



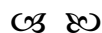
**SUPERIOR COURT OF CALIFORNIA  
COUNTY OF ORANGE  
SELF-HELP CENTER  
[www.occourts.org/self-help](http://www.occourts.org/self-help)**

**EX PARTE APPLICATION FOR  
EARNINGS ASSIGNMENT ORDER**

**All documents must be typed or printed neatly.  
Please use black ink.**

**Self-Help Center Locations:**

Lamoreaux Justice Center  
1<sup>st</sup> Floor  
341 The City Drive  
Orange, CA



North Justice Center  
Room 355  
1275 N. Berkeley Avenue  
Fullerton, CA

Central Justice Center  
Room G-100  
700 Civic Center Drive West  
Santa Ana, CA



Harbor Justice Center  
Room 109, Window #18  
4601 Jamboree Road  
Newport Beach, CA

Please visit our Self-Help Portal at: <https://selfhelp.occourts.org>



**You will need 4 envelopes\* with 1 stamp for each,  
addressed as follows:**

|    |  |   |
|----|--|---|
| a) | To you   | Ex: Josephine Q. Public<br>123 Happy Lane, Apt. 4<br>Sunny, CA 90001                  |
| b) | To the Obligated Party<br>(the person who pays)  | Ex: Mark C. Public<br>456 Spiffy Street, Spc. 7<br>Warm, CA 90002                     |
| c) | To the Obligated<br>Party's Employer**   | Ex: Jumbo Corp<br>Attn: _____<br>789 Commerce Lane<br>Business, CA 90003              |
| d) | To the "California<br>State Disbursement<br>Unit"<br><i>(only if the order involves child<br/>support)</i> | California State Disbursement Unit<br>PO Box 989067<br>West Sacramento, CA 95798-9067 |

\*: Other envelopes may be needed, this list is meant as general information. Please seek legal counsel for specific advice about your individual situation.

\*\* : You will need to contact the employer to determine which department or person needs to receive this notice and how to address the envelope to get it to that department or person.

|   |                    |
|---|--------------------|
| ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar number, and address):</i><br><br><br>TELEPHONE NO.: _____ FAX NO. <i>(Optional):</i> _____<br>E-MAIL ADDRESS <i>(Optional):</i> _____<br>ATTORNEY FOR <i>(Name):</i> _____ | FOR COURT USE ONLY |
| <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF Orange</b><br>STREET ADDRESS: 341 The City Drive<br>MAILING ADDRESS:<br>CITY AND ZIP CODE: Orange, CA 92868<br>BRANCH NAME: Lamoreaux Justice Center                                   |                    |
| PETITIONER/PLAINTIFF:<br>RESPONDENT/DEFENDANT:<br>OTHER PARTY/PARENT:   |                    |
| <b>EX PARTE APPLICATION TO</b> <input type="checkbox"/> <b>ISSUE,</b> <input type="checkbox"/> <b>MODIFY, OR</b><br><input type="checkbox"/> <b>TERMINATE AN EARNINGS ASSIGNMENT ORDER</b>  | CASE NUMBER: _____ |

**APPLICANT DECLARES**

1.  **Child support** was ordered as follows on *(date)*:  
 a. Child's name                                      b. Date of birth                                      c. Monthly amount d. Payable by (party): e. Payable to (party):  
  
 f. Total amount unpaid (arrears) is at least: \$ \_\_\_\_\_ as of *(date)*: \_\_\_\_\_
  
2.  **Spousal or domestic partner support**  **family support** was ordered as follows:  
 a. Date of order: \_\_\_\_\_  
 b. Payable by  petitioner  respondent  other parent  
 c. Payable to  petitioner  respondent  other *(specify)*: \_\_\_\_\_  
 d. Total amount unpaid (arrears) is at least: \$ \_\_\_\_\_ as of *(date)*: \_\_\_\_\_
  
3.  **Interest and penalties**  
 a. The amount of arrears stated in items 1f and 2d  does  does not include interest at the legal rate. *(If interest is not included, it is not waived.)*  
 b. The amount of arrears stated in items 1f and 2d  does  does not include penalties at the legal rate. *(If penalties are not included, they are not waived.)*
  
4.  **(Complete for support ordered before July 1, 1990, only)**  
 Payment of  child support  spousal or partner support is overdue in the sum of at least one month's payment.  
 Written notice of my intent to seek an earnings assignment was  
 a.  given at least 15 days before the date of filing this application  
    (1)  by first class mail.  
    (2)  by personal service.  
    (3)  contained in the support order described in item 1 or 2.  
    (4)  other *(specify)*: \_\_\_\_\_  
 b.  waived *(explain)*: \_\_\_\_\_
  
5.  An earnings assignment order has not been issued for support ordered after July 1, 1990.

|   |              |
|---|--------------|
| PETITIONER/PLAINTIFF:<br>RESPONDENT/DEFENDANT:<br>OTHER PARTY/PARENT: | CASE NUMBER: |
|---|--------------|

**ISSUANCE OF EARNINGS ASSIGNMENT ORDER**

6. I request an earnings assignment order issue for the following monthly deductions:
- a.  \$ per month current **child support**.
  - b.  \$ per month current **spousal or domestic partner support**.
  - c.  \$ per month current **family support**.
  - d.  \$ per month **child support arrears**.
  - e.  \$ per month **spousal or domestic partner support arrears**.
  - f.  \$ per month **family support arrears**.
  - g. **Total deductions per month:** \$

**MODIFICATION OF CHILD SUPPORT EARNINGS ASSIGNMENT ORDER**

7.  The existing earnings assignment order for child support should be modified as follows (*specify*):

The modified earnings assignment order is requested because (*check all that apply*):

- a.  One or more of the following children listed in the child support order are emancipated (support is no longer required by law) as of the following dates (name each emancipated child and date of emancipation):
  
- b.  The support arrears in this case are paid in full, including interest.
- c.  The earnings assignment order must be conformed to the most recent support order as follows (*specify*):
  
- d.  The local child support agency is no longer enforcing the current support obligation in this case but is required to collect and enforce any arrears owing.
- e.  Other (*specify*):

**TERMINATION OF CHILD SUPPORT EARNINGS ASSIGNMENT ORDER**

8.  The earnings assignment order for child support should be terminated because (*check all that apply*):
- a. Past due support has been paid in full, including any interest due.
  - b.  There is no current support order.
  - c.  The child reached age 18 and completed the 12th grade on(*date*):
  - d.  The child reached 18 and is no longer a full-time high school student as of (*date*):
  - e.  The child reached age 19.
  - f.  The child died on (*date*):
  - g.  The child married on (*date*):
  - h.  The child went on active duty with the armed forces of the United States on (*date*):
  - i.  The child received a declaration of emancipation under Family Code section 7122 (*name each child and give details*):

|   |              |
|---|--------------|
| PETITIONER/PLAINTIFF:<br>RESPONDENT/DEFENDANT:<br>OTHER PARTY/PARENT: | CASE NUMBER: |
|---|--------------|

8. (continued)

- j.  The previous stay of the earnings assignment was improperly terminated (*specify*):
  
- k.  The State Disbursement Unit has been unable to deliver payment for a period of six months due to the failure of the support recipient to notify the State Disbursement Unit of a change in his or her address.
- l.  Other (*specify*):

**MODIFICATION OF SPOUSAL, DOMESTIC PARTNER, OR FAMILY SUPPORT EARNINGS ASSIGNMENT ORDER**

9.  The existing earnings assignment order for spousal, domestic partner, or family support should be changed as follows (*specify*):

The modified earnings assignment order is requested because (*check all that apply*):

- a.  The support arrears in this case are paid in full, including interest.
- b.  The earnings assignment order must be conformed to the most recent support order as follows (*specify*):
  
- c.  Other (*specify*):

**TERMINATION OF SPOUSAL, DOMESTIC PARTNER, OR FAMILY SUPPORT EARNINGS ASSIGNMENT ORDER**

10.  The earnings assignment order for spousal, domestic partner, or family support should be terminated because (*specify*):

- a. Past due support has been paid in full, including any interest due.
- b.  There is no current support order.
- c.  The supported spouse or domestic partner remarried or registered a domestic partnership on (*date*):
- d.  The supported spouse or partner died on (*date*):
- e.  By terms of the current order, spousal, partner, or family support terminated on (*date*):
- f.  A previous stay of wage assignment was improperly terminated (*specify*):
  
- g.  The  employer  State Disbursement Unit has been unable to deliver payment for a period of six months due to the failure of the support recipient to notify that employer or the State Disbursement Unit of a change in his or her address.
- h.  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

### INCOME WITHHOLDING FOR SUPPORT

- INCOME WITHHOLDING ORDER/NOTICE FOR SUPPORT (IWO)
- AMENDED IWO
- ONE-TIME ORDER/NOTICE FOR LUMP SUM PAYMENT
- TERMINATION OF IWO

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

Child Support Enforcement (CSE) Agency    Court    Attorney    Private Individual/Entity (Check One)

**NOTE:** This IWO must be regular on its face. Under certain circumstances you must reject this IWO and return it to the sender (see IWO instructions [www.acf.hhs.gov/css/resource/income-withholding-for-support-instructions](http://www.acf.hhs.gov/css/resource/income-withholding-for-support-instructions)). If you receive this document from someone other than a state or tribal CSE agency or a court, a copy of the underlying support order must be attached.

