

DEFAULT AND JUDGMENT TO ESTABLISH A PARENTAL RELATIONSHIP (PATERNITY)

SELF-HELP FORM PACKET



SHC-P-02 (Rev. 01/31/2024)

Self-Help Services can review your completed forms before you file them with the Court. To request review of your completed forms:

1. Complete the attached forms in black ink.
2. Scan your completed forms and save as a single PDF file.
3. Go to [**www.occourts.org/self-help**](http://www.occourts.org/self-help) (click the button labeled *Contact Self-Help*), attach the PDF, and complete the online request form. Make sure to select FAMILY LAW as the case type on the form.

PARTY WITHOUT ATTORNEY OR ATTORNEY STATE BAR NUMBER: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: EMAIL ADDRESS: ATTORNEY FOR (<i>name</i>):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT:	
REQUEST TO ENTER DEFAULT	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. (Family Code section 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)

FOR COURT USE ONLY

Request to Enter Default mailed to the respondent or the respondent’s attorney on (*date*): _____.

Default entered as requested on (*date*): _____.

Default **not** entered. Reason: _____.

Clerk, by _____, Deputy

PETITIONER: RESPONDENT:	CASE NUMBER:
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4. Memorandum of costs

- a. Costs and disbursements are waived.
- b. Costs and disbursements are listed as follows:
- | | |
|--|-----------------|
| (1) <input type="checkbox"/> Clerk's fees | \$ |
| (2) <input type="checkbox"/> Process server's fees | \$ |
| (3) <input type="checkbox"/> Other (<i>specify</i>): | \$ |
| | \$ |
| | \$ |
| | \$ |
| 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)

5. Declaration of nonmilitary status (*required for a judgment*).
 The respondent is not in the military service of the United States as defined by either the Servicemembers Civil Relief Act (see 50 U.S.C. § 3911(2)) or California Military and Veterans Code sections 400 and 402(f).

- I know that the respondent is not in the U.S. military service because (*check all that apply*):
- (a) the search results that I received from <https://scra.dmdc.osd.mil/> say the respondent is not in the U.S. military service.
 - (b) I am in regular communication with the respondent and know that they are not in the U.S. military service.
 - (c) I recently contacted the respondent, and they told me that they are not in the U.S. military service.
 - (d) I know that the respondent was discharged from U.S. military service on or about (*date*):
 - (e) the respondent is not eligible to serve in the U.S. military because they are incarcerated (in jail or prison).
 - (f) other (*specify*):

Note

- U.S. military status can be checked online at <https://scra.dmdc.osd.mil/>.
- If the respondent is in the military service, or their military status is unknown, the respondent is entitled to certain rights and protections under federal and state law before a default judgment can be entered.
- For more information, see <https://selfhelp.courts.ca.gov/military-defaults>.

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)

PARTY WITHOUT ATTORNEY OR ATTORNEY STATE BAR NUMBER: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF ORANGE STREET ADDRESS: 341 The City Drive MAILING ADDRESS: CITY AND ZIP CODE: Orange, CA 92868 BRANCH NAME: Lamoreaux Justice Center	
PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	
INCOME AND EXPENSE DECLARATION	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 8 1/2-by-11-inch sheet of paper and list the same information as above for your other jobs. Write "Question 1—Other Jobs" at the top.)

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 8 1/2-by-11-inch sheet of paper and write the question number before your answer.) Number of pages attached: _____

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

Date: _____

(TYPE OR PRINT NAME)



(SIGNATURE OF DECLARANT)

PETITIONER: RESPONDENT: OTHER PARTY/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 <input type="checkbox"/> federally taxable*	\$ _____	_____
f. Partner support <input type="checkbox"/> from this domestic partnership <input type="checkbox"/> from a different domestic partnership	\$ _____	_____
g. Pension/retirement fund payments.....	\$ _____	_____
h. Social Security retirement (not SSI).....	\$ _____	_____
i. Disability: <input type="checkbox"/> Social Security (not SSI) <input type="checkbox"/> State disability (SDI) <input type="checkbox"/> Private insurance	\$ _____	_____
j. Unemployment compensation.....	\$ _____	_____
k. Workers' compensation.....	\$ _____	_____
l. Other (military allowances, royalty payments) (specify):	\$ _____	_____

