

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):   TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF:  RESPONDENT/DEFENDANT:  OTHER PARTY:	
<b>FINDINGS AND ORDER AFTER HEARING</b>	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 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 continued for further hearing on (date): \_\_\_\_\_ at (time): \_\_\_\_\_ in Dept.: \_\_\_\_\_  
 on the following issues:

Date: \_\_\_\_\_

Approved as conforming to court order. ▶ \_\_\_\_\_  
JUDICIAL OFFICER

SIGNATURE OF ATTORNEY FOR  PETITIONER/PLAINTIFF  RESPONDENT/DEFENDANT  OTHER PARTY

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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**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 of Children (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 (Family Code sections 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.  **Child custody.** Custody of the minor children of the parties is awarded as follows:

	Legal custody to: <i>(person who decides about the child's health, education, and welfare)</i>	Physical custody to: <i>(person the child regularly lives with)</i>
<u>Child's Name</u>	<u>Birth Date</u>	

7.  **Child custody orders with allegations of a history of abuse or substance abuse**

*(Do not complete this section if the parties have entered, or will enter into, an agreement on child custody and/or visitation (parenting time), in writing or stated in court.)*

a. Allegations have been raised in form FL-311, other documents filed in the court, or in a court hearing that  
 petitioner     respondent     other parent/party    has (or have) either:

(1) 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; or

(2) 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.  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 6 for the following reasons:  Attachment 7c.

**THIS IS A COURT ORDER.**



PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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9.  **Visitation (parenting time) with allegations of a history of abuse, substance abuse, or other parenting concerns**

a.  **Supervised visitation (parenting time).**

(1) Until  further order of the court  other (*specify*): \_\_\_\_\_, the  
 petitioner  respondent  other parent/party (*name*): \_\_\_\_\_  
 will have supervised visitation (parenting time) with the minor children according to the schedule on page 2.

(2) **In addition, Supervised Visitation Order (form FL-341(A) is attached.**

b.  **Unsupervised visitation (parenting time)**

*(Do not complete this section if the parties have entered or will enter into an agreement on child custody and/or visitation (parenting time), in writing or stated in court.)*

(1) Even though there are allegations of a history of abuse or substance abuse under Family Code section 3011, the  
 petitioner  respondent  other parent/party (*name*): \_\_\_\_\_  
 has (or have) unsupervised visitation (parenting time) with the minor children as set forth in 8.

(2) The reasons for granting unsupervised visitation to the person(s) alleged to have a history of abuse or substance abuse are:  as follows:  Attachment 9b.

(3) The orders for visitation (parenting time) are specific as to time, day, place, and manner of transfer of the child, as Family Code section 6323(c) requires.

10.  **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*): \_\_\_\_\_

11.  **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*): \_\_\_\_\_

**THIS IS A COURT ORDER.**

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

14.  **Joint legal custody.** The parties 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. **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):**

**THIS IS A COURT ORDER.**

For your protection and privacy, please press the Clear This Form button after you have printed the form.

**Print this form**

**Save this form**

**Clear this form**

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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**CHILD SUPPORT INFORMATION AND ORDER ATTACHMENT**

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

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

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

2.  **Income**

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

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

3.  **Children of this relationship**
- a. Number of children who are the subjects of the support order (specify): \_\_\_\_\_
- b. Approximate percentage of time spent with
- |                       |   |
|-----------------------|---|
| petitioner/plaintiff: | % |
| respondent/defendant: | % |
| other parent:         | % |

4.  **Hardships**  
 Hardships for the following have been allowed in calculating child support:
- |   |                              |                              |                     |   |
|---|------------------------------|------------------------------|---------------------|---|
|   | <u>Petitioner/ plaintiff</u> | <u>Respondent/ defendant</u> | <u>Other parent</u> | <u>Approximate ending time for the hardship</u> |
| a. <input type="checkbox"/> Other minor children:           | \$                           | \$                           | \$                  |   |
| b. <input type="checkbox"/> Extraordinary medical expenses: | \$                           | \$                           | \$                  |   |
| c. <input type="checkbox"/> Catastrophic losses:            | \$                           | \$                           | \$                  |   |

