

STIPULATED JUDGMENT TO ESTABLISH A PARENTAL RELATIONSHIP (PATERNITY)

SELF-HELP FORM PACKET



SHC-P-04 (Rev. 09/01/2024)

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** (click the button labeled *Contact Self-Help Services*), 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 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, CA92868 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)
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[illegible]


3. ☐ Child custody and visitation (parenting time) as proposed in *Judgment (Uniform Parentage—Custody and Support)* (form [FL-250](#)).
4. ☐ Child support as proposed in *Judgment (Uniform Parentage—Custody and Support)* (form [FL-250](#)).
5. ☐ Attorney fees as proposed in *Judgment (Uniform Parentage—Custody and Support)* (form [FL-250](#)).
6. ☐ Changes to the names of children as proposed in *Judgment (Uniform Parentage—Custody and Support)* (form [FL-250](#)).
7. ☐ Reasonable costs of pregnancy and birth as proposed in *Judgment (Uniform Parentage—Custody and Support)* (form [FL-250](#)).
8. ☐ Other orders as proposed in *Judgment (Uniform Parentage—Custody and Support)* (form [FL-250](#)).
9. ☐ The parties further agree that the court make the following orders: ☐ [See attachment 9.](#)

Date: _____ (TYPE OR PRINT NAME)	 _____ (SIGNATURE OF PETITIONER)
Date: _____ (TYPE OR PRINT NAME)	 _____ (SIGNATURE OF RESPONDENT)
Date: _____ (TYPE OR PRINT NAME)	 _____ (SIGNATURE OF ATTORNEY FOR PETITIONER)
Date: _____ (TYPE OR PRINT NAME)	 _____ (SIGNATURE OF ATTORNEY FOR RESPONDENT)
Date: _____ (TYPE OR PRINT NAME)	 _____ (SIGNATURE OF OTHER PARTY OR ATTORNEY)


- | | |
|----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| Date: _____

(TYPE OR PRINT NAME) | 


(SIGNATURE OF PETITIONER) |
| Date: _____

(TYPE OR PRINT NAME) | 

(SIGNATURE OF RESPONDENT) |
| Date: _____

(TYPE OR PRINT NAME) | 

(SIGNATURE OF ATTORNEY FOR PETITIONER) |
| Date: _____

(TYPE OR PRINT NAME) | 

(SIGNATURE OF ATTORNEY FOR RESPONDENT) |

PARTY WITHOUT ATTORNEY OR ATTORNEY 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
	<input type="checkbox"/> 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)

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.
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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).
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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 REGARDING CHILD SUPPORT

Childcare and Health Care Costs and Reimbursement Procedures

Your child support order may include a provision for payment of childcare or uninsured health care costs. Childcare costs may be included as part of the monthly child support payment or reimbursable as a percentage of the costs. If the childcare costs are included as part of the monthly child support payment, you must pay that amount each month until the court changes (modifies) the child support order. If you need to change your child support order because there has been a change in the cost of childcare, see page 2.

If you have a child support order that includes a provision for the reimbursement of a percentage of childcare costs or 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 childcare costs or health care costs not paid by insurance. You must give this statement to the other parent within a reasonable time, but no more than 90 days after those costs were given to you.
2. **Proof of full payment.** If you have already paid all of the childcare costs or uninsured health care 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 childcare costs or uninsured health care 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 childcare or 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 a childcare or 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 childcare and 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 requests for payment.** If you dispute a request for payment made by the other parent, you may file a request for the court to resolve the dispute, but only if you pay the requested amount 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.
- c. **Paid charges.** The court will presume that if uninsured health care costs or childcare costs for employment or necessary training for job skills have been paid, those costs were reasonable. If you want to dispute paid charges, you will have to show the court that the costs were unreasonable.
- d. **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.
- e. **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.
8. **Need help?** Contact the [family law facilitator](#) in your county or call your county's bar association and ask for an experienced family lawyer.

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 a parent's earning ability.
- The court considers both parents' tax filing status and may consider hardships, such as the cost of raising the parent's child from another relationship who lives with the 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 on 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: 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 proof of income for the past two months (like your paycheck 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 Attachment*

Need help?

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

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 automatically 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. The date child support automatically restarts will depend on the parent's release date. If you need to change your child support order, see page 2.