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

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

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

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

Number of years in this business (specify): _____

Name of business (specify): _____

Type of business (specify): _____

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

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

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

10. **Deductions**

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

11. **Assets**

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

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

PETITIONER: RESPONDENT: OTHER PARTY/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="margin-left: 20px;">If mortgage:</p> <p style="margin-left: 40px;">(a) average principal: \$ _____</p> <p style="margin-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: 5px;"> <p>r. TOTAL EXPENSES (a-q) (do not add in the amounts in a(1)(a) and (b)) \$ _____</p> </div> <p>s. Amount of expenses paid by others \$ _____</p>
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14. Installment payments and debts not listed above

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

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

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

I confirm this fee arrangement.

Date:

_____ (TYPE OR PRINT NAME)

▶

_____ (SIGNATURE OF DECLARANT)

PETITIONER: RESPONDENT: OTHER PARTY/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 expense for the children in this case

	Amount per month
a. Childcare 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 <i>(specify below)</i> :.....	\$ _____

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 <i>(examples: fire, theft, other insured loss)</i>	\$ _____	_____
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)*:

PARTY WITHOUT ATTORNEY OR ATTORNEY STATE BAR NUMBER: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF ORANGE STREET ADDRESS: 341 THE CITY DRIVE SOUTH MAILING ADDRESS: 341 THE CITY DRIVE SOUTH CITY AND ZIP CODE: ORANGE, CA 92868 BRANCH NAME: LAMOREAUX JUSTICE CENTER	
PETITIONER: RESPONDENT:	
DECLARATION FOR DEFAULT OR UNCONTESTED JUDGMENT	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 to Determine Parental Relationship* *Response*
 Petition for Custody and Support of Minor Children *Response* is true and correct.
4. Respondent and/or Petitioner is/are the parent(s) of the minor children.
5. A voluntary declaration of parentage or paternity form has has not been signed regarding these children (*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 (agreed in writing) 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 (PARENTING TIME)** 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: Determination 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)

PARTY WITHOUT ATTORNEY OR ATTORNEY STATE BAR NUMBER: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF ORANGE STREET ADDRESS: 341 THE CITY DRIVE SOUTH MAILING ADDRESS: 341 THE CITY DRIVE SOUTH CITY AND ZIP CODE: ORANGE, CA 92868 BRANCH NAME: LAMOREAUX JUSTICE CENTER	
PETITIONER: RESPONDENT:	
JUDGMENT	CASE NUMBER:

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

3. THE COURT FINDS

Name:
 Name:
 Name:

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 and Order for Custody and/or Visitation of Children* (form FL-355)
 - (3) Other (specify): _____

PETITIONER: RESPONDENT:	CASE NUMBER:
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5. THE COURT FURTHER ORDERS

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

Continued on Attachment 5h.

6. Number of pages attached: _____

Date:

(TYPE OR PRINT NAME)

JUDICIAL OFFICER

SIGNATURE FOLLOWS LAST ATTACHMENT

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

PETITIONER: RESPONDENT:	CASE NUMBER:
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ADVISEMENT AND WAIVER OF RIGHTS RE: DETERMINATION 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 GENETIC TESTING.** I understand that, where the law permits, I have the right to have the court order genetic testing. The court will decide who pays for the tests. The court could order that I pay none, some, or all of the costs of the tests.
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. the primary language of the party 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 understood the *Judgment (Uniform Parentage—Custody and Support)* (form FL-250) and this *Advisement and Waiver of Rights* before signing them, as stated in Item 9 above.

