



## **HOW TO OBTAIN A UNIFORM PARENTAGE ACT JUDGMENT BY DEFAULT**

### **Purpose of this Packet**

This packet is designed to help you obtain a judgment from the Court by *Default*. If the other parent has not served and filed a Response and more than 30 days have passed since he or she was served with the Summons and Petition to Establish Parental Relationship, you are eligible to proceed by Default. However, a default judgment is not automatic. This packet will explain how to file a Request To Enter Default and proceed to judgment. There are two methods to obtain a judgment: **by hearing or by declaration**. You may wish to seek legal assistance from a private attorney or visit the Family Law Facilitator before you proceed, to decide which method is right for you.

When you proceed by default, the Judge may only make orders about those items listed in your Petition. For example, if you did not ask for orders to help pay the cost of pregnancy and birth, you cannot address those items now. If you did not include an item you wish the Court to address, consult with an attorney before you proceed by default.

### **Getting Started**

You may only proceed by default if all of the following are true:

- Ø At least 31 days have passed since the date of service on the other party.
- Ø The Proof of Service of Summons was completed correctly by another adult, 18 years or older and not a party to the action, who served the documents.
- Ø The original Proof of Service of Summons has been filed.
- Ø No Response has been filed by the other parent.
- Ø The Income and Expense Declaration has been served and filed.
- Ø The other parent is **not** active duty military. (If the other parent is active duty military, seek legal assistance from a private attorney or the Family Law Facilitator.)

### **Is a Default Hearing Required?**

When proceeding by Default, you may always request a Default Hearing. However, you may be able to proceed without a Default Hearing if all of the following are true:

- Ø You and the other parent are not receiving public assistance in the form of a cash grant under TANF (formerly AFDC) or CalWorks.
- Ø You are not seeking an initial child support order.



**Documents Needed to File for a Default Judgment– With or Without a Hearing**

If you plan to have a **hearing**, you will first need to file the following documents with the Court:

- Ø Request to Enter Default, form FL-165
- Ø Income and Expense Declaration, form FL-150

If you plan to proceed to judgment by default **without a hearing**, you will need to complete all of the above documents plus the following additional documents:

- Ø Judgment (Uniform Parentage), form FL-250
- Ø Child Custody and Visitation Order Attachment, form FL-341
- Ø Supervised Visitation Order, form FL-341(A) (if needed)
- Ø Child Abduction Prevention Order Attachment, form FL-341B
- Ø Children’s Holiday Schedule Attachment, form FL-341C
- Ø Additional Provisions-Physical Custody Attachment, form FL-341D
- Ø Joint Legal Custody Attachment, form FL-341E
- Ø Child Support Information and Order Attachment, form FL-342
- Ø Non-Guideline Child Support Findings Attachment, form FL-342A
- Ø Child Support Information and Order Attachment, form FL-342
- Ø Non-Guideline Child Support Findings Attachment, form FL-342(A) (if needed)
- Ø Notice of Entry of Judgment, form FL-190
- Ø Child Support Case Registry Form, form FL-191
- Ø Notice of Rights and Responsibilities, form FL-192
- Ø Declaration for Default or Uncontested Judgment, form FL-230
- Ø Advisement and Waiver of Rights Re: Establishment of Parental Relationship, form FL-235

**Completing the Request to Enter Default, FL-165**

*In the top left box* of the document print your full name, mailing address, email address, and telephone number. In the space next to "ATTORNEY FOR" print "Self."

*In the second box down*, the Court’s name and address may already appear. If not, print the following information:

Superior Court of California, County of Sacramento  
3341 Power Inn Road  
3341 Power Inn Road, Room 100  
Sacramento, CA 95826  
Family Relations Courthouse

*In the third box down* next to the word “Petitioner” print your full name, and next to the word “Respondent,” print the other parent’s full name.



In the fourth box from the top and to the right, "case number" appears. Print your case number here. You can find the case number on your Petition in approximately the same place.

Skip to item 2.

*Item 2.* Unless you have a current (i.e., completed and filed within the past two months) one on file, you must attach an **Income and Expense Declaration form FL-150** or **Financial Statement (Simplified) form FL-155** to this form.

**Determine which financial form to complete for your case:**

You may **only** file the **Financial Statement (Simplified)** if you are eligible. If you answer YES to any of the following questions, you may **NOT** use the Financial Statement (Simplified):

- Are you asking for spousal support (alimony) or a change in spousal support?
- Is the other party asking for spousal support or a change in spousal support?
- Are you asking for the other party to pay your attorney fees?
- Is the other party asking you to pay his or her attorney fees?
- Do you receive money (income) from **any other source than the following sources:**
  - Welfare (e.g., TANF/AFDC, General Relief, General Assistance)
  - Salary or wages
  - Disability
  - Unemployment
  - Interest
  - Worker's Compensation
  - Social Security
  - Retirement
- Are you self-employed?

If you answered YES to any of the questions above, you **MAY NOT** complete the **Financial Statement (Simplified)** and **MUST** complete the **Income and Expense Declaration**.

On the Request to Enter Default form, check the first box for "is attached," unless you have a current Income and Expense Declaration or Financial Statement (Simplified) on file and are not attaching a new one to this Request, in which case check the first box for "is not attached."

Check the box "**is not** attached" following "A completed Property Declaration (form FL-160)."

*Check box 2(a)* if you have not attached an Income and Expense Declaration or a Financial Statement (Simplified) because you filed one within the past six months in this case and your financial situation has not changed.



*Skip boxes 2(b) – 2(e).*

*Check box 2(f).*

*Below the 6 boxes print the date and your name, then sign where indicated.*

*Item 3.* You must check either *box a* or *b*. If you served the Summons and Petition to Establish Parental Relationship by either publication or posting, check, *box a*. For all others, check *box b*. If you check *box b* you must provide a mailing address for the other parent. If you do not know the other parent's current address, print the last known address of the other parent, even if you know they no longer live there.

*Below item 3, print today's date and your name, then sign where indicated.*

*In the bar at the top of page two, print the names of the parties in the box to the left and the case number in the box to the right. This is known as the "caption."*

*Item 4. Memorandum of Costs.*

*Check box 4(a), if your filing fees were waived by the Court. Skip items 4(b)(1-3).*

If you paid filing fees or other costs related to your Court case, the Court may order the other parent to reimburse you.

*Check box 4(b)(1) and print the amount you paid in filing fees.*

*Check box 4(b)(2) and print the amount you paid in process server's fees, if any.*

*Check box 4(b)(3) and print the amount of any other fees you incurred in the filing and processing of your case. Do not include any lost earnings for time you took off work. Add the amounts listed in items 4(b)(1) through 4(b)(3) and print the sum on the "Total" line.*

*Read item c.*

*Below item c print today's date and your name, then sign where indicated.*

*Item 5. Declaration of Non-Military Status.*

If the other parent is active duty military, you may not be able to proceed with a default judgment without additional steps.

