How to Request Judgment of Paternity

WHEN TO USE THIS PACKET

These forms can be used to request the court to enter a judgment establishing paternity, to include custody, visitation, child support, and a name change (and amending the birth certificate) of the minor child between unmarried parents.

You must have had the other parent served with a Summons, Petition, and a UCCJEA. Once service was completed, a Proof of Service must have been filed with the court. The other party may or may not have filed a Response in your case.

If the respondent has not filed a Response, then you must have filed a Request to Enter Default (separate packet). You may proceed using this packet, even if the parties have agreed and prepared a written agreement.

If the respondent filed a Response, in order to use this packet the parties must agree in writing to enter a judgment of paternity. This may be done by filing a document called "Stipulation For Entry of Judgment" (FL-240) **instead of** a Default. If this is the case, fees (or a Fee Waiver) will be due from the Respondent). A written agreement must be attached to the judgment.

If you are uncertain whether to use this packet, you should seek assistance from the Self-Help Center.

Instructions

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):	FOR COURT LIKE ONLY
ATTORNET ON PORTY WITHOUT ATTORNEY (Make, shall but number, and address):	FOIL COURT USE ONLY
TELEPHONE NO: FAX NO:	
ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS:	
MALING ADDRESS:	
CITY AND ZIP CODE:	
PETITIONER:	4
PETITIONEN.	
RESPONDENT:	
DEGLADATION FOR REFAULT OR LINGOUTERTER HIDOUENT	CASE NUMBER
DECLARATION FOR DEFAULT OR UNCONTESTED JUDGMENT	
	4.5
1. I declare that if Lappeared in court and were sworn, I would testify to the truth of the fa	cts in this declaration.
I request that proof by this declaration and that I will not appear before the cour	tunless I am ordered by the court to appear.
 All the information Petition or Complaint to Establish Parental Relationship. 	
Petition to Esta Custody and Support Response is true and	
Respondent and/or Petitioner is/are the parent(s) of the minor ch A Voluntary Declaration of Paternity form has not been signed.	
5. A Voluntary Declaration of Paternity form has not been signed. 6. DEFAULT SELINCONTESTED (Check a or b)	regarding this child (attach a copy if available
a. ault of the respondent was entered or is being requested, and I am no	t seeking any relief not requested in the
OR	a seeking any relief for requested in the
 The parties have slipulated that the matter may proceed as an uncontested in 	natter without notice, and the stipulation is
attached.	
 CHILD SUPPORT should be ordered as set forth in the proposed Judgment (form) 	
	nce (TANF); thus all support should be made
payable to the local child support agency at (specify address):	
 NOTE: If a support order is requested, submit a completed Income and 	
Financial Statement (Simplified) (form FL-155), unless a current form is other party's gross monthly income.	on file, include your best estimate of the
ATTORNEY FEES should be ordered as set forth in the proposed Judgment (for	m.FL-250).
 CHILD_CUSTODY should be ordered as set forth in the proposed Judgment (for 	
10. CHII (TATION should be ordered as set forth in the proposed Judgment (to	
 REA BLE EXPENSES OF PREGNANCY AND BIRTH should be ordered at FL-25or. 	s set forth in the proposed Judgment (form
12. NAMES OF THE HILDREN should be changed as set forth in the proposed July	tament (form FL-250).
10	
 This declaration may eviewed by a commissioner sitting as a temporary judge who or require my appearance. 	may determine whether to grant this reques
 I have read and understand the Advisement and Waiver of Rights Re: Establishment of 	of Parental Relationship (form FL-235).
which is signed and attached to this declaration.	
15. Other (specify):	
U	
I declare under penalty of perjury under the laws of the State of California that the foregoing	ng is true and correct.
Date:	
Date: 12	
, <u> </u>	
Date: (TYPE OF PERIOR NAME) FOR ANGESTED IN AGREED OF THE CONTESTED FOR ANGESTED OF THE CONTESTED FOR ANGESTED OF THE CONTESTED FOR ANGESTED OF THE CONTESTED OF TH	CSIGNATURE OF DECLARANT) Page 1 of D. III DOMENT Family Code, 55 700, 312

DECLARATION FOR DEFAULT OR UNCONTESTED JUDGMENT (FL-230)

- Find the number on the sample form. *Example:* •
- Go to the same number below to find out how to fill out the form.
- Type or print in blue or black ink.

- Write your name. Write you address.
- If not filled in for you, write "Fresno" after COUNTY OF. The address is: 1130 "O" Street, Fresno CA 93724. The Branch Name is: B.F. Sisk Courthouse. Central Division.
- Write the name of the Petitioner and Respondent. The Petitioner is the party that started the case against another person, the Respondent.
- Write in your case number.
- For line #3, mark the box that represents the type of action you filed. Example: petition to establish parental relationship. For line #4, mark both boxes indicating that the "Petitioner" and "Respondent" are the parents.
- 6 For line #5, mark the box that represents whether a Voluntary Declaration of Paternity has or has not been signed.
- If the respondent has failed to file a response, then mark box #6 (a). If the parties have entered into a written agreement that will be attached to the judgment, mark box #6 (b).
- Mark Item #7. If either parent is receiving public assistance, mark the appropriate box. If the Department of Child Support Services is involved in the child support of the child(ren) in this case, then write "SDU, P.O. Box 989067 West Sacramento, CA 95798" in the space provided at 7(a).
- 9 Mark boxes #9 and #10.
- If when you filed your petition you requested a name change, mark the box and insert what the child's name is going to be. If you did not request a name change at the beginning of the case, you may not now request it, unless you file an amended petition.
- Mark box #15 and write, "See attachment 15."
- Write the date, print your name, and sign your name.