**THE COURT ORDERS**

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

6.  **Child support**
- a. **Base child support**
- Petitioner/plaintiff     Respondent/defendant     Other parent must pay child support beginning (date): \_\_\_\_\_ and continuing until further order of the court, or until the child marries, dies, is emancipated, reaches age 19, or reaches age 18 and is not a full-time high school student, whichever occurs first, as follows:
- |                     |                      |                       |                           |
|---------------------|----------------------|-----------------------|---------------------------|
| <u>Child's name</u> | <u>Date of birth</u> | <u>Monthly amount</u> | <u>Payable to (name):</u> |
|---------------------|----------------------|-----------------------|---------------------------|

- 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**

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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**THE COURT FURTHER ORDERS**

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

- (1)  Child-care costs related to employment or reasonably necessary job training
- |   |   |                             |
|---|---|-----------------------------|
| (a) <input type="checkbox"/> Petitioner/plaintiff must pay: | % of total or <input type="checkbox"/> \$ | per month child-care costs. |
| (b) <input type="checkbox"/> Respondent/defendant must pay: | % of total or <input type="checkbox"/> \$ | per month child-care costs. |
| (c) <input type="checkbox"/> Other parent must pay:         | % of total or <input type="checkbox"/> \$ | 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) <input type="checkbox"/> Petitioner/plaintiff must pay: | % of total or <input type="checkbox"/> \$ | per month. |
| (b) <input type="checkbox"/> Respondent/defendant must pay: | % of total or <input type="checkbox"/> \$ | per month. |
| (c) <input type="checkbox"/> Other parent must pay:         | % of total or <input type="checkbox"/> \$ | 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) <input type="checkbox"/> Petitioner/plaintiff must pay: | % of total or <input type="checkbox"/> \$ | per month. |
| (b) <input type="checkbox"/> Respondent/defendant must pay: | % of total or <input type="checkbox"/> \$ | per month. |
| (c) <input type="checkbox"/> Other parent must pay:         | % of total or <input type="checkbox"/> \$ | per month. |
- (d)  Costs to be paid as follows (*specify*):
- (2)  Travel expenses for visitation
- |   |   |            |
|---|---|------------|
| (a) <input type="checkbox"/> Petitioner/plaintiff must pay: | % of total or <input type="checkbox"/> \$ | per month. |
| (b) <input type="checkbox"/> Respondent/defendant must pay: | % of total or <input type="checkbox"/> \$ | per month. |
| (c) <input type="checkbox"/> Other parent must pay:         | % of total or <input type="checkbox"/> \$ | 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: \$**

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: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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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.**

**THIS IS A COURT ORDER.**



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**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 <u>income</u>	Total monthly <u>deductions</u>	Total hardship <u>deductions</u>	Net monthly disposable <u>income</u>
(1) Petitioner: <input type="checkbox"/> receiving TANF/CalWORKS	\$	\$	\$	\$
(2) Respondent: <input type="checkbox"/> 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): \_\_\_\_\_ months and \_\_\_\_\_ years.  
 c.  The parties were registered as domestic partners or the equivalent for (specify): \_\_\_\_\_ months and \_\_\_\_\_ years.  
 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:

**THIS IS A COURT ORDER.**

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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 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)*:

**THIS IS A COURT ORDER.**

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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 (Health-Care Costs and Reimbursement Procedures) and Information Sheet on Changing a Child Support Order* (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.**

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**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) :

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**CHILD CUSTODY AND VISITATION (PARENTING TIME) APPLICATION ATTACHMENT**

—This is not a court order—

TO  Petition     Response     Request for Order     Responsive Declaration to Request for Order  
 Other (specify):

1. a.  **Custody.** Custody of the minor children of the parties is requested as follows:  Attachment 1a.

