

# DEFAULT of PETITION FOR DISSOLUTION, LEGAL SEPARATION, NULLITY OF MARRIAGE OR DOMESTIC PARTNERSHIP - *Instructions*

**WHAT IS “DEFAULT?”** When a respondent in a family law (or civil) case doesn't file a Response or go to court when they're supposed to, but was properly served, then the respondent is said to be "in default." **These instructions will describe how to prepare and file a default judgment.**

**The SELF HELP CENTER holds workshops to help you complete the default judgment. Sign up for the workshop at [www.kern.courts.ca.gov](http://www.kern.courts.ca.gov) (on-line services).**

## WORKSHOP LOCATION:

SELF HELP CENTER  
1415 TRUXTUN AVE, 3<sup>RD</sup> FLOOR LAW LIBRARY, BAKERSFIELD, CA

## BRING TO WORKSHOP:

- PROOF OF INCOME: (2months) PAYCHECK STUBS, UNEMPLOYMENT STUBS, SOCIAL SECURITY LETTER, MILITARY BENEFITS, PASSPORT TO SERVICES
- 3-4 ENVELOPES 6" X 9"
- COPY OF ENDORSED PETITION
- COPY OF ENDORSED PROOF OF SERVICE
- COPY OF ALL ENDORSED ORDERS
- 12-16 POSTAGE STAMPS

**IF YOU DECIDE TO COMPLETE THE FORMS YOURSELF, THEN YOU NEED all of the items listed above.**

## FORMS TO BE COMPLETED:

1. Declaration for Default or Uncontested Dissolution or Legal Separation (FL-170) **mandatory**  
***You may need (these are not attached):***
  - a. Original Written Agreement if you have one, signed by both parties; Respondent's signature **must** be notarized
  - b. UCCJEA (FL-105) if information on the last UCCJEA changed
  - c. Custody/Visitation Orders – statement explaining why you want the orders requested
  - d. Child Support – check which box applies. If child support is requested, a statement supporting facts of Respondent's income
  - e. Spousal or Partner Support Declaration Attachment (FL-157) or statement re: standard of living during marriage & need for spousal support
  - f. Parentage – if a child born before marriage, check which box applies
2. Request to Enter Default (FL-165) **mandatory**
3. Income and Expense Declaration (FL-150) – **mandatory** if fee waiver filed, child support “reserved” or child/spousal support requested. **Need proof of income for 2 months; proof of public benefits if applicable**
4. Judgment (FL-180) **mandatory**

5. Child Custody and Visitation (Parenting Time) Order Attachment (FL-341) or Stipulation for Order for Child custody and/or Visitation of Children (form FL-355)
6. Child Support Information and Order Attachment (FL-342) **mandatory** or Stipulation to Establish or Modify Child Support and Order (FL-350) **AND** DissoMaster or Guideline Calculator printout
7. Notice of Rights and Responsibilities (FL-192) **mandatory**
8. Spousal, Partner, or Family Support Order Attachment (FL-343), **if applies**
9. Property Order Attachment to Judgment (FL-345), **if applies**
10. Notice of Entry of Judgment (FL-190) **mandatory**
11. Child Support Case Registry Form (FL-191) **mandatory if child support is “RESERVED” or requested.**

**PROCEDURE:**

1. **Complete the forms:** Review the samples carefully. Complete the forms thoroughly.
2. **Have the forms packaged:**  
**The Facilitator and Self Help Center will not check default packets at the counter.**

**Note:** You can file your completed/packaged/copied forms with the Family Law Clerk. The Clerk will check your forms. You will need to keep checking on the Court website to see if the forms were rejected for errors at [www.kern.courts.ca.gov](http://www.kern.courts.ca.gov). Click on “Non-Criminal Case Information”, “Smart Search” and enter your case number.

**PACKAGE THE FORMS IN THE FOLLOWING ORDER:**

- a. Declaration for Default or Uncontested Dissolution or Legal Separation (FL-170) and any attachments
  - b. Request to Enter Default (FL-165) + Income & Expense Declaration (FL-150) + Property Declaration (FL-160), if applies + “Proposed” Judgment with Attachments
  - c. Judgment (FL-180) with attachments
  - d. Notice of Entry of Judgment (FL-190)
  - e. Child Support Case Registry Form (FL-191)
3. **Make copies:** Each **Sample** indicates the number of copies to be made.
  4. **Address and stamp three envelopes:** Address two envelopes to the Respondent; address one envelope to you. All envelopes must have sufficient postage. The Clerk will stamp the return address.
  5. **File the forms and envelopes with the Family Law Clerk.**

**HELPFUL WEBSITES**

[www.courts.ca.gov](http://www.courts.ca.gov) - State Court - forms, etc.      [www.kern.courts.ca.gov](http://www.kern.courts.ca.gov) - Kern Court Website  
<http://kclawlib.org> – Kern County Law Library      [www.findlaw.com](http://www.findlaw.com) – Case Law  
[www.kernbar.org](http://www.kernbar.org) – Local Bar Association      [www.accesslaw.com](http://www.accesslaw.com) – Forms, Cases, Codes  
[www.leginfo.legislature.ca.ca.gov](http://www.leginfo.legislature.ca.ca.gov) - Legislation/Codes

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 SUPERIOR COURT OF CALIFORNIA, COUNTY OF KERN, FAMILY LAW FACILITATOR, 1215 TRUXTUN AVE., BAKERSFIELD CA 93301;  
[WMFACIL@KERN.COURTS.CA.GOV](mailto:WMFACIL@KERN.COURTS.CA.GOV)

PARTY WITHOUT ATTORNEY OR ATTORNEY NAME: YOUR NAME FIRM NAME: STREET ADDRESS: YOUR ADDRESS CITY: YOUR CITY, STATE, ZIP STATE: ZIP CODE: TELEPHONE NO.: YOUR PHONE NUMBER FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name): IN PRO PER		STATE BAR NUMBER:  FOR COURT USE ONLY  <b>IF YOU FILED A PETITION FOR NULLITY - DO NOT FILE THIS FORM. AN APPEARANCE IS REQUIRED. FILE A DEFAULT SETTING CARD.</b>	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF KERN STREET ADDRESS: MAILING ADDRESS: COURT ADDRESS WHERE PETITION WAS FILED CITY AND ZIP CODE: BRANCH NAME:		ORIGINAL AND 1 COPY	
PETITIONER: PETITIONER'S NAME RESPONDENT: RESPONDENT'S NAME			
<b>DECLARATION FOR DEFAULT OR UNCONTESTED</b> <input type="checkbox"/> DISSOLUTION <input type="checkbox"/> LEGAL SEPARATION CHECK WHICH BOX APPLIES		CASE NUMBER: CASE NUMBER	

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

- I declare that if I appeared in court and were sworn, I would testify to the truth of the facts in this declaration.
- I agree that my case will be proven by this declaration and that I will not appear before the court unless I am ordered by the court to do so.

3. All the information in the  amended  Petition  Response is true and correct.

4. Type of case (check a, b, or c):

a.  Default without agreement CHECK 4a IF NO RESPONSE FILED OR NOTARIZED WRITTEN AGREEMENT BETWEEN PARTIES

- No response has been filed and there is no written agreement or stipulated judgment between the parties;
- The default of the respondent was entered or is being requested, and I am not seeking any relief not requested in the petition; and
- The following statement is true (check one):
  - \*CHECK 3(A) IF THERE ARE NO PROPERTY/DEBTS OR 3(B) IF THERE ARE PROPERTY/DEBTS

CHECK ONE BOX

(A)  There are no assets or debts to be disposed of by the court.

(B)  The community and quasi-community assets and debts are listed on the completed current Property Declaration (form FL-160), which includes an estimate of the value of the assets and debts that I propose to be distributed to each party. The division in the proposed Judgment (form FL-180) is a fair and equal division of the property and debts, or if there is a negative estate, the debts are assigned fairly and equitably.

b.  Default with agreement CHECK 4b IF NO RESPONSE FILED AND THERE IS A NOTARIZED WRITTEN AGREEMENT BETWEEN PARTIES

- No response has been filed and the parties have agreed that the matter may proceed as a default matter without notice; and
- The parties have entered into a written agreement regarding their property and their marriage or domestic partnership rights, including support, the original of which is being or has been submitted to the court. I request that the court approve the agreement.

c.  Uncontested CHECK 4c IF A RESPONSE WAS FILED AND THERE IS A NOTARIZED WRITTEN AGREEMENT BETWEEN PARTIES

- Both parties have appeared in the case; and
- The parties have entered into a written agreement regarding their property and their marriage or domestic partnership rights, including support, the original of which is being or has been submitted to the court. I request that the court approve the agreement.

5. Declaration of disclosure (check a, b, c, or d):

a.  Both the parties have filed, or are filing concurrently, a Declaration Regarding Service of Declaration of Disclosure (form FL-141) and an Income and Expense Declaration (form FL-150).

CHECK ONE BOX

b.  This matter is proceeding by default. I am the petitioner in this action and have filed a proof of service of the preliminary Declaration of Disclosure (form FL-140) with the court. I hereby waive receipt of the final Declaration of Disclosure (form FL-140) from the respondent.

c.  This matter is proceeding by default. I am the petitioner in this action, and service of the summons on respondent was done by publication or posting under court order. Service of the preliminary Declaration of Disclosure (form FL-140) is not required. I hereby waive receipt of the final Declaration of Disclosure (form FL-140) from the respondent.

(5d ON PG 2)

\*IF SERVICE TO RESPONDENT WAS BY PUBLICATION, CHECK BOX 5c

PETITIONER: PETITIONER'S NAME RESPONDENT: RESPONDENT'S NAME	CASE NUMBER: CASE NUMBER
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d.  This matter is proceeding as an uncontested action. Service of the final *Declaration of Disclosure* (form FL-140) is mutually waived by both parties. A waiver provision executed by both parties under penalty of perjury is contained on the *Stipulation and Waiver of Final Declaration of Disclosure* (form FL-144), in the settlement agreement or proposed judgment, or in another, separate stipulation.

6.  **Child custody and visitation (parenting time)** should be ordered as set forth in the proposed *Judgment* (form FL-180).

a.  The information in *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act* (UCCJEA) (form FL-105)  has  has not changed since it was last filed with the court. (If changed, attach updated form.)

b.  There is an existing court order for custody/parenting time in another case in (county): NAME OF OTHER COUNTY, IF APPLIES  
The case number is (specify): CASE NUMBER IN OTHER COUNTY CASE, IF APPLIES

c.  The current custody and visitation (parenting time) previously ordered in this case, or the current schedule is (specify):

CHOOSE ONE IF MARKED "HAS" MUST FILL OUT c. FORM FL-105

STATEMENT EXPLAINING CURRENT CUSTODY AND VISITATION SCHEDULE, OR IF NO CURRENT ORDERS, YOUR CURRENT CUSTODY AND VISITATION ARRANGEMENT

FILL IN CUSTODY AND VISITATION INFORMATION

Contained on Attachment 6c.

d.  The facts that support the requested judgment are (In a default case, state your reasons below):  
GIVE BRIEF EXPLANATION WHY YOU WANT CURRENT COURT ORDERS. EXAMPLES:

1. PARTIES HAVE BEEN FOLLOWING THE CURRENT COURT ORDER FILED \_\_\_\_ (DATE)
2. THIS HAS BEEN THE SCHEDULE SINCE \_\_\_\_ (DATE)
3. THE OTHER PARENT IS INCARCERATED

Contained on Attachment 6d.

