

DEFAULT of PETITION FOR CUSTODY AND SUPPORT OF MINOR CHILDREN - *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 (on-line services).

WORKSHOP LOCATION:

**SELF HELP CENTER
1415 TRUXTUN AVE, 3RD 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 ENVELOPES 6" X 9"
- COPY OF **ENDORSED** PETITION
- COPY OF **ENDORSED** PROOF OF SERVICE
- COPY OF ALL **ENDORSED** ORDERS
- 10-12 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 Judgment (FL-230) *mandatory*
2. Advisement and Waiver of Rights RE: Establishment of Parental Relationship (FL-235) *mandatory*
3. UCCJEA (FL-105) if information on the last UCCJEA changed
4. Request to Enter Default (FL-165) *mandatory*
5. Income and Expense Declaration (FL-150) – *mandatory* if fee waiver filed, child support “reserved” or child support requested. **Need proof of income for 2 months; proof of public assistance if applicable**
6. Judgment (FL-250) *mandatory*
7. 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)
8. 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
9. Notice of Rights and Responsibilities (FL-192) *mandatory*
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. 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 Judgment (FL-230) + Voluntary Declaration of Parentage or Paternity form, *if available* + Advisement and Waiver of Rights (FL-235)
 - b. Request to Enter Default (FL-165) + Income & Expense Declaration (FL-150) + “Proposed” Judgment with Attachments
 - c. Judgment (FL-250) 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 - State Court - forms, etc. www.kern.courts.ca.gov - Kern Court Website
<http://kclawlib.org> – Kern County Law Library www.findlaw.com – Case Law
www.kernbar.org – Local Bar Association www.accesslaw.com – Forms, Cases, Codes
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

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		FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF KERN STREET ADDRESS: MAILING ADDRESS: COURT ADDRESS WHERE PETITION WAS FILED CITY AND ZIP CODE: BRANCH NAME:		
PETITIONER: PETITIONER'S NAME RESPONDENT: RESPONDENT'S NAME		
DECLARATION FOR DEFAULT OR UNCONTESTED JUDGMENT		CASE NUMBER: CASE NUMBER

- I declare that if I appeared in court and were sworn, I would testify to the truth of the facts in this declaration.
- I request that proof will be by this declaration and that I will not appear before the court unless I am ordered by the court to appear.
- All the information in the *Petition to Determine Parental Relationship* *Response*
 Petition for Custody and Support of Minor Children *Response* is true and correct.
- Respondent and/or Petitioner is/are the parent(s) of the minor children. ← **FILL IN #4**
- A voluntary declaration of parentage or paternity form has has not been signed regarding these children (*attach a copy if available*).
- DEFAULT OR UNCONTESTED (*Check a or b*) **MARK APPROPRIATE BOX. IF YOU HAVE THE FORM, ATTACH A COPY**

CHECK ONE BOX

- The default of the respondent was entered or is being requested, and I am not seeking any relief not requested in the petition. **OR**
 The parties have stipulated (agreed in writing) that the matter may proceed as an uncontested matter without notice, and the stipulation is attached.

- CHILD SUPPORT should be ordered as set forth in the proposed *Judgment* (form FL-250).
 a. Petitioner Respondent is presently receiving public assistance (TANF); thus all support should be made payable to the local child support agency at (*specify address*):
IF ONE OF THE PARTIES IS RECEIVING PUBLIC ASSISTANCE, INCLUDE ADDRESS FOR CHILD SUPPORT SERVICES:

DCSS, 3701 N. SILLECT AVE, BAKERSFIELD, CA 93308

- b. **NOTE: If a support order is requested, submit a completed *Income and Expense Declaration* (form FL-150), or *Financial Statement (Simplified)* (form FL-155), unless a current form is on file. Include your best estimate of the other party's gross monthly income.**
- ATTORNEY FEES should be ordered as set forth in the proposed *Judgment* (form FL-250).
- CHILD CUSTODY should be ordered as set forth in the proposed *Judgment* (form FL-250).
- CHILD VISITATION (PARENTING TIME) should be ordered as set forth in the proposed *Judgment* (form FL-250).
- REASONABLE EXPENSES OF PREGNANCY AND BIRTH should be ordered as set forth in the proposed *Judgment* (form FL-250).
- NAMES OF THE CHILDREN should be changed as set forth in the proposed *Judgment* (form FL-250).
- 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.
- I have read and understand the *Advisement and Waiver of Rights Re: Determination of Parental Relationship* (form FL-235), which is signed and attached to this declaration.
- 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)

PETITIONER: PETITIONER'S NAME RESPONDENT: RESPONDENT'S NAME	CASE NUMBER: CASE NUMBER
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ADVISEMENT AND WAIVER OF RIGHTS RE: DETERMINATION OF PARENTAL RELATIONSHIP

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

9. UNDERSTANDING.

- I have read and understand the *Judgment (Uniform Parentage-Custody and Support)* (form FL-250) and this *Advisement and Waiver of Rights*.
- I understand the translation.