State/Tribe/Territory \_\_\_\_\_ Remittance ID (include w/payment) \_\_\_\_\_  
 City/County/Dist./Tribe \_\_\_\_\_ Order ID \_\_\_\_\_  
 Private Individual/Entity \_\_\_\_\_ Case ID \_\_\_\_\_

|   |   |
|---|---|
| _____<br>Employer/Income Withholder's Name          | RE: _____<br>Employee/Obligor's Name (Last, First, Middle)    |
|   | _____<br>Employee/Obligor's Date of Birth                     |
| _____<br>Employer/Income Withholder's Address       | _____<br>Custodial Party/Obligee's Name (Last, First, Middle) |
| _____<br>Employer/Income Withholder's FEIN          |   |
| _____<br>Child(ren)'s Name(s) (Last, First, Middle) | _____<br>Child(ren)'s Birth Date(s)                           |
| _____<br>_____<br>_____<br>_____<br>_____<br>_____  | _____<br>_____<br>_____<br>_____<br>_____<br>_____            |

**ORDER INFORMATION:** This document is based on the support order from \_\_\_\_\_ (State/Tribe). You are required by law to deduct these amounts from the employee/obligor's income until further notice.

\$ \_\_\_\_\_ Per \_\_\_\_\_ current child support  
 \$ \_\_\_\_\_ Per \_\_\_\_\_ past-due child support - **Arrears greater than 12 weeks?**  Yes  No  
 \$ \_\_\_\_\_ Per \_\_\_\_\_ current cash medical support  
 \$ \_\_\_\_\_ Per \_\_\_\_\_ past-due cash medical support  
 \$ \_\_\_\_\_ Per \_\_\_\_\_ current spousal support  
 \$ \_\_\_\_\_ Per \_\_\_\_\_ past-due spousal support  
 \$ \_\_\_\_\_ Per \_\_\_\_\_ other (must specify) \_\_\_\_\_  
 for a **Total Amount to Withhold** of \$ \_\_\_\_\_ per \_\_\_\_\_.

**AMOUNTS TO WITHHOLD:** You do not have to vary your pay cycle to be in compliance with the *Order Information*. If your pay cycle does not match the ordered payment cycle, withhold one of the following amounts:

\$ \_\_\_\_\_ per weekly pay period                      \$ \_\_\_\_\_ per semimonthly pay period (twice a month)  
 \$ \_\_\_\_\_ per biweekly pay period (every two weeks)   \$ \_\_\_\_\_ per monthly pay period  
 \$ \_\_\_\_\_ **Lump Sum Payment:** Do not stop any existing IWO unless you receive a termination order.

Document Tracking ID \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Employer FEIN: \_\_\_\_\_ **FL-195**  
Employee/Obligor's Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Case Identifier: \_\_\_\_\_ Order Identifier: \_\_\_\_\_

**REMITTANCE INFORMATION:** If the employee/obligor's principal place of employment is \_\_\_\_\_ (State/Tribe), you must begin withholding no later than the first pay period that occurs \_\_\_\_\_ days after the date of \_\_\_\_\_. Send payment within \_\_\_\_\_ business days of the pay date. If you cannot withhold the full amount of support for any or all orders for this employee/obligor, withhold \_\_\_\_\_ % of disposable income for all orders. If the obligor is a non-employee, obtain withholding limits from Supplemental Information. If the employee/obligor's principal place of employment is not \_\_\_\_\_ (State/Tribe), obtain withholding limitations, time requirements, and any allowable employer fees from the jurisdiction of the employee/obligor's principal place of employment. State-specific withholding limit information is available at [www.acf.hhs.gov/css/resource/state-income-withholding-contacts-and-program-requirements](http://www.acf.hhs.gov/css/resource/state-income-withholding-contacts-and-program-requirements). For tribe-specific contacts, payment addresses, and withholding limitations, please contact the tribe at [www.acf.hhs.gov/sites/default/files/programs/css/tribal\\_agency\\_contacts\\_printable\\_pdf.pdf](http://www.acf.hhs.gov/sites/default/files/programs/css/tribal_agency_contacts_printable_pdf.pdf) or [https://www.bia.gov/tribalmmap/DataDotGovSamples/tld\\_map.html](https://www.bia.gov/tribalmmap/DataDotGovSamples/tld_map.html).

For electronic payment requirements and centralized payment collection and disbursement facility information [State Disbursement Unit (SDU)], see [www.acf.hhs.gov/css/employers/employer-responsibilities/payments](http://www.acf.hhs.gov/css/employers/employer-responsibilities/payments).

Include the Remittance ID with the payment and if necessary this locator code: \_\_\_\_\_.

|                         |   |                            |
|-------------------------|---|----------------------------|
| <b>Remit payment to</b> | California State Disbursement Unit              | (SDU/Tribal Order Payee)   |
| at                      | P.O. Box 989067, West Sacramento, CA 95798-9067 | (SDU/Tribal Payee Address) |

**Return to Sender (Completed by Employer/Income Withholder).** Payment must be directed to an SDU in accordance with sections 466(b)(5) and (6) of the Social Security Act or Tribal Payee (see Payments to SDU below). If payment is not directed to an SDU/Tribal Payee or this IWO is not regular on its face, you *must* check this box and return the IWO to the sender.

|  |
|--|
| If Required by State or Tribal Law:<br>Signature of Judge/Issuing Official: _____<br>Print Name of Judge/Issuing Official: _____<br>Title of Judge/Issuing Official: _____<br>Date of Signature: _____ |
|--|

If the employee/obligor works in a state or for a tribe that is different from the state or tribe that issued this order, a copy of this IWO must be provided to the employee/obligor.

If checked, the employer/income withholder must provide a copy of this form to the employee/obligor.

### ADDITIONAL INFORMATION FOR EMPLOYERS/INCOME WITHHOLDERS

State-specific contact and withholding information can be found on the Federal Employer Services website located at [www.acf.hhs.gov/css/resource/state-income-withholding-contacts-and-program-requirements](http://www.acf.hhs.gov/css/resource/state-income-withholding-contacts-and-program-requirements).

Employers/income withholders may use OCSE's Child Support Portal (<https://ocsp.acf.hhs.gov/csp/>) to provide information about employees who are eligible to receive a lump sum payment, have terminated employment, and to provide contacts, addresses, and other information about their company.

**Priority:** Withholding for support has priority over any other legal process under State law against the same income (section 466(b)(7) of the Social Security Act). If a federal tax levy is in effect, please notify the sender.

**Combining Payments:** When remitting payments to an SDU or tribal CSE agency, you may combine withheld amounts from more than one employee/obligor's income in a single payment. You must, however, separately identify each employee/obligor's portion of the payment.

**Payments To SDU:** You must send child support payments payable by income withholding to the appropriate SDU or to a tribal CSE agency. If this IWO instructs you to send a payment to an entity other than an SDU (e.g., payable to the custodial party, court, or attorney), you must check the box above and return this notice to the sender. Exception: If this IWO was sent by a court, attorney, or private individual/entity and the initial order was entered before January 1, 1994 or the order was issued by a tribal CSE agency, you must follow the "Remit payment to" instructions on this form.