7.  **Child support** should be ordered as set forth in the proposed *Judgment* (form FL-180).

a. If there are minor children, check and complete item (1) if applicable and item (2) or (3):

- (1)  Child support is being enforced in another case in (county): NAME OF COUNTY, IF APPLIES  
The case number is (specify): CASE NUMBER, IF APPLIES
- (2)  The information in the child support calculation attached to the proposed judgment is correct based on my personal knowledge.
- (3)  I request that this order be based on the  Petitioner's  Respondent's earning ability. The facts in support of my estimate of earning ability are (specify):

CHECK THE BOX THAT APPLIES

KNOWN INCOME

OTHER REASONS

IF A CHILD SUPPORT ORDER IS REQUESTED, STATE FACTS TO SUPPORT INCOME LISTED FOR OTHER PARTY. FOR A RESERVED ORDER STATE: "THE ISSUE OF CHILD SUPPORT IS RESERVED"  
IF DCSS IS ENFORCING THE CHILD SUPPORT ORDER IN THIS CASE STATE: "THE ISSUE OF CHILD SUPPORT IS REFERRED TO DCSS"  
IF DCSS HAS A PENDING CHILD SUPPORT CASE (NO ORDER) STATE: "THE ISSUE OF CHILD SUPPORT IS RESERVED AND REFERRED TO DCSS"

Continued on Attachment 7a(3).

b. Complete items (1) and (2) regarding public assistance.

- (1) I  am receiving  am not receiving  intend to apply for public assistance for the child or children listed in the proposed order.
- (2) To the best of my knowledge, the other party  is  is not receiving public assistance.

ANSWER B(1) & B(2)

CHECK BOX ONLY IF IT APPLIES

Petitioner  Respondent is presently receiving public assistance, and all support should be made payable to the local child support agency at the address set forth in the proposed judgment. A representative of the local child support agency has signed the proposed judgment.

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

- a.  I knowingly give up forever any right to receive spousal or partner support.
- b.  I ask the court to reserve jurisdiction to award spousal or partner support in the future to:
  - Petitioner  Respondent
- c.  I ask the court to terminate forever spousal or partner support for:  Petitioner  Respondent
- d.  Spousal support or domestic partner support should be ordered as set forth in the proposed *Judgment* (form FL-180)

IF ASKING FOR AN AMOUNT, MUST COMPLETE 8d

based on the factors described in:

- Spousal or Partner Support Declaration Attachment (form FL-157) \*\*\*SAMPLE FORM ATTACHED; MUST COMPLETE IF THERE IS A TEMPORARY SUPPORT ORDER IN EFFECT
- written agreement \*\*\*NOTARIZED WRITTEN AGREEMENT BETWEEN BOTH PARTIES
- attached declaration (Attachment 8d) \*\*\*CAN ALSO USE FORM MC-031 AS AN "ATTACHED DECLARATION"

- e.  Family support should be ordered as set forth in the proposed *Judgment* (form FL-180).
- f.  Other (specify):

PETITIONER: PETITIONER'S NAME RESPONDENT: RESPONDENT'S NAME	CASE NUMBER: CASE NUMBER
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9.  **Parentage** of the children of the petitioner and respondent born prior to their marriage or domestic partnership should be ordered as set forth in the proposed *Judgment* (form FL-180). MUST ATTACH COPY OF THE DECLARATION
- a.  A voluntary declaration of parentage or paternity is attached.
- b.  Parentage was previously established by the court in (*county*): NAME OF COUNTY, IF APPLIES  
The case number is (*specify*): CASE NUMBER, IF APPLIES
- The written agreement of the parties regarding parentage is attached here (Attachment 9b) or to the proposed *Judgment* (form FL-180).
10.  **Attorney fees** should be ordered as set forth in the proposed *Judgment* (form FL-180).  
 The facts in support of this request are on *Request for Attorney's Fees and Costs Attachment* (form FL-319).  
 Other (*specify facts below*):

COMPLETE #9 ONLY IF IT APPLIES

YOU ARE ACTING AS YOUR OWN ATTORNEY. YOU CANNOT REQUEST ATTORNEY'S FEES

11.  The judgment should be entered nunc pro tunc for the following reasons (*specify*):

IF MARKED ON PETITION - ONLY PETITIONING PARTY CAN ASK FOR RESTORATION OF THEIR OWN NAME

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

**STATEMENTS IN THIS BOX APPLY ONLY TO DISSOLUTIONS**

15. If this is a dissolution of a marriage or domestic partnership created in another state, the petitioner or the respondent has been a resident of this county for at least three months and of the state of California for at least six months continuously and immediately preceding the date of the filing of the petition for dissolution of marriage or domestic partnership.
16. I ask that the court grant the request for a judgment of dissolution of marriage or domestic partnership based on irreconcilable differences and that the court make the orders set forth in the proposed *Judgment* (form FL-180) submitted with this declaration.
17.  **Status only judgment:** This declaration is only for the termination of marital or domestic partner status. I ask the court to reserve jurisdiction over all other issues not requested in this declaration for later determination.

**THIS STATEMENT APPLIES ONLY TO LEGAL SEPARATIONS**

18. I ask that the court grant the request of a judgment for legal separation based on irreconcilable differences and that the court make the orders set forth in the proposed *Judgment* (form FL-180) submitted with this declaration.
- I understand that a judgment of legal separation does not terminate a marriage or domestic partnership, and that I am still married or a partner in a domestic partnership.**

19.  Other (*specify*):

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

Date: DATE OF SIGNATURE

YOUR PRINTED NAME

(TYPE OR PRINT NAME)

YOUR SIGNATURE

(SIGNATURE OF DECLARANT)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): YOUR NAME YOUR ADDRESS YOUR CITY, STATE, ZIP  TELEPHONE NO.: YOUR PHONE NUMBER      FAX NO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): <b>IN PRO PER</b>	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF KERN</b>  STREET ADDRESS: MAILING ADDRESS: COURT ADDRESS WHERE PETITION WAS FILED CITY AND ZIP CODE: BRANCH NAME:	
(This section applies only to family law cases.) PETITIONER: PETITIONER'S NAME RESPONDENT: RESPONDENT'S NAME OTHER PARTY: OTHER PARENT'S NAME (DCSS CASES ONLY)	
(This section applies only to guardianship cases.) GUARDIANSHIP OF (Name): _____ Minor	CASE NUMBER:  CASE NUMBER
<b>DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)</b>	

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

a. Child's name NAME OF CHILD #1 (Oldest child first)	Place of birth CITY AND STATE OF BIRTH	Date of birth DATE OF BIRTH	Sex M/F
Period of residence MONTH/DAY/YEAR to present	Address ADDRESS, CITY, STATE <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) NAME PERSON LIVED WITH, SAME AS CHILD <input type="checkbox"/> Confidential	Relationship RELATIONSHIP TO CHILD
MONTH/DAY/YEAR to MONTH/DAY/YEAR	Child's residence (City, State) ADDRESS, CITY, STATE	Person child lived with (name and complete current address) NAME PERSON LIVED WITH, SAME AS CHILD	RELATIONSHIP TO CHILD
to	Child's residence (City, State) **MUST GIVE ADDRESS FOR THE LAST 5 YEARS, OR SINCE BIRTH IF CHILD IS YOUNGER THAN 5 YEARS OF AGE**	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
b. Child's name NAME OF CHILD #2	Place of birth CITY AND STATE OF BIRTH	Date of birth DATE OF BIRTH	Sex M/F
<input checked="" type="checkbox"/> Residence information is the same as given above for child a. (If NOT the same, provide the information below.)			
Period of residence MONTH/DAY/YEAR to present	Address ADDRESS, CITY, STATE FOR CHILD #2, IF DIFFERENT THAN CHILD #1 <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) NAME PERSON LIVED WITH, SAME AS CHILD <input type="checkbox"/> Confidential	Relationship RELATIONSHIP TO CHILD
**CHECK THIS BOX ONLY IF CHILD #2 LIVED WITH CHILD #1 FOR ALL DATES LISTED	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State) **MUST GIVE ADDRESS FOR THE LAST 5 YEARS, OR SINCE BIRTH IF CHILD IS YOUNGER THAN 5 YEARS OF AGE**	Person child lived with (name and complete current address)	
CHECK IF APPLIES to	Child's residence (City, State)	Person child lived with (name and complete current address)	

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

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

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

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

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

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

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

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

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

Date: \_\_\_\_\_ DATE OF SIGNATURE

\_\_\_\_\_  
YOUR PRINTED NAME  
(TYPE OR PRINT NAME)

\_\_\_\_\_  
YOUR SIGNATURE  
(SIGNATURE OF DECLARANT)

7.  Number of pages attached: \_\_\_\_\_

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

CASE NAME: LAST NAME v. LAST NAME	CASE NUMBER: CASE NUMBER
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**ATTACHMENT TO  
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)**

<input type="checkbox"/> Child's name NAME OF CHILD #3 <input type="checkbox"/> Residence information is the same as given on form FL-105/GC-120 for child a. (If NOT the same, provide the information below.)	Place of birth CITY AND STATE OF BIRTH	Date of birth DATE OF BIRTH	Sex M/F
Period of residence MONTH/DAY/YEAR to present	Present address ADDRESS, CITY, STATE FOR CHILD #3 <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) NAME PERSON LIVED WITH, SAME AS CHILD <input type="checkbox"/> Confidential	Relationship RELATIONSHIP TO CHILD
to	Child's residence (City, State) <input type="checkbox"/> Confidential	Person child lived with (name and complete current address)	
**CHECK THIS BOX ONLY IF CHILD #3 LIVED WITH CHILD #1 FOR ALL DATES LISTED	IF DIFFERENT THAN CHILD #1		
to	Child's residence (City, State) **MUST GIVE ADDRESS FOR THE LAST 5 YEARS, OR SINCE BIRTH IF CHILD IS YOUNGER THAN 5 YEARS OF AGE**	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
<input type="checkbox"/> Child's name <input type="checkbox"/> Residence information is the same as given on form FL-105/GC-120 for child a. (If NOT the same, provide the information below.)	Place of birth	Date of birth	Sex
Period of residence to present	Address <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) <input type="checkbox"/> Confidential	Relationship
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
<input type="checkbox"/> Child's name <input type="checkbox"/> Residence information is the same as given on form FL-105/GC-120 for child a. (If NOT the same, provide the information below.)	Place of birth	Date of birth	Sex
Period of residence to present	Address <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) <input type="checkbox"/> Confidential	Relationship
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	



PETITIONER/PLAINTIFF: PETITIONER'S NAME	CASE NUMBER:
RESPONDENT/DEFENDANT: RESPONDENT'S NAME	CASE NUMBER
OTHER PARTY: OTHER PARENT'S NAME (DCSS CASES ONLY)	

**SPOUSAL OR PARTNER SUPPORT DECLARATION ATTACHMENT**

- Declaration for Default or Uncontested Judgment (form FL-170)       Supporting Declaration for Attorney's Fees and Costs Attachment (form FL-158)
- Other (specify):

CHECK BOXES THAT APPLY

**1. Spousal or domestic partner support.** I request that the court (check all that apply):

- a.  Enter a judgment for spousal or domestic partner support for  Petitioner  Respondent.
- b.  Modify the judgment for spousal or domestic partner support for  Petitioner  Respondent.
- c.  Deny the request to modify the judgment for spousal or domestic partner support.
- d.  Terminate jurisdiction to award spousal or domestic partner support to  Petitioner  Respondent.

**2. Attorney fees and costs.** I request that the court (check one):

- a.  Order my attorney fees and costs to be paid by  my spouse or domestic partner  a joined party (specify):
- b.  Deny the request for attorney fees and costs.