ADVISEMENT AND WAIVER OF RIGHTS RE: ESTABLISHMENT OF RIGHT TO BE REPRESENTED BY A LAWYER. I understand that I have the own choice at my own expense. If I cannot afford a lawyer, I can contact the I 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 determinated in this action. 3. RIGHT TO CONFRONT AND CROSS-EXAMINE WITNESSES. I understand and cross-examine the witnesses against me and to present evidence and with the result of the control of the costs of the tests. The court of the costs of the tests. The court of the costs of the tests. 5. OBLIGATIONS. I understand that if I admit that I am the parent of the children my children for legal purposes. 6. WAIVER. I understand that I am admitting that I am the parent of the children up the rights stated above (except the right to an attorney if I have an attorney of I have an att	e right to be represented by a lawyer of my Lawyer Referral Association of the local and the whether I am the parent of the children at that in a trial I have the right to confront itnesses in my own defense. Timits, I have the right to have the court could order that I pay none, some, or all on in this action that those children will be an named in the stipulation and am giving y). Support of the children named in this
RIGHT TO BE REPRESENTED BY A LAWYER. I understand that I have the own choice at my own expense. If I cannot afford a lawyer, I can contact the I bar association or the Family Law Facilitator for assistance. RIGHT TO A TRIAL. I understand that I have a right to have a judge determin named in this action. RIGHT TO CONFRONT AND CROSS-EXAMINE WITNESSES. I understand and cross-examine the witnesses against me and to present evidence and with the context of the costs of the tests. The court will decide who pays for the tests. The court of the costs of the tests. OBLIGATIONS. I understand that if I admit that I am the parent of the children my children for legal purposes. WAIVER. I understand that I am admitting that I am the parent of the children up the rights stated above (except the right to an attorney if I have an attorney.)	e right to be represented by a lawyer of my Lawyer Referral Association of the local and the whether I am the parent of the children at that in a trial I have the right to confront itnesses in my own defense. Timits, I have the right to have the court could order that I pay none, some, or all on in this action that those children will be an named in the stipulation and am giving y). Support of the children named in this
own choice at my own expense. If I cannot afford a lawyer, I can contact the I bar association or the Family Law Facilitator for assistance. RIGHT TO A TRIAL. I understand that I have a right to have a judge determin named in this action. RIGHT TO CONFRONT AND CROSS-EXAMINE WITNESSES. I understand and cross-examine the witnesses against me and to present evidence and with RIGHT TO HAVE PARENTAGE TESTS. I understand that, where the law perorder parentage tests. The court will decide who pays for the tests. The court of the costs of the tests. OBLIGATIONS. I understand that if I admit that I am the parent of the children my children for legal purposes. WAIVER. I understand that I am admitting that I am the parent of the children up the rights stated above (except the right to an attorney if I have an attorney.)	Lawyer Referral Association of the local and whether I am the parent of the children that in a trial I have the right to confront thresses in my own defense. This is a trial I have the right to have the court could order that I pay none, some, or all on in this action that those children will be an named in the stipulation and am giving y). Support of the children named in this
named in this action. RIGHT TO CONFRONT AND CROSS-EXAMINE WITNESSES. I understand and cross-examine the witnesses against me and to present evidence and with the control of the control of the costs of the tests. The court will decide who pays for the tests. The court of the costs of the tests. OBLIGATIONS. I understand that if I admit that I am the parent of the children my children for legal purposes. WAIVER. I understand that I am admitting that I am the parent of the children up the rights stated above (except the right to an attorney if I have an attorney.)	I that in a trial I have the right to confront itnesses in my own defense. The right to have the court could order that I pay none, some, or all an in this action that those children will be an named in the stipulation and am giving y).
RIGHT TO HAVE PARENTAGE TESTS. I understand that, where the law perorder parentage tests. The court will decide who pays for the tests. The court of the costs of the tests. The court of the costs of the tests. OBLIGATIONS. I understand that if I admit that I am the parent of the children my children for legal purposes. WAIVER. I understand that I am admitting that I am the parent of the children up the rights stated above (except the right to an attorney if I have an attorney.)	itnesses in my own defense. smits, I have the right to have the court could order that I pay none, some, or all in this action that those children will be in named in the stipulation and am giving y). support of the children named in this
order parentage tests. The court will decide who pays for the tests. The court of the costs of the tests. OBLIGATIONS. I understand that if I admit that I am the parent of the childrer my children for legal purposes. WAIVER. I understand that I am admitting that I am the parent of the childrer up the rights stated above (except the right to an attorney if I have an attorney.)	could order that I pay none, some, or all in in this action that those children will be in named in the stipulation and am giving y).
my children for legal purposes. 3. WAIVER. I understand that I am admitting that I am the parent of the children up the rights stated above (except the right to an attorney if I have an attorney).	n named in the stipulation and am giving y). support of the children named in this
up the rights stated above (except the right to an attorney if I have an attorney	y). support of the children named in this
CUILD SUPPORT. Lunderstand that Luill have the duty to contribute to the	
action and that this duty of support will continue for each child until the obligat	tion is terminated by law.
 CRIMINAL NON-SUPPORT. I understand that if I willfully fail to support the cinitiated against me. 	children, criminal proceedings may be
UNDERSTANDING. a. I have read and understand the Judgment (Uniform Parentage—Custor 3 Support) (form FL-250) and this Advisement and Waive 3 Ights. b. I understand the translation.	IF IAM REPRESENTED BY AN ATTORNEY, I AGKNOWLEDGE THAT MY ATTORNEY HAS READ AND EXPLAINED TO ME THE CONTENTS OF THE STIPULATION, REGITALS, AND WAIVERS AND IACKNOWLEDGE THAT I UNDERSTAND THEM.
bate:	
4	
(TYPE OR PRINT NAME)	(SIGNATURE OF DECLARANT)
INTERPRETER'S DECLARATION	
The Petitioner Respondent is unable to read or understand the Jasupport) (form FL-250) and this Advisement and Waiver of Rights because: a. Inis/her primary language is (specify) b. other (specify):	udgment (Uniform Parentage—Custody and
2. L'eerlify under penalty of perjury under the laws of the State of California that I have, to the Petitioner Respondent the Judgment (Uniform Parentage—Cus Advisement and Waiver of Rights. Petitioner Respondent said he or Parentage—Custody and Support) (form FL-250) and this Advisement and Waiver of	stody and Support) (form FL-250) and this she understood the Judgment (Uniform
Oato:	
(TYPE OR PRINT NAME)	(SIGNATURE OF INTERPRETER)
Form Approved for Optional Use ADVISEMENT AND WAIVER OF RIGHTS	Page 1 of Family Code, 5 7600 of se
Form Approved for Cytional Une ADVISEMENT AND WAIVER OF RIGHTS ADVISION FOR CHIEF OF PARENTAL RELATION (Uniform Parentage)	TIL.