Employer's Name: \_\_\_\_\_ Employer FEIN: \_\_\_\_\_ **FL-195**

Employee/Obligor's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Case Identifier: \_\_\_\_\_ Order Identifier: \_\_\_\_\_

**Reporting the Pay Date:** You must report the pay date when sending the payment. The pay date is the date on which the amount was withheld from the employee/obligor's wages. You must comply with the law of the state (or tribal law if applicable) of the employee/obligor's principal place of employment regarding time periods within which you must implement the withholding and forward the support payments.

**Multiple IWOs:** If there is more than one IWO against this employee/obligor and you are unable to fully honor all IWOs due to federal, state, or tribal withholding limits, you must honor all IWOs to the greatest extent possible, giving priority to current support before payment of any past-due support. Follow the state or tribal law/procedure of the employee/obligor's principal place of employment to determine the appropriate allocation method.

**Lump Sum Payments:** You may be required to notify a state or tribal CSE agency of upcoming lump sum payments to this employee/obligor such as bonuses, commissions, or severance pay. Contact the sender to determine if you are required to report and/or withhold lump sum payments.

**Liability:** If you have any doubts about the validity of this IWO, contact the sender. If you fail to withhold income from the employee/obligor's income as the IWO directs, you are liable for both the accumulated amount you should have withheld and any penalties set by state or tribal law/procedure.

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**Anti-discrimination:** You are subject to a fine determined under state or tribal law for discharging an employee/obligor from employment, refusing to employ, or taking disciplinary action against an employee/obligor because of this IWO.

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**Withholding Limits:** You may not withhold more than the lesser of: 1) the amounts allowed by the Federal Consumer Credit Protection Act (CCPA) [15 USC §1673 (b)]; or 2) the amounts allowed by the law of the state of the employee/obligor's principal place of employment, if the place of employment is in a state; or the tribal law of the employee/obligor's principal place of employment if the place of employment is under tribal jurisdiction. Disposable income is the net income after mandatory deductions such as: state, federal, local taxes; Social Security taxes; statutory pension contributions; and Medicare taxes. The federal limit is 50% of the disposable income if the obligor is supporting another family and 60% of the disposable income if the obligor is not supporting another family. However, those limits increase 5%--to 55% and 65% --if the arrears are greater than 12 weeks. If permitted by the state or tribe, you may deduct a fee for administrative costs. The combined support amount and fee may not exceed the limit indicated in this section.

Depending upon applicable state or tribal law, you may need to consider amounts paid for health care premiums in determining disposable income and applying appropriate withholding limits.

**Arrears Greater Than 12 Weeks?** If the **Order Information** section does not indicate that the arrears are greater than 12 weeks, then the employer should calculate the CCPA limit using the lower percentage.

**Supplemental Information:**

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Employer's Name: \_\_\_\_\_ Employer FEIN: \_\_\_\_\_ **FL-195**  
Employee/Obligor's Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Case Identifier: \_\_\_\_\_ Order Identifier: \_\_\_\_\_

**NOTIFICATION OF EMPLOYMENT TERMINATION OR INCOME STATUS:** If this employee/obligor never worked for you or you are no longer withholding income for this employee/obligor, you must promptly notify the CSE agency and/or the sender by returning this form to the address listed in the contact information below:

- This person has never worked for this employer nor received periodic income.  
 This person no longer works for this employer nor receives periodic income.

Please provide the following information for the employee/obligor:

Termination date: \_\_\_\_\_ Last known telephone number: \_\_\_\_\_

Last known  
address: \_\_\_\_\_

Final payment date to SDU/Tribal Payee: \_\_\_\_\_ Final payment amount: \_\_\_\_\_

New employer's name: \_\_\_\_\_

New employer's address: \_\_\_\_\_

**CONTACT INFORMATION:**

**To Employer/Income Withholder:** If you have questions, contact \_\_\_\_\_ (issuer name)

by telephone: \_\_\_\_\_, by fax: \_\_\_\_\_, by email or website: \_\_\_\_\_.

Send termination/income status notice and other correspondence to:  
\_\_\_\_\_ (issuer address).

**To Employee/Obligor:** If the employee/obligor has questions, contact \_\_\_\_\_ (issuer name)

by telephone: \_\_\_\_\_, by fax: \_\_\_\_\_, by email or website: \_\_\_\_\_.

**IMPORTANT:** The person completing this form is advised that the information may be shared with the employee/obligor.

**Encryption Requirements:**

When communicating this form through electronic transmission, precautions must be taken to ensure the security of the data. Child support agencies are encouraged to use the electronic applications provided by the federal Office of Child Support Enforcement. Other electronic means, such as encrypted attachments to emails, may be used if the encryption method is compliant with Federal Information Processing Standard (FIPS) Publication 140-2 (FIPS PUB 140-2).

**The Paperwork Reduction Act of 1995**

This information collection and associated responses are conducted in accordance with 45 CFR 303.100 of the Child Support Enforcement Program. This form is designed to provide uniformity and standardization. Public reporting for this collection of information is estimated to average two to five minutes per response. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The Income Withholding for Support (IWO) is the OMB-approved form used for income withholding in:

- tribal, intrastate, and interstate cases enforced under Title IV-D of the Social Security Act
- all child support orders initially issued in the state on or after January 1, 1994, and
- all child support orders initially issued (or modified) in the state before January 1, 1994 if arrearages occur.

This form is the standard format prescribed by the Secretary in accordance with section 466(b)(6)(a)(ii) of the Social Security Act. **Except as noted, the following information is required and must be included.**

**Please note:**

- For the purpose of this IWO form and these instructions, “state” is defined as a state or territory.
- Dos and don’ts on using this form are found at [www.acf.hhs.gov/css/resource/using-the-income-withholding-for-support-form-dos-and-donts](http://www.acf.hhs.gov/css/resource/using-the-income-withholding-for-support-form-dos-and-donts) .

**COMPLETED BY SENDER:**

- 1a. **Income Withholding Order/Notice for Support (IWO).** Check the box if this is an initial IWO.
- 1b. **Amended IWO.** Check the box to indicate that this form amends a previous IWO. Any changes to an IWO must be done through an amended IWO.
- 1c. **One-Time Order/Notice For Lump Sum Payment.** Check the box when this IWO is to attach a one-time collection of a lump sum payment after receiving notification from an employer/income withholder or other source. When this box is checked, enter the amount in field 14, Lump Sum Payment, in the *Amounts to Withhold* section. Additional IWOs must be issued to collect subsequent lump sum payments.
- 1d. **Termination of IWO.** Check the box to stop income withholding on a child support order. Complete all applicable identifying information to aid the employer/income withholder in terminating the correct IWO.
- 1e. **Date.** Date this form is completed and/or signed.
- 1f. **Child Support Enforcement (CSE) Agency, Court, Attorney, Private Individual/Entity (Check One).** Check the appropriate box to indicate which entity is sending the IWO. If this IWO is **not** completed by a state or tribal CSE agency, the sender should contact the CSE agency (see [www.acf.hhs.gov/programs/css/resource/state-income-withholding-contacts-and-program-requirements](http://www.acf.hhs.gov/programs/css/resource/state-income-withholding-contacts-and-program-requirements)) to determine if the CSE agency needs a copy of this form to facilitate payment processing.

**NOTE TO EMPLOYER/INCOME WITHHOLDER:**

This IWO must be regular on its face. The IWO must be rejected and returned to sender under the following circumstances:

- IWO instructs the employer/income withholder to send a payment to an entity other than a state disbursement unit (for example, payable to the custodial party, court, or attorney). Each state is required to operate a state disbursement unit (SDU), which is a centralized facility for collection and disbursement of child support payments. Exception: If this IWO is issued by a court, attorney, or private individual/entity and the initial child support order was entered before January 1, 1994 or the order was issued by a tribal CSE agency, the employer/income withholder must follow the payment instructions on the form.
- Form does not contain all information necessary for the employer to comply with the withholding.
- Form is altered or contains invalid information.

- Amount to withhold is not a dollar amount.
- Sender has not used the OMB-approved form for the IWO.
- A copy of the underlying order is required and not included.