- a. **If released before January 1, 2024,** child support automatically restarts the first day of the first full month after the parent is released.
- b. **If released after January 1, 2024,** child support will automatically restart the first day of the 10th month after the parent is released.

Employment before the 10-month period ends: If the parent who has to pay support starts working before the date child support is set to automatically restart, the person who is owed support or the local child support agency can request the court restart the child support order early. The court may order a different amount of child support if appropriate.

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>.

You can also contact the family law facilitator in your county and can find them here: www.courts.ca.gov/selfhelp-facilitators.htm.

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

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

Attachment to: ☐ Findings and Order After Hearing (form FL-340) ☐ Judgment (form FL-180)
☒ Judgment (form FL-250) ☐ Restraining Order After Hearing (form DV-130)
☐ Other (specify):

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

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

2. ☐ **Income**

	<u>Gross monthly income</u>	<u>Net monthly income</u>	<u>Receiving TANF/CalWORKs</u>
a. Each parent's monthly income is as follows:			
Petitioner: \$	\$		<input type="checkbox"/>
Respondent: \$	\$		<input type="checkbox"/>
Other Parent/Party: \$	\$		<input type="checkbox"/>

b. **Earning capacity.** The court finds that the (check all that apply):

- (1) ☐ petitioner has the ability to earn \$ _____ per month.
 (2) ☐ respondent has the ability to earn \$ _____ per month.
 (3) ☐ other parent/party has the ability to earn \$ _____ per month.
 (4) The factors used to calculate earning capacity under Family Code section 4058(b) are stated
 (a) ☐ in *Earning Capacity Factors Attachment* (form [FL-302](#)).
 (b) ☐ as follows (specify):

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: %
 respondent: %
 other parent/party: %

4. ☐ **Hardships**

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

	<u>Petitioner</u>	<u>Respondent</u>	<u>Other Parent/Party</u>	<u>Approximate end date for the hardship</u>
a. <input type="checkbox"/> Other minor children:	\$	\$	\$	
b. <input type="checkbox"/> Extraordinary medical expenses:	\$	\$	\$	
c. <input type="checkbox"/> Catastrophic losses:	\$	\$	\$	

THE COURT ORDERS

5. ☐ **Low-income adjustment**

- a. ☐ The low-income adjustment applies at the lowest amount of the range.
 b. ☐ The lowest amount of the low-income adjustment has been rebutted and does not apply because (specify reasons):

THIS IS A COURT ORDER.

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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6. ☐ **Child support**

a. **Base child support**

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

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

Payable ☐ on the 1st of the month ☐ other (specify): _____

b. ☐ **Mandatory additional child support**

(1) Childcare costs related to employment or reasonably necessary job training

- | | | | | | | |
|---------------------------------------------------------------------------|---|----------|----|-----------------------------|-----------|-------------------|
| (a) <input type="checkbox"/> Petitioner must pay: | % | of total | or | <input type="checkbox"/> \$ | per month | child-care costs. |
| (b) <input type="checkbox"/> Respondent must pay: | % | of total | or | <input type="checkbox"/> \$ | per month | child-care costs. |
| (c) <input type="checkbox"/> Other parent/party must pay: | % | of total | or | <input type="checkbox"/> \$ | per month | child-care costs. |
| (d) <input type="checkbox"/> Costs to be paid as follows (specify): _____ | | | | | | |

(2) Reasonable uninsured health care costs for the children

- | | | | | | |
|---------------------------------------------------------------------------|---|----------|----|-----------------------------|------------|
| (a) <input type="checkbox"/> Petitioner must pay: | % | of total | or | <input type="checkbox"/> \$ | per month. |
| (b) <input type="checkbox"/> Respondent must pay: | % | of total | or | <input type="checkbox"/> \$ | per month. |
| (c) <input type="checkbox"/> Other parent/party must pay: | % | of total | or | <input type="checkbox"/> \$ | per month. |
| (d) <input type="checkbox"/> Costs to be paid as follows (specify): _____ | | | | | |

c. ☐ **Additional child support**

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

- | | | | | | |
|---------------------------------------------------------------------------|---|----------|----|-----------------------------|------------|
| (a) <input type="checkbox"/> Petitioner must pay: | % | of total | or | <input type="checkbox"/> \$ | per month. |
| (b) <input type="checkbox"/> Respondent must pay: | % | of total | or | <input type="checkbox"/> \$ | per month. |
| (c) <input type="checkbox"/> Other parent/party must pay: | % | of total | or | <input type="checkbox"/> \$ | per month. |
| (d) <input type="checkbox"/> Costs to be paid as follows (specify): _____ | | | | | |