*Read item 5.*

*Below item 5, if the other parent is not active duty military, print the date and your name where indicated and sign your name to the right.*



If the other parent is active duty military, do not continue. Seek legal assistance.

**Completing the Advisement and Waiver of Rights Re: Establishment of Parental Relationship, form FL-235**

***YOU WILL NEED TO COMPLETE THIS FORM ONLY IF YOU DO NOT INTEND TO HAVE A HEARING. IF YOU ARE REQUESTING A DEFAULT HEARING, DO NOT COMPLETE THIS FORM.***

*Fill out the caption at the top of the page. Print your name next to “Petitioner”, and the other parent’s name next to “Respondent.” In the top box to the right, print the case number.*

*Read items 1 – 8.*

*Check box 9(a) if you understand what you have just read.*

*Below item 9 print the date and your name where indicated and sign your name to the right.*

*Box 9(b) and the Interpreter’s Declaration only apply to instances where a language interpreter assists you in filling out this form.*

**Completing the Declaration For Default Or Uncontested Judgment, form FL-230**

***YOU WILL NEED TO COMPLETE THIS FORM ONLY IF YOU DO NOT INTEND TO HAVE A HEARING. IF YOU ARE REQUESTING A DEFAULT HEARING, DO NOT COMPLETE THIS FORM.***

*In the top left box of the document print your full name, mailing address, email address, and telephone number. In the space next to "ATTORNEY FOR" print “Self.”*

*In the second box down, the Court’s name and address may already appear. If not, print the following information:*

Superior Court of California, County of Sacramento  
3341 Power Inn Road  
3341 Power Inn Road, Room 100  
Sacramento, CA 95826  
Family Relations Courthouse

*In the third box down next to the word “Petitioner,” print your full name, and next to the word “Respondent,” print the other parent’s full name.*

*In the fourth box from the top and to the right, print your case number.  
Read items 1 and 2.*



*Item 3.* Check the box for Petition or Complaint to Establish Parental Relationship.

*Item 4.* Check both boxes if you are claiming that you and the Respondent are the parents of the child(ren) in this case. Check only “Respondent” if you are attempting to establish non-paternity for yourself, or only “Petitioner” if you are attempting to establish non-paternity of the other party.

*Item 5.* If you and the other parent signed a Voluntary Declaration of Paternity form for the child(ren) at the birthing hospital, prenatal clinic, or other place, check the “has” box. Otherwise check the “has not” box. If you checked the “has” box, attach a copy of the Voluntary Declaration of Paternity to this form if one was not attached to your Petition to Establish Parental Relationship. If you do not have a copy of your Voluntary Declaration of Paternity, you may obtain one by calling 1-866-249-0773.

*Check box 6(a).* Do not check 6(b).

*Check box 7,* unless you are seeking a judgment of non-paternity.

*Item 7(a).* If either parent is presently receiving public assistance for the child(ren), check the appropriate box(es) to show which party is receiving public assistance. If either party is receiving public assistance, print the name of the local child support agency in the space below. In Sacramento county the address is:

Sacramento County DCSS  
P.O. Box 419058  
Rancho Cordova, CA 95741-9058

*Check box 8* if you requested attorney fees and costs on your Petition to Establish Parental Relationship.

*Check box 9,* unless you are seeking a Judgment of non-paternity.

*Check box 10* if you requested child visitation orders on your Petition to Establish Parental Relationship.

*Check box 11* if you requested that the Court make orders concerning the costs of pregnancy and birth on your Petition to Establish Parental Relationship.

*Check box 12* if you requested the Court legally change the name(s) of your child(ren).

*Read Items 13 and 14.*

*Item 15.* Briefly describe any other relief that you requested in your Petition to Establish Parental Relationship that has not already been addressed.



At the bottom of the page, print the date and your name where indicated and sign your name to the right.

Be sure to attach your Advisement and Waiver of Rights Re: Establishment of Parental Relationship, form FL-235 to this form.

**Completing the Judgment, form FL-250**

Whether or not you are going to have a default hearing, you will need to complete a Judgment. It will be easier to complete the judgment after your hearing. The yellow minute order you receive in Court is merely a record of the proceedings and must be prepared into a final Judgment.

You will have several pages of attachments. The Judgment itself is page 1, so the first page of your restraining order (or other attachment if you do not have a restraining order) will be page 2.

In the top left box of the document print your full name, mailing address and telephone number. In the space next to "ATTORNEY FOR" print "Self."

In the second box down, the Court's name and address may already appear. If not, print the following information:

Superior Court of California, County of Sacramento  
3341 Power Inn Road  
3341 Power Inn Road, Room 100  
Sacramento, CA 95826  
Family Relations Courthouse

In the third box down next to the word "Petitioner" print your full name, and next to the word "Respondent," print the other parent's full name.

In the fourth box from the top and to the right print your case number.

Check box 1 if you have a restraining order against the other parent and check the appropriate box to indicate whether the Court is confirming or modifying that order. Complete the remainder of Item 1 as it pertains to your restraining Order. You will need to attach a copy of the Restraining Order to your Judgment.

Item 2(a) Check the box that corresponds to how you brought your case before the Judge. If your case was presented to the Court for finalization by way of default hearing, you may check the box labeled "Default or Uncontested." If you are proceeding without a hearing, also check the box labeled "By declaration."

Items 2(b-h) apply only to hearings.

Item 2(b). Print the hearing date and Department listed on your Request to Enter Default or minute order.



*Item 2(c)* Print the name of the Judge who presided at your hearing. If you do not remember the Judge's name or how it is spelled, you can copy it from the top of the yellow minute order given to you in Court at the end of your hearing.

*Box 2(d).* Check the box "Petitioner present" to indicate that you were present at your default hearing.

*Box 2(e).* If the other parent was present at the hearing, check the box "Respondent present" If the Respondent's attorney appeared in Court also check the "Attorney present(name)" box and print the attorney's name where indicated.

*Item 2(f) 1-5.* Check the boxes that correspond to any additional findings the judge made at your hearing. Read the minute order thoroughly to determine whether any of these additional findings were made.

*Item 2(g).* If the other parent was also present at the hearing, check any appropriate boxes.

*Item 2(h).* Print the names and titles of any other persons who participated in your hearing and are listed on the minute order, excluding the Courtroom clerk and bailiff.

*Item 3.* Print the full name of the child(ren)'s mother and father in the spaces provided and check the appropriate boxes. Print the child(ren)'s name(s) and date(s) of birth below exactly as it appears on the child's birth certificate.

*Item 4.* If the Court made custody and visitation orders, check box 4(a).

The custody and visitation orders will need to be prepared on separate forms and attached to this Judgment. Check the appropriate boxes to indicate which forms will be attached. If child support was ordered "Reserved," check box (3) "Other" and print "Reserved" in the space after the word, "specify:"

*Item 5.* Use this item, to specify any additional orders the judge made during your hearing.