If you receive this document from an attorney or private individual/entity, a copy of the underlying support order containing a provision authorizing income withholding must be attached.

### COMPLETED BY SENDER:

- 1g. **State/Tribe/Territory.** Name of state or tribe sending this form. This must be a governmental entity of the state or a tribal organization authorized by a tribal government to operate a CSE program. If you are a tribe submitting this form on behalf of another tribe, complete field 1i.
- 1h. **Remittance ID (include w/payment).** Identifier that employers/income withholders must include when sending payments for this IWO. The Remittance ID is entered as the case identifier on the electronic funds transfer/electronic data interchange (EFT/EDI) record.

### NOTE TO EMPLOYER/INCOME WITHHOLDER:

The employer/income withholder must use the Remittance ID when remitting payments so the SDU or tribe can identify and apply the payment correctly. The Remittance ID is entered as the case identifier on the EFT/EDI record.

### COMPLETED BY SENDER:

- 1i. **City/County/Dist./Tribe. Optional** field for the name of the city, county, or district sending this form. If entered, this must be a government entity of the state or the name of the tribe authorized by a tribal government to operate a CSE program for which this form is being sent. If a tribe is submitting this form on behalf of another tribe, enter the name of that tribe.
- 1j. **Order ID.** Unique identifier associated with a specific child support obligation. It could be a court case number, docket number, or other identifier designated by the sender.
- 1k. **Private Individual/Entity.** Name of the private individual/entity or non-IV-D tribal CSE organization sending this form.
- 1l. **Case ID.** Unique identifier assigned to a state or tribal CSE case. In a state IV-D case as defined at 45 Code of Federal Regulations (CFR) 305.1, this is the identifier reported to the Federal Case Registry (FCR). One IWO must be issued for each IV-D case and must use the unique CSE Agency Case ID. For tribes, this would be either the FCR identifier or other applicable identifier.

Fields 2 and 3 refer to the employee/obligor's employer/income withholder and specific case information.

- 2a. **Employer/Income Withholder's Name.** Name of employer or income withholder.
- 2b. **Employer/Income Withholder's Address.** Employer/income withholder's mailing address including street/PO box, city, state, and zip code. (This may differ from the employee/obligor's work site.) If the employer/income withholder is a federal government agency, the IWO should be sent to the address listed under Federal Agency Income Withholding Contacts and Program Information at [www.acf.hhs.gov/css/resource/federal-agency-iwo-and-medical-contact-information](http://www.acf.hhs.gov/css/resource/federal-agency-iwo-and-medical-contact-information).
- 2c. **Employer/Income Withholder's FEIN.** Employer/income withholder's nine-digit Federal Employer Identification Number (if available).

- 3a. **Employee/Obligor's Name.** Employee/obligor's last name and first name. A middle name is **optional**.
- 3b. **Employee/Obligor's Social Security Number.** Employee/obligor's Social Security number or other taxpayer identification number.
- 3c. **Employee/Obligor's Date of Birth.** Employee/obligor's date of birth is **optional**.
- 3d. **Custodial Party/Obligee's Name.** Custodial party/obligee's last name and first name. A middle name is **optional**. Enter one custodial party/obligee's name on each IWO form. Multiple custodial parties/obligees are not to be entered on a single IWO. Issue one IWO per state IV-D case as defined at 45 CFR 305.1.
- 3e. **Child(ren)'s Name(s).** Child(ren)'s last name(s) and first name(s). A middle name(s) is **optional**. (Note: If there are more than six children for this IWO, list additional children's names and birth dates in the **Supplemental Information** section). Enter the child(ren) associated with the custodial party/obligee and employee/obligor only. Child(ren) of multiple custodial parties/obligees is not to be entered on an IWO.
- 3f. **Child(ren)'s Birth Date(s).** Date of birth for each child named.
- 3g. **Blank box.** Space for court stamps, bar codes, or other information.

**ORDER INFORMATION** – Field 4 identifies which state or tribe issued the order. Fields 5 through 12 identify the dollar amounts for specific kinds of support (taken directly from the support order) and the total amount to withhold for specific time periods.

4. **State/Tribe.** Name of the state or tribe that issued the support order.
- 5a-b. **Current Child Support.** Dollar amount to be withheld **per** the time period (for example, week, month) specified in the underlying support order.
- 6a-b. **Past-due Child Support.** Dollar amount to be withheld **per** the time period (for example, week, month) specified in the underlying support order.
- 6c. **Arrears Greater Than 12 Weeks?** The appropriate box (Yes/No) must be checked indicating whether arrears are greater than 12 weeks.
- 7a-b. **Current Cash Medical Support.** Dollar amount to be withheld **per** the time period (for example, week, month) specified in the underlying support order.
- 8a-b. **Past-due Cash Medical Support.** Dollar amount to be withheld **per** the time period (for example, week, month) specified in the underlying support order.
- 9a-b. **Current Spousal Support.** (Alimony) Dollar amount to be withheld **per** the time period (for example, week, month) specified in the underlying support order.
- 10a-b. **Past-due Spousal Support.** (Alimony) Dollar amount to be withheld **per** the time period (for example, week, month) specified in the underlying order.
- 11a-c. **Other.** Miscellaneous obligations dollar amount to be withheld **per** the time period (for example, week, month) specified in the underlying order. **Must specify** a description of the obligation (for example, court fees).
- 12a-b. **Total Amount to Withhold.** The total amount of the deductions **per** the corresponding time period. Fields 5a, 6a, 7a, 8a, 9a, 10a, and 11a should total the amount in 12a.

**NOTE TO EMPLOYER/INCOME WITHHOLDER:**

An acceptable method of determining the amount to be paid on a weekly or biweekly basis is to multiply the monthly amount due by 12 and divide that result by the number of pay periods in a year. Additional information about this topic is available in [Action Transmittal 16-04](https://www.acf.hhs.gov/css/resource/correctly-withholding-child-support-from-weekly-and-biweekly-pay-cycles), Correctly Withholding Child Support from Weekly and Biweekly Pay Cycles (<https://www.acf.hhs.gov/css/resource/correctly-withholding-child-support-from-weekly-and-biweekly-pay-cycles>).

**COMPLETED BY SENDER:**

**AMOUNTS TO WITHHOLD** - Fields 13a through 13d specify the dollar amount to be withheld for this IWO if the employer/income withholder's pay cycle does not correspond with field 12b.

- 13a. **Per Weekly Pay Period.** Total amount an employer/income withholder should withhold if the employee/obligor is paid weekly.
- 13b. **Per Semimonthly Pay Period.** Total amount an employer/income withholder should withhold if the employee/obligor is paid twice a month.
- 13c. **Per Biweekly Pay Period.** Total amount an employer/income withholder should withhold if the employee/obligor is paid every two weeks.
- 13d. **Per Monthly Pay Period.** Total amount an employer/income withholder should withhold if the employee/obligor is paid once a month.
- 14. **Lump Sum Payment.** Dollar amount withheld when the IWO is used to attach a lump sum payment. This field should be used when field 1c is checked.
- 15. **Document Tracking ID. Optional** unique identifier for this form assigned by the sender.

**Please Note:** Employer's Name, FEIN, Employee/Obligor's Name and SSN, Case ID, and Order ID must appear in the header on page two and subsequent pages.

**REMITTANCE INFORMATION** - Payments are forwarded to the SDU in each state, unless the initial child support order was entered by a state before January 1, 1994 and never modified, accrued arrears, or was enforced by a child support agency or by a tribal CSE agency. If the order was issued by a tribal CSE agency, the employer/income withholder must follow the remittance instructions on the form.

- 16. **State/Tribe.** Name of the state or tribe sending this document.
- 17. **Days.** Number of days after the effective date noted in field 18 in which withholding must begin according to the state or tribal laws/procedures for the employee/obligor's principal place of employment.
- 18. **Date.** Effective date of this IWO.
- 19. **Business Days.** Number of business days within which an employer/income withholder must remit amounts withheld pursuant to the state or tribal laws/procedures of the principal place of employment.
- 20. **Percentage of Disposable Income.** The percentage of disposable income that may be withheld from the employee/obligor's paycheck. It is the sender's responsibility to determine the percentage an employer/income withholder is required to withhold.