Date: _____

_____ (TYPE OR PRINT NAME) ▶ _____ (SIGNATURE OF INTERPRETER)

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. Going to court. Sometimes parents get into disagreements about health-care costs. If you and the other parent cannot resolve the situation after talking about it, you can request that the court make a decision.

a. Disputed charges. If you dispute a charge made by the other parent, you may file a request for the court to resolve the dispute, but only if you pay that charge before filing your request.

b. Nonpayment. If you claim that the other parent has failed to pay you back for a payment, or they have failed to make a payment to the provider after proper notice, you may file a request for the court to resolve the dispute. The court will presume that if uninsured costs have been paid, those costs were reasonable.

c. Attorney's fees. If the court decides one parent has been unreasonable, it can order that parent to pay the other parent's attorney's fees and costs.

d. Court forms. Use forms [FL-300](#) and [FL-490](#) to get a court date. See form [FL-300-INFO](#) for information about completing, filing, and serving your court papers.

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 parent 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 parent 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 parent incurring those costs.

Information About Child Support for Incarcerated or Confined Parents

1. Child support. As of September 27, 2022, child support automatically stops if the parent who has to pay is confined against their will for more than 90 days in a row in jail, prison, juvenile detention, a mental health facility, or other institution.

Exception. Child support does not automatically stop if the parent who has to pay has money available to pay child support.

2. Past confinement. Child support also stops during past confinement if it was ordered from October 8, 2015, through December 31, 2019, or January 1, 2021, through September 26, 2022, and the parent who has to pay was confined for more than 90 days in a row during the same time frame.

Exceptions for past confinement. Child support does not automatically stop if the parent who has to pay was in jail or prison for failing to pay child support or for domestic violence against the other parent or the child, or if they had money available to pay support.

3. Timing. Child support automatically restarts the first day of the first full month after the parent is released. If you need to change your child support order, see page 2.

4. More info. For more information about child support and incarcerated parents, see [Family Code section 4007.5](#) or go to <https://selfhelp.courts.ca.gov/child-support/incarcerated-parent>.

NOTICE OF RIGHTS AND RESPONSIBILITIES

Information Sheet on Changing a Child Support Order

General Info

The court has made a child support order in your case. This order will remain the same unless one of the parents requests that the support be changed (modified). An order for child support can be modified by filing a request to change child support and serving the other parent. If both parents agree on a new child support amount, they can complete, sign, and file with the court a *Stipulation to Establish or Modify Child Support and Order* (form FL-350). (Note: If the local child support agency is involved in your case, it must be served with any request to change child support and approve any agreement.)

Online Self-Help Guide

For more information about how child support works, visit: <https://selfhelp.courts.ca.gov/child-support>.

When a Child Support Order May Be Changed

The court considers several things when ordering the payment of child support.

- First, the number of children is considered, along with the percentage of time each parent has physical custody of the children.
- Next, the net disposable incomes of both parents are determined (which is how much money is left each month after taxes and certain other items like health insurance, union dues, or other child support ordered and paid are subtracted from a parent's paycheck). The court can also look at earning ability if a parent is not working.
- The court considers both parents' tax filing status and may consider hardships, such as the cost of raising a child of another relationship who lives with a parent.

A parent can request to change an existing order for child support when circumstances change significantly. For example if the net disposable income of one of the parents changes, parenting time changes, 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, you must fill out one of these forms:

- [Form FL-300](#), *Request for Order or*
- [Form 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, and attach proof of income for the past two months (like your paycheck stubs):

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

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

Contact the family law facilitator in your county. You can find them here: <https://www.courts.ca.gov/selfhelp-facilitators.htm>.

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

- [Form FW-001](#), *Request to Waive Court Fees and*
- [Form FW-003](#), *Order on Court Fee Waiver (Superior Court)*

You must serve the other parent. If the local child support agency is involved, serve it too.

- This means someone 18 or over—not you—must deliver copies of your filed court forms to the other parent, at least **16 court days** before the hearing. Add **5 calendar days** if delivered by mail within California (see Code of Civil Procedure section 1005 for other situations).
- **Court days** are weekdays when the court is open for business (Monday through Friday except court holidays). **Calendar days** include all days of the month, including weekends and holidays. To find court holidays, go to www.courts.ca.gov/holidays.htm.