*Item 5(a).* If the Court made child support orders, check box 5(a)

The support orders will need to be prepared on separate forms and attached to this Judgment. Check the appropriate boxes to indicate which forms will be attached.

*Items 5(b) and 5(c).* Read and complete or attach the described forms.

*Check box 5(d)* if the judge ordered that your child(ren)'s last name changed. Print the new last name exactly as you want it to appear on the child's birth certificate.

*Check box 5e* if the judge ordered the birth certificate to be amended. Check boxes 5(e)(1) and/or 5(e)(2) based upon the amendment ordered.



*Check box 5(f) if applicable and attach the relevant documents.*

*Check box 5(g) if applicable and attach the relevant documents.*

*Check Box 5(h) if other orders were made by the Judge and/or requested on your Petition. If you do not have enough space, check the box and check the box for "Continued on Attachment 3h," attach a separate page with these orders and label it "Attachment 3h."*

*Item 6. Print the number of pages that will be attached. Be sure to include the "Notice of Rights and Responsibilities/Information Sheet on Changing a Child Support Order" (form FL-192) if you checked box 3(c) on your Judgment.*

### **Child Custody and Visitation Order Attachment, form FL-341**

Use this attachment whenever the Judge has made orders regarding child custody or visitation, this includes referrals to mediation for purposes of child custody or visitation. Review the minute order (the yellow sheet you received in Court) carefully.

If any of the boxes on the yellow minute order next to the words, "Custody," "Parenting Time" or "Family Court Services" were checked, you will need to complete form FL-341. Review the bottom of the page for any "Other" orders the Judge may have made in regards to custody and visitation. If the Judge made any "Other" orders, you must also include them on this form.

*In the boxes at the top of the page, print the names of the parties and the case number. This is known as the "caption."*

Directly below the words, "CHILD CUSTODY AND VISITATION (PARENTING TIME) ORDER ATTACHMENT," check the box for "Judgment (Form FL-250)"

*Read items 1 and 2.*

*Check the box at item 3 that indicates the country where the child(ren) habitually reside.*

*Read item 4.*

*Check box 5 if the Court made custody orders. List the children's names and dates of birth. List only those children included in the Court's orders. Under "Legal Custody" and "Physical Custody" print the name of the person awarded each type of custody. If the Judge awarded joint custody, print the names of both parties. If custody was awarded in accordance with a mediation report, print "Per attached Mediation Report."*

*Check item 6 if the Court made a child abduction order; you will need to complete and attach form FL-341(B).*

*Item 7 Visitation: If the Court made orders regarding visitation or mediation, check the box next to the number 7.*



7a. Check this box if the Court made an order for “reasonable visitation.”

7b. Check this box if you have a custody/visitation agreement and/or recommendation from Family Court Services or a private mediator and it was adopted as an order by the Court. Print the number of pages contained in the agreement, partial agreement, and/or recommendation portion of the report only. You will need to attach copies of the agreement, partial agreement, and/or recommendation portion of the report to the form.

7c. Check this box if the Court has referred the parties to mediation. Print the address and telephone number of the mediator in the space provided. If the referral is to Family Court Services, the address is 3341 Power Inn Road, Room 104 and the telephone number is (916) 875-3400.

7d. Check this box if the Court ordered “no visitation.”

7e. Check this box if the Court ordered a specific visitation schedule. Check the box that identifies the parent that has been granted visitation rights. If you do not have sufficient space to list all of the Court’s visitation orders, check the boxes for “Other” at item 7e (4) on page 2 and write “See Attachment 7e (4)” in the space provided. You may print or type the text of the orders on a separate page, title the page “Attachment 7e (4)” and attach the page to this form.

*Now that you have completed item 7, go back and print the names of the parties and the case number in the boxes at the top of page 2.*

*Item 8, Supervised Visitation:* Check this box if the Court ordered “supervised visitation.” Check the box that corresponds with which parent has been granted supervised visitation. Next, you must complete and attach form FL-341A.

*Item 9, Transportation for Visitation:* Check this box if the Court made orders regarding transportation of the child(ren).

*Read the legal requirements indicated at item 9a.*

*Check boxes 9b and 9c and also check the box that identifies the party or person responsible for transporting the child(ren) to and from the visits. If you check the box for “other” at either or both items 9a or 9b, print the other person’s name in the space provided.*

*Check boxes 9d and 9e if the judge made specific orders regarding the exchange point at the beginning and/or end of the visitation. Provide the address or addresses in the space provided.*

*Check box 9f if the judge made this order.*



*Check box 9g* if the Judge issued other orders related to transportation. Write the specific additional orders in the space provided.

*Check box 10* if there is an order restraining a parent from removing the child(ren) from the County or State without written consent or Court order. Check the appropriate box to show whether this order pertains to the Petitioner, Respondent or another person. If you check the box for "other," print the person's name in the space provided. Finally, check boxes 10a to 10c to indicate where this order applies.

*In the boxes at the top of the page 3*, print the names of the parties and the case number.

*Items 11-14*. Complete these items if the Court made orders for one of these categories by checking the appropriate box(s) and either list the order made in the space provided or provide order made on the form that is specified at the item number..

*Item 15*. Check this box if the Judge has made any other orders about custody or visitation and print the terms of the orders in the space provided.

**Completing the Supervised Visitation Order Attachment, form FL-341(A)**

Use this form if the Judge has ordered that visitation be supervised.

*In the bar at the top of the page*, complete the caption.

*Item 1*. Check the box(es) to identify which party is to be supervised. Check the reasons indicated by the Court on the Minute Order. If none of the boxes apply, check the box for "other" and print the reason as stated on the Minute Order.

*Item 2*. Check the same box(es) as you did in item 1 for which party will be supervised.

*Item 3*. Print the name, birth date, age and sex of each child that this order covers.

*Item 4*. Indicate which of the following boxes for the type of supervision ordered.

*4(a)*. Check this box if the order is for supervision during the visit.

*4(b)*. Check this box if the Court ordered drop-off and pick-up of the child(ren) be supervised.

*Item 5*. Indicate who will be the Supervised Visitation Provider.

*5(a)*. Check this box if the Court ordered the visitation supervised by a professional.

*5(b)*. Check this box if the Court ordered the supervision to be done by anyone else.



*Item 6.* Print the name, address and telephone number of the authorized supervision provider, and/or check the box for “any other mutually agreed upon third party as arranged.”

*Item 7.* Print the visitation schedule or attach Child Custody and Visitation Order Attachment, FL-341.

*Item 8.* If the supervision will be provided by a professional, print how much each parent has been ordered to pay in percentages. For example, if the Respondent is ordered to pay all of the cost of visitation, then the order would be “Petitioner: 0%, Respondent: 100%.”