ADVISEMENT AND WAIVER OF RIGHTS

(FL-235)

DIRECTIONS

- Find the number on the sample form. *Example:* •
- Go to the same number below to find out how to fill out the form.
- Type or print in blue or black ink

- Write the name of the Petitioner and Respondent. The Petitioner is the party that started the case against another person, the Respondent.
- Write the case number.
- After reading the statements, mark box 9 (a) acknowledging that you understand or mark box 9 (b) if someone translated for you.
- Write the date, print your name, and sign your name.
- If a translator read the statements above to you, that translator must complete this section. This is **not** for you to complete, only the translator (if there is one).
- The translator must date, print his/her name, and sign (if there is one).

Note: If the parties have a written agreement, each party must complete and attach one of these forms.

11	E NAME:	Case Number:
	SAMPLE ATTACHMENT 15 TO THE DE	ECLARATION FOR DEFAULT SAMPLE
- 11	parties in this case were not married and have t ionship.	he following child(ren) as a result of the
1)	Issues related to Child Custody & Visitation	
We 1 1. 2. 3. 4.	nave 2 minor child(ren) from this relationsh OLDEST CHILD'S NAME SECOND OLDEST CHILD'S NAME	, Date of birth: 11-14-2000 , Date of birth: 9-15-2002 , Date of birth:
	The current custody/visitation order, filed oneffect and is attached to the judgment.	, shall remain in full force and
		☐ father. The child(ren) ☐ visit ☐ do not visit with the follows: The father is visiting on the 1 st , 3 rd and Friday at 6pm to Sunday at 6pm.
-	am proposing that the court make the following Legal custody to: Mother Father The primary custod The primary The primar	Physical Custody to: ☐Mother ☐Father
• I	am proposing that the court make the following □ Mother □ Father to have visitation as foll applicable the 5 th weekend beginning Frid	ows: The father may visit on the 1st, 3rd and when
2) 1	ssues related to Child Support, Child Care, and	d Health Insurance:
	The current child support order, filed on and is attached to the judgment.	, shall remain in full force and effect
	request the issue of child support to be reserved	l as to: ☐ Mother ☐ Father.
	etitioner Respondent is incarcerated and is ex	pected to be released on or about
• 7	The children reside with the mother 80 % of the	e time and with the father 20 % of the time.
11	The child(ren) \Box are \Box are not receiving public a \Box ANF for the child(ren) in this case.	assistance. \Box I am \Box the other parent is receiving

CAS	E NAME:Case Number:
	am presently □working □not working. My gross monthly income is \$1,387 . My tax filing status isSingle_, and I claimone_ exemption(s).
	I have other minor child(ren) of mine from a different relationship living with me.
(The other parent is presently \square working \square not working. His/her monthly income is estimated (or the other party has the ability to earn at least) $\$$ 1,387.00 and his/her tax filing status is Single , and ne/she claims one exemption(s).
	The other parent has $\underline{0}$ other minor children of his/hers from a different relationship living with him/her.
3) (Other
	Other information the court should know prior to entering a judgment:
-	
Date	ed: Signed:

28

		FL-
ATTORNEY OR PARTY WIT	THOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY
_	_	
	A	
TELEPHONE NO:	FAX NO:	
ATTORNEY FOR (Warnel)	PAX NO:	
SUPERIOR COUR	T OF CALIFORNIA, COUNTY OF	
STREET ADDRESS:		
MAILING ADDRESS: CITY AND ZIP CODE:		
BRANCH NAME:	•	
PETITIONER:	<u> </u>	
RESPONDENT:	3	
KESPONDENT:		CASE NUMBER
	JUDGMENT	4
This judgme	ent Contains personal conduct restraining	orders modifies existing restraining orders.
The restrain	ing orders are contained in item(s):	of the attachment.
They expire		A CLETS form must be attached.
a. This matter pr b. Date:	oceeded as follows: Default or uncont	6 By declaration Contested Room:
 b. Date: c. Judicial officer 	Dept.:	Temporary judge
	or present Attorney present (na	
	dent present	ame):
 Petitioner 	(1) The petitioner appeared without counse	
_	 The petitioner signed Advisement and (form FL-235). 	Waiver of Rights Re: Establishment of Parental Relationship
4	(3) The petitioner is married to the Respon	indent, and no other action is pending.
U	(4) The petitioner signed a Voluntary Decl	,
		e in a family support, juvenile, or adoption court case.
g. Respondent		insel and was advised of relevant rights. Ind Waiver of Rights Re: Establishment of Parental Relationshi
_	(form FL-235).	no waiver or rights re. Establishment of Parental reliationship
Q	(3) The respondent is married to the Petiti	
	(4) The respondent signed a Voluntary De	
h. Other portion	(5) There is a prior judgment of parentage or attorneys present (specify):	e in a family support, juvenile or adoption court case.
ii. Other parties	or autorneys present (specify).	
3. THE COURT FIN	ne	
Name:		Mother Father
Name:		Mother Father
are the parent	s following children:	
Child's name	Di	Date of birth
	_	
Ų	y	
4. THE COURT OR	DERS	
a. Child cu	stody and visitation are as specified in one or more	re of the attached forms:
(1)	Child Custody and Visitation Order Attachment ((form FL-341)
(2)	Stipulation for Order for Child Custody andlor Vis	isitation of Children (form FL-355)
(3)	Other (specify):	
	w	
		Page
Form Adopted for Mandafory U Judicial Council of California FL-250 [Rev. January 1, 2004	JUDGME (Uniform Parentage—Cu:	

JUDGMENT (FL-250)

Page 1

- Find the number on the sample form. *Example:* •
- Go to the same number below to find out how to fill out the form.
- Type or print in blue or black ink.

- Write your name.
 Write your address.
- If not filled in for you, write "Fresno" after COUNTY OF. The address is: 1130 "O" Street, Fresno CA 93724. The Branch Name is: B.F. Sisk Courthouse. Central Division.
- Write the name of the Petitioner and Respondent. The Petitioner is the party that started the case against another person, the Respondent.
- Write in your case number.
- **If** there are restraining orders, mark box #1 and the second box. Complete the information requested and attach a copy of the order.
- 6 On line 2, mark the box "By declaration."
- For line 2 (f) (1-5), mark all the boxes that apply regarding the petitioner.
- 8 For line 2 (g) (1-5), mark all the boxes that apply regarding the respondent.
- 9 Write the name of **each** of the parents and mark the appropriate boxes.
- Write the name(s) of the child(ren) and write the date(s) of birth, starting with the eldest child.
- Mark box 4 (a) and box (3). After the order "(specify)," write "See Attachment 5h."

PETITIONER:	CASE NUMBE 12
RESPONDENT:	
5. THE COURT FURTHER ORDERS	·
a. Child support is as stated in one or m	ore of the attached:
(1) [3] Support Information as	nd Order Attachment (form FL-342)
(2) ation to Establish or M (3) Other (specify):	fodify Child Support and Order (form FL-350)
 Both parties must complete and file with the of this judgment. Thereafter, the parents m 	e court a Child Support Case Registry Form (form FL-191) within 10 days of the date ust notify the court of any change in the information submitted, within 10 days of the
change. c. The form Notice of Rights and Responsibili	ities—Health Care Costs and Reimbursement Procedures and Information Sheet on
Changing a Child Support Order (form FL-1	192) is attached.
d. The last names of the children are chi	anged to (specify):
	ed to conform to this court order by
 (1) adding the father's name. (2) changing the last name of the 	ne children
f. Attorney fees and costs are as stated	
	and birth are as stated in the attachment.
n outer (specify	
•	
Continued on Attachment 3h.	
6. Number of pages attached:	
6. Number of pages attached:	JUDICIAL OFFICER
6. Number of pages attached:	JUDICIAL OFFICER SIGNATURE FOLLOWS LAST ATTACHMENT
Continued on Attachment 3h. 6. Number of pages attached: Date:	
6. Number of pages attached:	
Number of pages attached: Date:	SIGNATURE FOLLOWS LAST ATTACHMENT
Number of pages attached: Date:	
Number of pages attached: Date: NOTICE: Any party required to pay chil	SIGNATURE FOLLOWS LAST ATTACHMENT
Number of pages attached: Date: NOTICE: Any party required to pay chil	SIGNATURE FOLLOWS LAST ATTACHMENT
Number of pages attached: Date: NOTICE: Any party required to pay chil	SIGNATURE FOLLOWS LAST ATTACHMENT
Number of pages attached: Date: NOTICE: Any party required to pay chil	SIGNATURE FOLLOWS LAST ATTACHMENT
Number of pages attached: Date: NOTICE: Any party required to pay chil	SIGNATURE FOLLOWS LAST ATTACHMENT
Number of pages attached: Date: NOTICE: Any party required to pay chil	SIGNATURE FOLLOWS LAST ATTACHMENT

JUDGMENT (FL-250)

Page 2

- Find the number on the sample form. *Example:*
- Go to the same number below to find out how to fill out the form.
- Type or print in blue or black ink.