Blank copies of both of these forms must also be served:

- [Form FL-320](#), *Responsive Declaration to Request for Order*
- [Form FL-150](#), *Income and Expense Declaration*

Then the server fills out and signs a *Proof of Service* Take this form, plus one copy, to the clerk and file it at least one week before your hearing.

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:

- [Form FL-340](#), *Findings and Order After Hearing and*
- [Form FL-342](#), *Child Support Information and Order*

Need help?

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

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

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

1. **Jurisdiction.** This court has jurisdiction to make child custody orders in this case under the Uniform Child Custody Jurisdiction and Enforcement Act (Family Code sections 3400–3465).
2. **Notice and opportunity to be heard.** The responding party was given notice and an opportunity to be heard, as provided by the laws of the State of California.
3. **Country of habitual residence.** The country of habitual residence of the child or children in this case is
 the United States Other (specify):
4. **Penalties for violating this order.** If you violate this order, you may be subject to civil or criminal penalties, or both.
5. **Child abduction prevention.** There is a risk that one of the parties will take the children out of California without the other party's permission. (*Child Abduction Prevention Order Attachment (form FL-341(B))* is attached and must be obeyed.)
6. **Child custody.** Custody of the minor children of the parties is awarded as follows:

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

7. **Child custody orders with allegations of a history of abuse or substance abuse**
(Do not complete this section if the parties have entered, or will enter into, an agreement on child custody and/or visitation (parenting time), in writing or stated in court.)
 - a. Allegations have been raised in form FL-311, other documents filed in the court, or in a court hearing that
 petitioner respondent other parent/party has (or have) either:
 - (1) a history of abuse against any of the following persons: a child, the other parent, their current spouse, or the person they live with or are dating or engaged to; or
 - (2) the habitual or continual illegal use of controlled substances, or the habitual or continual abuse of alcohol, or the habitual or continual abuse of prescribed controlled substances.
 - b. The court does NOT grant sole or joint custody of the minor children to petitioner respondent
 other parent/party
 - c. Even though there are allegations of a history of abuse or substance abuse, the court GRANTS sole or joint custody of the minor child as set out in item 6 for the following reasons: Attachment 7c.

THIS IS A COURT ORDER.

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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8. **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.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a. The children must be driven only by a licensed and insured driver. The vehicle must be legally registered with the Department of Motor Vehicles, and must have child restraint devices properly installed, as required by law.

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

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

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

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

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

g. Other (*specify*): _____

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

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

a. the state of California.

b. the following counties (*specify*): _____

c. other places (*specify*): _____

THIS IS A COURT ORDER.

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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12. **Holiday schedule.** The children will spend holiday time as listed below in the attached schedule. (*Children's Holiday Schedule Attachment (form FL-341(C))* may be used for this purpose.)

13. **Additional custody provisions.** The parties will follow the additional custody provisions listed below in the attached schedule. (*Additional Provisions—Physical Custody Attachment (form FL-341(D))* may be used for this purpose.)

14. **Joint legal custody.** The parties will share joint legal custody as listed below in the attached schedule. (*Joint Legal Custody Attachment (form FL-341(E))* may be used for this purpose.)

15. **Access to children's records.** Both the custodial and noncustodial parent have the right to access records and information about their minor children (including medical, dental, and school records) and consult with professionals who are providing services to the children.

16. **Other (specify):**

THIS IS A COURT ORDER.

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

Print this form

Save this form

Clear this form

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/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) Judgment (form FL-250)
 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**

a. Each parent's monthly income is as follows:

	Gross monthly income	Net monthly income	Receiving TANF/CalWORKS
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 Petitioner/plaintiff Respondent/defendant Other parent/party has the capacity to earn:
 \$ _____ per _____ and has based the support order upon this imputed income.

