due support: $	☐ Payment on past-due support: $	☐ Payment on past-due support: $

   (5) ☐ Wage withholding was ☐ ordered ☐ ordered but stayed until *(date)*:

2. Person required to pay child or family support *(name)*:
   Relationship to child *(specify)*:

3. Person or agency to receive child or family support payments *(name)*:
   Relationship to child *(if applicable)*:

TYPE OR PRINT IN INK

Form Adopted for Mandatory Use
Judicial Council of California
FL-191 [Rev. July 1, 2005]

CHILD SUPPORT CASE REGISTRY FORM

Family Code, § 4014
www.courtinfo.ca.gov

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

4. The child support order is for the following children:

Child's name	Date of birth	Social security number
a.		
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.

5. Father's name:
   a. Date of birth:
   b. Social security number:
   c. Street address:

      City, state, zip code:
   d. Mailing address:

      City, state, zip code:
   e. Driver's license number:

      State:
   f. Telephone number:
   g. ☐ Employed ☐ Not employed ☐ Self-employed

      Employer's name:

      Street address:

      City, state, zip code:

      Telephone number:

6. Mother's name:
   a. Date of birth:
   b. Social security number:
   c. Street address:

      City, state, zip code:
   d. Mailing address:

      City, state, zip code:
   e. Driver's license number:

      State:
   f. Telephone number:
   g. ☐ Employed ☐ Not employed ☐ Self-employed

      Employer's name:

      Street address:

      City, state, zip code:

      Telephone number:

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:

(TYPE OR PRINT NAME) ▶ (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.

PETITIONER: RESPONDENT:	CASE NUMBER:

SPOUSAL, DOMESTIC 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):*
☐ **Parties' Stipulation (Written Agreement) dated** *(specify):* _____

☐ **THE COURT FINDS** ☐ **THE PARTIES STIPULATE (AGREE)**

Specify if this attachment is about an order for temporary support or a judgment for permanent support (check either 1 or 2 below).

1. ☐ **This attachment relates to temporary spousal or domestic partner support.**
   a. ☐ This order attachment modifies an order or agreement for temporary support entered on *(date):*
   b. **Net income.** The parties' monthly income and deductions are as follows *(complete (1), (2), or both):*

		Total gross monthly income	Total monthly deductions	Total hardship deductions	Net monthly disposable income
(1) Petitioner:	☐ receiving TANF/CalWORKS	$	$	$	$
(2) Respondent:	☐ receiving TANF/CalWORKS	$	$	$	$

   c. ☐ 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).*

2. ☐ **This attachment relates to a judgment for permanent spousal or domestic partner support.**
   a. ☐ This order attachment modifies a judgment entered on *(date):*
   b. ☐ The parties were married for *(specify):* years and months.
   c. ☐ The parties were registered as domestic partners or the equivalent for *(specify):* years and months.
   d. Family Code section 4320 factors *(check either (1) or (2) below, then complete (3)).*
      (1) ☐ The parties agreed to some or all of the factors as stated in *Spousal or Domestic Partner Support Declaration Attachment* (form FL-157) or in a similar written declaration filed with the court.
      (2) ☐ The court considered the parties' declarations and supporting documents regarding each Family Code section 4320 factor as stated in testimony, in *Spousal or Domestic Partner Support Declaration Attachment* (form FL-157), or in a similar written declaration filed with the court.
      (3) The parties' agreement, or the court's findings, on Family Code section 4320 factors are *(specify):*
         (A) ☐ included in Attachment 2d(3)(A).
         (B) ☐ included in *Spousal or Domestic Partner Support Factors Under Family Code Section 4320—Attachment* (form FL-349).
         (C) ☐ specified below:

Form Approved for Optional Use
Judicial Council of California
FL-343 [Rev. July 1, 2025]
SPOUSAL, DOMESTIC PARTNER, OR FAMILY SUPPORT ORDER ATTACHMENT
(Family Law)
Family Code, §§ 150, 299, 3651, 3653, 3654, 4320, 4330, 4337
courts.ca.gov
CEB Essential Forms
ceb.com

PETITIONER: RESPONDENT:	CASE NUMBER:

2. e. ☐ The parties are both self-supporting.
   f. ☐ The standard of living established during the marriage or domestic partnership was *(describe):* ☐ See Attachment 2f.

   g. ☐ The Court finds that the parties have knowingly, intelligently, and voluntarily entered into a stipulation.