- Write the name of the Petitioner and Respondent. The Petitioner is the party that started the case against another person, the Respondent.
- Write in your case number.
- Mark Box 5 (a) and box (3). After the word "(specify)," write "See Attachment 5h."
- If when you filed your petition you requested a name change, mark the box and insert what the child's name is going to be. If you did not request a name change at the beginning of the case, you may not now request it, unless you file an amended petition. If you wish to have the child's birth certificate changed, complete section (e).
- Mark box 5 (h). After the word "(specify)," write "See Attachment 5h."
- Mark the box under the "Judicial Officer's" signature line.

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:

- 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
- 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
- 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 necess 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.
- Disputed charges. If you dispute a charge, you may file a motion in court to resolve the dispute, but only if you pay that charge before filing your motion.

If you claim that the other party has failed to reimburse you for a payment, or the other party has failed to make a payment to the provider after proper notice has been given, you may file a motion in court to resolve the dispute. The court will presume that if uninsured costs have been paid, those costs were reasonable. The court may award attorney fees and costs against a party who has been unreasonable.

- 6. Court-ordered insurance coverage. If a parent provides health-care insurance as ordered by the court, that insurance must be used at all times to the extent that it is available for health-care costs.
- a. Burden to prove. The party claiming that the coverage is inadequate to meet the child's needs has the burden of proving that to the court.
- b. Cost of additional coverage. If a parent purchases health-care insurance in addition to that ordered by the court, that parent must pay all the costs of the additional coverage. In addition, if a parent uses alternative coverage that costs more than the coverage provided by court order, that parent must pay the difference.
- 7. Preferred health providers. If the 7. Preferred health providers. If the court-ordered coverage designates a preferred health-care provider, that provider must be used at all times consistent with the terms of the health insurance policy. When any party uses a health-care provider other than the preferred provider, any health-care costs that would have been paid by the preferred health provider if that provider had been used must be the sole responsibility of the party incurring those costs.

NOTICE OF RIGHTS AND RESPONSIBILITIES Health-Care Costs and Reimbursement Procedures

INFORMATION SHEET ON CHANGING A CHILD SUPPORT ORDER

FL-192

General Information
The court lines just make a child support order in your case. This order will remain the same unless a party to the action requests that
the support be charged (modified), An order for child support can be modified only by titing a miction to change child support and
serving each party invended in your case. If both persons and the local child support agency (if it is involved agree or in a new child
support amount, you can complete, have all persons sign, and file with the court is Stipulation to Establish or Modify Child Support and
Order (point T-405) or Signature and Order (General action (AmmT-405).

- Software stranger equivalent to pay \$500 per morth in child support. You loss your job. You will continue to owe \$500 per morth, plus bear ordered to pay \$500 per morth, plus mortion to mortify your child support to a lower amount and the court cellers a reduction.

 You are currently receiving \$500 per morth in child support from the other parent, whose not income has just increased substitutionally. You will contain the court cellers a reduction.

 You are currently receiving \$500 per morth in child support from the other parent, whose not income has just increased substitutionally. You will contain the support to a larger amount substitutionally you will cell support to a larger amount substitutionally. You will plus the paying child support based upon having physical custody of your children 30 percent of the time. After several mortifix it has soft that you calcularly have plusted causoidy of the children 50 percent of the time. You may file a motion to modify child support to a lower amount.

How to Change a Child Support Order
To change a child support order, you must file papers with the court. Remember: You must follow the order you have now

- What forms do I need?

 If you are asking to change a child support order open with the local child support agency, you must fill out one of these forms:

 F.L. 680, Moleo of Moleon (Covernmental) or F.L. 683 Order to Show Cause (Governmental) and

 F.L. 684, Request for Order and Supporting Declaration (Governmental)
- If you are asking to change a child support order that is not open with the local child support agency, you must fill out one of the

forms:
- FL-301, Notice of Motion or FL-300, Order to Show Cause and
- FL-310, Application for Order and Supporting Declaration or
- FL-310, Application for Order and Supporting Declaration or
- FL-330, Notice of Motion and Motion for Simplified Modification of Order for Child, Spousal, or Family Support

- You must also fill out one of these forms:
 FL-150, Income and Expense Declaration or FL-155, Fina

What if I am not sure which forms to fill out? Talk to the family law facilitator at your court.

After year fill out the forms, file them with the court sledt and ask for a feating date. Write the hearing date on the form. The death will ask youth prys a lifting the if you commit and the fee, lift out there seems, too. • Form 98(24)(FT), Application for Wisever of Court Fees and Costs - Form 98(24)(FT), Order on Application for Wisever of Court Fees and Costs

You must serve the other parent. If the local child support ageincy is involved, serve if too.

This means someone 10 or over—not you—must serve the other parent opens of your filled count forms at least 16 count days before the heating. Add 5 calendar days 6 years filled making and 6 calendar days 6 years day you serve by man within Calendar apec 0 colo of Cell Procedure section 1005 for other studies; all days of the most in the calendar days 6 years of the most in the calendar days 10 calend

rmust also serve blank copies of these forms: Responsive Declaration to Order to Show Cause or Notice of Motion **and** FL-150, Income and Expense Declaration, **or**

This server impal also server users object.

Fig. 130, Responses Declaration to Order to Show Cause or Notice of Notice of Notice and Indiana.

Fig. 155, Francoial Statement (Simplified)
Then the server fills out and signs a Proof of Service (form FL 330 or FL 335). Take this form to the clerk and file it.