<u>Child's Name</u>	<u>Date of Birth</u>	<u>Legal Custody to</u> <i>(person who decides about the child's health, education, and welfare)</i>	<u>Physical Custody to</u> <i>(person the child regularly lives with)</i>
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b.  **Custody with allegations of a history of abuse or substance abuse**

- (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.
- (3)  I ask that the court NOT order sole or joint custody of the minor child to the person(s) alleged to have a history of abuse or substance abuse.
- (4)  Even though there are allegations, I ask that the court make the child custody orders in item 1a.  
*(Write the reasons why you think it would be good for the children that the person(s) be granted custody, even though there are allegations against them of a history of abuse or substance abuse.)*  
 Below:     Attachment 1b.     Other (specify):

2.  **Visitation (Parenting Time).**

**Note: Unless specifically ordered, a child's holiday schedule order has priority over the regular parenting time.**

- a.  Reasonable right of parenting time (visitation) to the party without physical custody (**not appropriate in cases involving domestic violence**).
- b.  See the attached \_\_\_\_\_ -page document dated (specify date):
- c.  The parties will go to child custody mediation or child custody recommending counseling at (specify date, time, and location):
- d.  No visitation (parenting time).

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e.  Visitation (parenting time). (Specify start and ending date and time. If applicable, check "start of" OR "after school.")

**Petitioner's**  **Respondent's**  **Other Parent's/Party's** parenting time (visitation) will be as follows:

(1)  **Weekends starting (date):**

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

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

from \_\_\_\_\_ at \_\_\_\_\_  a.m.  p.m./ if applicable, specify:  start of school  
 (day of week) (time)  after school

to \_\_\_\_\_ at \_\_\_\_\_  a.m.  p.m./ if applicable, specify:  start of school  
 (day of week) (time)  after school

(a)  The parties will alternate the fifth weekends, with the  petitioner  respondent  other parent/party having the initial fifth weekend, which starts (date):

(b)  The  petitioner  respondent  other parent/party will have the fifth weekend in  odd  even numbered months.

(2)  **Alternate weekends starting (date):**

from \_\_\_\_\_ at \_\_\_\_\_  a.m.  p.m./ if applicable, specify:  start of school  
 (day of week) (time)  after school

to \_\_\_\_\_ at \_\_\_\_\_  a.m.  p.m./ if applicable, specify:  start of school  
 (day of week) (time)  after school

(3)  **Weekdays starting (date):**

from \_\_\_\_\_ at \_\_\_\_\_  a.m.  p.m./ if applicable, specify:  start of school  
 (day of week) (time)  after school

to \_\_\_\_\_ at \_\_\_\_\_  a.m.  p.m./ if applicable, specify:  start of school  
 (day of week) (time)  after school

(4)  Other visitation (parenting time) days and restrictions are:  listed in Attachment 2e(4)  as follows:

3.  **Visitation (parenting time) with allegations of a history of abuse, substance abuse, or other parenting concerns**

a.  **Supervised visitation (parenting time)**

(1) I ask that  petitioner  respondent  other parent/party have supervised visitation with the minor children according to the schedule in item 2 because of (specify):

(a)  Domestic violence, child abuse, or neglect.

(b)  Substance abuse: 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.

(c)  Other parenting concerns (specify below):

(2) The reasons why the court should make the orders are (specify):

(Write the reasons why you think unsupervised visitation (parenting time) would be bad for the children.)

Below  in Attachment 3a(2)  Other (specify):

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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(3) I ask for the following orders about the supervised visitation provider:

(a) Visitation (parenting time) be monitored by (*name, if known*):

- (i)  The person or agency is a professional provider. A professional provider must meet the requirements listed in *Declaration of Supervised Visitation Provider (Professional) (form FL-324(P))* and sign the declaration.
- (ii)  The person is a nonprofessional provider. That person must meet the requirements listed in *Declaration of Supervised Visitation Provider (Nonprofessional) (form FL-324(NP))* and sign a declaration.