*Item 9.* Complete this item if the Judge has ordered either of the parties to contact a professional provider for supervision. Print the date by which contact must be made in the space provided.

*Item 10.* Print any other orders directly related to supervised visitation that were not already covered on this form.

**Completing the Child Abduction Prevention Orders Attachment, form FL-341(B)**

You must use this form if the Court has made orders to prevent any of the children involved in your case from being taken without permission by a parent.

*In the bar at the top of the page, complete the caption.*

*Directly below the words, “CHILD ABDUCTION AND PREVENTION ORDERS ATTACHMENT” check the box for, “Child Custody and Visitation Order Attachment”.*

Read *Items 1-11* carefully and check all boxes that contain orders made by the Judge on your minute order. Complete all required information for each box you checked.

*Item 12.* Check this box if the Judge authorized any law enforcement officer to enforce this order. Print the address of the Child Abduction Unit of the District Attorney’ Office in the space provided. The address for Sacramento County is:

Sacramento County District Attorney’s Office  
Child Abduction Unit  
906 G Street, Suite 620  
Sacramento CA 95814

*Item 13.* Check this box if the Judge made any other orders about child abduction and print the terms of the orders in the space provided. If there is not enough space, you may print the orders on a separate piece of paper, labeled “Attachment 13” and attach it to this form.

**Completing the Children’s Holiday Schedule Attachment, form FL-341(C)**



*In the boxes at the top of the page, complete the caption.*

*Directly below the words, "CHILDREN'S HOLIDAY SCHEDULE ATTACHMENT" check the box, "to Findings and Orders after Hearing or Judgment".*

If the Judge has made orders about arrangements for any of the holidays listed in the first column to the left of the page, complete the table.

*In the box below the recognized holidays table, if the Judge ordered that any other three-day weekends will be spent with the parent who would normally have the child that weekend, check the box starting with the words, "Three-day weekends....".*

If the Judge made any other orders about the children's holiday arrangements, check the box marked "Other" and print the terms of the orders in the space provided. If there is not enough space, you may print the orders on a separate piece of paper, labeled, "Other Orders Attachment" and attach the page to this form.

*Item 2:* If the Judge made orders about the children's vacations, review the yellow minute order and check the appropriate boxes. Complete all required information for each box that you checked.

### **Additional Provisions-Physical Custody Attachment, form FL-341(D)**

*In the boxes at the top of the page, complete the caption.*

Directly below the words "ADDITIONAL PROVISIONS-PHYSICAL CUSTODY ATTACHMENT," check the box next to the words "Findings and Order after Hearing or Judgment."

Read items 1-16 carefully and check all boxes that contain orders made by the Judge on your minute order. Complete all required information for each box you checked.

*Item 17.* If the Judge made other orders for physical custody that were not already covered on this form check this box and print those orders in the space provided.

### **Joint Legal Custody Attachment, form FL-341 (E)**

*In the boxes at the top of the page, complete the caption.*

Directly below the words "JOINT LEGAL CUSTODY ATTACHMENT," check the box next to the words "Findings and Order after Hearing or Judgment."

Read items 1-7 carefully and check all boxes that contain orders made by the Judge on your minute order. Complete all required information for each box you checked.

*Item 8.* If the Judge made other orders for legal custody that are not already covered on this form check this box and print those orders in the space provided.



**Completing the Child Support Information and Order Attachment, form FL-342**

Use this form if the Judge made a child support order, even if it is “reserved.”

*In the boxes at the top of the page, complete the caption.*

*Directly below the words “Child Support Information and Order Attachment” check the box for “Other” and print “Judgment (Form FL-250).”*

*Check box 1, if there is a computer printout of the calculation for child support attached to the Minute Order, and skip items 2 through 5. This computer-generated printout would have been provided by the Judge.*

*Check box 2 if the Judge included income information for one or both parents on the Minute Order. In some cases, only the net income is written. In the space provided at 2a, include only the amounts printed on the minute order. Complete item 2b if the judge based the child support amount on an income amount that one of the parents is allegedly capable (not actual) of earning.*

*Check box 3 and complete item 3(a) by writing in the number of minor children included in this order.*

*Check box 3(b) if the Judge included timeshare information on the Minute Order. You will find this information in the child support area listed as “TS\_\_\_ %.” (TS = Time Share). Usually, only the parent with the smaller timeshare is noted. In that case, you can determine the percentage difference for the other parent by subtracting the stated percentage from 100 . For example, if the mother has custody of the children and the Judge printed “20%” for the timeshare, mother’s timeshare will be “80%” (100% - 20% = 80%).*

*Check box 4 if the Court granted a hardship for other minor children or extraordinary medical expenses or catastrophic losses. Check the appropriate boxes and print the amount where indicated.*

*Check box 5 if a low income adjustment was requested by either parent. If the request was denied, check box 5(b) and state the reason for the denial. If the request was granted, check box 5(a) and print the amount of the adjustment.*

*Check box 6 to indicate that child support has been ordered.*

*At item 6(a) check the box to indicate who will be paying support and print the date support payments are to begin. Print the name and date of birth of each child who is included in the child support order. Then, print the amount of child support and the parent who will receive the child support. Specify when payment will be made by checking the box indicating whether it will be the 1st, the 1st and the 15th or some other*



calendar day. If no calendar day and time is included on the minute order, leave the boxes blank.

*In the boxes at the top of the page 2, complete the caption.*

*Check boxes 6(b) and 6(b)(1) if orders were made regarding child-care costs related to employment or job training and complete items 6b(1)(a) to 6b(1)(d) For example, if the parents were ordered to each pay ½ of the child-care costs, check the boxes for both “petitioner” and “respondent” and print 50% in the space provided for each. Otherwise, check the box at 6b(1)(d) and print the amount ordered by the Judge.*

*Check box 6(c) and (6)(c)(2) if the Court ordered one or both parents to pay uninsured healthcare costs for the child(ren) and complete items 6b(2)(a) to 6b(2)(d).*

*Check box 6(d) and 6d(1) if orders were made for payment of additional education or other special needs expenses for the children.. Complete the requested information.*

*Check box 6(d) and 6d(2) if orders were made regarding payment of travel expenses for visitation. Complete the requested information.*

*Check box 6(e) if the child support ordered is more or less than the State guidelines require. You will also need to complete form FL-342(A).*

Add all of the dollar amounts ordered in items 6(a) to 6(d) and write in the total amount in the box next the words “Total child support per month.” Do not include percentages.

*Item 7. Check the appropriate box at item 7(a) to indicate which parent was ordered to maintain health insurance for the children. Check boxes 7(b) and 7(c) only if similar language is included on your minute order.*

*Read Item 8 and item 9.*

*Check box 10 if either parent has been ordered to look for a job and check the appropriate box(es) to indicate which parent(s). Print any conditions in the space provided.*

*Item 11. Print any additional child support orders not included above. For example, if the Court made an order regarding repayment of child support arrears, include it here.*

*Read items 12 and 13. Attach the Notice of Rights and Responsibilities (FL-192) and complete and attach the Child Support Case Registry form (FL-191).*

**Completing the Non-Guideline Child Support Findings Attachment, form FL-342(A)**



Use this form if the amount of child support ordered is more or less than the amount required by the State Child Support Guidelines.