MARK IF APPLIES & INTERPRETER COMPLETES BOTTOM

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

Date: DATE OF SIGNATURE YOUR

PRINTED NAME

(TYPE OR PRINT NAME)

YOUR SIGNATURE

(SIGNATURE OF DECLARANT)

INTERPRETER'S DECLARATION

- The Petitioner Respondent is unable to read or understand the *Judgment (Uniform Parentage-Custody and Support)* (form FL-250) and this *Advisement and Waiver of Rights* because:
 - the primary language of the party is (specify):
 - Other (specify):
- I certify under penalty of perjury under the laws of the State of California that I have, to the best of my ability, read or translated for the Petitioner Respondent the *Judgment (Uniform Parentage—Custody and Support)* (form FL-250) and this *Advisement and Waiver of Rights*. Petitioner Respondent understood the *Judgment (Uniform Parentage—Custody and Support)* (form FL-250) and this *Advisement and Waiver of Rights* before signing them, as stated in Item 9 above.

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF INTERPRETER)

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	FOR COURT USE ONLY COMPLETE THIS FORM IF THERE HAS BEEN ANY CHANGES SINCE THE MOST RECENT UCCJEA FILED **MUST GIVE ADDRESS OF CHILD FOR THE LAST 5 YEARS, OR SINCE BIRTH IF CHILD IS YOUNGER THAN 5 YEARS OF AGE**
SUPERIOR COURT OF CALIFORNIA, COUNTY OF KERN STREET ADDRESS: MAILING ADDRESS: COURT ADDRESS WHERE PETITION WAS FILED CITY AND ZIP CODE: BRANCH NAME:	CASE NUMBER: CASE NUMBER
(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	
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)	

1. I am a party to this proceeding to determine custody of a child.
2. My present address and the present address of each child residing with me is confidential under Family Code section 3429 as I have indicated in item 3.
3. There are (specify number): 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):

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

Date: 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	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)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	

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	FOR COURT USE ONLY ATTACH "PROPOSED" JUDGMENT ORIGINAL & 1 COPY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF KERN STREET ADDRESS: MAILING ADDRESS: COURT ADDRESS WHERE PETITION WAS FILED CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: PETITIONER'S NAME RESPONDENT: RESPONDENT'S NAME	
REQUEST TO ENTER DEFAULT FL-150 MUST BE ATTACHED, UNLESS DEPARTMENT OF CHILD SUPPORT SERVICES HAS SUPPORT ORDER	CASE NUMBER: CASE NUMBER

1. **To the clerk:** Please enter the default of the respondent who has failed to respond to the petition.
MARK APPROPRIATE BOX IF FL-150 IS ATTACHED
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
 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.

Date: DATE OF SIGNATURE

_____ YOUR PRINTED NAME ▶ _____ YOUR SIGNATURE

(TYPE OR PRINT NAME) (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 ▶ _____ YOUR SIGNATURE

(TYPE OR PRINT NAME) (SIGNATURE OF DECLARANT)

FOR COURT USE ONLY
<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
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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	▶	YOUR SIGNATURE
(TYPE OR PRINT NAME)		(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	▶	YOUR SIGNATURE
(TYPE OR PRINT NAME)		(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>	FOR COURT USE ONLY ATTACH PROOF OF INCOME FOR PAST 2 MONTHS. IF RECEIVING PUBLIC ASSISTANCE, MUST ATTACH COPY OF PASSPORT TO SERVICES
SUPERIOR COURT OF CALIFORNIA, COUNTY OF KERN 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)	
INCOME AND EXPENSE DECLARATION	CASE NUMBER: CASE NUMBER