**NOTE TO EMPLOYER/INCOME WITHHOLDER:**

The employer/income withholder may not withhold more than the lesser of: the amounts allowed by the Federal Consumer Credit Protection Act [15 USC §1673(b)]; or 2) the amounts allowed by the jurisdiction of the employee/obligor's principal place of employment (i.e., the amounts allowed by state law if the employee/obligor's principal place of employment is in a state; or the amounts allowed by tribal law if the employee/obligor's principal place of employment is under tribal jurisdiction). State-specific withholding limitations, time requirements, and any allowable employer fees are available at <http://www.acf.hhs.gov/css/resource/state-income-withholding-contacts-and-program-requirements>. For tribe- specific contacts, payment addresses, and withholding limitations, please contact the tribe at [www.acf.hhs.gov/sites/default/files/programs/css/tribal\\_agency\\_contacts\\_printable\\_pdf.pdf](http://www.acf.hhs.gov/sites/default/files/programs/css/tribal_agency_contacts_printable_pdf.pdf) or [https://www.bia.gov/tribalmap/DataDotGovSamples/tld\\_map.html](https://www.bia.gov/tribalmap/DataDotGovSamples/tld_map.html).

A federal government agency may withhold from a variety of incomes and forms of payment, including voluntary separation incentive payments (buy-out payments), incentive pay, and cash awards. For a more complete list, see 5 CFR 581.103.

**COMPLETED BY SENDER:**

21. **State/Tribe.** Name of the state or tribe sending this document.
22. **Locator Code.** Geographic Locator Codes are standard codes for states, counties, and cities issued by the National Institute of Standards and Technology. These were formerly known as Federal Information Processing Standards (FIPS) codes.
23. **SDU/Tribal Order Payee.** Name of SDU (or payee specified in the underlying tribal support order) to which payments must be sent.
24. **SDU/Tribal Payee Address.** Address of the SDU (or payee specified in the underlying tribal support order) to which payments must be sent.

**COMPLETED BY EMPLOYER/INCOME WITHHOLDER:**

25. **Return to Sender Checkbox.** The employer/income withholder should check this box and return the IWO to the sender if this IWO is not payable to an SDU or Tribal Payee or this IWO is not regular on its face as indicated on page 1 of these instructions.

**COMPLETED BY SENDER IF REQUIRED BY STATE OR TRIBAL LAW:**

26. **Signature of Judge/Issuing Official.** Signature of the official authorizing this IWO.
27. **Print Name of Judge/Issuing Official.** Name of the official authorizing this IWO.
28. **Title of Judge/Issuing Official.** Title of the official authorizing this IWO.
29. **Date of Signature.** Date the judge/issuing official signs this IWO.
30. **Copy of IWO checkbox.** Check this box for all intergovernmental IWOs. If checked, the employer/income withholder is required to provide a copy of the IWO to the employee/obligor.

**ADDITIONAL INFORMATION FOR EMPLOYERS/INCOME WITHHOLDERS**

The following fields refer to federal, state, or tribal laws that apply to issuing an IWO to an employer/income withholder. State- or tribal-specific information may be included only in the fields below.

**COMPLETED BY SENDER:**

31. **Liability.** Additional information on the penalty and/or citation of the penalty for an employer/income withholder who fails to comply with the IWO. The state or tribal law/procedures of the employee/obligor's principal place of employment govern the penalty.
32. **Anti-discrimination.** Additional information on the penalty and/or citation of the penalty for an employer/income withholder who discharges, refuses to employ, or disciplines an employee/obligor as a result of the IWO. The state or tribal law/procedures of the employee/obligor's principal place of employment govern the penalty.
33. **Supplemental Information.** Any state-specific information needed, such as maximum withholding percentage for nonemployees/independent contractors, fees the employer/income withholder may charge the obligor for income withholding, or children's names and DOBs if there are more than six children on this IWO. Additional information must be consistent with the requirements of the form and the instructions.

**COMPLETED BY EMPLOYER/INCOME WITHHOLDER:*****NOTIFICATION OF EMPLOYMENT TERMINATION OR INCOME STATUS***

The employer must complete this section when the employee/obligor's employment is terminated, income withholding ceases, or if the employee/obligor has never worked for the employer.

- 34a-b. **Employment/Income Status Checkbox.** Check the employment/income status of the employee/obligor.
35. **Termination Date.** If applicable, date employee/obligor was terminated.
36. **Last Known Telephone Number.** Last known (home/cell/other) telephone number of the employee/obligor.
37. **Last Known Address.** Last known home/mailling address of the employee/obligor.
38. **Final Payment Date.** Date employer sent final payment to SDU/Tribal Payee.
39. **Final Payment Amount.** Amount of final payment sent to SDU/Tribal Payee.
40. **New Employer's Name.** Name of employee's/obligor's new employer (if known).
41. **New Employer's Address.** Address of employee's/obligor's new employer (if known).

**COMPLETED BY SENDER:*****CONTACT INFORMATION***

42. **Issuer Name (Employer/Income Withholder Contact).** Name of the contact person that the employer/income withholder can call for information regarding this IWO.
43. **Issuer Telephone Number.** Telephone number of the contact person.
44. **Issuer Fax Number. Optional** fax number of the contact person.
45. **Issuer Email/Website. Optional** email or website of the contact person.
46. **Issuer Address (Termination/Income Status and Correspondence Address).** Address to

which the employer should return the Employment Termination or Income Status notice. It is also the address that the employer should use to correspond with the issuing entity.

47. **Issuer Name (Employee/Obligor Contact).** Name of the contact person that the employee/obligor can call for information.
48. **Issuer Telephone Number.** Telephone number of the contact person.
49. **Issuer Fax Number. Optional** fax number of the contact person.
50. **Issuer Email/Website. Optional** email or website of the contact person.

#### **Encryption Requirements:**

When communicating the Income Withholding for Support (IWO) through electronic transmission, precautions must be taken to ensure the security of the data. Child support agencies are encouraged to use the electronic applications provided by the federal Office of Child Support Enforcement. Other electronic means, such as encrypted attachments to emails, may be used if the encryption method is compliant with Federal Information Processing Standard (FIPS) Publication 140-2 (FIPS PUB 140-2).

#### **The Paperwork Reduction Act of 1995**

This information collection and associated responses are conducted in accordance with 45 CFR 303.100 of the Child Support Enforcement Program. This form is designed to provide uniformity and standardization. Public reporting burden for this collection of information is estimated to average 5 minutes per response for Non-IV-D CPs; 2 minutes per response for employers; 3 seconds for e-IWO employers, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.



|   |                           |
|---|---------------------------|
| ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar number, and address):</i><br><br>TELEPHONE NO.: _____ FAX NO. <i>(Optional):</i> _____<br>E-MAIL ADDRESS <i>(Optional):</i> _____<br>ATTORNEY FOR <i>(Name):</i> _____ | <b>FOR COURT USE ONLY</b> |
| <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF Orange</b><br>STREET ADDRESS: 341 The City Drive<br>MAILING ADDRESS:<br>CITY AND ZIP CODE: Orange, CA 92868<br>BRANCH NAME: Lamoreaux Justice Center                               |                           |
| PETITIONER/PLAINTIFF:<br><br>RESPONDENT/DEFENDANT:<br><br>OTHER PARENT:   |                           |
| <b>EARNINGS ASSIGNMENT ORDER FOR SPOUSAL OR PARTNER SUPPORT</b><br><input type="checkbox"/> Modification  | CASE NUMBER:              |

**TO THE PAYOR: This is a court order. You must withhold a portion of the earnings of** *(specify obligor's name and birthdate):*  
**and pay as directed below.** *(An explanation of this order is printed on page 2 of this form.)*