Group user tax returns from the last two years and

On to year hearing and set for judge to sharpe the support. Birry your tax returns from the last two years and your last two months you than it has page where we year demotion, latent to both parents, and make an order. After the hearing, lift out.

- FL.3.49, Friedrigs and Oxfer After Hearing and
FL.3.42, Child Support Information and Oxfer After Information.

Need help? Contact the family law facilitator in your cou sk for an experienced family lawyer.

NOTICE OF RIGHTS AND RESPONSIBILITES Health-Care Costs and Reimbursement Procedures

How to fill out

NOTICE OF RIGHTS AND RESPONSIBILITIES (FL-192)

DIRECTIONS

▶ There is nothing for you to complete on this form. Please read it.

Do not write anything on this TWO PAGE document. This is an informational document that must be attached to the judgment. Read it.

CASE	NAME: SMITH V. JONES		SAMPLE		ASE NO: <u>08CEFL00000</u>	
T4 !-	SAMPLE and as follows:	Attac	<u>hment 5h to J</u>	uagment	<u>SAMPLE</u>	
It is	ordered as follows:					
c f t	There is attached hereto, a consisting of pages. fully set forth herein. The pathe Agreement. The court rehe Agreement; to award atto	The Agr arties are e serves jui	eement is incorported to completisdiction to: enfo	orated and merged y with each and ever orce and administer	I into this judgment a very executory provi or the executory prov	s the sion ision
	provisions thereof; to join an	-		1 01 1	2	
<i>1</i>)	Child Custody					
	There is attached hereto a	nd made i	oart hereof, label	ed as Exhibit	a certified copy of F	amil
	Court Services or other court					
a	ttachment consisting of	pag	es is incorporated	d and merged into	and made part of thi	S
j	udgment as though fully set	forth here	ein.			
r	The parties have2	min	or child(ren)			
	The custody of the minor chi			follows:		
	hild's Name			Legal Custody	Physical Custody	
	LDEST BABY DOE		11-14-00	JOINT	JOINT	
S	ECOND ELDEST BABETTI	E DOE	9-15-02	JOINT	JOINT	
	✓ Primary physical custody	0.1	1:11 1 111			
<i>2</i>)	Child Visitation					
	The parties have no minor	children	, and no visitation	n orders shall be n	nade.	
		shall have	the following vi	isitation rights:		
	Reasonable right of vis	itation as	agreed between	the parties.		
				-	m /n m until	
	Every weekend from at Every 2 nd and 4 th week	a	/p.m.	a.	m./p.m. unui	
	Every 2 nd and 4 th week	end from		at	a.m./p.m.	
	untilat					
	\boxtimes Every 1 st , 3 rd , and when			neginning FRIDA	V at 6:00 n m, and e	ndin
	SUNDAY at 6:00 p.m.	т аррпсас	ne, 5 weekend t	ranning <u>randar</u>	<u>1 at 0.00 p.m. and c</u>	iidiii
	Other (describe):					
<i>3</i>)	Family Code Section 304	18				
3)	This Court has jurisdiction		e orders regardin	g child custody ur	nder the Uniform Chi	ild
	Custody Jurisdiction and			<u> </u>		1 -
	NI-4:1	- 1 1	1	d	4/	11
	Notice and opportunity to laws of the State of Calif		were given to t	tne responding par	ty/parties as provide	a by
	iaws of the state of Call	omia,				
	The custody and visitation	n rights o	of each party are	set forth herein;		
	A violation of this order	_	1 -	-	criminal penalties, o	r bot

CASE NAME: <u>SMITH V. JONES</u>		<u>AMPLE</u>		CASE NO: 08CEFL000	<u>000</u>
The country of habitual r	esidence o	f the child is the	United States of	of America;	
The parties have consider that there ☐is ☐is not a			•) and find
Restrictions: Visitation / Exchange of	of the child	lren shall be supe	ervised by the f	following Agency	
Phone:					
Phone: shall be paid as follows:		Costs of Sup	ervised Visitat % by N	ion or Supervised E Mother.	xchange
☐Visitation shall be supervi	ised by				
An adult designated by	the custoo	lial parent.			
☐The following designat	ed person	(s):			
☐No visitation pending furt	her Court	order or mediation	on with Family	Court Services.	
	t relocate t	he child(ren)'s re	esidence from:		
	orior writte	n consent of the	parties or furth	er order of this Cou	rt.
Each parent shall promptly	y notify th	e other of any ch	ange of address	s or telephone numb	per of the
minor children, except wh	ere a restra	aining order is is	sued.		
⊠Neither parent shall make	disparagir	ng remarks about	the other parer	nt in the presence of	the minor
children.					
There is Attached hereto a order from the Department o attachment consisting of Judgment as though fully set	f Child Supage	pport Division, s s is incorporated	igned and filed		is
1. ⊠Father / ☐ Mother shal amounts:	l pay child				ollowing
Name of Child		Date of Birth	Amount of N	Monthly Support	
OLDEST BABY DOE 2ND ELDEST BABETTI	E DOE	11-14-00 9-15-02			
		, 10 VI			
					_
for a total of \$ pe of each and every month then active member of the armed full-time high school student	reafter, unt services, re	til the child marri eaches the age of	es, dies, becon 19, or reaches	the age of 18 and is	becomes an
2. Interest shall accrue on the	e entire pri	ncipal balance o	wing and not o	n each installment a	as it
becomes due. This is not	an installn	nent judgment.			