3. **Jurisdiction**
   a. ☐ The issue of support for the ☐ petitioner ☐ respondent is reserved for a later determination.
   b. ☐ The court terminates jurisdiction over the issue of support for the ☐ petitioner ☐ respondent.
   c. ☐ The court's jurisdiction over the issue of support will end on *(specify date):*

4. **Support amount and payment terms**
   a. The ☐ petitioner ☐ respondent must pay to the ☐ petitioner ☐ respondent as ☐ temporary ☐ permanent ☐ spousal support ☐ family support ☐ domestic partner support the following amount each month: $
   b. Support payments will begin *(date):*
   c. Support payments are:
      (1) ☐ payable through *(specify end date):*
      (2) ☐ payable on the day of each month.
      (3) ☐ Other *(specify):*

   d. ☐ Support must be paid by ☐ check, money order, or cash ☐ other method *(specify):*

5. **Earnings assignment**
   a. ☐ An earnings assignment for the support will issue as requested by ☐ petitioner ☐ respondent.
      Note: The payor of spousal, family, or domestic partner support is responsible for the payment of support directly to the recipient until support payments are deducted from the earnings, and for any support not paid by the assignment.

   b. ☐ Service of the earnings assignment is stayed provided the payor is not more than *(specify number):* days late in paying spousal, family, or domestic partner support.

6. **Termination (end) of support**
   a. By law, unless the parties otherwise agree in writing, the support payor's obligation to pay support will end when either party dies or the support payee remarries or registers a new domestic partnership.

   b. ☐ **Parties' agreement**
      The parties agree that the support payor's obligation to pay support will not end as described in 6a. Instead, the support payor's obligation to pay support will continue until *(specify below the terms of your agreement about when the support payee's obligation to pay support will end):*

PETITIONER: RESPONDENT:	CASE NUMBER:

7. ☐ **Family support orders.** This order is for family support.
   a. 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.
   b. The parents must notify the court of any change of information submitted within 10 days of the change by filing an updated form.
   c. A *Notice of Rights and Responsibilities Regarding Child Support* (form FL-192) must be attached to the court order.

8. ☐ **Notice of change of employment**
   The parties must inform each other in writing within 10 days of any change of employment, and include the new employer's name, address, and telephone number.

9. ☐ **Duty to become self-supporting**
   a. Notice: It is the goal of this state that each party must make reasonable good-faith efforts to become self-supporting as provided in Family Code section 4320. Failure to make reasonable good-faith efforts may be one of the factors considered by the court as a basis for modifying or terminating support.
   b. ☐ The ☐ petitioner ☐ respondent should make reasonable good-faith efforts to become self-supporting.
   c. Other *(specify):*

10. ☐ **Attachment to *Restraining Order After Hearing* (form DV-130)**
   a. This form is attached to *Restraining Order After Hearing (CLETS-OAH) (Order of Protection)* (form DV-130).
   b. The orders issued on this form (FL-343) do not expire on termination of the restraining orders issued on form DV-130.

11. ☐ **Other orders or agreements *(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.

PETITIONER: RESPONDENT:	CASE NUMBER:

PROPERTY ORDER ATTACHMENT
TO FINDINGS AND ORDER AFTER HEARING

THE COURT ORDERS

1. ☐ **Property restraining orders**
   a. The ☐ petitioner ☐ respondent ☐ claimant is restrained from transferring, encumbering, hypothecating, concealing, or in any way disposing of any property, real or personal, whether community, quasi-community, or separate, except in the usual course of business or for the necessities of life.
   b. The ☐ petitioner ☐ respondent must notify the other party of any proposed extraordinary expenses at least five business days before incurring such expenses, and make an accounting of such to the court.
   c. The ☐ petitioner ☐ respondent is restrained from cashing, borrowing against, cancelling, transferring, disposing of, or changing the beneficiaries of any insurance or other coverage, including life, health, automobile, and disability, held for the benefit of the parties or their minor child or children.
   d. The ☐ petitioner ☐ respondent must not incur any debts or liabilities for which the other may be held responsible, other than in the ordinary course of business or for the necessities of life.

2. ☐ **Possession of property.** The exclusive use, possession, and control of the following property that the parties own or are buying is given as specified:

Property	Given to

☐ See Attachment 2.

3. ☐ **Payment of debts.** Payments on the following debts that come due while this order is in effect must be paid as follows:

Total debt	Amount of payments	Pay to	Paid by
$	$		
$	$		
$	$		
$	$		

☐ See Attachment 3.

4. ☐ These are temporary orders only. The court will make final orders at the time of judgment.

5. ☐ Other *(specify)* :

Form Adopted for Mandatory Use
Judicial Council of California
FL-344 [Rev. January 1, 2007]
CEB ceb.com Essential Forms

PROPERTY ORDER ATTACHMENT TO FINDINGS AND ORDER AFTER HEARING (Family Law)

Family Code, §§ 2045, 6324
www.courtinfo.ca.gov

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARTY:	CASE NUMBER:

ATTORNEY'S FEES AND COSTS ORDER ATTACHMENT

Attached to:

- ☐ ***Findings and Orders After Hearing*** **(form FL-340)**
- ☐ ***Judgment (Uniform Parentage—Custody and Support)*** **(form FL-250)**
- ☐ ***Judgment*** **(form FL-180)**
- ☐ **Other *(specify):***