**THE COURT ORDERS**

1. You must pay part of the earnings of the employee or other person who has been ordered to pay support, as follows:
  - a.  \$ \_\_\_\_\_ per month current **spousal or partner support**
  - b.  \$ \_\_\_\_\_ per month **spousal or partner support arrearages**
  - c. **Total deductions per month:**  \$ \_\_\_\_\_
2.  The payments ordered under item 1a must be paid to *(name, address):*
3.  The payments ordered under item 1b must be paid to *(name, address):*
4. The payments ordered under item 1 must continue until further written notice from the payee or the court.
5.  This order modifies an existing order. **The amount you must withhold may have changed.** The existing order continues in effect until this modification is effective.
6. This order affects all earnings that are payable beginning as soon as possible but not later than 10 days after you receive it.
7. You must give the obligor a copy of this order and the blank *Request for Hearing Regarding Earnings Assignment* (form FL-450) within 10 days.
8.  Other *(specify):*
9. For the purposes of this order, spousal or partner support arrearages are set at: \$ \_\_\_\_\_ as of *(date):*

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

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

# INSTRUCTIONS FOR EARNINGS ASSIGNMENT ORDER

## 1. DEFINITION OF IMPORTANT WORDS IN THE EARNINGS ASSIGNMENT ORDER

### a. Earnings:

- (1) Wages, salary, bonuses, vacation pay, retirement pay, and commissions paid by an employer;
- (2) Payments for services of independent contractors;
- (3) Dividends, interest, rents, royalties, and residuals;
- (4) Patent rights and mineral or other natural resource rights;
- (5) Any payments due as a result of written or oral contracts for services or sales, regardless of title;
- (6) Payments due for workers' compensation temporary benefits, or payments from a disability or health insurance policy or program; and
- (7) Any other payments or credits due, regardless of source.

### b. Earnings assignment order: a court order issued in every court case in which one person is ordered to pay for the support of another person. This order has priority over any other orders such as garnishments or earnings withholding orders.

Earnings should not be withheld for any other order until the amounts necessary to satisfy this order have been withheld in full. However, an *Order/Notice to Withhold Income for Child Support* for child support or family support has priority over this order for spousal or partner support.

### c. Obligor: any person ordered by a court to pay support. The obligor is named before item 1 in the order.

### d. Oblige: the person or governmental agency to whom the support is to be paid.

### e. Payor: the person or entity, including an employer, that pays earnings to an obligor.

## 2. INFORMATION FOR ALL PAYORS. Withhold money from the earnings payable to the obligor as soon as possible but no later than 10 days after you receive the *Earnings Assignment Order for Spousal or Partner Support*. Send the withheld money to the payee(s) named in items 2 and 3 of the order within 10 days of the pay date. You may deduct \$1 from the obligor's earnings for each payment you make.

When sending the withheld earnings to the payee, state the date on which the earnings were withheld. You may combine amounts withheld for two or more obligors in a single payment to each payee, and identify what portion of that payment is for each obligor.

**You will be liable for any amount you fail to withhold and can be cited for contempt of court.**

## 3. SPECIAL INSTRUCTIONS FOR PAYORS WHO ARE EMPLOYERS

### a. State and federal laws limit the amount you can withhold and pay as directed by this order. This limitation applies only to earnings defined above in item 1a(1) and are usually half the obligor's disposable earnings.

**Disposable earnings are different from gross pay or take-home pay.** Disposable earnings are earnings left after subtracting the money that state or federal law requires an employer to withhold. Generally these required deductions are (1) federal income tax, (2) social

security, (3) state income tax, (4) state disability insurance, and (5) payments to public employees' retirement systems.

After the obligor's disposable earnings are known, withhold the amount required by the order, **but never withhold more than 50 percent of the disposable earnings unless the court order specifies a higher percentage.** Federal law prohibits withholding more than 65 percent of disposable earnings of an employee in any case.

**If the obligor has more than one assignment for support, add together the amounts of support due for all the assignments. If 50 percent of the obligor's net disposable earnings will not pay in full all of the assignments for support, prorate it first among all of the current support assignments in the same proportion that each assignment bears to the total current support owed. Apply any remainder to the assignments for arrearage support in the same proportion that each assignment bears to the total arrearage owed. If you have any questions, please contact the office or person who sent this form to you. This office or person's name appears in the upper left-hand corner of the order.**

- b. If the employee's pay period differs from the period specified in the order, prorate the amount ordered withheld so that part of it is withheld from each of the obligor's paychecks.
- c. If the obligor stops working for you, notify the office that sent you this form of that, no later than the date of the next payment, by first-class mail. Give the obligor's last known address and, if known, the name and address of any new employer.
- d. California law prohibits you from firing, refusing to hire, or taking any disciplinary action against any employee ordered to pay support through an earnings assignment. Such action can lead to a \$500 civil penalty per employee.

**4. INFORMATION FOR ALL OBLIGORS.** You should have received a *Request for Hearing Regarding Earnings Assignment* (form FL-450) with this *Earnings Assignment Order for Spousal or Partner Support*. If not, you may get one from either the court clerk or the family law facilitator. If you want the court to stop or modify your earnings assignment, you must file (by hand delivery or mail) an original copy of the form with the court clerk within 10 days of the date you received this order. Keep a copy of the form for your records.

If you think your support order is wrong, you can ask for a modification of the order or, in some cases, you can have the order set aside and have a new order issued. You can talk to an attorney or get information from the family law facilitator about this.

**5. SPECIAL INFORMATION FOR THE OBLIGOR WHO IS AN EMPLOYEE.** State law requires you to notify the payees named in items 2 and 3 of the order if you change your employment. You must provide the name and address of your new employer.

|  |                           |
|--|---------------------------|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state Bar number, and address) or<br>GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406):<br><br><br>TELEPHONE NO.: _____ FAX NO. (Optional): _____<br>E-MAIL ADDRESS (Optional): _____<br>ATTORNEY FOR (Name): _____ | <b>FOR COURT USE ONLY</b> |
| <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF Orange</b><br>STREET ADDRESS: 341 The City Drive<br>MAILING ADDRESS:<br>CITY AND ZIP CODE: Orange, CA 92868<br>BRANCH NAME: Lamoreaux Justice Center  |                           |
| PETITIONER/PLAINTIFF:<br><br>RESPONDENT/DEFENDANT:<br><br>OTHER PARENT:  |                           |
| <b>DECLARATION OF PAYMENT HISTORY</b>  | CASE NUMBER: _____        |

1. Declaration of (name):
2. Based on my records or my recollection, I declare that the information on the attached pages showing the amounts ordered and the amounts paid are true and correct for the following obligations (check all that apply):

- |   |  |  |
|---|--|--|
| a. <input type="checkbox"/> Child support   | d. <input type="checkbox"/> Medical support                  | g. <input type="checkbox"/> Other (specify): |
| b. <input type="checkbox"/> Spousal support | e. <input type="checkbox"/> Unreimbursed medical expenses    |  |
| c. <input type="checkbox"/> Family support  | f. <input type="checkbox"/> Unreimbursed child care expenses |  |

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

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

Date:

|                               |  |                                   |
|-------------------------------|--|-----------------------------------|
| _____<br>(TYPE OR PRINT NAME) |  | _____<br>(SIGNATURE OF DECLARANT) |
|-------------------------------|--|-----------------------------------|

**SUPPORT ARREARAGE SUMMARY**

This summary is for arrearage for the periods specified in the attached pages.  
 Interest is calculated through (specify date):

|                                   | <u>Principal:</u> | <u>Interest (optional):</u> | <u>Total Arrearage:</u> |
|-----------------------------------|-------------------|-----------------------------|-------------------------|
| CHILD SUPPORT:                    | \$ _____          | \$ _____                    | \$ _____                |
| SPOUSAL SUPPORT:                  | \$ _____          | \$ _____                    | \$ _____                |
| FAMILY SUPPORT:                   | \$ _____          | \$ _____                    | \$ _____                |
| MEDICAL SUPPORT:                  | \$ _____          | \$ _____                    | \$ _____                |
| UNREIMBURSED MEDICAL EXPENSES:    | \$ _____          | \$ _____                    | \$ _____                |
| UNREIMBURSED CHILD CARE EXPENSES: | \$ _____          | \$ _____                    | \$ _____                |
| OTHER (specify):                  | \$ _____          | \$ _____                    | \$ _____                |

**NOTICE: Interest that is not calculated is not waived**

Date:

Submitted by:

|                               |  |                      |
|-------------------------------|--|----------------------|
| _____<br>(TYPE OR PRINT NAME) |  | _____<br>(SIGNATURE) |
|-------------------------------|--|----------------------|