(2) ☐ Travel expenses for visitation

- | | | | | | |
|---------------------------------------------------------------------------|---|----------|----|-----------------------------|------------|
| (a) <input type="checkbox"/> Petitioner must pay: | % | of total | or | <input type="checkbox"/> \$ | per month. |
| (b) <input type="checkbox"/> Respondent must pay: | % | of total | or | <input type="checkbox"/> \$ | per month. |
| (c) <input type="checkbox"/> Other parent/party must pay: | % | of total | or | <input type="checkbox"/> \$ | per month. |
| (d) <input type="checkbox"/> Costs to be paid as follows (specify): _____ | | | | | |

d. ☐ **Non-Guideline Order**

This order is ☐ below ☐ above 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: \$

THIS IS A COURT ORDER.

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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7. Health care expenses

- a. Health insurance coverage for the minor children of the parties must be maintained by the
☐ petitioner ☐ respondent ☐ 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 on the parent providing health insurance for support and maintenance.
- b. ☐ Health insurance is not available to the ☐ petitioner ☐ respondent ☐ 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 parent ordered to pay support is responsible for the payment of support directly to the recipient until support payments are deducted from the payor's wages and for payment of any support not paid by the assignment.

9. In the event that there is a contract between a person ordered to receive support and a private child support collector, the parent 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 person ordered to receive support, jointly.

10. ☐ Employment search order (Family Code section 4505)

☐ Petitioner ☐ Respondent ☐ 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 Regarding Child Support* (form [FL-192](#)) must be attached and is incorporated into this order.
- b. If this form is attached to *Restraining Order After Hearing* (form [DV-130](#)), the support orders issued on this form (form FL-342) remain in effect after the restraining orders issued on form DV-130 end.

13. Child Support Case Registry Form

Both parties must complete and file with the court a *Child Support Case Registry Form* (form [FL-191](#)) within 10 days of the date of this order. Thereafter, the parties must notify the court of any change in the information submitted within 10 days of the change by filing an updated form.

NOTICE: Any parent ordered 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.

EXPEDITED PROCESSING ATTACHMENT TO PATERNITY JUDGMENT	CASE NUMBER:
WARNING: This Attachment only includes the minimum statutory requirements at the time of entry of judgment. It does not replace the stipulated judgment or other required documents.	

I. CHILD CUSTODY/VISITATION PURSUANT TO FC §3048

- (1) This court has jurisdiction to make child custody orders in this case under the Uniform Child Custody Jurisdiction and Enforcement Act (part 3 of the California Family Code commencing with section 3400).
- (2) The responding party was given notice and an opportunity to be heard as provided by the laws of the State of California.
- (3) The country of habitual residence of the child(ren) is:
the United States
other (specify country): _____
- (4) If you violate this order you may be subject to civil or criminal penalties, or both.
- (5) The judgment contains a clear description of the custody and visitation rights of each party.

II. CHILD SUPPORT

a. FINDINGS PURSUANT TO FC §3901 and §4065

- (1) The Parties are fully informed of their rights concerning child support.
- (2) The order is being agreed to without coercion or duress.
- (3) The agreement is in the best interests of the child(ren) involved.
- (4) The needs of the child(ren) will be adequately met by the stipulated amount.
- (5) Unless otherwise indicated, the right to support has not been assigned to the county pursuant to Section 11477 of the Welfare and Institutions Code and no public assistance application is pending.

b. MONEY JUDGMENT IN COURT ORDER PURSUANT TO FC §5616

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.

c. BASE CHILD SUPPORT

Please check all appropriate boxes. At least one (1) box must be checked:

CHILD SUPPORT IS RESERVED (If checked, skip directly to section III)

CHILD SUPPORT SERVICES INVOLVED

The parties currently have an open case with the Child Support Services (CSS) and a CSS representative has signed the proposed judgment.