(iii) The provider's phone number is (*specify*):

(b) Any costs of supervision be paid as follows: petitioner: \_\_\_\_\_ percent; respondent: \_\_\_\_\_ percent.  
 other parent/party: \_\_\_\_\_ percent.

b.  **Unsupervised visitation (parenting time)**

(*Complete 3b only if you want the court to order unsupervised visitation to a person alleged to have a history of abuse or substance abuse.*)

- (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.
- (3) Even though there are allegations of a history of abuse or substance abuse, I request that the court order unsupervised visitation to (*specify*):  Petitioner  Respondent  Other parent/party \_\_\_\_\_
- (4) The reasons why the court should make the orders are (*specify*):  
 (*Write the reasons why you think it would be good for the children that the person(s) be granted unsupervised visitation (parenting time) even though there are allegations against them of a history of abuse or substance abuse.*)  
 Below:  in Attachment 3b.  Other (*specify*): \_\_\_\_\_

(5) *The orders for visitation (parenting time) that you request must be specific as to time, day, place, and manner of transfer of the child, as Family Code section 6323(c) requires.*

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

*Note: In cases of domestic violence, the court must have enough information to make orders that are specific as to the time, place, and manner of transfer (exchange) of the child for custody and visitation under Family Code section 6323(c).*

- 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 (*name*): \_\_\_\_\_
- c.  Transportation **from** the visits will be provided by (*name*): \_\_\_\_\_
- d.  The exchange point at the beginning of the visit will be (*address*): \_\_\_\_\_
- e.  The exchange point at the end of the visit will be (*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*): \_\_\_\_\_

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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5.  **Travel with children** The  Petitioner  Respondent  Other parent/party **must** have written permission from the other parent or party, or a court order, to take the children out of the following places:
- a.  the state of California.
  - b.  the following counties (*specify*):
  - c.  other places (*specify*):
6.  **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. I request the orders set out on attached **form FL-312**.
7.  **Children's holiday schedule.** I request the holiday and vacation schedule set out  below  on form FL-341(C)
8.  **Additional custody provisions.** I request the additional orders for custody set out  below  on form FL-341(D)
9.  **Joint legal custody provisions.** I request joint legal custody and want the additional orders set out  below  on form FL-341(E)
10.  **Other.** I request the following additional orders (*specify*):



ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):   TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	COURT PERSONNEL: STAMP DATE RECEIVED HERE   <b>DO NOT FILE</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF:  RESPONDENT/DEFENDANT:  OTHER PARENT:	
<div style="text-align: center;"> <b>CHILD SUPPORT CASE REGISTRY FORM</b>  <input type="checkbox"/> Mother      <input type="checkbox"/> First form completed  <input type="checkbox"/> Father      <input type="checkbox"/> Change to previous information                 </div>	
CASE NUMBER: _____	

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

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

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

<u>Child Support:</u> (1) <input type="checkbox"/> Current \$ _____ base child support: <input type="checkbox"/> Reserved order <input type="checkbox"/> \$0 (zero) order (2) <input type="checkbox"/> Additional \$ _____ monthly support: (3) <input type="checkbox"/> Total \$ _____ past-due support: (4) <input type="checkbox"/> Payment \$ _____ on past-due support: (5) <input type="checkbox"/> Wage withholding was <input type="checkbox"/> ordered <input type="checkbox"/> ordered but stayed until (date) :	<u>Family Support:</u> <input type="checkbox"/> Current \$ _____ base family support: <input type="checkbox"/> Reserved order <input type="checkbox"/> \$0 (zero) order <input type="checkbox"/> Additional \$ _____ monthly support: <input type="checkbox"/> Total \$ _____ past-due support: <input type="checkbox"/> Payment \$ _____ on past-due support:	<u>Spousal Support:</u> <input type="checkbox"/> Current \$ _____ spousal support: <input type="checkbox"/> Reserved order <input type="checkbox"/> \$0 (zero) order  <input type="checkbox"/> Total \$ _____ past-due support: <input type="checkbox"/> Payment \$ _____ on past-due support:
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2. Person required to pay child or family support (*name*): \_\_\_\_\_  
 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

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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4. The child support order is for the following children:

- |    | <u>Child's name</u> | <u>Date of birth</u> | <u>Social security number</u> |
|----|---------------------|----------------------|-------------------------------|
| 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)
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# 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.