**3. The facts in support of my request are:**

**a. Family Code section 4320(a)(1)**

(1) The supported party has the following training, job skills, and work history:

(STATE YOUR TRAINING, JOB SKILLS AND ANY WORK HISTORY)

(2) The current job market for the job skills of the supported party described in item 3a(1) is:

(STATE THE CURRENT JOB MARKET FOR THE JOB SKILL LISTED ABOVE IN 3a(1))

(3) The supported party would need the following time and expense to acquire the education or training to develop the job skills described in item 3a(1):

(STATE IF YOU NEED TIME AND MONEY TO GET AN EDUCATION OR TRAINING FOR A JOB)

(4) To develop other, more marketable job skills or employment, the supported party would need the following retraining or education:

(STATE IF YOU NEED OTHER TRAINING OR EDUCATION FOR A JOB SKILL)

**IF YOU ARE ASKING FOR SPOUSAL SUPPORT, YOU ARE THE SUPPORTED PARTY; THE OTHER PARTY IS THE SUPPORTING PARTY**

**FL-157**

PETITIONER/PLAINTIFF: PETITIONER'S NAME	CASE NUMBER:
RESPONDENT/DEFENDANT: RESPONDENT'S NAME	CASE NUMBER
OTHER PARTY: OTHER PARENT'S NAME (DCSS CASES ONLY)	

3. Facts in support of request.

b. **Family Code section 4320(a)(2)**

Provide any facts that indicate the supported party's earning ability is, or is not, lower than it might be if he or she had not had periods of unemployment because of the time needed to attend to domestic duties (*explain*):

(STATE FACTS WHY YOUR EARNING ABILITY IS OR IS NOT LOWER THAN IT MIGHT BE BECAUSE YOU WERE NOT WORKING, ETC)

c. **Family Code section 4320(b)**

Provide any facts that indicate that the supported party contributed to the education, training, career position, or license of the supporting party.

(STATE FACTS OF HOW YOU CONTRIBUTED TO EDUCATION, TRAINING OR CAREER OF YOUR SPOUSE)

**SPOUSE'S ABILITY TO PAY YOU**

d. **Family Code section 4320(c)**

- (1) The supporting party  does  does not have the ability to pay spousal or domestic partner support.
- (2) The supporting party's current gross income from employment or self-employment is (*specify*): **MUST INCLUDE AN AMOUNT**
- (3) The supporting party's current income from investments, retirement, other sources is (*specify*): **MUST INCLUDE AN AMOUNT**
- (4) The supporting party's current assets and their values and balances are (*specify*):

(STATE YOUR SPOUSE'S CURRENT ASSETS, IF ANY, THEIR VALUES AND BALANCES)

- (5) The supporting party's standard of living is (*describe, for example, type and frequency of vacations, value of home and other real estate, value of investments, type of vehicles owned, credit card use or nonuse*):

(STATE YOUR SPOUSE'S STANDARD OF LIVING; SUCH AS VACATIONS, VEHICLES OWNED, CREDIT CARD USE OR NONUSE, ETC.)

PETITIONER/PLAINTIFF: PETITIONER'S NAME	CASE NUMBER:
RESPONDENT/DEFENDANT: RESPONDENT'S NAME	CASE NUMBER
OTHER PARTY: OTHER PARENT'S NAME (DCSS CASES ONLY)	

**#3e IS ABOUT YOU.  
CHECK ONE BOX**

3. Facts in support of request.

e. **Family Code section 4320(d)**

The supported party  does  does not need support to maintain the standard of living we enjoyed during the marriage or domestic partnership.

f. **Family Code section 4320(e)**

(1) The supported party's assets and obligations, including separate property, are *(list values and balances)*:

(STATE YOUR ASSETS AND OBLIGATIONS)

(2) The supporting party's assets and obligations, including separate property, are *(list values and balances)*:

(STATE YOUR SPOUSE'S ASSETS AND OBLIGATIONS)

PETITIONER/PLAINTIFF:	PETITIONER'S NAME	CASE NUMBER:
RESPONDENT/DEFENDANT:	RESPONDENT'S NAME	CASE NUMBER
OTHER PARTY:	OTHER PARENT'S NAME (DCSS CASES ONLY)	

3. Facts in support of request.

g. **Family Code section 4320(f)**

Length of marriage or domestic partnership (*specify*):

(SPECIFY THE NUMBER OF YEAR(S) AND MONTH(S) OF MARRIAGE; EXAMPLE: 11 YEARS, 2 MONTHS)

h. **Family Code section 4320(g)**

Provide any facts indicating whether or not the supported party is able to work without unduly interfering with the interests of the children in his or her care (*describe*): (STATE IF YOU ARE ABLE OR NOT ABLE TO WORK WITHOUT INTERFERING WITH INTEREST OF THE CHILDREN IN YOUR CARE)

i. **Family Code section 4320(h)**

(1) Petitioner's age is (*specify*): (YOUR AGE) Respondent's age is (*specify*): (SPOUSE'S AGE)

(2) Petitioner's current health condition is (*describe*):  
(STATE YOUR CURRENT HEALTH CONDITION)

(3) Respondent's current health condition is (*describe*):  
(STATE YOUR SPOUSE'S CURRENT HEALTH CONDITION)

j. **Additional factors (Family Code sections 4320(i)–(n))**

The court will also consider the following factors before making a judgment for spousal or domestic partner support:

- (1) Any documented evidence of domestic violence between the parties as defined in Family Code section 6211.
- (2) The immediate and specific tax consequences for each party;
- (3) The balance of the hardships on each party;
- (4) The criminal conviction of an abusive spouse in reducing or eliminating support in accordance with Family Code section 4325;
- (5) The goal that the supported party will be self-supporting within a reasonable period of time; and
- (6) Any other factors the court determines are just and equitable.

Describe below any additional information that will assist the court in considering the above factors:

(STATE ANY ADDITIONAL INFORMATION YOU WANT THE COURT TO KNOW CONCERNING YOUR SPOUSAL SUPPORT REQUEST, ETC.)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): <b>YOUR NAME</b> <b>YOUR ADDRESS</b> <b>YOUR CITY, STATE, ZIP</b>  TELEPHONE NO.: YOUR PHONE NUMBER      FAX NO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): IN PRO PER	<b>FOR COURT USE ONLY</b>  <b>ATTACH "PROPOSED"</b> <b>JUDGMENT</b>  <b>ORIGINAL &amp; 1 COPY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF KERN</b> STREET ADDRESS: MAILING ADDRESS: COURT ADDRESS WHERE PETITION WAS FILED CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: PETITIONER'S NAME  RESPONDENT: RESPONDENT'S NAME	
<b>REQUEST TO ENTER DEFAULT</b> <b>FL-150 MUST BE ATTACHED IF FILED BY FEE WAIVER, CHILD OR SPOUSAL SUPPORT AT ISSUE</b>	CASE NUMBER: CASE NUMBER

1. **To the clerk:** Please enter the default of the respondent who has failed to respond to the petition.  
FILING FEE PAID, NO CHILD OR SPOUSAL SUPPORT AT ISSUE
2. A completed *Income and Expense Declaration* (form FL-150) or *Financial Statement (Simplified)* (form FL-155)
  - is attached     is not attached.
  - A completed *Property Declaration* (form FL-160)     is attached     is not attached NO PROPERTY LISTED ON PETITION
  - because (check at least one of the following):
    - (a)  there have been no changes since the previous filing.
    - (b)  the issues subject to disposition by the court in this proceeding are the subject of a written agreement.
    - (c)  there are no issues of child, spousal, or partner support or attorney fees and costs subject to determination by the court.
    - (d)  the petition does not request money, property, costs, or attorney fees. (Fam. Code, § 2330.5.)
    - (e)  there are no issues of division of community property.
    - (f)  this is an action to establish parental relationship.

CHECK BOXES 2(a) - 2e) THAT APPLY

MUST ATTACH FL-160 IF PROPERTY IS LISTED ON THE PETITION

Date: DATE OF SIGNATURE

\_\_\_\_\_ YOUR PRINTED NAME (TYPE OR PRINT NAME)      ►      \_\_\_\_\_ YOUR SIGNATURE (SIGNATURE OF [ATTORNEY FOR] PETITIONER)

3. **Declaration**
    - a.  No mailing is required because service was by publication or posting and the address of the respondent remains unknown.
    - b.  A copy of this *Request to Enter Default*, including any attachments and an envelope with sufficient postage, was provided to the court clerk, with the envelope addressed as follows (address of the respondent's attorney or, if none, the respondent's last known address):
      - IF SERVICE TO RESPONDENT WAS BY PUBLICATION, CHECK BOX 3a
      - IF SERVICE TO RESPONDENT WAS COMPLETED BY ANY METHOD OTHER THAN PUBLICATION, CHECK BOX 3b
- RESPONDENT'S NAME AND CURRENT ADDRESS (IF CURRENT ADDRESS IS UNKNOWN, THEN LAST KNOWN ADDRESS)**

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

Date: DATE OF SIGNATURE

\_\_\_\_\_ YOUR PRINTED NAME (TYPE OR PRINT NAME)      ►      \_\_\_\_\_ YOUR SIGNATURE (SIGNATURE OF DECLARANT)

<b>FOR COURT USE ONLY</b>
<input type="checkbox"/> <i>Request to Enter Default</i> mailed to the respondent or the respondent's attorney on (date): <input type="checkbox"/> Default entered as requested on (date): <input type="checkbox"/> Default not entered. Reason:
Clerk, by _____, Deputy

CASE NAME (Last name, first name of each party): PETITIONER'S LAST NAME, FIRST NAME v. RESPONDENT'S LAST NAME, FIRST NAME	CASE NUMBER: CASE NUMBER
--	-----------------------------

4. **Memorandum of costs**

a.  Costs and disbursements are waived.

b. Costs and disbursements are listed as follows:

- (1)  Clerk's fees ..... \$ .....
- (2)  Process server's fees ..... \$ .....
- (3)  Other (specify): ..... \$ .....
- ..... \$ .....
- ..... \$ .....
- ..... \$ .....
- TOTAL ..... \$ .....