*In the bar at the top of the page, complete the caption.*

Directly below the words "NON-GUIDELINE CHILD SUPPORT FINDINGS ATTACHMENT," check the box for Attachment to "Child Support Information and Order Attachment."

*Item 1.* This is used when both parties have agreed to, and the Court has approved, an amount of support that is more or less than the guideline (the amount calculated by law). Check the box for "over" or "under" and print the guideline child support amount.

*Item 2.* Check this box if the Court gave reasons for ordering an amount different than the guideline.

*2a.* Print what the guideline amount would be and whether it would be payable to mother or father.

*2b.* Check the box if the Court is ordering an "increase" or a "decrease" in comparison to the guideline calculation, and how much was ordered.

*2c.* Check the box that corresponds to when the order ends. If no date is specified, check the box next to the words, "until further order."

*2d(1).* Check this box only if the Court ordered sale of the home deferred and the amount of child support paid is related to the rental value of the home.

*2d(2).* Check this box if the parent paying support has extraordinarily high income and the amount determined under the guideline would exceed the needs of the child(ren).

*2d(3).* Check the boxes that apply, but only if the Judge noted on your Minute Order that the other party is not contributing to the needs of the children at a level equal to the party's parenting time.

*2d(4)(i-iv).* Check these boxes if the Judge made any of these findings and print any other findings the Court made relating to non-guideline support next to the word "other."

**Completing the Notice of Entry of Judgment, form FL-190**

*In the top left box* print your full name, mailing address and telephone number. In the space next to "ATTORNEY FOR" print "Self."

*In the second box down,* the Court's name and address may already appear. If not, print the following information:



Superior Court of California, County of Sacramento  
3341 Power Inn Road  
3341 Power Inn Road, Room 100  
Sacramento, CA 95826  
Family Relations Courthouse

*In the third box down next to the word "Petitioner" print your full name, and next to the word "Respondent," print the other parent's full name.*

*In the fourth box from the top and to the right print your case number.*

*Check box 6.*

*Further down the page near the bottom you will find 2 brackets just under "Date:" and "Clerk, by." Print your name and mailing address inside the bracket on the left and print the other parent's name and mailing address inside the bracket on the right.*

### **Completing the Child Support Case Registry Form, FL-191**

You must complete and submit with your Judgment a **Child Support Case Registry Form, FL-191**, if your Judgment contains a child support order, even if it is \$0 or "reserved." This form is double-sided, and written directions are attached to it.

### **Filing Your Papers**

Make 2 copies of all the documents you completed. Staple your Income and Expense Declaration (or Financial Statement, Simplified) to the Request To Enter Default. You will need to address a stamped envelope to the other parent (unless you checked *Box 3a* on the Request to Enter Default) and clip it to the Request to Enter Default. You will need two additional stamped envelopes to clip to the Notice of Entry of Judgment. Address one to yourself and address the other one to the other parent.

***Follow the directions below based upon whether or not you will be requesting a Default hearing.***

#### **1. Default Hearing**

If you are requesting a default hearing, you will need the original plus 3 copies of the Request to Enter Default and any attachments. Take the forms, copies and envelope to the family law filing clerk in Room 100. Be sure to ask for a hearing date because the clerk may not give you one otherwise. The clerk will stamp or print a hearing date on your copy of the papers and hand it back to you. The clerk will mail one of the copies to the other parent in the envelope you have provided. The other parent's copy will not have a hearing date on it and the other parent will not be notified of the hearing date by the Court. If you would like the other parent to attend the default hearing, you may tell him or her the hearing date and time, but he or she is not required to attend and may not be allowed to speak to the Judge at the hearing.



Before your Hearing: Complete the Child Support Case Registry form and take it with you to the hearing.

The Day of Your Hearing: Plan to arrive early to Court in case you run into any problems, such as difficulty parking or a long line at the metal detector. Check in with the bailiff as soon as you arrive in the Courtroom. If you have brought your completed Child Support Case Registry form, ask the bailiff to give it to the courtroom clerk.

After Your Hearing: If your Judgment contains a child support order, even if it is \$0 or "reserved," you must complete and return a **Child Support Case Registry Form, FL-191**, within ten days of the date stamped on your filed Judgment. If you did this at your hearing, you do not have to do it again. If the Department of Child Support Services is collecting your child support for you, you do not need to complete this form. The completed form can be mailed to the Court or submitted in the drop box.

## **2. Without a Hearing**

Make 2 copies of all the documents you completed. Attach your Income and Expense Declaration or Financial Statement (Simplified), if needed, to the Request To Enter Default. Address a stamped envelope to the other parent (unless you checked *Box 3a* on the Request to Enter Default) and clip it to the Request to Enter Default.

Attach your completed child custody, child support and any other attachments (if applicable) to your completed Judgment. Since there are minor children of this relationship you must attach the **Notice of Rights and Responsibilities, form FL-192** to the end of your Judgment.

Address a large 9x12" envelope to yourself (and affix a minimum of 3 first class stamps) and a legal-sized #10 envelope to the other parent (and affix one first class postage stamp) so that the Court can mail all of the forms and copies back to you, and the Notice of Entry of Judgment form to the other parent. Use the exact same addresses that you printed at the bottom of the Notice of Entry of Judgment. If you checked *box 3(a)* on the Request to Enter Default, you will only need one envelope, addressed to yourself, as no copies will be mailed to the other parent.

Group the forms together so that the original of each document is on top of its own copies. Deposit the forms in the drop box or mail them to the Court. Your signed, filed endorsed copy of the judgment will be returned to you by mail in the envelope you provide.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):  <hr/> TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER:  RESPONDENT:	
<b>REQUEST TO ENTER DEFAULT</b>	CASE NUMBER: _____

1. **To the clerk:** Please enter the default of the respondent who has failed to respond to the petition.
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: \_\_\_\_\_

\_\_\_\_\_  
(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):

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

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

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

\_\_\_\_\_  
(SIGNATURE OF 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 <b>not</b> entered. Reason: _____
Clerk, by _____, Deputy

CASE NAME <i>(Last name, first name of each party):</i>	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:

(TYPE OR PRINT NAME)	▶	(SIGNATURE OF DECLARANT)
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**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:

(TYPE OR PRINT NAME)	▶	(SIGNATURE OF DECLARANT)
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ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):     TELEPHONE NO.: E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b>  STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	
<b>INCOME AND EXPENSE DECLARATION</b>	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:
- b. Employer's address:
- c. Employer's phone number:
- d. Occupation:
- e. Date job started:
- f. If unemployed, date job ended:
- g. I work about \_\_\_\_\_ hours per week.
- h. I get paid \$ \_\_\_\_\_ gross (before taxes)  per month  per week  per hour.