3. **Children of this relationship**

a. Number of children who are the subjects of the support order (specify): _____

b. Approximate percentage of time spent with petitioner/plaintiff: _____ %
 Respondent/defendant: _____ %
 Other parent/party: _____ %

4. **Hardships**

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

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

THE COURT ORDERS

5. **Low-income adjustment**

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

6. **Child support**

a. **Base child support**

Petitioner/plaintiff Respondent/defendant Other parent/party must pay child support beginning (date): _____ 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:

Child's name	Date of birth	Monthly amount	Payable to (name):
--------------	---------------	----------------	--------------------

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: \$
--

7. **Health-care expenses**

- a. Health insurance coverage for the minor children of the parties must be maintained by the petitioner/plaintiff respondent/defendant other parent/party if available at no or reasonable cost through their respective places of employment or self-employment. Both parties are ordered to cooperate in the presentation, collection, and reimbursement of any health-care claims. The parent ordered to provide health insurance must seek continuation of coverage for the child after the child attains the age when the child is no longer considered eligible for coverage as a dependent under the insurance contract, if the child is incapable of self-sustaining employment because of a physically or mentally disabling injury, illness, or condition and is chiefly dependent upon the parent providing health insurance for support and maintenance.
- b. Health insurance is not available to the petitioner/plaintiff respondent/defendant other parent/party at a reasonable cost at this time.
- c. The party providing coverage must assign the right of reimbursement to the other party.

8. **Earnings assignment**

An earnings assignment order is issued. **Note:** The payor of child support is responsible for the payment of support directly to the recipient until support payments are deducted from the payor's wages and for payment of any support not paid by the assignment.

THIS IS A COURT ORDER.

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	CASE NUMBER:
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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 DV130)*, 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.

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>): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF ORANGE STREET ADDRESS: 341 THE CITY DRIVE MAILING ADDRESS: CITY AND ZIP CODE: ORANGE, CA 92868 BRANCH NAME: LAMOREAUX JUSTICE CENTER	
PETITIONER: RESPONDENT:	
NOTICE OF ENTRY OF JUDGMENT	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 (<i>specify</i>): 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 (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	COURT PERSONNEL: STAMP DATE RECEIVED HERE DO NOT FILE
SUPERIOR COURT OF CALIFORNIA, COUNTY OF ORANGE STREET ADDRESS: 341 THE CITY DRIVE MAILING ADDRESS: Post Office Box 14710 CITY AND ZIP CODE: Orang BRANCH NAME: _____	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT: _____	
<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:

<u>Child Support:</u> (1) <input type="checkbox"/> Current base child support: \$ _____ <input type="checkbox"/> Reserved order <input type="checkbox"/> \$0 (zero) order (2) <input type="checkbox"/> Additional monthly support: \$ _____ (3) <input type="checkbox"/> Total past-due support: \$ _____ (4) <input type="checkbox"/> Payment on past-due support: \$ _____	<u>Family Support:</u> <input type="checkbox"/> Current base family support: \$ _____ <input type="checkbox"/> Reserved order <input type="checkbox"/> \$0 (zero) order <input type="checkbox"/> Additional monthly support: \$ _____ <input type="checkbox"/> Total past-due support: \$ _____ <input type="checkbox"/> Payment on past-due support: \$ _____	<u>Spousal Support:</u> <input type="checkbox"/> Current spousal support: \$ _____ <input type="checkbox"/> Reserved order <input type="checkbox"/> \$0 (zero) order <input type="checkbox"/> Total past-due support: \$ _____ <input type="checkbox"/> Payment on past-due support: \$ _____
--	--	--
 - (5) Wage withholding was ordered 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:

6. Mother's name:

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

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

City, state, zip code:

City, state, zip code:

d. Mailing address:

d. Mailing address:

City, state, zip code:

City, state, zip code:

e. Driver's license number:

e. Driver's license number:

State:

State:

f. Telephone number:

f. Telephone number:

g. Employed Not employed Self-employed

g. Employed Not employed Self-employed

Employer's name:

Employer's name:

Street address:

Street address:

City, state, zip code:

City, state, zip code:

Telephone number:

Telephone number:

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

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

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

Date:

(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.