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

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

Date: DATE OF SIGNATURE

YOUR PRINTED NAME  
\_\_\_\_\_  
(TYPE OR PRINT NAME)

▶ YOUR SIGNATURE  
\_\_\_\_\_  
(SIGNATURE OF DECLARANT)

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

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

Date: DATE OF SIGNATURE

YOUR PRINTED NAME  
\_\_\_\_\_  
(TYPE OR PRINT NAME)

▶ YOUR SIGNATURE  
\_\_\_\_\_  
(SIGNATURE OF DECLARANT)

**\*\*DO NOT COMPLETE #5 IF RESPONDENT IS IN THE MILITARY. IF THE RESPONDENT IS IN THE MILITARY, AN "APPEARANCE, STIPULATION, AND WAIVER" AND "DECLARATION OF CONDITIONAL WAIVER OF RIGHTS UNDER SERVICEMEMBERS CIVIL RELIEF ACT OF 2003" (FORMS FL-130 AND FL-130(A) MUST BE COMPLETED AND SIGNED BY THE RESPONDENT\*\***

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

PARTY WITHOUT ATTORNEY OR ATTORNEY STATE BAR NUMBER: NAME: YOUR NAME FIRM NAME: STREET ADDRESS: YOUR ADDRESS CITY: YOUR CITY, STATE, ZIP STATE: ZIP CODE: TELEPHONE NO.: YOUR PHONE NUMBER FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name): <u>IN PRO PER</u>	<b>FOR COURT USE ONLY</b>  <b>ATTACH PROOF OF INCOME FOR PAST 2 MONTHS. IF RECEIVING PUBLIC ASSISTANCE, MUST ATTACH COPY OF PASSPORT TO SERVICES</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF KERN</b> STREET ADDRESS: MAILING ADDRESS: COURT ADDRESS WHERE PETITION WAS FILED CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: PETITIONER'S NAME RESPONDENT: RESPONDENT'S NAME OTHER PARTY/PARENT/CLAIMANT: OTHER PARENT'S NAME (DCSS CASES ONLY)	
<b>INCOME AND EXPENSE DECLARATION</b>	CASE NUMBER: CASE NUMBER

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

Attach copies of your pay stubs for last two months (black out Social Security numbers).	a. Employer: NAME OF CURRENT EMPLOYER <b>**IF UNEMPLOYED - NAME OF LAST EMPLOYER</b> b. Employer's address: EMPLOYER'S ADDRESS <b>**IF NEVER EMPLOYED - "NEVER EMPLOYED"</b> c. Employer's phone number: EMPLOYER'S PHONE NUMBER d. Occupation: JOB TITLE e. Date job started: DATE YOU STARTED WORKING f. If unemployed, date job ended: <b>**IF UNEMPLOYED - DATE YOU STOPPED WORKING</b> g. I work about <sup>NUMBER PER</sup> hours per week. <span style="border: 1px solid red; padding: 2px;">CHECK WHICH BOX APPLIES FOR AMOUNT PAID</span> h. I get paid \$ <sup>WEEK</sup> AMOUNT PAID gross (before taxes) <input type="checkbox"/> per month <input type="checkbox"/> per week <input type="checkbox"/> per hour.
--	--

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

\*MUST COMPLETE ALL ITEMS: N/A OR ZEROS WHERE IT APPLIES

2. **Age and education**

a. My age is (specify): YOUR AGE

b. I have completed high school or the equivalent:  Yes  No If no, highest grade completed (specify):

c. Number of years of college completed (specify):  Degree(s) obtained (specify):

d. Number of years of graduate school completed (specify):  Degree(s) obtained (specify):

e. I have:  professional/occupational license(s) (specify):  
 vocational training (specify):

COMPLETE  
2a-2e

3. **Tax information**

LAST YEAR FILED TAXES. IF YOU

a.  I last filed taxes for tax year (specify year): NEVER FILED TAXES - "NEVER FILED"

b. My tax filing status is  single  head of household  married, filing separately  
 married, filing jointly with (specify name):

c. I file state tax returns in  California  other (specify state):

d. I claim the following number of exemptions (including myself) on my taxes (specify):

COMPLETE  
3a-3d

4. **Other party's income.** I estimate the gross monthly income (before taxes) of the other party in this case at (specify): \$ BEST ESTIMATE OF INCOME  
This estimate is based on (explain):

STATEMENT EXPLAINING HOW YOU KNOW OR ESTIMATED OTHER PARTY'S INCOME

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

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

Date: DATE OF SIGNATURE YOUR

\_\_\_\_\_  
PRINTED NAME  
(TYPE OR PRINT NAME)

▶ \_\_\_\_\_  
YOUR SIGNATURE  
(SIGNATURE OF DECLARANT)

PETITIONER: PETITIONER'S NAME RESPONDENT: RESPONDENT'S NAME OTHER PARTY/PARENT/CLAIMANT: OTHER PARENT'S NAME (DCSS CASES ONLY)	CASE NUMBER: CASE NUMBER
--	-----------------------------

Attach copies of your pay stubs for the last two months and proof of any other income. Take a copy of your latest federal tax return to the court hearing. (Black out your Social Security number on the pay stub and tax return.)

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

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

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

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

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

I am the  owner/sole proprietor  business partner  other (specify): \_\_\_\_\_

Number of years in this business (specify): \_\_\_\_\_

Name of business (specify): \_\_\_\_\_

Type of business (specify): \_\_\_\_\_

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

8.  **Additional income.** I received one-time money (lottery winnings, inheritance, etc.) in the last 12 months (specify source and amount): \_\_\_\_\_

9.  **Change in income.** My financial situation has changed significantly over the last 12 months because (specify): \_\_\_\_\_

**IF APPLIES, EXPLAIN ANY CHANGES TO YOUR INCOME IN THE LAST 12 MONTHS**

10. **Deductions**

	Last month	
a. Required union dues .....	\$ _____	
b. Required retirement payments (not Social Security, FICA, 401(k), or IRA) .....	\$ _____	
c. Medical, hospital, dental, and other health insurance premiums (total monthly amount) .....	\$ _____	
d. Child support that I pay for children from other relationships .....	\$ _____	
e. Spousal support that I pay by court order from a different marriage <input type="checkbox"/> federally tax deductible* .....	\$ _____	
f. Partner support that I pay by court order from a different domestic partnership .....	\$ _____	
g. Necessary job-related expenses not reimbursed by my employer (attach explanation labeled "Question 10g") .....	\$ _____	

11. **Assets**

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

\* Check the box if the spousal support order or judgment was executed by the parties and the court before January 1, 2019, or if a court-ordered change maintains the spousal support payments as taxable income to the recipient and tax deductible to the payor.



DO NOT LEAVE AMOUNTS BLANK. STATE AMOUNTS OR PUT ZEROS "0"

PETITIONER: PETITIONER'S NAME	CASE NUMBER:
RESPONDENT: RESPONDENT'S NAME	CASE NUMBER
OTHER PARTY/PARENT/CLAIMANT: OTHER PARENT'S NAME (DCSS CASES ONLY)	

12. The following people live with me:

MUST ANSWER YES OR NO

Name	Age	How the person is related to me (ex: son)	That person's gross monthly income	Pays some of the household expenses?	
a.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
b.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
c.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
d.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
e.				<input type="checkbox"/> Yes	<input type="checkbox"/> No

IF ANY, LIST FULL NAME, AGE, RELATIONSHIP TO YOU AND INCOME (IF ANY OR KNOWN) OF PERSON LIVING WITH YOU. DO NOT LIST YOURSELF

MUST CHOOSE ONE BOX

13. Average monthly expenses

Estimated expenses  Actual expenses  Proposed needs

a. Home:

(1)  Rent or  mortgage ..... \$ \_\_\_\_\_  
 If mortgage:  
 (a) average principal: \$ \_\_\_\_\_  
 (b) average interest: \$ \_\_\_\_\_

(2) Real property taxes ..... \$ \_\_\_\_\_

(3) Homeowner's or renter's insurance (if not included above) ..... \$ \_\_\_\_\_

(4) Maintenance and repair ..... \$ \_\_\_\_\_

b. Health-care costs not paid by insurance ..... \$ \_\_\_\_\_

c. Child care ..... \$ \_\_\_\_\_

d. Groceries and household supplies ..... \$ \_\_\_\_\_

e. Eating out ..... \$ \_\_\_\_\_

f. Utilities (gas, electric, water, trash) ..... \$ \_\_\_\_\_

g. Telephone, cell phone, and e-mail ..... \$ \_\_\_\_\_

h. Laundry and cleaning ..... \$ \_\_\_\_\_

i. Clothes ..... \$ \_\_\_\_\_

j. Education ..... \$ \_\_\_\_\_

k. Entertainment, gifts, and vacation ..... \$ \_\_\_\_\_

l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.) ..... \$ \_\_\_\_\_

m. Insurance (life, accident, etc.; do not include auto, home, or health insurance) ..... \$ \_\_\_\_\_

n. Savings and investments ..... \$ \_\_\_\_\_

o. Charitable contributions ..... \$ \_\_\_\_\_

p. Monthly payments listed in item 14 (itemize below in 14 and insert total here) ..... \$ \_\_\_\_\_

q. Other (specify): ..... \$ \_\_\_\_\_

LIST CAR PAYMENT IN #14 BELOW

LIST TOTAL AMOUNTS FROM #14 BELOW

r. TOTAL EXPENSES (a-q) (do not add in the amounts in a(1)(a) and (b)) ..... \$ \_\_\_\_\_

ADD 13a - 13q DO NOT INCLUDE MORTGAGE PRINCIPAL & INTEREST

LIST ALL MONTHLY DEBTS OWED. EXAMPLES: CAR LOANS, CREDIT CARDS, PERSONAL LOANS, ETC

s. Amount of expenses paid by others ..... \$ \_\_\_\_\_

IF ANYONE HELPS WITH YOUR EXPENSES/BILL (INCLUDING FOOD STAMPS), STATE THE AMOUNT HERE. IF NOT, STATE ZERO "0"

14. Installment payments and debts not listed above

Paid to	For	Amount	Balance	Date of last payment
NAME OF COMPANY	REASON	\$ MONTHLY AMOUNT	\$ BALANCE DUE	DATE LAST PAID
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

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

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

I confirm this fee arrangement.

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

PETITIONER: PETITIONER'S NAME	CASE NUMBER:
RESPONDENT: RESPONDENT'S NAME	CASE NUMBER
OTHER PARTY/PARENT/CLAIMANT: OTHER PARENT'S NAME (DCSS CASES ONLY)	

CHILD SUPPORT INFORMATION

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

16. Number of children

- a. I have (specify number): \_\_\_\_\_ children under the age of 18 with the other parent in this case.
- b. The children spend \_\_\_\_\_ percent of their time with me and \_\_\_\_\_ percent of their time with the other parent.  
(If you're not sure about percentage or it has not been agreed on, please describe your parenting schedule here.)

INCLUDE THE NUMBER OF CHILDREN IN #16a AND PERCENTAGE OF TIME SHARE WITH EACH PARENT IN #16b. IF THE PERCENTAGE IS NOT KNOWN, DESCRIBE THE PARENTING SCHEDULE OR VISITATION SCHEDULE

17. Children's health-care expenses

- a.  I do  I do not have health insurance available to me for the children through my job.

CHOOSE ONE IF MARKED "HAS" MUST COMPLETE 17b-17d

- b. Name of insurance company: NAME OF HEALTH INSURANCE COMPANY

- c. Address of insurance company:

ADDRESS OF HEALTH INSURANCE COMPANY

- d. The monthly cost for the children's health insurance is or would be (specify): \$ MONTHLY COST PAID (OR WOULD BE PAID) FOR CHILDREN ONLY  
(Do not include the amount your employer pays.)

18. Additional expenses for the children in this case

	Amount per month	STATE AMOUNTS FOR #18a-18d. IF NONE, PUT ZEROS "0"
a. Child care so I can work or get job training	\$ _____	
b. Children's health care not covered by insurance	\$ _____	
c. Travel expenses for visitation	\$ _____	
d. Children's educational or other special needs (specify below):	\$ _____	

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

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

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

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

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

IF #19 IS COMPLETED, YOU MUST STATE REASON(S) WHY YOU ARE EXPERIENCING FINANCIAL HARDSHIP

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

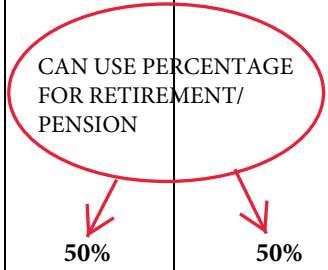
WRITE ANY OTHER ADDITIONAL INFORMATION YOU WANT THE COURT TO KNOW CONCERNING SUPPORT

PARTY WITHOUT ATTORNEY OR ATTORNEY STATE BAR NO.: NAME: YOUR NAME FIRM NAME: STREET ADDRESS: YOUR ADDRESS CITY: YOUR CITY, STATE, ZIP STATE: ZIP CODE: TELEPHONE NO.: YOUR PHONE NUMBER FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name): IN PRO PER	
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF KERN</b> STREET ADDRESS: MAILING ADDRESS: COURT ADDRESS WHERE PETITION WAS FILED CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: PETITIONER'S NAME RESPONDENT: RESPONDENT'S NAME OTHER PARENT/PARTY OTHER PARENT'S NAME (DCSS CASES ONLY)	
<input checked="" type="checkbox"/> <b>PETITIONER'S</b> <input type="checkbox"/> <b>RESPONDENT'S</b> <input checked="" type="checkbox"/> <b>COMMUNITY AND QUASI-COMMUNITY PROPERTY DECLARATION</b> <input type="checkbox"/> <b>SEPARATE PROPERTY DECLARATION</b>	CASE NUMBER: CASE NUMBER

See *Instructions* on page 4 for information about completing this form. For additional space, use *Continuation of Property Declaration* (form FL-161).