**(If you have more than one job, attach an 8½-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.)**

**2. Age and education**

- a. My age is (specify): \_\_\_\_\_
- 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): \_\_\_\_\_

**3. Tax information**

- a.  I last filed taxes for tax year (specify year): \_\_\_\_\_
- 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): \_\_\_\_\_

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

**(If you need more space to answer any questions on this form, attach an 8½-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: \_\_\_\_\_

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



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

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	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 . . . . .	\$ _____	_____
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 BAQ, royalty payments, etc.) (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):

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. . . . .	\$ _____	_____
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) . . . . .	\$ _____	_____

PETITIONER/PLAINTIFF: _____ RESPONDENT/DEFENDANT: _____ OTHER PARENT/CLAIMANT: _____	CASE NUMBER: _____
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**12. The following people live with me:**

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

**13. Average monthly expenses**       Estimated expenses       Actual expenses       Proposed needs

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>a. Home:</p> <p>(1) <input type="checkbox"/> Rent or <input type="checkbox"/> mortgage... \$ _____</p> <p style="padding-left: 20px;">If mortgage:</p> <p style="padding-left: 40px;">(a) average principal: \$ _____</p> <p style="padding-left: 40px;">(b) average interest: \$ _____</p> <p>(2) Real property taxes ..... \$ _____</p> <p>(3) Homeowner's or renter's insurance (if not included above) ..... \$ _____</p> <p>(4) Maintenance and repair ..... \$ _____</p> <p>b. Health-care costs not paid by insurance... \$ _____</p> <p>c. Child care ..... \$ _____</p> <p>d. Groceries and household supplies..... \$ _____</p> <p>e. Eating out..... \$ _____</p> <p>f. Utilities (gas, electric, water, trash) ..... \$ _____</p> <p>g. Telephone, cell phone, and e-mail ..... \$ _____</p> | <p>h. Laundry and cleaning ..... \$ _____</p> <p>i. Clothes ..... \$ _____</p> <p>j. Education ..... \$ _____</p> <p>k. Entertainment, gifts, and vacation..... \$ _____</p> <p>l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.) ..... \$ _____</p> <p>m. Insurance (life, accident, etc.; do not include auto, home, or health insurance)... \$ _____</p> <p>n. Savings and investments..... \$ _____</p> <p>o. Charitable contributions..... \$ _____</p> <p>p. Monthly payments listed in item 14 (itemize below in 14 and insert total here)... \$ _____</p> <p>q. Other (specify): ..... \$ _____</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>r. <b>TOTAL EXPENSES</b> (a-q) (do not add in the amounts in a(1)(a) and (b)) \$ _____</p> </div> <p>s. <b>Amount of expenses paid by others</b> \$ _____</p> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**14. Installment payments and debts not listed above**

Paid to	For	Amount	Balance	Date of last payment
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

**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 OF ATTORNEY) (SIGNATURE OF ATTORNEY)

PETITIONER/PLAINTIFF: _____RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	CASE NUMBER:
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**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.*)

**17. Children's health-care expenses**

- a.  I do  I do not have health insurance available to me for the children through my job.
- b. Name of insurance company:
- c. Address of insurance company:
  
- d. The monthly cost for the **children's** health insurance is or would be (*specify*): \$ \_\_\_\_\_  
 (*Do not include the amount your employer pays.*)

**18. Additional expenses for the children in this case**

Amount per month

- 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 ( <i>specify</i> ):                                                |                  |                      |

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

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

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

ATTORNEY OR PARTY WITHOUT ATTORNEY ( <i>Name, State Bar number, and address</i> ):   TELEPHONE NO.: _____ FAX NO.: _____ ATTORNEY FOR ( <i>Name</i> ): _____	
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b>  STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER:  RESPONDENT:	
<b>JUDGMENT</b>	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: Establishment 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 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: Establishment 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 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*): \_\_\_\_\_

**3. THE COURT FINDS**

Name:  Mother  Father  
 Name:  Mother  Father  
 are the parents of the following children:  
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 for Order for Child Custody and/or Visitation of Children* (form FL-355)
  - (3)  Other (*specify*): \_\_\_\_\_

PETITIONER:	CASE NUMBER:
RESPONDENT:	

**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 father's name.
  - (2)  changing the last name of the children.
- f.  Attorney fees and costs are as stated in the attachment.
- g.  Reasonable expenses of pregnancy and birth are as stated in the attachment.
- h.  Other (*specify*):

Continued on Attachment 3h.

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

Date:

\_\_\_\_\_  
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.**

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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**CHILD CUSTODY AND VISITATION (PARENTING TIME) ORDER ATTACHMENT**

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

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

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

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. (*Child Abduction Prevention Orders Attachment (form FL-341(B))* must be attached and must be obeyed.)
7.  **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  
 (day of week) (time)  after school

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

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

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

**THIS IS A COURT ORDER.**



PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	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 parties will follow the additional custody provisions listed  below  in the attached schedule. (*Additional Provisions—Physical Custody Attachment (form FL-341(D))* may be used for this purpose.)
13.  **Joint legal custody.** The parties will share joint legal custody as listed  below  in the attached schedule. (*Joint Legal Custody Attachment (form FL-341(E))* may be used for this purpose.)
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.**

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

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	CASE NUMBER:
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**SUPERVISED VISITATION ORDER**  
**Attachment to *Child Custody and Visitation (Parenting Time) Order Attachment (form FL-341)***

1. Evidence has been presented in support of a request that the contact of  Petitioner  Respondent  Other Parent/Party with the child(ren) be supervised based upon allegations of  
 abduction of child(ren)    physical abuse    drug abuse    neglect  
 sexual abuse    domestic violence    alcohol abuse    other (*specify*):  
 Petitioner    Respondent    Other Parent/Party disputes these allegations and the court reserves the findings on these issues pending further investigation and hearing or trial.
2. The court finds, under Family Code section 3100, that the best interest of the child(ren) requires that visitation by  Petitioner  Respondent  Other Parent/Party must, until further order of the court, be limited to contact supervised by the person(s) set forth in item 6 below pending further investigation and hearing or trial.

**THE COURT MAKES THE FOLLOWING ORDERS**

**3. CHILD(REN) TO BE SUPERVISED**

<u>Child's Name</u>	<u>Birth Date</u>	<u>Age</u>	<u>Sex</u>
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**4. TYPE**

- a.  Supervised visitation      b.  Supervised exchange only

**5. SUPERVISED VISITATION PROVIDER**

- a.  Professional (individual provider or supervised visitation center)      b.  Nonprofessional

**6. AUTHORIZED PROVIDER**

<u>Name</u>	<u>Address</u>	<u>Telephone</u>
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Any other mutually agreed-upon third party as arranged.

