

SUPERIOR COURT OF CALIFORNIA, COUNTY OF KERN STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	<i>FOR COURT USE ONLY</i>
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	
STIPULATION TO CONTINUE AND ORDER THEREON	CASE NUMBER: DATE HEARING SET FOR: DATE HEARING CONTINUED TO:

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

- | | |
|--|--|
| <input type="checkbox"/> Attorney for Petitioner
<input type="checkbox"/> Attorney for Respondent
<input type="checkbox"/> Attorney for Other Parent
<input type="checkbox"/> Attorney for DCSS
<input type="checkbox"/> Purpose of continuance: | <input type="checkbox"/> Petitioner present <input type="checkbox"/> in Room 300 <input type="checkbox"/> in court.
<input type="checkbox"/> Respondent present <input type="checkbox"/> in Room 300 <input type="checkbox"/> in court.
<input type="checkbox"/> Other Parent present <input type="checkbox"/> in Room 300 <input type="checkbox"/> in court.
present <input type="checkbox"/> in Room 300 <input type="checkbox"/> in court. |
|--|--|

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

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

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

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

Petitioner

Attorney for Petitioner

Respondent

Attorney for Respondent

Other Parent

Attorney for Other Parent

DCSS Attorney

It is so ordered.

Date:

Judge / Commissioner of the Superior Court