A	B	C	D	E	F	
ITEM BRIEF DESCRIPTION	MONTH/YEAR DATE ACQUIRED	CURRENT VALUE GROSS FAIR MARKET VALUE	AMOUNT CURRENTLY OWED OF DEBT	SUBTRACT VALUE AND DEBT = NET FAIR MARKET VALUE	HOW YOU PROPOSE PROPERTY SHOULD BE DIVIDED AWARD OR CONFIRM TO: PETITIONER    RESPONDENT	
1. REAL ESTATE 123 ANY STREET CITY, STATE, ZIP	1/2012	\$ 200,000.00	\$ 150,000.00	\$ 50,000.00	\$ 50,000.00	\$
2. HOUSEHOLD FURNITURE, FURNISHINGS, APPLIANCES						
WASHER & DRYER	1/2012	200.00	0.00	200.00	200.00	
MASTER BEDROOM SET	1/2012	500.00	0.00	500.00		500.00
DINING ROOM SET	1/2012	300.00	0.00	300.00	300.00	
3. JEWELRY, ANTIQUES, ART, COIN COLLECTIONS, etc.  NONE						
4. VEHICLES, BOATS, TRAILERS						
2015 HONDA ACCORD	3/2019	5,000.00	0.00	5,000.00	5,000.00	
2017 FORD F-150	1/2018	10,000.00	8,000.00	2,000.00		2,000.00
5. SAVINGS ACCOUNTS						
CHASE BANK (xxxx-1234)	1/2000	100.00	0.00	100.00	50.00	50.00
BANK OF AMERICA (xxxx-5678)	1/2000	500.00	0.00	500.00	250.00	250.00
6. CHECKING ACCOUNTS						
CHASE BANK (xxxx-1234)	1/2000	1,000.00	0.00	1,000.00	500.00	500.00

A		B	C	D	E	F	
ITEM NO.	BRIEF DESCRIPTION	DATE ACQUIRED	GROSS FAIR MARKET VALUE	AMOUNT OF DEBT	NET FAIR MARKET VALUE	PROPOSAL FOR DIVISION Award or Confirm to: PETITIONER RESPONDENT	
7.	CREDIT UNION, OTHER DEPOSITORY ACCOUNTS  NONE			\$	\$	\$	\$
8.	CASH  NONE						
9.	TAX REFUND  NONE						
10.	LIFE INSURANCE WITH CASH SURRENDER OR LOAN VALUE  NONE						
11.	STOCKS, BONDS, SECURED NOTES, MUTUAL FUNDS  NONE						
12.	RETIREMENT AND PENSIONS NAME OF RETIREMENT PLAN OR PETITIONER/RESPONDENT'S RETIREMENT THROUGH EMPLOYMENT AT _____.	3/2000	<b>**COMMUNITY PROPERTY INTEREST IN RETIREMENT/PENSION ACCUMULATED DURING MARRIAGE**</b>			50%	50%
13.	PROFIT-SHARING, IRAS, DEFERRED COMPENSATION, ANNUITIES  NONE						
14.	ACCOUNTS RECEIVABLE, UNSECURED NOTES  NONE						
15.	PARTNERSHIP, OTHER BUSINESS INTERESTS  NONE						
16.	OTHER ASSETS ANY OTHER ASSETS NOT LISTED ABOVE (OR COULD NOT BE) LIST HERE						
17.	ASSETS FROM CONTINUATION SHEET						
18.	TOTAL ASSETS		217,600.00	158,000.00	59,600.00	56,300.00	3,300.00



A		B	C	D	
ITEM NO.	DEBTS - SHOW TO WHOM OWED	DATE INCURRED	TOTAL OWING	PROPOSAL FOR DIVISION	
				PETITIONER	RESPONDENT
19.	STUDENT LOANS NONE		\$	\$	\$
20.	TAXES NONE				
21.	SUPPORT ARREARAGES  NONE				
22.	LOANS-UNSECURED  WELLS FARGO BANK (xxxx1234)	1/2013	3,000.00	1,500.00	1,500.00
23.	CREDIT CARDS  WELLS FARGO BANK (xxxx1234) WELLS FARGO BANK (xxxx5678)	1/2013 1/2013	1,000.00 2,000.00	1,000.00	2,000.00
24.	OTHER DEBTS  BANK OF AMERICA, MORTGAGE FOR 123 ANY STREET, CITY, STATE ZIP  CHASE BANK, CAR LOAN FOR 2017 FORD F-150	1/2012  1/2018	150,000.00  8,000.00	150,000.00	8,000.00
	***ANY OTHER DEBTS TO BE LISTED HERE**				
25.	OTHER DEBTS FROM CONTINUATION SHEET				
26.	TOTAL DEBTS		164,000.00	152,500.00	11,500.00

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

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

Date: DATE OF SIGNATURE  
YOUR PRINTED NAME

YOUR SIGNATURE

(TYPE OR PRINT NAME)

SIGNATURE

## INFORMATION AND INSTRUCTIONS FOR COMPLETING FORM FL-160

*Property Declaration* (form FL-160) is a multipurpose form, which may be filed with the court as an attachment to a *Petition* or *Response* or served on the other party to comply with disclosure requirements in place of a *Schedule of Assets and Debts* (form FL-142). Courts may also require a party to file a *Property Declaration* as an attachment to a *Request to Enter Default* (form FL-165) or *Judgment* (form FL-180).

**When filing a *Property Declaration* with the court, do not include private financial documents listed below.**

### Identify the type of declaration completed

1. Check "Community and Quasi-Community Property Declaration" on page 1 to use *Property Declaration* (form FL-160) to provide a combined list of community and quasi-community property assets and debts. Quasi-community property is property you own outside of California that would be community property if it were located in California.
2. Do not combine a separate property declaration with a community and quasi-community property declaration. Check "Separate Property Declaration" on page 1 when using *Property Declaration* to provide a list of separate property assets and debts.

### Description of the Property Declaration chart

#### Pages 1 and 2

1. Column A is used to provide a brief description of each item of separate or community or quasi-community property.
2. Column B is used to list the date the item was acquired.
3. Column C is used to list the item's gross fair market value (an estimate of the amount of money you could get if you sold the item to another person through an advertisement).
4. Column D is used to list the amount owed on the item.
5. Column E is used to indicate the net fair market value of each item. The net fair market value is calculated by subtracting the dollar amount in column D from the amount in column C ("C minus D").
6. Column F is used to show a proposal on how to divide (or confirm) the item described in column A.

#### Page 3

1. Column A is used to provide a brief description of each separate or community or quasi-community property debt.
2. Column B is used to list the date the debt was acquired.
3. Column C is used to list the total amount of money owed on the debt.
4. Column D is used to show a proposal on how to divide (or confirm) the item of debt described in column A.

### When using this form only as an attachment to a *Petition* or *Response*

1. Attach a *Separate Property Declaration* (form FL-160) to respond to item 9. Only columns A and F on pages 1 and 2 and columns A and D on page 3 are required.
2. Attach a *Community or Quasi-Community Declaration* (form FL-160) to respond to item 10, and complete column A on all pages.

### When serving this form on the other party as an attachment to *Declaration of Disclosure* (form FL-140)

1. Complete columns A through E on pages 1 and 2, and columns A through C on page 3.
2. Copies of the following documents must be attached and served on the other party:
  - (a) *For real estate* (item 1): deeds with legal descriptions and the latest lender's statement.
  - (b) *For vehicles, boats, trailers* (item 4): the title documents.
  - (c) *For all bank accounts* (item 5, 6, 7): the latest statement.
  - (d) *For life insurance policies with cash surrender or loan value* (item 10): the latest declaration page.
  - (e) *For stocks, bonds, secured notes, mutual funds* (item 11): the certificate or latest statement.
  - (f) *For retirement and pensions* (item 12): the latest summary plan document and latest benefit statement.
  - (g) *For profit-sharing, IRAs, deferred compensation, and annuities* (item 13): the latest statement.
  - (h) *For each account receivable and unsecured note* (item 14): documentation of the account receivable or note.
  - (i) *For partnerships and other business interests* (item 15): the most current K-1 and Schedule C.
  - (j) *For other assets* (item 16): the most current statement, title document, or declaration.
  - (k) *For support arrearages* (item 21): orders and statements.
  - (l) *For credit cards and other debts* (items 23 and 24): the latest statement.
3. Do not file copies of the above private financial documents with the court.

### When filing this form with the court as an attachment to *Request to Enter Default* (FL-165) or *Judgment* (FL-180)

Complete all columns on the form.

**For more information** about forms required to process and obtain a judgment in dissolution, legal separation, and nullity cases, see <http://www.courts.ca.gov/8218.htm>.

PARTY WITHOUT ATTORNEY OR ATTORNEY STATE BAR NO.: NAME: <b>KAGD@3? 7</b> FIRM NAME: STREET ADDRESS: <b>KAGD366D7EE</b> CITY: <b>KAGD5;FKI EF3F7L;B</b> STATE: ZIP CODE: TELEPHONE NO.: <b>KAGDB: A@7@G? 47D</b> FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name): ;@ <b>BDA B7D</b>	
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF = 7D@</b> STREET ADDRESS: MAILING ADDRESS: <b>COURT ADDRESS WHERE PETITION WAS FILED</b> CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: <b>B7F;F;A@7DE@3? 7D7EBA@67@FE@3? 7</b> RESPONDENT: <b>AF: 7DB3D7@FE@3? 7/65EE53E7EA@&gt;Kfi</b> OTHER PARENT/PARTY	
<input checked="" type="checkbox"/> <b>PETITIONER'S</b> <input type="checkbox"/> <b>RESPONDENT'S</b> <input type="checkbox"/> <b>COMMUNITY AND QUASI-COMMUNITY PROPERTY DECLARATION</b> <input checked="" type="checkbox"/> <b>SEPARATE PROPERTY DECLARATION</b>	CASE NUMBER:  CASE NUMBER

See *Instructions* on page 4 for information about completing this form. For additional space, use *Continuation of Property Declaration* (form FL-161).