The parties currently have an open case with CSS, no child support orders are contained in this judgment, and the court reserves jurisdiction over the issue of child support, health insurance coverage, and additional child support.

If checked, skip directly to section III.

AGREED UPON SUPPORT

Petitioner Respondent shall pay to Petitioner Respondent base child support of
\$ _____ per week month, payable \$ _____ on the
_____ and \$ _____ on the _____ of each
week month, commencing _____ and continuing until the
child(ren) for whom support is payable: marries, dies, is emancipated, until further order
of the court or, as to an unmarried child who has attained the age of 18 years old, is a full-
time high school student, and who is not self-supporting, until the time the child
completes the 12th grade or attains the age of 19 years old, whichever first occurs.

d. MANDATORY ADDITIONAL CHILD SUPPORT PURSUANT TO FC §4062

Petitioner Respondent shall pay child care costs related to employment or reasonably necessary
education/job training:

in the amount of \$ _____ per week month or _____ % of total.

No child care costs orders are contained in this judgment and the court
reserves jurisdiction over the issue of child care costs.

Petitioner Respondent shall pay the reasonable uninsured health care costs for the child(ren):

in the amount of \$ _____ per week month or _____ % of total.

e. DISCRETIONARY ADDITIONAL CHILD SUPPORT PURSUANT TO FC §4062

Petitioner Respondent shall pay costs related to _____

in the amount of \$ _____ per week month or _____ % of total.

f. TOTAL CHILD SUPPORT

Petitioner Respondent shall pay to Petitioner Respondent base child support of \$ _____ per
week month, plus additional child support as specified in **sections (d) and/or (e)** in the section above,
for a total of \$ _____ per week month, payable \$ _____ per week month,
\$ _____ on the _____ and \$ _____ on the _____ of
each week month, commencing on _____ and continuing until the child(ren) for
whom support is payable: marries, dies, is emancipated, until further order of the court or, as to an
unmarried child who has attained the age of 18 years old, is a full-time high school student, and who is
not self-supporting, until the time the child completes the 12th grade or attains the age of 19 years old,
whichever first occurs.

g. REQUIRED ATTACHMENT PURSUANT TO FC §4063 and §7600

The parties have attached the following form: “Notice of Rights and Responsibilities: Health Care Costs and Reimbursement Procedures and Information sheet on Changing a Child Support Order” (FL-192).

h. HEALTH INSURANCE COVERAGE PURSUANT TO FC §3751

If child support is not reserved, at least one (1) of the following boxes must be checked.

Health insurance coverage for the minor child(ren) must be maintained by ☐ Petitioner ☐ Respondent if that insurance is available at no cost or at reasonable cost to the parent(s) 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.

Health Insurance is not available to the ☐ Petitioner ☐ Respondent at a reasonable cost at this time. Should health insurance coverage become available to a parent for no or for reasonable cost, that parent must apply for that coverage.

i. INCOME WITHHOLDING FOR CHILD SUPPORT PURSUANT TO FC §5230

An Income Withholding for Child Support (form FL-195) 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 any support not paid by the assignment.

j. EMPLOYER INFORMATION PURSUANT TO FC §4014

The parties must notify the other parent of the name and address of his or her current employer.

III. MISCELLANEOUS PROVISIONS

The Settlement Agreement/Stipulated Judgment that is also attached to the Judgment (form FL-250) contains further orders.

All provisions are deemed incorporated into the Judgment. As to the provisions that contain a checkbox (☐), only those provisions that are checked become part of the Judgment.

If there is any express conflict between the Settlement Agreement/Stipulated Judgment and this Expedited Processing Attachment, the Expedited Processing Attachment prevails. However, this Expedited Processing Attachment is not all inclusive. The fact that this Expedited Processing Attachment is less detailed is not a conflict. The Expedited Processing Attachment only includes the minimum statutory requirements at the time of entry of judgment. It does not replace the stipulated judgment or other required documents.