**7. DURATION AND FREQUENCY OF VISITS** (*see form FL-341 for specifics of visitation*):

- 8. PAYMENT RESPONSIBILITY**    Petitioner:                      %    Respondent:                      %    Other Parent/Party:                      %
9.  Petitioner will contact professional provider or supervised visitation center no later than (*date*):  
 Respondent will contact professional provider or supervised visitation center no later than (*date*):  
 Other Parent/party will contact professional provider or supervised visitation center no later than (*date*):

**10. THE COURT FURTHER ORDERS**

Date:

\_\_\_\_\_  
 JUDICIAL OFFICER

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

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

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

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

2.  **Income**

	<u>Gross monthly income</u>	<u>Net monthly income</u>	<u>Receiving TANF/CalWORKS</u>
a. Each parent's monthly income is as follows:			
Petitioner/plaintiff: \$		\$	<input type="checkbox"/>
Respondent/defendant: \$		\$	<input type="checkbox"/>
Other parent/party: \$		\$	<input type="checkbox"/>
b. Imputation of income. The court finds that the	<input type="checkbox"/> Petitioner/plaintiff	<input type="checkbox"/> Respondent/defendant	
	<input type="checkbox"/> 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):

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:

	<u>Petitioner/ plaintiff</u>	<u>Respondent/ defendant</u>	<u>Other parent/ party</u>	<u>Approximate ending time for the hardship</u>
a. <input type="checkbox"/> Other minor children:	\$	\$	\$	
b. <input type="checkbox"/> Extraordinary medical expenses:	\$	\$	\$	
c. <input type="checkbox"/> Catastrophic losses:	\$	\$	\$	

**THE COURT ORDERS**

5.  **Low-income adjustment**

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

6.  **Child support**

a. **Base child support**

Petitioner/plaintiff     Respondent/defendant     Other parent/party    must pay child support beginning (date): \_\_\_\_\_ and continuing until further order of the court, or until the child marries, dies, is emancipated, reaches age 19, or reaches age 18 and is not a full-time high school student, whichever occurs first, as follows:

<u>Child's name</u>	<u>Date of birth</u>	<u>Monthly amount</u>	<u>Payable to (name):</u>
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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.**

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

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

- (1) Child-care costs related to employment or reasonably necessary job training
  - (a)  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:                   % 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*):

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: \$**

f. **Child Support Order Suspension**

When a person who has been ordered to pay child support is in jail or prison or is involuntarily institutionalized for any period of more than 90 days in a row, the child support order is temporarily stopped. However, the child support order will not be stopped if the person who owes support has the financial ability to pay that support while in jail, prison, or an institution. It will also not be stopped if the reason the person is in jail, prison, or an institution is because the person didn't pay court ordered child support or committed domestic violence against the supported person or child. The child support order starts again on the first day of the month after the person is released from jail, prison, or an institution.

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.

**THIS IS A COURT ORDER.**

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	CASE NUMBER:
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7. 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.

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.**



PETITIONER/PLAINTIFF:	CASE NUMBER:
RESPONDENT/DEFENDANT:	

### NON-GUIDELINE CHILD SUPPORT FINDINGS ATTACHMENT

Attachment to  Child Support Information and Order Attachment (form FL-342)  
 Judgment (Family Law) (form FL-180)  Other (*specify*):

The court makes the following findings required by Family Code sections 4056, 4057, and 4065:

#### 1. STIPULATION TO NON-GUIDELINE ORDER

- The child support agreed to by the parties is  below or  above the statewide child support guidelines. The amount of support that would have been ordered under the guideline formula is: \$ \_\_\_\_\_ per month. The parties have been fully informed of their rights concerning child support. Neither party is acting out of duress or coercion. Neither party is receiving public assistance and no application for public assistance is pending. The needs of the children will be adequately met by this agreed-upon amount of child support. If the order is below the guideline, no change of circumstances will be required to modify this order. If the order is above the guideline, a change of circumstances will be required to modify this order.

#### OTHER REBUTTAL FACTORS

##### 2. Support calculation

- a. The guideline amount of child support calculated is: \$ \_\_\_\_\_ per month payable by  petitioner/plaintiff  respondent/defendant
- b. The court finds by a preponderance of the evidence that rebuttal factors exist. The rebuttal factors result in an  increase  decrease in child support. The revised amount of support is: \$ \_\_\_\_\_ per month.
- c. The court finds the child support amount revised by these factors to be in the best interest of the child and that application of the formula would be unjust or inappropriate in this case. These changes remain in effect  until (*date*): \_\_\_\_\_  
 until further order
- d. **The factors are:**
- (1)  The sale of the family residence is deferred under Family Code section 3800, and the rental value of the family residence in which the children reside exceeds the mortgage payments, homeowners insurance, and property taxes by: \$ \_\_\_\_\_ per month. (Fam. Code, § 4057(b)(2).)
- (2)  The parent paying support has extraordinarily high income, and the amount determined under the guideline would exceed the needs of the child. (Fam. Code, § 4057(b)(3).)
- (3)  The  petitioner/plaintiff  respondent/defendant is not contributing to the needs of the children at a level commensurate with that party's custodial time. (Fam. Code, § 4057(b)(4).)
- (4)  Special circumstances exist in this case. The special circumstances are:
- (i)  The parents have different timesharing arrangements for different children. (Fam. Code, § 4057(b)(5) (A).)
- (ii)  The parents have substantially equal custody of the children and one parent has a much lower or higher percentage of income used for housing than the other parent. (Fam. Code, § 4057(b)(5)(B).)
- (iii)  The child has special medical or other needs that require support greater than the formula amount. These needs are (Fam. Code, § 4057(b)(5)(C)) (*specify*): \_\_\_\_\_
- (iv)  Other (Fam. Code, § 4057(b)(5)) (*specify*): \_\_\_\_\_

ATTORNEY OR PARTY WITHOUT ATTORNEY ( <i>Name, State Bar number, and address</i> ):  <hr/> TELEPHONE NO.: _____ FAX NO. ( <i>Optional</i> ): _____ E-MAIL ADDRESS ( <i>Optional</i> ): _____ ATTORNEY FOR ( <i>Name</i> ): _____	DO NOT FILE
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF:  RESPONDENT/DEFENDANT:  OTHER PARENT:	
<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: _____

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

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

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

Child Support:	Family Support:	Spousal Support:
(1) <input type="checkbox"/> Current base child support:    \$ _____ <input type="checkbox"/> Reserved order <input type="checkbox"/> <input type="checkbox"/> \$0 (zero) order	(1) <input type="checkbox"/> Current base family support:    \$ _____ <input type="checkbox"/> Reserved order <input type="checkbox"/> <input type="checkbox"/> \$0 (zero) order	(1) <input type="checkbox"/> Current spousal support:    \$ _____ <input type="checkbox"/> Reserved order <input type="checkbox"/> <input type="checkbox"/> \$0 (zero) order
(2) <input type="checkbox"/> Additional monthly support:    \$ _____	(2) <input type="checkbox"/> Additional monthly support:    \$ _____	
(3) <input type="checkbox"/> Total past-due support:    \$ _____	(3) <input type="checkbox"/> Total past-due support:    \$ _____	(3) <input type="checkbox"/> Total past-due support:    \$ _____
(4) <input type="checkbox"/> Payment on past-due support:    \$ _____	(4) <input type="checkbox"/> Payment on past-due support:    \$ _____	(4) <input type="checkbox"/> Payment on past-due support:    \$ _____
(5) 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: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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4. The child support order is for the following children:

	<u>Child's name</u>	<u>Date of birth</u>	<u>Social security number</u>
a.			
b.			
c.			