CASE NAME: SMITH V. JONES SAMPLE CASE NO: 08CEFL00000 3. No provision of this judgment shall operate to limit any right to collect the principal (total amount
of unpaid support) or to charge and collect interest and penalties as allowed by law. All payments
ordered are subject to modification.
5. Support shall be paid to the Department of Child Support Services SDU, P.O. Box 989067, West
Sacramento, CA 95798.
6. The Fresno County Department of Child Support Services shall enforce all payments.
7. A Wage and Earnings Assignment Order shall issue for ongoing support and arrearages.
8. Both Parents shall:
a. Provide and maintain health insurance coverage for the child(ren) if it is available through
employment, a group plan, or otherwise available at no or reasonable cost, and shall keep the
Department of Child Support Services informed of the availability of the coverage;
b. If health insurance is not available, provide coverage when it becomes available;
c. Within 20 days of the Department of Child Support Services' request, complete and return a
health insurance form;
d. Provide to the Department of Child Support Services all information and forms necessary to
obtain health care services for the child(ren);
e. Present any claim to secure payment or reimbursement to the other parent or caretaker who
incurs costs for health care services for the child(ren).
9. Unreimbursed medical, drug, dental, orthodontic, and vision expenses shall be shared equally (one
half each) by the Petitioner and Respondent, and the parties shall comply with the provisions of
Family Code Section 4063 regarding payment and reimbursement of the unreimbursed costs.
10. A Health Insurance Coverage Assignment shall issue.
11. Both Parents shall provide written notification to the Clerk of any change in residence and to the
office of the Department of Child Support Services of any change in residence, income, or
employment within 10 days.
12. Each party shall be responsible for 50% of child care costs related to employment or to reasonably
necessary education or training for employment skills.
13. The Mother Father shall claim the child(ren) for tax purposes.
7) Other Orders:
IT IS SO ORDERED.
Dated: Judge of the Superior Court
Judge of the Superior Court

FL-190 ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Barnumber, and address FOR COURT USE ONLY TELEPHONE NO: FAX NO. (Optional): E-MAIL ADDRESS (Optional) ATTORNEY FOR (Warns) SUPERIOR COURT OF CALIFORNIA • COUNTY OF FRESNO 1100 Van Ness Avenue Fresno, California 93724-0002 PETITIONER RESPONDENT NOTICE OF ENTRY OF JUDGMENT 4 You are notified that the following judgment was entered on (date). Dissolution Dissolution-status only Dissolution—reserving jurisdiction over termination of marital status or domestic partnership Legal separation Nullity Parent-child relationship Judgment on reserved issu 8. Other (specify): Clerk, by -NOTICE TO ATTORNEY OF RECORD OR PARTY WITHOUT ATTORNEY-Under the provisions of Code of Civil Procedure section 1952, if no appeal is filed the court may order the exhibits destroyed or otherwise disposed of after 60 days from the expiration of the appeal time STATEMENT IN THIS BOX APPLIES ONLY TO JUDGMENT OF DISSOLUTION Effective date of termination of marital or domestic partnership status (specify). WARNING: Neither party may remarry or enter into a new domestic partnership until the effective date of the termination of marital or domestic partnership status, as shown in this box. CLERK'S CERTIFICATE OF MAILING I certify that I am not a party to this cause and that a true copy of the Notice of Entry of Judgment was mailed first class, postage fully prepaid, in a sealed envelope addressed as shown below, and that the notice was mailed , California, on (date): Name and address of petitioner or petitioner's attorney Name and address of respondent or respondent's attorney NOTICE OF ENTRY OF JUDGMENT

How to fill out

NOTICE OF ENRTY OF JUDGMENT (FL-190)

DIRECTIONS FOR STATUS ONLY DEFAULT

- Find the number on the sample form. *Example:* ①
- Go to the same number below to find out how to fill out the form.
- Type or print in black ink

- Write your name, address and phone number.
- If not filled in for you, write "Fresno" after COUNTY OF. The address is: 1130 'O' Street, Fresno CA 93724. The Branch Name is: B.F. Sisk Courthouse. Central Division.
- Write the name of the Petitioner and Respondent. The Petitioner is the party that started the case against another person, the Respondent.
- 4 Write in your case number.
- 5 Leave this space Blank Do Not Write in Any Dates on this document.
- 6 Check Box 6.
- Write the word "Fresno" after the word "(place)."
- 8 Write the petitioner's name and address.
- 9 Write the respondent's name and address.

You MUST attach two stamped envelopes to the Notice of Entry of Judgment (one addressed to each party).