A	B	C	D	E	F	
ITEM NO.	DATE ACQUIRED	GROSS FAIR MARKET VALUE	AMOUNT OF DEBT	NET FAIR MARKET VALUE	PROPOSAL FOR DIVISION Award or Confirm to: PETITIONER RESPONDENT	
1. REAL ESTATE #S%3@K EFD77F 5;FKI EF3F7L;B	1/1995	\$ 150,000.00	\$ 0.00	\$ 150,000.00	\$	\$ # "1" "2"
2. HOUSEHOLD FURNITURE, FURNISHINGS, APPLIANCES : GF5:	#0/1996	50.00	0.00	50.00	50.00	
3. JEWELRY, ANTIQUES, ART, COIN COLLECTIONS, etc.  GRANDMOTHER'S RING	1/1990	100.00	0.00	100.00	100.00	
4. VEHICLES, BOATS, TRAILERS NONE						
5. SAVINGS ACCOUNTS NONE						
6. CHECKING ACCOUNTS NONE						

A		B	C	-	D	=	E	F	
ITEM NO.	BRIEF DESCRIPTION	DATE ACQUIRED	GROSS FAIR MARKET VALUE		AMOUNT OF DEBT		NET FAIR MARKET VALUE	PROPOSAL FOR DIVISION Award or Confirm to: PETITIONER RESPONDENT	
7.	CREDIT UNION, OTHER DEPOSITORY ACCOUNTS				\$		\$	\$	\$
	STRATA CREDIT UNION (xxxx-1234)	1/1990	500.00		0.00		500.00	500.00	
8.	CASH								
	NONE								
9.	TAX REFUND								
	NONE								
10.	LIFE INSURANCE WITH CASH SURRENDER OR LOAN VALUE								
	NONE								
11.	STOCKS, BONDS, SECURED NOTES, MUTUAL FUNDS								
	NONE								
12.	RETIREMENT AND PENSIONS								
	NAME OF RETIREMENT PLAN OR PETITIONER'S RETIREMENT THROUGH EMPLOYMENT AT _____.	5/2020							
13.	PROFIT-SHARING, IRAS, DEFERRED COMPENSATION, ANNUITIES								
	NONE								
14.	ACCOUNTS RECEIVABLE, UNSECURED NOTES								
	NONE								
15.	PARTNERSHIP, OTHER BUSINESS INTERESTS								
	NONE								
16.	OTHER ASSETS								
	NONE								
17.	ASSETS FROM CONTINUATION SHEET								
18.	TOTAL ASSETS		150,650.00		0.00		150,650.00	650.00	150,000.00

CAN USE PERCENTAGE FOR RETIREMENT/PENSION  
↓  
100%

17. ASSETS FROM CONTINUATION SHEET →



A		B	C	D	
ITEM NO.	DEBTS - SHOW TO WHOM OWED	DATE INCURRED	TOTAL OWING	PROPOSAL FOR DIVISION Award or Confirm to: PETITIONER      RESPONDENT	
19.	STUDENT LOANS  NONE		\$	\$	\$
20.	TAXES  NONE				
21.	SUPPORT ARREARAGES  NONE				
22.	LOANS-UNSECURED  NONE				
23.	CREDIT CARDS  NONE				
24.	OTHER DEBTS  NONE				
25.	OTHER DEBTS FROM CONTINUATION SHEET				
26.	TOTAL DEBTS		0.00	0.00	0.00

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

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

Date: DATE OF SIGNATURE  
YOUR PRINTED NAME

YOUR SIGNATURE

(TYPE OR PRINT NAME)

SIGNATURE

## INFORMATION AND INSTRUCTIONS FOR COMPLETING FORM FL-160

*Property Declaration* (form FL-160) is a multipurpose form, which may be filed with the court as an attachment to a *Petition* or *Response* or served on the other party to comply with disclosure requirements in place of a *Schedule of Assets and Debts* (form FL-142). Courts may also require a party to file a *Property Declaration* as an attachment to a *Request to Enter Default* (form FL-165) or *Judgment* (form FL-180).

**When filing a *Property Declaration* with the court, do not include private financial documents listed below.**

### Identify the type of declaration completed

1. Check "Community and Quasi-Community Property Declaration" on page 1 to use *Property Declaration* (form FL-160) to provide a combined list of community and quasi-community property assets and debts. Quasi-community property is property you own outside of California that would be community property if it were located in California.
2. Do not combine a separate property declaration with a community and quasi-community property declaration. Check "Separate Property Declaration" on page 1 when using *Property Declaration* to provide a list of separate property assets and debts.

### Description of the Property Declaration chart

#### Pages 1 and 2

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2. Column B is used to list the date the item was acquired.
3. Column C is used to list the item's gross fair market value (an estimate of the amount of money you could get if you sold the item to another person through an advertisement).
4. Column D is used to list the amount owed on the item.
5. Column E is used to indicate the net fair market value of each item. The net fair market value is calculated by subtracting the dollar amount in column D from the amount in column C ("C minus D").
6. Column F is used to show a proposal on how to divide (or confirm) the item described in column A.

#### Page 3

1. Column A is used to provide a brief description of each separate or community or quasi-community property debt.
2. Column B is used to list the date the debt was acquired.
3. Column C is used to list the total amount of money owed on the debt.
4. Column D is used to show a proposal on how to divide (or confirm) the item of debt described in column A.

### When using this form only as an attachment to a *Petition* or *Response*

1. Attach a *Separate Property Declaration* (form FL-160) to respond to item 9. Only columns A and F on pages 1 and 2 and columns A and D on page 3 are required.
2. Attach a *Community or Quasi-Community Declaration* (form FL-160) to respond to item 10, and complete column A on all pages.

### When serving this form on the other party as an attachment to *Declaration of Disclosure* (form FL-140)

1. Complete columns A through E on pages 1 and 2, and columns A through C on page 3.
2. Copies of the following documents must be attached and served on the other party:
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  - (b) *For vehicles, boats, trailers* (item 4): the title documents.
  - (c) *For all bank accounts* (item 5, 6, 7): the latest statement.
  - (d) *For life insurance policies with cash surrender or loan value* (item 10): the latest declaration page.
  - (e) *For stocks, bonds, secured notes, mutual funds* (item 11): the certificate or latest statement.
  - (f) *For retirement and pensions* (item 12): the latest summary plan document and latest benefit statement.
  - (g) *For profit-sharing, IRAs, deferred compensation, and annuities* (item 13): the latest statement.
  - (h) *For each account receivable and unsecured note* (item 14): documentation of the account receivable or note.
  - (i) *For partnerships and other business interests* (item 15): the most current K-1 and Schedule C.
  - (j) *For other assets* (item 16): the most current statement, title document, or declaration.
  - (k) *For support arrearages* (item 21): orders and statements.
  - (l) *For credit cards and other debts* (items 23 and 24): the latest statement.
3. Do not file copies of the above private financial documents with the court.

### When filing this form with the court as an attachment to *Request to Enter Default* (FL-165) or *Judgment* (FL-180)

Complete all columns on the form.

**For more information** about forms required to process and obtain a judgment in dissolution, legal separation, and nullity cases, see <http://www.courts.ca.gov/8218.htm>.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): YOUR NAME YOUR ADDRESS YOUR CITY, STATE, ZIP  TELEPHONE NO.: YOUR PHONE NUMBER      FAX NO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): IN PRO PER	<b>FOR COURT USE ONLY</b>  <b>ORIGINAL &amp; 5 COPIES</b>  <b>ON 2 COPIES WRITE THE WORD "PROPOSED" NEXT TO JUDGMENT &amp; ATTACH "PROPOSED" JUDGMENT TO THE REQUEST TO ENTER DEFAULT FL-165</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF KERN</b> STREET ADDRESS: MAILING ADDRESS: COURT ADDRESS WHERE PETITION WAS FILED CITY AND ZIP CODE: BRANCH NAME:	
<b>MARRIAGE OR PARTNERSHIP OF</b> PETITIONER:    PETITIONER'S NAME RESPONDENT:    RESPONDENT'S NAME	
<div style="border: 1px solid red; padding: 2px; display: inline-block; margin-bottom: 5px;">CHECK WHICH BOX APPLIES</div> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <input type="checkbox"/> <b>DISSOLUTION</b>  <input type="checkbox"/> Status only  <input type="checkbox"/> Reserving jurisdiction over termination of marital or domestic partnership status  <input type="checkbox"/> Judgment on reserved issues  <b>Date marital or domestic partnership status ends:</b> </div> <div style="text-align: center;"> <input type="checkbox"/> <b>JUDGMENT</b>  <input type="checkbox"/> <b>LEGAL SEPARATION</b> </div> <div style="text-align: center;"> <input type="checkbox"/> <b>NULLITY</b> </div> </div>	CASE NUMBER:  CASE NUMBER

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

**THE COURT ORDERS, GOOD CAUSE APPEARING**

4. a.  Judgment of dissolution is entered. Marital or domestic partnership status is terminated and the parties are restored to the status of single persons
  - (1)  on (specify date): \_\_\_\_\_
  - (2)  on a date to be determined on noticed motion of either party or on stipulation.
- b.  Judgment of legal separation is entered.
- c.  Judgment of nullity is entered. The parties are declared to be single persons on the ground of (specify): \_\_\_\_\_

**\*\*IF FILING A NULLITY, MAKE SURE YOU STATE THE GROUNDS AND CODE SECTION. REFER BACK TO YOUR ORIGINAL PETITION. MUST SET YOUR CASE FOR A HEARING USING A DEFAULT SETTING CARD\*\***

- d.  This judgment will be entered nunc pro tunc as of (date): \_\_\_\_\_
- e.  Judgment on reserved issues. IF MARKED ON PETITION, NAME TO BE RESTORED HERE
- f. The  petitioner's  respondent's former name is restored to (specify): \_\_\_\_\_
- g.  Jurisdiction is reserved over all other issues, and all present orders remain in effect except as provided below.
- h.  This judgment contains provisions for child support or family support. Each party must complete and file with the court a *Child Support Case Registry Form* (form FL-191) within 10 days of the date of this judgment. The parents must notify the court of any change in the information submitted within 10 days of the change, by filing an updated form. The *Notice of Rights and Responsibilities—Health-Care Costs and Reimbursement Procedures and Information Sheet on Changing a Child Support Order* (form FL-192) is attached.

CHECK WHICH BOX APPLIES

IF CHILD SUPPORT IS AT ISSUE, MARK THIS BOX & FILL OUT THIS FORM



CHECK ALL BOXES THAT APPLY

CASE NAME (Last name, first name of each party): PETITIONER'S LAST NAME, FIRST NAME v. RESPONDENT'S LAST NAME, FIRST NAME	CASE NUMBER: CASE NUMBER
--	-----------------------------

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

IF PARTIES HAVE CHILDREN, MUST MARK 4i-4k AND COMPLETE WITH APPROPRIATE ATTACHMENTS

REFER TO PETITION AND MARK APPROPRIATE BOX; IF A TEMPORARY ORDER IN PLACE, MUST COMPLETE FL-157 ATTACHED TO DECLARATION

REFER TO PETITION AND PROPERTY DECLARATION

IF REQUESTED IN PETITION, MARK BOX 4.n.(3)

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

Date:

5. Number of pages attached:  NUMBER OF PAGES ATTACHED

SIGNATURE FOLLOWS LAST ATTACHMENT

JUDICIAL OFFICER

**NOTICE**

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

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

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

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

**MUST MATCH CUSTODY AND VISITATION ORDERS REQUESTED IN PETITION OR CURRENT COURT ORDER**

**FL-341**

PETITIONER: PETITIONER'S NAME RESPONDENT: RESPONDENT'S NAME OTHER PARENT/PARTY: OTHER PARENT'S NAME (DCSS CASES ONLY)	CASE NUMBER:  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 of Children (form FL-355)
- Other (specify):