Additional children are listed on a page attached to this document.

You are required to complete the following information about yourself. You are not required to provide information about the other person, but you are encouraged to provide as much as you can. This form is confidential and will not be filed in the court file. It will be maintained in a confidential file with the State of California.

5. Father's name:

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

City, state, zip code:

d. Mailing address:

City, state, zip code:

e. Driver's license number:

State:

f. Telephone number:

g.  Employed  Not employed  Self-employed

Employer's name:

Street address:

City, state, zip code:

Telephone number:

6. Mother's name:

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

City, state, zip code:

d. Mailing address:

City, state, zip code:

e. Driver's license number:

State:

f. Telephone number:

g.  Employed  Not employed  Self-employed

Employer's name:

Street address:

City, state, zip code:

Telephone number:

7.  A restraining order, protective order, or nondisclosure order due to domestic violence is in effect.

- a. The order protects:  Father  Mother  Children
- b. From:  Father  Mother
- c. The restraining order expires on (*date*):

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

Date:

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

\_\_\_\_\_  
(SIGNATURE OF PERSON COMPLETING THIS FORM)

# 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.

**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.

## INFORMATION SHEET ON CHANGING A CHILD SUPPORT ORDER

### 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-301, *Notice of Motion* **or** FL-300, *Order to Show Cause* **and**
- FL-310, *Application for Order and Supporting Declaration* **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 982(a)(17), *Application for Waiver of Court Fees and Costs*
- Form 982(a)(18), *Order on Application for Waiver of Court Fees and Costs*

**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 determine court and calendar days, go to

[www.courtinfo.ca.gov/selfhelp/courtcalendars/](http://www.courtinfo.ca.gov/selfhelp/courtcalendars/).

The server must also serve blank copies of these forms:

- FL-320, *Responsive Declaration to Order to Show Cause or Notice of Motion* **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 ( <i>Name, State Bar number, and address</i> ):  <hr/> TELEPHONE NO.: _____ FAX NO. ( <i>Optional</i> ): _____ E-MAIL ADDRESS ( <i>Optional</i> ): _____ ATTORNEY FOR ( <i>Name</i> ): _____	
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER:  RESPONDENT:	
<b>NOTICE OF ENTRY OF JUDGMENT</b>	CASE NUMBER:

You are notified that the following judgment was entered on (*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*): \_\_\_\_\_

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

\_\_\_\_\_  
Name and address of respondent or respondent's attorney

\_\_\_\_\_  
\_\_\_\_\_

ATTORNEY OR PARTY WITHOUT ATTORNEY ( <i>Name, state bar number, and address</i> ):    TELEPHONE NO.: _____ FAX NO.: _____ ATTORNEY FOR ( <i>Name</i> ): _____	
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER:  RESPONDENT:	
<b>DECLARATION FOR DEFAULT OR UNCONTESTED JUDGMENT</b>	CASE NUMBER: _____

1. I declare that if I appeared in court and were sworn, I would testify to the truth of the facts in this declaration.
2. 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.
3. All the information in the  *Petition or Complaint to Establish Parental Relationship*  *Response or Answer*  *Petition to Establish Custody and Support*  *Response* is true and correct.
4.  Respondent and/or  Petitioner is/are the parent(s) of the minor child(ren).
5. A Voluntary Declaration of Paternity form  has  has not been signed regarding this child (*attach a copy if available*).
6. **DEFAULT OR UNCONTESTED** (*Check a or b*)
  - a.  The default of the respondent was entered or is being requested, and I am not seeking any relief not requested in the petition. **OR**
  - b.  The parties have stipulated that the matter may proceed as an uncontested matter without notice, and the stipulation is attached.
7.  **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*):
  - 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.**
8.  **ATTORNEY FEES** should be ordered as set forth in the proposed *Judgment* (form FL-250).
9.  **CHILD CUSTODY** should be ordered as set forth in the proposed *Judgment* (form FL-250).
10.  **CHILD VISITATION** should be ordered as set forth in the proposed *Judgment* (form FL-250).
11.  **REASONABLE EXPENSES OF PREGNANCY AND BIRTH** should be ordered as set forth in the proposed *Judgment* (form FL-250).
12.  **NAMES OF THE CHILDREN** should be changed as set forth in the proposed *Judgment* (form FL-250).
13. 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.
14. I have read and understand the *Advisement and Waiver of Rights Re: Establishment of Parental Relationship* (form FL-235), which is signed and attached to this declaration.
15.  **Other** (*specify*):

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

Date:

\_\_\_\_\_ (TYPE OR PRINT NAME) ▶ \_\_\_\_\_ (SIGNATURE OF DECLARANT)

PETITIONER:  RESPONDENT:	CASE NUMBER:
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**ADVISEMENT AND WAIVER OF RIGHTS RE: ESTABLISHMENT OF PARENTAL RELATIONSHIP**

1. **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.
2. **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.
3. **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.
4. **RIGHT TO HAVE PARENTAGE TESTS.** I understand that, where the law permits, I have the right to have the court order parentage tests. 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.
5. **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.
6. **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).
7. **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.
8. **CRIMINAL NON-SUPPORT.** I understand that if I willfully fail to support the children, criminal proceedings may be initiated against me.
9. **UNDERSTANDING.**
  - a.  I have read and understand the *Judgment (Uniform Parentage—Custody and Support)* (form FL-250) and this *Advisement and Waiver of Rights*.
  - b.  I understand the translation.

**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:

\_\_\_\_\_ ▶ \_\_\_\_\_  
 (TYPE OR PRINT NAME) (SIGNATURE OF DECLARANT)

**INTERPRETER'S DECLARATION**

1. 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:
  - a.  his/her primary language is (*specify*):
  - b.  other (*specify*):
2. 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 said he or she understood the *Judgment (Uniform Parentage—Custody and Support)* (form FL-250) and this *Advisement and Waiver of Rights* before signing them.

Date:

\_\_\_\_\_ ▶ \_\_\_\_\_  
 (TYPE OR PRINT NAME) (SIGNATURE OF INTERPRETER)