THE COURT FINDS

1. ☐ An award of attorney's fees and costs is appropriate because there is a demonstrated disparity between the parties in access to funds to retain or maintain counsel and in the ability to pay for legal representation.
   a. ☐ The party requested to pay attorney's fees and costs has or is reasonably likely to have the ability to pay for legal representation for both parties.
   b. ☐ The requested attorney's fees and costs are reasonable and necessary.
2. ☐ An award of attorney's fees and costs is not appropriate because *(check all that apply):*
   a. ☐ there is not a demonstrated disparity between the parties in access to funds to retain or maintain counsel or in the ability to pay for legal representation.
   b. ☐ the party requested to pay attorney's fees and costs does not have or is not reasonably likely to have the ability to pay for legal representation for both parties.
   c. ☐ the requested attorney's fees and costs are not reasonable or necessary.
3. ☐ Other *(specify):*

THE COURT ORDERS

4. a. The ☐ petitioner/plaintiff ☐ respondent/defendant ☐ other party to pay attorney's fees and costs in this legal proceeding
   b. in the amount of:
      (1) ☐ Fees: $
      (2) ☐ Costs: $
      (3) ☐ Interest is not included and is not waived.
   c. Payable to ☐ petitioner/plaintiff ☐ respondent/defendant ☐ other party
   d. ☐ From the payment sources of *(if specified):*

Form Approved for Optional Use
Judicial Council of California
FL-346 [New January 1, 2012]

ATTORNEY'S FEES AND COSTS ORDER ATTACHMENT
(Family Law)

Family Code, §§ 270, 2030, 3121, 3557, 7605; Cal. Rules of Court, rules 5.425, 5.93
www.courts.ca.gov

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARTY:	CASE NUMBER:

4. e. With a payment schedule of *(specify):*

   (1) ☐ Due in full, on or before *(date):*
   (2) ☐ Due in installments, with monthly payments of *(specify):* $, on the *(specify):* day of each month, beginning *(date):* until paid in full.
   (3) ☐ If any payment is not timely made and more than days overdue, the entire unpaid balance will immediately become due with interest at the legal rate, which is currently 10 percent per year, from the date of default to the date payment is finally made.
   (4) ☐ No interest will accrue as long as payments are timely made.
   (5) ☐ Other *(specify)*:

5. ☐ This amount includes *(check all that apply):*

   a. ☐ a fee in the amount of *(specify)* $ to hire an attorney in a timely manner before the proceedings in the matter go forward.
   b. ☐ attorney's fees and costs incurred to date in the amount of *(specify):* $
   c. ☐ estimated attorney's fees and costs in the amount of *(specify):* $
   d. ☐ attorney's fees and costs for limited scope representation in the amount of *(specify):* $
   e. ☐ any amounts previously ordered that have not yet been paid *(specify):* $
   f. ☐ Other *(specify):*

6. ☐ Other orders *(specify):*

NOTICE: Any party required to pay attorney's fees and costs must pay interest on overdue amounts at the legal rate, which is currently 10 percent per year.

SHORT TITLE:	CASE NUMBER:

ATTACHMENT #_____

(Required for verified pleading) The items on this page stated on information and belief are *(specify item numbers, **not** line numbers):*

This page may be used with any Judicial Council form or any other paper filed with the court.

Form Approved by the
Judicial Council of California
MC-020 [New January 1, 1987]
Optional Form

ADDITIONAL PAGE

Attach to Judicial Council Form or Other Court Paper

CRC 201, 501

ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address):*	***FOR COURT USE ONLY***
TELEPHONE NO.: FAX NO. *(Optional):* E-MAIL ADDRESS *(Optional):* ATTORNEY FOR *(Name):*	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF KERN STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	CASE NUMBER: *(If applicable, provide):* HEARING DATE: HEARING TIME: DEPT.:
PROOF OF SERVICE BY MAIL	

NOTICE: To serve temporary restraining orders you must use personal service (see form FL-330).

1. I am at least 18 years of age, not a party to this action, and I am a resident of or employed in the county where the mailing took place.
2. My residence or business address is:

3. I served a copy of the following documents *(specify)* :
   FILED FINDINGS AND ORDER AFTER HEARING FOR HEARING HELD ON _____

   by enclosing them in an envelope AND
   a. ☐ **depositing** the sealed envelope with the United States Postal Service with the postage fully prepaid.
   b. ☐ **placing** the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.
4. The envelope was addressed and mailed as follows:
   a. Name of person served:
   b. Address:

   c. Date mailed:
   d. Place of mailing *(city and state):*
5. ☐ I served a request to modify a child custody, visitation, or child support judgment or permanent order which included an address verification declaration. *(Declaration Regarding Address Verification—Postjudgment Request to Modify a Child Custody, Visitation, or Child Support Order* (form FL-334) may be used for this purpose.)
6. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME) (SIGNATURE OF PERSON COMPLETING THIS FORM)