Details of the arrearage statement, consisting of (specify number) \_\_\_\_\_ pages, are attached.

|   |              |
|---|--------------|
| PETITIONER/PLAINTIFF:<br><br>RESPONDENT/DEFENDANT:<br><br>OTHER PARENT: | CASE NUMBER: |
|---|--------------|

PAYMENT HISTORY FOR *(check one)*:

- Child   
  Spousal   
  Family   
  Medical   
  Unreimbursed child care  
 Unreimbursed medical   
  Other *(specify)*:

|              | Year _____     |             | Year _____     |             | Year _____     |             |
|--------------|----------------|-------------|----------------|-------------|----------------|-------------|
|              | AMOUNT ORDERED | AMOUNT PAID | AMOUNT ORDERED | AMOUNT PAID | AMOUNT ORDERED | AMOUNT PAID |
| January      |                |             |                |             |                |             |
| February     |                |             |                |             |                |             |
| March        |                |             |                |             |                |             |
| April        |                |             |                |             |                |             |
| May          |                |             |                |             |                |             |
| June         |                |             |                |             |                |             |
| July         |                |             |                |             |                |             |
| August       |                |             |                |             |                |             |
| September    |                |             |                |             |                |             |
| October      |                |             |                |             |                |             |
| November     |                |             |                |             |                |             |
| December     |                |             |                |             |                |             |
| <b>TOTAL</b> |                |             |                |             |                |             |

|              | Year _____     |             | Year _____     |             | Year _____     |             |
|--------------|----------------|-------------|----------------|-------------|----------------|-------------|
|              | AMOUNT ORDERED | AMOUNT PAID | AMOUNT ORDERED | AMOUNT PAID | AMOUNT ORDERED | AMOUNT PAID |
| January      |                |             |                |             |                |             |
| February     |                |             |                |             |                |             |
| March        |                |             |                |             |                |             |
| April        |                |             |                |             |                |             |
| May          |                |             |                |             |                |             |
| June         |                |             |                |             |                |             |
| July         |                |             |                |             |                |             |
| August       |                |             |                |             |                |             |
| September    |                |             |                |             |                |             |
| October      |                |             |                |             |                |             |
| November     |                |             |                |             |                |             |
| December     |                |             |                |             |                |             |
| <b>TOTAL</b> |                |             |                |             |                |             |

**INSTRUCTIONS FOR COMPLETING PAYMENT RECORD**

**You must complete a separate *Payment History Attachment* form for each type of support paid.** Enter the year, list the amount ordered, and the amount paid for each month during that year. If the amounts repeat in a column, you can use an arrow as shown in the example below. Add the amounts in each column to get the yearly totals. Enter the totals at the bottom.

Attach additional sheets and supporting documents (bills, receipts, and other proof of expense) as necessary.

Child

Spousal

|              | Year <u>2000</u> |             | Year <u>2001</u> |             |
|--------------|------------------|-------------|------------------|-------------|
|              | AMOUNT ORDERED   | AMOUNT PAID | AMOUNT ORDERED   | AMOUNT PAID |
| January      | 100              | 0           | 100              | 100         |
| February     |                  | ↓           |                  | 0           |
| March        |                  | ↓           |                  | ↓           |
| April        |                  | 100         |                  | 100         |
| May          |                  | 100         |                  | 0           |
| June         |                  | 100         |                  | ↓           |
| July         |                  | 0           |                  | ↓           |
| August       |                  | ↓           |                  | 100         |
| September    |                  | ↓           |                  | 100         |
| October      |                  | 100         |                  | 0           |
| November     | ↓                | ↓           | ↓                | ↓           |
| December     | ↓                | ↓           | ↓                | ↓           |
| <b>TOTAL</b> | <b>1,200</b>     | <b>600</b>  | <b>1,200</b>     | <b>400</b>  |

|              | AMOUNT ORDERED | AMOUNT PAID |
|--------------|----------------|-------------|
| January      | 100            | 0           |
| February     |                | ↓           |
| March        |                | ↓           |
| April        |                | 100         |
| May          |                | 100         |
| June         |                | 100         |
| July         |                | 0           |
| August       |                | ↓           |
| September    |                | ↓           |
| October      |                | 100         |
| November     | ↓              | ↓           |
| December     | ↓              | ↓           |
| <b>TOTAL</b> | <b>1,200</b>   | <b>600</b>  |

**UNREIMBURSED CHILD CARE, MEDICAL, OR OTHER EXPENSES:**

You must complete a separate *Payment History Attachment* form for each type of unreimbursed expense. If you have more than one bill, receipt, and other proof of expense per month use an additional declaration page (form MC-031) or separate page. **1.)** Itemize each expense; **2.)** attach proof of bill or payment; **3.)** mark each bill or payment with an Exhibit # \_\_\_\_\_; **4.)** group the bills, receipts, and other proof of expense in chronological order for each month; and **5.)** enter the total bills, receipts, and other proof of expense for each month. If your court order did not state a specific due date for reimbursement, then include that amount in the month that the expense was incurred.

Unreimbursed child care expenses

Unreimbursed medical expenses

|              | Year <u>2001</u> |             |
|--------------|------------------|-------------|
|              | AMOUNT ORDERED   | AMOUNT PAID |
| January      | 50% (\$200)      | 0           |
| February     | 50% (\$200)      | 100         |
| March        | 50% (\$200)      | 0           |
| April        | 50% (\$200)      | 50          |
| May          |                  |             |
| June         |                  |             |
| July         |                  |             |
| August       |                  |             |
| September    |                  |             |
| October      |                  |             |
| November     |                  |             |
| December     |                  |             |
| <b>TOTAL</b> | <b>\$400</b>     | <b>150</b>  |

|              | Year <u>2001</u> |             |
|--------------|------------------|-------------|
|              | AMOUNT ORDERED   | AMOUNT PAID |
| January      | 50% (\$200)      | 0           |
| February     |                  |             |
| March        | 50% (\$200)      | 0           |
| April        | 50% (\$75)       | 0           |
| May          |                  |             |
| June         |                  |             |
| July         |                  |             |
| August       |                  |             |
| September    |                  |             |
| October      |                  |             |
| November     |                  |             |
| December     |                  |             |
| <b>TOTAL</b> | <b>\$237.50</b>  | <b>0</b>    |

**Form MC-031**

|  |                                    |
|--|------------------------------------|
| Petitioner/Plaintiff   | CASE NUMBER                        |
| Defendant/Respondent   |                                    |
| I request reimbursement for 50% of these expenses, which are supported by copies of bills, receipts, and other proof of expense. |                                    |
| 01/04/01   | Dr. Adams \$45.00 Exhibit A        |
| 01/08/01   | Dr. Lee, D.D.S. \$155.00 Exhibit B |
| 02/15/01   | AB X-ray Inc. \$200.00 Exhibit C   |
| 04/26/01   | Kids Therapy \$75.00 Exhibit D     |
| Child care expenses:   |                                    |
| 01/02  | ABC School 50% (\$200)             |
| 02/02  | ABC School 50% (\$200)             |
| 03/02  | ABC School 50% (\$200)             |
| 04/02  | ABC School 50% (\$200)             |
|  | Exhibit E                          |
| I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.             |                                    |
| .....<br>(TYPE OR PRINT NAME)  | .....<br>(SIGNATURE OF DECLARANT)  |
| Form MC-031  | <b>ATTACHED DECLARATION</b>        |

|  |              |
|--|--------------|
| PLAINTIFF/PETITIONER:<br>DEFENDANT/RESPONDENT: | CASE NUMBER: |
|--|--------------|

**DECLARATION**

*(This form must be attached to another form or court paper before it can be filed in court.)*

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)

- Attorney for     Plaintiff     Petitioner     Defendant
- Respondent     Other (*Specify*):

|  |  |
|--|--|
| ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar number, and address):</i><br><br><hr style="width: 10%; margin-left: 0;"/><br><br>TELEPHONE NO.: _____ FAX NO. <i>(Optional):</i> _____<br>E-MAIL ADDRESS <i>(Optional):</i> _____<br>ATTORNEY FOR <i>(Name):</i> _____ | <b>FOR COURT USE ONLY</b>  |
| <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF Orange</b><br>STREET ADDRESS: <b>341 The City Drive</b><br>MAILING ADDRESS:<br>CITY AND ZIP CODE: <b>Orange, CA 02868</b><br>BRANCH NAME: <b>Lamoreaux Justice Center</b>   |  |
| PETITIONER/PLAINTIFF:<br>RESPONDENT/DEFENDANT:<br>OTHER PARENT/PARTY:  | CASE NUMBER:<br><br><i>(If applicable, provide):</i><br>HEARING DATE:<br>HEARING TIME:<br>DEPT.: |
| <b>PROOF OF SERVICE BY MAIL</b>  |  |

**NOTICE: To serve temporary restraining orders you must use personal service (see form FL-330).**

1. I am at least 18 years of age, not a party to this action, and I am a resident of or employed in the county where the mailing took place.
2. My residence or business address is:
  
3. I served a copy of the following documents *(specify):*

by enclosing them in an envelope AND

- a.  **depositing** the sealed envelope with the United States Postal Service with the postage fully prepaid.
- b.  **placing** the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.