IV. STIPULATION FOR JUDGMENT

The parties agree that the Judgment (form FL-250) and all attachments, including this Expedited Processing Attachment, contain the exact terms of the Judgment to be entered in this case.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and agreed to by:

Petitioner: Date Respondent: Date

Approved as confirming to the agreement of the parties:

Attorney for Petitioner Date Attorney for Respondent Date

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

Date Judge / Commissioner of the Superior Court

***: If Judgment is being submitted by way of a Stipulated Default (no Response [form FL-220] or Appearance, Stipulations and Waivers [form FL-130] has been filed), then the Respondent's signature must be notarized and must comply with Civil Code §1189.**

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar number, and address</i>): <hr style="width: 10%; margin-left: 0;"/> 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.

<p style="text-align: center;">STATEMENT IN THIS BOX APPLIES ONLY TO JUDGMENT OF DISSOLUTION</p> <p>Effective date of termination of marital or domestic partnership status (<i>specify</i>): _____</p> <p>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.</p>

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: Orange, CA 92868 BRANCH NAME: Lamoreaux Justice Center	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	
CHILD SUPPORT CASE REGISTRY FORM <input checked="checked" type="checkbox"/> Mother <input type="checkbox"/> First form completed <input type="checkbox"/> Father <input type="checkbox"/> Change to previous information	CASE NUMBER:

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

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

1. Support order information (*this information is on the court order you are filing or have received*).

a. Date order filed:

b. ☐ Initial child support or family support order ☐ Modification

c. Total monthly base current child or family support amount ordered for children listed below, plus any monthly amount ordered payable on past-due support:

Child Support:

(1) ☐ Current \$
 base child support: ☐ Reserved order
 ☐ \$0 (zero) order

(2) ☐ Additional \$
 monthly support:

(3) ☐ Total \$
 past-due support:

(4) ☐ Payment \$
 on past-due support:

(5) Wage withholding was ☐ ordered ☐ ordered but stayed until (date):

Family Support:

☐ Current \$
 base family support: ☐ Reserved order
 ☐ \$0 (zero) order

☐ Additional \$
 monthly support:

☐ Total \$
 past-due support:

☐ Payment \$
 on past-due support:

Spousal Support:

☐ Current \$
 spousal support: ☐ Reserved order
 ☐ \$0 (zero) order

☐ Total \$
 past-due support:

☐ Payment \$
 on past-due support:

2. Person required to pay child or family support (*name*):

Relationship to child (*specify*):

3. Person or agency to receive child or family support payments (*name*):

Relationship to child (*if applicable*):

TYPE OR PRINT IN INK

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
-------------------------------------------------------------------------	--------------

4. The child support order is for the following children:

Child's name

Date of birth

Social security number

- a.
- b.
- c.

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

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

5. Father's name:

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

City, state, zip code:

d. Mailing address:

City, state, zip code:

e. Driver's license number:

State:

f. Telephone number:

g. ☐ Employed ☐ Not employed ☐ Self-employed

Employer's name:

Street address:

City, state, zip code:

Telephone number:

6. Mother's name:

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

City, state, zip code:

d. Mailing address:

City, state, zip code:

e. Driver's license number:

State:

f. Telephone number:

g. ☐ Employed ☐ Not employed ☐ Self-employed

Employer's name:

Street address:

City, state, zip code:

Telephone number:

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

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

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

Date:



(TYPE OR PRINT NAME)

(SIGNATURE OF PERSON COMPLETING THIS FORM)

INFORMATION SHEET FOR CHILD SUPPORT CASE REGISTRY FORM

(Do NOT deliver this Information Sheet to the court clerk.)

Please follow these instructions to complete the *Child Support Case Registry Form* (form FL-191) if you do not have an attorney to represent you. Your attorney, if you have one, should complete this form.

Both parents must complete a *Child Support Case Registry Form*. The information on this form will be included in a national database that, among other things, is used to locate absent parents. When you file a court order, you must deliver a completed form to the court clerk along with your court order. If you did not file a court order, you must deliver a completed form to the court clerk **WITHIN 10 DAYS** of the date you received a copy of your court order. If any of the information you provide on this form changes, you must complete a new form and deliver it to the court clerk within 10 days of the change. The address of the court clerk is the same as the one shown for the superior court on your order. This form is confidential and will not be filed in the court file. It will be maintained in a confidential file with the State of California.