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

Attach copies of your pay stubs for last two months (black out Social Security numbers).	a. Employer: NAME OF CURRENT EMPLOYER **IF UNEMPLOYED - NAME OF LAST EMPLOYER b. Employer's address: EMPLOYER'S ADDRESS **IF NEVER EMPLOYED - "NEVER EMPLOYED" 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: **IF UNEMPLOYED - DATE YOU STOPPED WORKING g. I work about ^{NUMBER PER} WEEK hours per week. CHECK WHICH BOX APPLIES FOR AMOUNT PAID h. I get paid \$ AMOUNT PAID gross (before taxes) <input type="checkbox"/> per month <input type="checkbox"/> per week <input type="checkbox"/> per hour.
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(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
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Attach copies of your pay stubs for the last two months and proof of any other income. Take a copy of your latest federal tax return to the court hearing. (Black out your Social Security number on the pay stub and tax return.)

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

	Last month	Average monthly
a. Salary or wages (gross, before taxes)	\$ _____	_____
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 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>	FOR COURT USE ONLY ORIGINAL & 5 COPIES ON 2 COPIES WRITE THE WORD "PROPOSED" NEXT TO JUDGMENT & ATTACH "PROPOSED" JUDGMENT TO THE REQUEST TO ENTER DEFAULT FL-165
SUPERIOR COURT OF CALIFORNIA, COUNTY OF KERN STREET ADDRESS: MAILING ADDRESS: COURT ADDRESS WHERE PETITION WAS FILED CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: PETITIONER'S NAME RESPONDENT: RESPONDENT'S NAME	
JUDGMENT	CASE NUMBER: CASE NUMBER

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

CHECK BOX(ES) THAT APPLY

CHECK APPROPRIATE BOX FOR ATTACHMENT

3. THE COURT FINDS

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

Date of birth

CHILD'S NAME

DATE OF BIRTH

4. THE COURT ORDERS

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



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

5. THE COURT FURTHER ORDERS

- a. Child support is as stated in one or more of the attached:
- (1) *Child Support Information and Order Attachment* (form FL-342)
 - (2) *Stipulation to Establish or Modify Child Support and Order* (form FL-350)
 - (3) *Other (specify):*
- b. Both parties must complete and file with the court a *Child Support Case Registry Form* (form FL-191) within 10 days of the date of this judgment. Thereafter, the parents must notify the court of any change in the information submitted, within 10 days of the change.
- c. The form *Notice of Rights and Responsibilities—Health Care Costs and Reimbursement Procedures and Information Sheet on Changing a Child Support Order* (form FL-192) is attached.
- d. The last names of the children are changed to (*specify*):
- e. The birth certificates must be amended to conform to this court order by
- (1) adding the following parent's name:
 - (2) changing the last name of the children.
- f. Attorney fees and costs are as stated in the attached *Attorney's Fees and Costs Order Attachment* (form FL-346).
- g. Reasonable expenses of pregnancy and birth are as stated in the attachment.
- h. *Other (specify):*

**CHECK APPROPRIATE
BOX FOR ATTACHMENT**

Continued on Attachment 5h.

6. Number of pages attached:

Date:

(TYPE OR PRINT NAME)

▶ _____

JUDICIAL OFFICER

SIGNATURE FOLLOWS LAST ATTACHMENT

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

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) [X] Judgment (form FL-250)
[] Stipulation and Order for Custody and/or Visitation of Children (form FL-355)
[] Other (specify):

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

- 6. [] Child abduction prevention. There is a risk that one of the parties will take the children out of California without the other party's permission.
7. [X] Visitation (Parenting Time)
a. [] Reasonable right of visitation to the party without physical custody (not appropriate in cases involving domestic violence)
b. [] See the attached _____ -page document.
c. [] The parties will go to child custody mediation or child custody recommending counseling at (specify date, time, and location):
d. [] No Visitation (Parenting Time)
e. [] Visitation (Parenting Time) for the [] petitioner [] respondent [] other (name): will be as follows:
(1) [] Weekends starting (date): (Note: The first weekend of the month is the first weekend with a Saturday.)
[] 1st [] 2nd [] 3rd [] 4th [] 5th weekend of the month
from _____ at _____ a.m. _____ p.m./ if applicable, specify: [] start of school [] after school
(day of week) (time)
to _____ at _____ a.m. _____ p.m./ if applicable, specify: [] start of school [] after school
(day of week) (time)
(a) [] The parties will alternate the fifth weekends, with the [] petitioner [] respondent [] other parent/party having the initial fifth weekend, which starts (date):
(b) [] The [] petitioner [] respondent [] other parent/party will have the fifth weekend in [] odd [] even numbered months.