- Jurisdiction.** This court has jurisdiction to make child custody orders in this case under the Uniform Child Custody Jurisdiction and Enforcement Act (Fam. Code, §§ 3400–3465).
- Notice and opportunity to be heard.** The responding party was given notice and an opportunity to be heard, as provided by the laws of the State of California.
- Country of habitual residence.** The country of habitual residence of the child or children in this case is  the United States  Other (specify):
- Penalties for violating this order.** If you violate this order, you may be subject to civil or criminal penalties, or both.
- Child Custody.** Custody of the minor children of the parties is awarded as follows:

Child's Name	Birth Date	Legal custody to: (person who makes decisions about health, education, etc.)	Physical custody to: (person with whom child lives)
--------------	------------	--	---

CHILD'S NAME	DATE OF BIRTH
--------------	---------------

- 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 Orders Attachment (form FL-341(B)) must be attached and must be obeyed.*)

- Visitation (Parenting Time)**
  - Reasonable right of visitation to the party without physical custody (**not appropriate in cases involving domestic violence**)
  - See the attached \_\_\_\_\_ -page document.
  - The parties will go to child custody mediation or child custody recommending counseling at (specify date, time, and location):
  - No Visitation (Parenting Time)
  - Visitation (Parenting Time) for the  petitioner  respondent  other (name): will be as follows:

- 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  after school

(day of week) (time)

to \_\_\_\_\_ at \_\_\_\_\_ a.m.  p.m./ if applicable, specify:  start of school  after school

(day of week) (time)

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

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

**THIS IS A COURT ORDER.**

Page 1 of 3

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

DEFAULT DISSOLUTION, LEGAL SEPARATION AND NULLITY - SAMPLE 2020



**MUST MATCH CUSTODY AND VISITATION ORDERS REQUESTED IN PETITION OR CURRENT COURT ORDER** **FL-341**

PETITIONER: PETITIONER'S NAME RESPONDENT: RESPONDENT'S NAME OTHER PARENT/PARTY: OTHER PARENT'S NAME (DCSS CASES ONLY)	CASE NUMBER:  CASE NUMBER
---	---------------------------------

11.  **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.)
12.  **Additional custody provisions.** The parents will follow the additional custody provisions listed  below  in the attached schedule. (*Additional Provisions—Physical Custody Attachment (form FL-341(D))* may be used for this purpose.)
13.  **Joint legal custody.** The parents will share joint legal custody as listed  below  in the attached schedule. (*Joint Legal Custody Attachment (form FL-341(E))* may be used for this purpose.)
14.  **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.
15.  **Other (specify):**

**THIS IS A COURT ORDER.**

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

DEFAULT DISSOLUTION, LEGAL  
SEPARATION AND NULLITY - SAMPLE 2020

PETITIONER/PLAINTIFF: PETITIONER'S NAME	CASE NUMBER:
RESPONDENT/DEFENDANT: RESPONDENT'S NAME	CASE NUMBER
OTHER PARENT/PARTY: OTHER PARENT'S NAME (DCSS CASES ONLY)	

CHILD SUPPORT INFORMATION AND ORDER ATTACHMENT

- TO  Findings and Order After Hearing (form FL-340)
- Judgment (form FL-180)  Judgment (form FL-250)
- Restraining Order After Hearing (CLETS-OAH) (form DV-130)
- Other (specify):

CHECK BOX IF APPLIES

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 monthly income | Net monthly income                                    | Receiving TANF/CalWORKS  |
| Petitioner/plaintiff: | \$ [ ]               | \$ FILL IN MONTHLY INCOME BEFORE TAXES FOR EACH PARTY | <input type="checkbox"/> |
| Respondent/defendant: | \$ [ ]               |   | <input type="checkbox"/> |
| Other parent/party:   | \$ [ ]               |   | <input type="checkbox"/> |

- b. Imputation of income. The court finds that the  Petitioner/plaintiff  Respondent/defendant  Other parent/party 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): NUMBER OF CHILDREN

- b. Approximate percentage of time spent with:
- |                            |       |   |
|----------------------------|-------|---|
| with petitioner/plaintiff: | [ ] % | ← APPROXIMATE AMOUNT OF TIME SPENT WITH EACH PARENT |
| Respondent/defendant:      | [ ] % |   |
| Other parent/party:        | [ ] % |   |

4.  Hardships

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

	Petitioner/ plaintiff	Respondent/ defendant	Other parent/ party	Approximate ending time for the hardship
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/party must pay child support beginning (date): START 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:

CHECK WHICH BOX APPLIES (WHO WILL PAY SUPPORT)

INSERT START DATE FOR CHILD SUPPORT (MONTH/DAY/YEAR)

Child's name	Date of birth	Monthly amount	Payable to (name):
CHILD'S NAME	DATE OF BIRTH	AMOUNT OR "RESERVED"	NAME OF PERSON WHO WILL RECEIVE SUPPORT

CHOOSE PAYMENT SCHEDULE

- 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: PETITIONER'S NAME RESPONDENT/DEFENDANT: RESPONDENT'S NAME OTHER PARENT/PARTY: OTHER PARENT'S NAME (DCSS CASES ONLY)	CASE NUMBER: CASE NUMBER
---	-----------------------------

**THE COURT FURTHER ORDERS**

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

(1) Child-care costs related to employment or reasonably necessary job training

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

c. **Mandatory additional child support**

(2) Reasonable uninsured health-care costs for the children

- (a)  Petitioner/plaintiff must pay:                      50 % of total    or     \$                      per month.
- (b)  Respondent/defendant must pay:                      50 % 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.  **Additional child support**

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

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

(2)  Travel expenses for visitation

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

e.  **Non-Guideline Order**

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

<b>Total child support per month: \$</b>	<b>TOTAL SUPPORT</b>
--	----------------------

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/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 upon the parent providing health insurance for support and maintenance.

- b.  Health insurance is not available to the  petitioner/plaintiff     respondent/defendant     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 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.

**THIS IS A COURT ORDER.**

PETITIONER/PLAINTIFF: PETITIONER'S NAME	CASE NUMBER:
RESPONDENT/DEFENDANT: RESPONDENT'S NAME	CASE NUMBER
OTHER PARENT/PARTY: OTHER PARENT'S NAME (DCSS CASES ONLY)	

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/party is ordered to seek employment with the following terms and conditions:

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.**

**CHILD SUPPORT INFORMATION AND ORDER ATTACHMENT**

FL-192

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

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

1. **Notice.** You must give the other parent an itemized statement of the charges that have been billed for any health-care costs not paid by insurance. You must give this statement to the other parent within a reasonable time, but no more than 30 days after those costs were given to you.
2. **Proof of full payment.** If you have already paid all of the uninsured costs, you must (1) give the other parent proof that you paid them and (2) ask for reimbursement for the other parent's court-ordered share of those costs.
3. **Proof of partial payment.** If you have paid only your share of the uninsured costs, you must (1) give the other parent proof that you paid your share, (2) ask that the other parent pay his or her share of the costs directly to the health-care provider, and (3) give the other parent the information necessary for that parent to be able to pay the bill.
4. **Payment by notified parent.** If you receive notice from a parent that an uninsured health-care cost has been incurred, you must pay your share of that cost within the time the court orders; or if the court has not specified a period of time, you must make payment (1) within 30 days from the time you were given notice of the amount due, (2) according to any payment schedule set by the health-care provider, (3) according to a schedule agreed to in writing by you and the other parent, or (4) according to a schedule adopted by the court.
5. **Disputed charges.** If you dispute a charge, you may file a motion in court to resolve the dispute, but only if you pay that charge before filing your motion. If you claim that the other party has failed to reimburse you for a payment, or the other party has failed to make a payment to the provider after proper notice has been given, you may file a motion in court to resolve the dispute. The court will presume that if uninsured costs have been paid, those costs were reasonable. The court may award attorney fees and costs against a party who has been unreasonable.
6. **Court-ordered insurance coverage.** If a parent provides health-care insurance as ordered by the court, that insurance must be used at all times to the extent that it is available for health-care costs.
  - a. **Burden to prove.** The party claiming that the coverage is inadequate to meet the child's needs has the burden of proving that to the court.
  - b. **Cost of additional coverage.** If a parent purchases health-care insurance in addition to that ordered by the court, that parent must pay all the costs of the additional coverage. In addition, if a parent uses alternative coverage that costs more than the coverage provided by court order, that parent must pay the difference.
7. **Preferred health providers.** If the court-ordered coverage designates a preferred health-care provider, that provider must be used at all times consistent with the terms of the health insurance policy. When any party uses a health-care provider other than the preferred provider, any health-care costs that would have been paid by the preferred health provider if that provider had been used must be the sole responsibility of the party incurring those costs..

**General Information**

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

**When a Child Support Order May Be Modified**

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

**Examples**

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

**How to Change a Child Support Order**

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

**What forms do I need?**

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

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

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

- FL-300, *Request for Order* or
- FL-390, *Notice of Motion and Motion for Simplified Modification of Order for Child, Spousal, or Family Support*

You must also fill out one of these forms:

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

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

Talk to the family law facilitator at your court.

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

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

- Form FW-001, *Request to Waive Court Fees*
- 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 serve the other parent copies of your filed court forms at least **16 court days** before the hearing. Add **5 calendar days** if you serve by mail within California (see Code of Civil Procedure section 1005 for other situations).

**Court days** are weekdays when the court is open for business (Monday through Friday except court holidays). **Calendar days** include all days of the month, including weekends and holidays. To find court holidays, go to [www.courts.ca.gov/holidays.htm](http://www.courts.ca.gov/holidays.htm).

The server must also serve blank copies of these forms:

- FL-320, *Responsive Declaration to Request for Order* **and** FL-150, *Income and Expense Declaration*, or
- FL-155, *Financial Statement (Simplified)*

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

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

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

**Need help?**

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

PETITIONER/PLAINTIFF: PETITIONER'S NAME RESPONDENT/DEFENDANT: RESPONDENT'S NAME OTHER PARENT: OTHER PARENT'S NAME (DCSS CASES ONLY)	CASE NUMBER:  CASE NUMBER
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**SPOUSAL, PARTNER, OR FAMILY SUPPORT ORDER ATTACHMENT**

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

FILL IN MONTHLY INCOME, DEDUCTIONS AND DISPOSABLE INCOME FOR BOTH PARTIES IN 1a & 1b

**THE COURT FINDS**

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

CHECK BOX IF APPLIES

	Total gross monthly income	Total monthly deductions	Total hardship deductions	Net monthly disposable income
--	----------------------------	--------------------------	---------------------------	-------------------------------

- |  |    |    |    |    |
|--|----|----|----|----|
| a. Petitioner: <input type="checkbox"/> receiving TANF/CalWORKS \$ | \$ | \$ | \$ | \$ |
| b. Respondent: <input type="checkbox"/> receiving TANF/CalWORKS \$ | \$ | \$ | \$ | \$ |

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

3. **Judgment for spousal or partner support**

MUST CHECK 3b & 3e

- a.  Modifies a judgment or order entered on (date): **\*\*FILL IN DATE ONLY IF A SPOUSAL ORDER HAS ALREADY MADE**
- b.  The parties were married for (specify numbers): \_\_\_\_\_ years \_\_\_\_\_ months. ← **LENGTH OF MARRIAGE**
- c.  The parties were registered as domestic partners or the equivalent on (specify numbers): \_\_\_\_\_ years \_\_\_\_\_ months.
- d.  The parties are both self-supporting, as shown on the Declaration for Default or Uncontested Dissolution or Legal Separation (form FL-170).
- e.  The marital standard of living was (describe):

DESCRIBE THE MARITAL STANDARD OF LIVING (e.g. WHAT WAS THE PARTY'S INCOME DURING THE MARRIAGE, HISTORY OF SAVINGS, NUMBER OF HOMES, CARS, VACATIONS, ETC)

See Attachment 3d.