INSTRUCTIONS FOR COMPLETING THE *CHILD SUPPORT CASE REGISTRY FORM* (TYPE OR PRINT IN INK):

If the top section of the form has already been filled out, skip down to number 1 below. If the top section of the form is blank, you must provide this information.

Page 1, first box, top of form, left side: Print your name, address, telephone number, fax number, and e-mail address, if any, in this box. Attorneys must include their State Bar identification numbers.

Page 1, second box, top of form, left side: Print the name of the county and the court's address in this box. Use the same address for the court that is on the court order you are filing or have received.

Page 1, third box, top of form, left side: Print the names of the petitioner/plaintiff, respondent/defendant, and other parent in this box. Use the same names listed on the court order you are filing or have received.

Page 1, fourth box, top of form, left side: Check the box indicating whether you are the mother or the father. If you are the attorney for the mother, check the box for mother. If you are the attorney for the father, check the box for father. Also, if this is the first time you have filled out this form, check the box by "First form completed." If you have filled out form FL-191 before, and you are changing any of the information, check the box by "Change to previous information."

Page 1, first box, right side: Leave this box blank for the court's use in stamping the date of receipt.

Page 1, second box, right side: Print the court case number in this box. This number is also shown on the court papers.

Instructions for numbered paragraphs:

1. a. Enter the date the court order was filed. This date is shown in the "COURT PERSONNEL: STAMP DATE RECEIVED HERE" box on page 1 at the top of the order on the right side. If the order has not been filed, leave this item blank for the court clerk to fill in.
- b. If the court order you filed or received is the first child or family support order for this case, check the box by "Initial child support or family support order." If this is a change to your order, check the box by "Modification."
- c. Information regarding the amount and type of support ordered and wage withholding is on the court order you are filing or have received.
 - (1) If your order provides for any type of current support, check all boxes that describe that support. For example, if your order provides for both child and spousal support, check both of those boxes. If there is an amount, put it in the blank provided. If the order says the amount is reserved, check the "Reserved order" box. If the order says the amount is zero, check the "\$0 (zero) order" box. Do not include child care, special needs, uninsured medical expenses, or travel for visitation here. These amounts will go in (2). Do NOT complete the Child Support Case Registry form if you receive spousal support only.
 - (2) If your order provides for a set monthly amount to be paid as additional support for such needs as child care, special needs, uninsured medical expenses or travel for visitation check the box in Item 2 and enter the monthly amount. For example, if your order provides for base child support and in addition the paying parent is required to pay \$300 per month, check the box in item 2 underneath the "Child Support" column and enter \$300. Do NOT check this box if your order provides only for a payment of a percentage, such as 50% of the childcare.

- (3) If your order determined the amount of past due support, check the box in Item 3 that states the type of past due support and enter the amount. For example, if the court determined that there was \$5000 in past due child support and \$1000 in past due spousal support, you would check the box in item 3 in the "Child Support" column and enter \$5000 and you would also check the box in item 3 in the "Spousal Support" column and enter \$1000.
 - (4) If your order provides for a specific dollar amount to be paid towards any past due support, check the box in Item 4 that states the type of past due support and enter the amount. For example, the court ordered \$350 per month to be paid on the past due child support, you would check the box in Item 4 in the "Child Support" column and enter \$350.
 - (5) Check the "ordered" box if wage withholding was ordered with no conditions. Check the box "ordered but stayed until" if wage withholding was ordered but is not to be deducted until a later date. If the court delayed the effective date of the wage withholding, enter the specific date. Check only one box in this item.
2. a. Write the name of the person who is supposed to pay child or family support.
b. Write the relationship of that person to the child.
 3. a. Write the name of the person or agency supposed to receive child or family support payments.
b. Write the relationship of that person to the child.
 4. List the full name, date of birth, and social security number for each child included in the support order. If there are more than five children included in the support order, check the box below item 4e and list the remaining children with dates of birth and social security numbers on another sheet of paper. Attach the other sheet to this form.

The local child support agency is required, under section 466(a)(13) of the Social Security Act, to place in the records pertaining to child support the social security number of any individual who is subject to a divorce decree, support order, or paternity determination or acknowledgment. This information is mandatory and will be kept on file at the local child support agency.

Top of page 2, box on left side: Print the names of the petitioner/plaintiff, respondent/defendant, and other parent in this box. Use the same names listed on page 1.