4. The envelope was addressed and mailed as follows:
  - a. Name of person served:
  - b. Address:
  
  - c. Date mailed:
  - d. Place of mailing *(city and state):*

5.  I served a request to modify a child custody, visitation, or child support judgment or permanent order which included an address verification declaration. *(Declaration Regarding Address Verification—Postjudgment Request to Modify a Child Custody, Visitation, or Child Support Order (form FL-334) may be used for this purpose.)*

6. 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 PROOF OF SERVICE BY MAIL

Use these instructions to complete the *Proof of Service by Mail* (form FL-335).

A person at least 18 years of age or older must serve the documents. There are two ways to serve documents: (1) personal delivery and (2) by mail. See the *Proof of Personal Service* (form FL-330) if the documents are being personally served. The person who serves the documents must complete a proof of service form for the documents being served. **You cannot serve documents if you are a party to the action.**

### INSTRUCTIONS FOR THE PERSON WHO SERVES THE DOCUMENTS (TYPE OR PRINT IN BLACK INK)

You must complete a proof of service for each package of documents you serve. For example, if you serve the respondent and the other parent, you must complete two proofs of service; one for the respondent and one for the other parent.

*Complete the top section of the proof of service forms as follows:*

**First box, left side:** In this box print the name, address, and phone number of the person for whom you are serving the documents.

**Second box, left side:** Print the name of the county in which the legal action is filed and the court's address in this box. Use the same address for the court that is on the documents you are serving.

**Third box, left side:** Print the names of the petitioner/plaintiff, respondent/defendant, and other parent in this box. Use the same names listed on the documents you are serving.

**First box, top of form, right side:** Leave this box blank for the court's use.

**Second box, right side:** Print the case number in this box. This number is also stated on the documents you are serving.

**Third box, right side:** Print the hearing date, time, and department. Use the same information that is on the documents you are serving.

**You cannot serve a temporary restraining order by mail. You must serve those documents by personal service.**

1. You are stating that you are at least 18 years old and that you are not a party to this action. You are also stating that you either live in or are employed in the county where the mailing took place.
2. Print your home or business address.
3. List the name of each document that you mailed (the exact names are listed on the bottoms of the forms).
  - a. Check this box if you put the documents in the regular U.S. mail.
  - b. Check this box if you put the documents in the mail at your place of employment.
4.
  - a. Print the name you put on the envelope containing the documents.
  - b. Print the address you put on the envelope containing the documents.
  - c. Print the date that you put the envelope containing the documents in the mail.
  - d. Print the city and state you were in when you mailed the envelope containing the documents.
5. Check this box if you are serving an address verification form (required for service by mail of a postjudgment request to change a child custody, visitation, or child support order).
6. You are stating under penalty of perjury that the information you have provided is true and correct.

**Print your name, fill in the date, and sign the form.**

*If you need additional assistance with this form, contact the family law facilitator in your county.*



|  |                    |
|--|--------------------|
| ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar number, and address):</i><br><br><hr style="width: 20px; margin-left: 0;"/><br><br>TELEPHONE NO.: _____ FAX NO. <i>(Optional)</i> : _____<br>E-MAIL ADDRESS <i>(Optional)</i> : _____<br>ATTORNEY FOR <i>(Name)</i> : _____ | FOR COURT USE ONLY |
| <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF Orange</b><br>STREET ADDRESS: <b>341 The City Drive</b><br>MAILING ADDRESS:<br>CITY AND ZIP CODE: <b>Orange, CA 92868</b><br>BRANCH NAME: <b>Lamoreaux Justice Center</b>   |                    |
| PETITIONER/PLAINTIFF:<br><br>RESPONDENT/DEFENDANT:<br><br>OTHER PARENT/PARTY:  |                    |
| <b>DECLARATION REGARDING ADDRESS VERIFICATION—<br/>                 POSTJUDGMENT REQUEST TO MODIFY A CHILD CUSTODY,<br/>                 VISITATION, OR CHILD SUPPORT ORDER</b>  | CASE NUMBER:       |

1. I am the  attorney for  petitioner  respondent  other parent  other party in this matter.
2.  **The request is to modify a judgment or permanent order only for child support and a local child support agency is providing services in the case.** Service of the request solely to modify child support will be made on other party by serving the local child support agency at least 30 days prior to the hearing as provided in Family Code sections 17404(e)(3) and 17406(f).
3.  **The request is to modify a judgment or permanent orders for child custody, visitation, or child support.**  
 Note: If you cannot verify the other party's current residence or office address, mail service may not be used. The other party must be personally served. *Proof of Personal Service* (form FL-330) may be used for this purpose.
  - a. Before the request was served on the other party by mail, I verified in the previous 30 days that the other party's current residence or office address is *(specify)*:
  
  - b. I can confirm that the above address is the other party's **current residence or office address** because *(specify)*:
    - (1)  I contacted the other party directly within the past 30 days and he or she gave me the above address.
    - (2)  I have been at that address in connection with a custody and visitation or other matter within the past 30 days.
    - (3)  It is the new address that the other party provided on *Notice of Change of Address* (form MC-040) or other pleading and filed with the court on *(specify date)*:
    - (4)  It is the office address that he or she last gave on a document filed with the court in this case which was also served on me as a party in the case.
    - (5)  I sent the other party a letter by mail to the address in (2) with return receipt requested and the other party signed and accepted the letter at that address within the past 30 days.
    - (6)  I confirmed by another method *(specify)*:  
 Continued in Attachment 3b(6).

I declare under penalty of perjury under the laws of the State of California that the foregoing and all attachments are true and correct.  
 Date: \_\_\_\_\_

\_\_\_\_\_ \_\_\_\_\_  
 (TYPE OR PRINT NAME) (SIGNATURE OF PERSON COMPLETING THIS FORM)

|  |              |
|--|--------------|
| PETITIONER/PLAINTIFF:<br>RESPONDENT/DEFENDANT:<br>OTHER PARTY: | CASE NUMBER: |
|--|--------------|

## NOTICE AND SERVICE INFORMATION

If you want to change a judgment or permanent order for child custody, visitation, or child support, a person at least 18 years of age or older must serve the request on the other party by (1) personal delivery or (2) first-class mail or airmail, postage prepaid. Requests to modify a judgment or permanent order for matters other than child custody, visitation, or child support must be served on the other party by personal service.

• **If your request is to change a judgment or permanent orders only for child support and a local child support agency is currently providing services, the other party may be served by mail at the office of the local child support agency. Where service is made by mail on the local child support agency, the following apply:**

1. The local child support agency must be served not less than 30 days before the hearing date.
2. Attach a copy of this completed form to the proof of service by mail; and
3. File this original form at the court clerk's office.

• **If your request is to change a judgment or permanent order for child custody, visitation, or child support and you have verified the other party's current residence or office address, you must:**

1. Complete this form to provide the other party's current residence or business address and indicate how you obtained the other party's current residence or office address.
2. Attach a copy of this completed form to the proof of service by mail; and
3. File this original form at the court clerk's office.

• **If you cannot verify the other party's current residence or office address, mail service may not be used. The other party must be personally served. *Proof of Personal Service* (form FL-330) may be used for this purpose.**