**THE COURT ORDERS**

PERSON WHO PAYS SUPPORT

PERSON WHO RECEIVES SUPPORT

4.  The issue of spousal or partner support for the  petitioner  respondent is reserved for a later determination.
5.  The court terminates jurisdiction over the issue of spousal or partner support for the  petitioner  respondent.
6. a. The  petitioner  respondent must pay to the  petitioner  respondent as  temporary  spousal support  family support  partner support \$ SUPPORT AMOUNT per month, beginning (date): START DATE, payable through (specify end date): SPECIFY END DATE, OR "UNTIL FURTHER COURT ORDER"

CHOOSE PAYMENT SCHEDULE

INSERT START DATE FOR SPOUSAL SUPPORT (MONTH/DAY/YEAR)

- payable on the (specify): \_\_\_\_\_ day of each month.  
 Other (specify): \_\_\_\_\_

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

**THIS IS A COURT ORDER.**

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

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

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

***THIS IS A COURT ORDER.***

**SPOUSAL, PARTNER, OR FAMILY SUPPORT ORDER ATTACHMENT**

**(Family Law)**

DEFAULT DISSOLUTION, LEGAL SEPARATION  
AND NULLITY - SAMPLE 2020

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

**PROPERTY ORDER ATTACHMENT TO JUDGMENT**

**1. Division of community property assets**

**IF #1a IS CHECKED, GO TO #2**

- a.  There are no community property assets.
- b.  The court finds that the net value of the community estate is less than \$5,000 and that the  petitioner  respondent cannot be found. Under Family Code section 2604, the entire community estate is awarded to the  petitioner  respondent.
- c.  The petitioner will receive the following assets: *(Attach additional page if necessary.)*

**LIST COMPLETE DESCRIPTION OF PROPERTY YOU WILL RECEIVE. MUST MATCH PETITION OR PROPERTY DECLARATION. INCLUDE FULL PROPERTY ADDRESSES AND LAST FOUR DIGITS OF ANY BANK ACCOUNT NUMBERS**

- d.  The respondent will receive the following assets: *(Attach additional page if necessary.)*

**LIST COMPLETE DESCRIPTION OF PROPERTY YOU WILL RECEIVE. MUST MATCH PETITION OR PROPERTY DECLARATION. INCLUDE FULL PROPERTY ADDRESSES AND LAST FOUR DIGITS OF ANY BANK ACCOUNT NUMBERS**

- e. The  petitioner  respondent will be responsible for preparing and filing a *Qualified Domestic Relations Order (QDRO)* to divide the following plan or retirement account(s) *(specify)*:

The fee for preparation of the QDRO shall be shared as follows *(specify)*:

- f.  Other orders:

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

**2. Division of community property debts**

**IF #2a IS CHECKED, GO TO PAGE 2**

- a.  There are no community debts.
- b.  All community debts have been paid by the  petitioner  respondent. The  petitioner  respondent must reimburse the other party: \$  
The payment plan is as follows:

- c.  The petitioner will be responsible for the following debts: *(Attach additional page if necessary.)*

**LIST COMPLETE DESCRIPTION OF DEBTS YOU WILL RECEIVE. MUST MATCH PETITION OR PROPERTY DECLARATION. INCLUDE LAST FOUR DIGITS OF ANY CREDIT CARD ACCOUNT NUMBERS**

- d.  The respondent will be responsible for the following debts: *(Attach additional page if necessary.)*

**LIST COMPLETE DESCRIPTION OF PROPERTY YOU WILL RECEIVE. MUST MATCH PETITION OR PROPERTY DECLARATION. INCLUDE LAST FOUR DIGITS OF ANY CREDIT CARD ACCOUNT NUMBERS**

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

- e.  Other orders:
- f. Each party will be solely responsible for paying the debts assigned to him or her and will hold the other harmless from those debts. The parties understand that the creditors are not bound by this judgment. If a creditor seeks payment from the party who is not listed as responsible for the debt, that party can file a motion to seek reimbursement from the defaulting party.
- g. The court reserves jurisdiction to divide any community debts not listed here.
3.  **Equalization of division of property and debt orders.** To equalize the division of the community property assets and debts, the  petitioner  respondent must pay to the other the sum of: \$ \_\_\_\_\_, payable as follows (*specify*):
4. **Separate property**
- a.  The court confirms the following assets or debts as the sole separate property, or sole responsibility, of the petitioner:  
**LIST COMPLETE DESCRIPTION OF PROPERTY YOU WILL RECEIVE. MUST MATCH PETITION OR PROPERTY DECLARATION. INCLUDE FULL PROPERTY ADDRESSES AND LAST FOUR DIGITS OF ANY BANK OR CREDIT ACCOUNT NUMBERS.**  
**IF NONE WRITE "NONE"**
- b.  The court confirms the following assets or debts as the sole separate property, or sole responsibility, of the respondent:  
**LIST COMPLETE DESCRIPTION OF PROPERTY YOU WILL RECEIVE. MUST MATCH PETITION OR PROPERTY DECLARATION. INCLUDE FULL PROPERTY ADDRESSES AND LAST FOUR DIGITS OF ANY BANK OR CREDIT ACCOUNT NUMBERS.**  
**IF NONE WRITE "NONE"**
5.  The settlement agreement between the parties dated (*date*): \_\_\_\_\_ is attached and made a part of this judgment.
6.  **Sale of property.** The following property will be offered for sale and sold for the fair market value as soon as a willing buyer can be found, and the net proceeds from the sale will be  divided equally  other (*specify*):
7.  Other orders (*specify*):



SHORT TITLE: PETITIONER'S LAST NAME, FIRST NAME v. RESPONDENT'S LAST NAME, FIRST NAME	CASE NUMBER: CASE NUMBER
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**ATTACHMENT** (Number) : 4.n.(3) ←  
*(This Attachment may be used with any Judicial Council form.)*

THERE ARE NO ISSUES OF ATTORNEY FEES OR COSTS TO BE ADDRESSED AT THIS TIME.



**THIS FORM IS ONLY NEEDED IF #11a WAS CHECKED IN THE PETITION ASKING FOR ATTORNEY'S FEES AND COSTS TO BE PAID**

*(If the item that this Attachment concerns is made under penalty of perjury, all statements in this Attachment are made under penalty of perjury.)*

Page 1 of 1  
 (Add pages as required)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): YOUR NAME YOUR ADDRESS YOUR CITY, STATE ZIP  TELEPHONE NO.: YOUR PHONE NUMBER      FAX NO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): <b>IN PRO PER</b>	<b>FOR COURT USE ONLY</b>  <b>ORIGINAL &amp; 2 COPIES</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF KERN</b>  STREET ADDRESS: MAILING ADDRESS: COURT ADDRESS WHERE PETITION WAS FILED CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: PETITIONER'S NAME  RESPONDENT: RESPONDENT'S NAME	
<b>NOTICE OF ENTRY OF JUDGMENT</b>	CASE NUMBER: CASE NUMBER

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

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

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

Clerk, by \_\_\_\_\_, Deputy

**-NOTICE TO ATTORNEY OF RECORD OR PARTY WITHOUT ATTORNEY-**

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

**STATEMENT IN THIS BOX APPLIES ONLY TO JUDGMENT OF DISSOLUTION**

Effective date of termination of marital or domestic partnership status (specify) :

**WARNING: Neither party may remarry or enter into a new domestic partnership until the effective date of the termination of marital or domestic partnership status, as shown in this box.**

**CLERK'S CERTIFICATE OF MAILING**

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

at (place) : \_\_\_\_\_, California, on (date) :

Date: \_\_\_\_\_ Clerk, by \_\_\_\_\_, Deputy

Name and address of petitioner or petitioner's attorney

YOUR NAME  
YOUR ADDRESS  
YOUR CITY, STATE ZIP

Name and address of respondent or respondent's attorney

RESPONDENT'S NAME AND CURRENT ADDRESS  
(IF CURRENT ADDRESS IS UNKNOWN, THEN LAST KNOWN ADDRESS)

\_\_\_\_\_

ATTORNEY OR PARTY WITHOUT ATTORNEY ( <i>Name, State Bar number, and address</i> ): YOUR NAME YOUR ADDRESS YOUR CITY, STATE, ZIP  TELEPHONE NO.: YOUR PHONE NUMBER      FAX NO. ( <i>Optional</i> ): E-MAIL ADDRESS ( <i>Optional</i> ): ATTORNEY FOR ( <i>Name</i> ): IN PRO PER	COURT PERSONNEL: STAMP DATE RECEIVED HERE   <b>DO NOT FILE</b>  <b>ORIGINAL ONLY</b>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF KERN  STREET ADDRESS: MAILING ADDRESS: COURT ADDRESS WHERE PETITION WAS FILED  CITY AND ZIP CODE:  BRANCH NAME:	
PETITIONER/PLAINTIFF: PETITIONER'S NAME  RESPONDENT/DEFENDANT: RESPONDENT'S NAME  OTHER PARENT: OTHER PARENT'S NAME (DCSS CASES ONLY)	
CHECK APPROPRIATE BOXES <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	CASE NUMBER: CASE NUMBER

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

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

1. Support order information (*this information is on the court order you are filing or have received*). **CHECK BOXES 1b & 1c BOXES 2 & 3 MUST BE COMPLETED IF SUPPORT IS ORDERED**
- 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) <input type="checkbox"/> Current \$<br>base child support: <input type="checkbox"/> Reserved order<br><input type="checkbox"/> \$0 (zero) order<br><br>(2) <input type="checkbox"/> Additional \$<br>monthly support:<br><br>(3) <input type="checkbox"/> Total \$<br>past-due support:<br><br>(4) <input type="checkbox"/> Payment \$<br>on past-due support:<br><br>(5) <input type="checkbox"/> Wage withholding was <input type="checkbox"/> ordered <input type="checkbox"/> ordered but stayed until ( <i>date</i> ): | <input type="checkbox"/> Current \$<br>base family support: <input type="checkbox"/> Reserved order<br><input type="checkbox"/> \$0 (zero) order<br><br><input type="checkbox"/> Additional \$<br>monthly support:<br><br><input type="checkbox"/> Total \$<br>past-due support:<br><br><input type="checkbox"/> Payment \$<br>on past-due support: | <input type="checkbox"/> Current \$<br>spousal support: <input type="checkbox"/> Reserved order<br><input type="checkbox"/> \$0 (zero) order<br><br><input type="checkbox"/> Total \$<br>past-due support:<br><br><input type="checkbox"/> Payment \$<br>on past-due support: |
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: PETITIONER'S NAME RESPONDENT/DEFENDANT: RESPONDENT'S NAME OTHER PARENT: OTHER PARENT'S NAME (DCSS CASES ONLY)	CASE NUMBER: CASE NUMBER
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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:

6. Mother's name:

- a. Date of birth:
- b. Social security number:
- c. Street address:

- a. Date of birth:
- b. Social security number:
- c. Street address:

City, state, zip code:

City, state, zip code:

d. Mailing address:

d. Mailing address:

City, state, zip code:

City, state, zip code:

e. Driver's license number:

e. Driver's license number:

State:

State:

f. Telephone number:

f. Telephone number:

g.  Employed  Not employed  Self-employed

g.  Employed  Not employed  Self-employed

Employer's name:

Employer's name:

Street address:

Street address:

City, state, zip code:

City, state, zip code:

Telephone number:

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: DATE OF SIGNATURE

YOUR PRINTED NAME

YOUR SIGNATURE

(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.