Top of page 2, box on right side: Print your court case number in this box. Use the same case number as on page 1, second box, right side.

You are required to complete information about yourself. If you know information about the other person, you may also fill in what you know about him or her.

5. If you are the father in this case, list your full name in this space. See instructions for a–g under item 6 below.
6. If you are the mother in this case, list your full name in this space.
 - a. List your date of birth.
 - b. Write your social security number.
 - c. List the street address, city, state, and zip code where you live.
 - d. List the street address, city, state, and zip code where you want your mail sent, if different from the address where you live.
 - e. Write your driver's license number and the state where it was issued.
 - f. List the telephone number where you live.
 - g. Indicate whether you are employed, not employed, self-employed, or by checking the appropriate box. If you are employed, write the name, street address, city, state, zip code, and telephone number where you work.
7. If there is a restraining order, protective order, or nondisclosure order, check this box.
 - a. Check the box beside each person who is protected by the restraining order.
 - b. Check the box beside the parent who is restrained.
 - c. Write the date the restraining order expires. See the restraining order, protective order, or nondisclosure order for this date.

If you are in fear of domestic violence, you may want to ask the court for a restraining order, protective order, or nondisclosure order.

You must type or print your name, fill in the date, and sign the *Child Support Case Registry Form* under penalty of perjury. When you sign under penalty of perjury, you are stating that the information you have provided is true and correct.

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: Orange, CA 92868 BRANCH NAME: Lamoreaux Justice Center	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	
CHILD SUPPORT CASE REGISTRY FORM <input type="checkbox"/> Mother <input type="checkbox"/> First form completed <input checked="" type="checkbox"/> Father <input type="checkbox"/> Change to previous information	CASE NUMBER:

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

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

1. Support order information (this information is on the court order you are filing or have received).

a. Date order filed:

b. ☐ Initial child support or family support order ☐ Modification

c. Total monthly base current child or family support amount ordered for children listed below, plus any monthly amount ordered payable on past-due support:

Child Support:

(1) ☐ Current \$
 base child support: ☐ Reserved order
 ☐ \$0 (zero) order

(2) ☐ Additional \$
 monthly support:

(3) ☐ Total \$
 past-due support:

(4) ☐ Payment \$
 on past-due support:

(5) Wage withholding was ☐ ordered ☐ ordered but stayed until (date):

Family Support:

☐ Current \$
 base family support: ☐ Reserved order
 ☐ \$0 (zero) order

☐ Additional \$
 monthly support:

☐ Total \$
 past-due support:

☐ Payment \$
 on past-due support:

Spousal Support:

☐ Current \$
 spousal support: ☐ Reserved order
 ☐ \$0 (zero) order

☐ Total \$
 past-due support:

☐ Payment \$
 on past-due support:

2. Person required to pay child or family support (name):

Relationship to child (specify):

3. Person or agency to receive child or family support payments (name):

Relationship to child (if applicable):

TYPE OR PRINT IN INK

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
-------------------------------------------------------------------------	--------------

4. The child support order is for the following children:

Child's name

Date of birth

Social security number

- a.
- b.
- c.

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

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

5. Father's name:

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

City, state, zip code:

d. Mailing address:

City, state, zip code:

e. Driver's license number:

State:

f. Telephone number:

g. ☐ Employed ☐ Not employed ☐ Self-employed

Employer's name:

Street address:

City, state, zip code:

Telephone number:

6. Mother's name:

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

City, state, zip code:

d. Mailing address:

City, state, zip code:

e. Driver's license number:

State:

f. Telephone number:

g. ☐ Employed ☐ Not employed ☐ Self-employed

Employer's name:

Street address:

City, state, zip code:

Telephone number:

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

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

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

Date:



(TYPE OR PRINT NAME)

(SIGNATURE OF PERSON COMPLETING THIS FORM)

INFORMATION SHEET FOR CHILD SUPPORT CASE REGISTRY FORM

(Do NOT deliver this Information Sheet to the court clerk.)

Please follow these instructions to complete the *Child Support Case Registry Form* (form FL-191) if you do not have an attorney to represent you. Your attorney, if you have one, should complete this form.

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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.

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 - (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.

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b. Write the relationship of that person to the child.
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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.