THIS IS A COURT ORDER.

CHILD CUSTODY AND VISITATION (PARENTING TIME) ORDER ATTACHMENT

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
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7. Visitation (Parenting Time) (continued)

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

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

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

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

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

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

(4) **Other visitation (parenting time) days and restrictions are:** listed in Attachment 7e(4) (form MC-025 may be used for this purpose) as follows:

8. **Supervised visitation (parenting time).** Until further order of the court other (*specify*):

the petitioner respondent other (*name*):

will have supervised visitation (parenting time) with the minor children according to the schedule set forth on page 1.

(You must attach **Supervised Visitation Order (form FL-341(A))**.)

9. **Transportation for visitation (parenting time)**

a. The children must be driven only by a licensed and insured driver. The car or truck must have legal child restraint devices.

b. Transportation to begin the visits will be provided by the petitioner respondent other (*specify*):

c. Transportation from the visits will be provided by the petitioner respondent other (*specify*):

d. The exchange point at the beginning of the visit will be at (*address*):

e. The exchange point at the end of the visit will be at (*address*):

f. During the exchanges, the party driving the children will wait in the car and the other party will wait in his or her home (or exchange location) while the children go between the car and the home (or exchange location).

g. Other (*specify*):

10. **Travel with children.** The petitioner respondent other parent/party (*name*):

must have written permission from the other parent or a court order to take the children out of

a. the state of California.

b. the following counties (*specify*):

c. other places (*specify*):

THIS IS A COURT ORDER.

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

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
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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**

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:	\$ <input type="text"/>	\$ FILL IN MONTHLY INCOME BEFORE TAXES FOR EACH PARTY	<input type="checkbox"/>
Respondent/defendant:	\$ <input type="text"/>	\$	<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 petitioner/plaintiff: %
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

Payable on the 1st of the month one-half on the 1st and one-half on the 15th of the month
 other (specify):

CHOOSE PAYMENT SCHEDULE

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.

Total child support per month: \$	TOTAL SUPPORT
--	----------------------

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

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.

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.

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	FOR COURT USE ONLY ORIGINAL & 2 COPIES
SUPERIOR COURT OF CALIFORNIA, COUNTY OF KERN STREET ADDRESS: MAILING ADDRESS: COURT ADDRESS WHERE PETITION WAS FILED CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: PETITIONER'S NAME RESPONDENT: RESPONDENT'S NAME	
NOTICE OF ENTRY OF JUDGMENT	CASE NUMBER: CASE NUMBER

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

- 1. Dissolution
- 2. Dissolution - status only
- 3. Dissolution - reserving jurisdiction over termination of marital status or domestic partnership
- 4. Legal separation
- 5. Nullity
- 6. Parent-child relationship
- 7. Judgment on reserved issues
- 8. Other (specify) : PETITION FOR CUSTODY AND SUPPORT OF MINOR CHILDREN

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)

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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	COURT PERSONNEL: STAMP DATE RECEIVED HERE DO NOT FILE ORIGINAL ONLY
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 CHILD SUPPORT CASE REGISTRY FORM <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 \$
base child support: <input type="checkbox"/> Reserved order
<input type="checkbox"/> \$0 (zero) order | <input type="checkbox"/> Current \$
base family support: <input type="checkbox"/> Reserved order
<input type="checkbox"/> \$0 (zero) order | <input type="checkbox"/> Current \$
spousal support: <input type="checkbox"/> Reserved order
<input type="checkbox"/> \$0 (zero) order |
| (2) <input type="checkbox"/> Additional monthly support: \$ | <input type="checkbox"/> Additional monthly support: \$ | |
| (3) <input type="checkbox"/> Total past-due support: \$ | <input type="checkbox"/> Total past-due support: \$ | <input type="checkbox"/> Total past-due support: \$ |
| (4) <input type="checkbox"/> Payment on past-due support: \$ | <input type="checkbox"/> Payment on past-due support: \$ | <input type="checkbox"/> Payment on past-due support: \$ |
| (5) <input type="checkbox"/> Wage withholding was <input type="checkbox"/> ordered <input type="checkbox"/> ordered but stayed until (date) : | | |
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:
State:

e. Driver's license number:
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

(TYPE OR PRINT NAME)

YOUR SIGNATURE

(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.