-	ORNEY (Name, State Bar number, an	of address):		OURT PERSONNEL: DATE RECEIVED HERE
TELEPHONE NO: E-MAIL ADDRESS (Optional):		FAX NO. (Optional):	DO	NOT FILE
ATTORNEY FOR (Name):				
	IRT OF CALIFORNIA 1100 Van Ness Ave Fresno, California 9372			
PETITIONER/PLAINTIF				
RESPONDENT/DEFENDAN OTHER PAREN				
	ORT CASE REGISTR	Y FORM m completed to previous information	CASE NUMBER:	4
MAINTAIN Notice: Pages 1 and 2 of the	ED IN A CONFIDE	E PLACED IN THE C NTIAL FILE WITH TH eted and delivered to the co	IE STATE OF CALI	FORNIA. order for support.
complete this form and de Any later change to the inf	liver it to the court withi formation on this form n	in 10 days of the date on wh nust be delivered to the cou	ırt on another form withir	of the support order. 1 10 days of the
complete this form and de Any later change to the inf change. It is important that 1. Support order information a. <u>Date</u> order filed:	liver it to the court withit formation on this form n t you keep the court info (this information is on th	in 10 days of the date on wh nust be delivered to the cou ormed in writing of any cha re court order you are filing or	nich yoʻu received a copy urt on another form within nges of your address and have received).	of the support order. 1 10 days of the
complete this form and de Any later change to the inf change. It is important that 1. Support order information a. Date order filed: b Initial child supp	liver it to the court within formation on this form it you keep the court information is on the or (this information is on the ort or family support orde trent child or family support.	in 10 days of the date on wh nust be delivered to the cou ormed in writing of any cha re court order you are filing or	nich yoʻu received a copy urt on another form within nges of your address and have received).	of the support order. n 10 days of the d telephone number.
complete this form and de Any later change to the inf change. It is important that 1. Support order information a. Date order filed: b Initial child supp c. Total monthly base cur	liver it to the court with formation on this form in t you keep the court info in this information is on the ort or family support orde rrent child or family support, upport:	in 10 days of the date on white the delivered to the cou- ormed in writing of any cha- re court order you are filing or the Modification	nich yoʻu received a copy urt on another form within nges of your address and have received).	of the support order. 10 days of the d telephone number.
complete this form and de Any later change to the inf change. It is important that 1. Support order information a. Date order filed: b	liver it to the court with formation on this form it you keep the court inf in (this information is on the ort or family support order and this information is on the ort or family support order to the court of family support:	in 10 days of the date on whoust be delivered to the coulormed in writing of any charge court order you are filing or if Modification amount ordered for children amily Support: Current \$ Dase family Resensupport: \$ \$ 0 (ze	nich you received a copy urt on another form within nges of your address and have received). on n listed below, plus any mo	of the support order. 10 days of the d telephone number.
complete this form and de Any later change to the infinchange. It is important that 1. Support order information a Date order filed: a Date order filed: b Initial child support. Child Support: (1) Current Spase child support: (2) Additional Smorthly support:	liver it to the court with formation on this form it you keep the court inf in (this information is on the ort or family support order and this information is on the ort or family support order to the court of family support:	in 10 days of the date on whust be delivered to the countmust be delivered to the countmust be delivered to the countmust be count order you are filing or at Modification amount ordered for children amily Support: Current So base family Resensupport: \$0 (ze anothly support: \$0 (ze anothly sup	nich you received a copy ut on another form within nges of your address and have received). on I listed below, plus any my Spousal Supp Current spousal ved order support:	of the support order. 10 days of the d telephone number. onthly amount ordered ort: \$ Reserved orde
complete this form and de Any later change to the infinchange. It is important that 1. Support order information a. Date order filed: b	liver it to the court within formation on this form in tyou keep the court info a (this information is on the ort or family support order and the information is on the ort or family support order and the information is on the ort or family support. Reserved order \$ 0 (zero) order	in 10 days of the date on whust be delivered to the couormed in writing of any chare court order you are filing or in Modification amount ordered for children amily Support: Current State Sta	nich you received a copy urt on another form within nges of your address and have received). on n listed below, plus any mo Spousal Supp Current ved order spousal	of the support order. 10 days of the d telephone number. onthly amount ordered ord: \$ Reserved orde \$0 (zero) orde
complete this form and de Any later change to the infinchange to the infinchange. It is important that 1. Support order information a. Date order filed: a. Date order filed: b	Iliver it to the court with information on this form it you keep the court information is on the ort or family support orderrent child or family support crupport: Reserved order Reserved order S0 (zero) order	in 10 days of the date on whust be delivered to the count order you are filing or in Modification amount ordered for children amily Support: Current Base family Resensupport: \$0 (ze monthly support: \$0 (ze monthly support: Total \$1 past-due support: Payment \$1 on past-due support: \$2 (ze monthly support: \$3 (ze monthly support: \$4 (ze monthly support: \$5	ved order spusal support: Ved order spusal spusal support: Ved order spusal spusal support: Ved order spusal	of the support order. 10 days of the d telephone number. onthly amount ordered ort: \$ Reserved orde \$0 (zero) orde
complete this form and de Any later change to the infinchange. It is Important that 1. Support order information a. Date order filed: b	iliver it to the court with information on this form it you keep the court information is on the ort or family support orderent child or family support crupport: Reserved order Reserved order Octoor order Companies of the court with information is on the ort or family support in the court of the cou	in 10 days of the date on whust be delivered to the countmust order of the countmust o	ved order spusal support: Ved order spusal spusal support: Ved order spusal spusal support: Ved order spusal	of the support order. 10 days of the d telephone number. onthly amount ordered ort: \$ Reserved orde \$0 (zero) orde
complete this form and de Any later change to the infinchange to the infinchange. It is important that 1. Support order information a. Date order filed: b	liver it to the court with formation on this form it you keep the court info a (this information is on the ort or family support orderent child or family support upport: Reserved order Reserved order Reserved order Carrol ordered Indicor family support (name) Reserved ordered	in 10 days of the date on whust be delivered to the countmust order of the countmust o	ved order spusal support: Ved order spusal spusal support: Ved order spusal spusal support: Ved order spusal	of the support order. 10 days of the d telephone number. onthly amount ordered ort: \$ Reserved orde \$0 (zero) orde

CHILD SUPPORT CASE REGISTRY FORM (FL-191)

Page 1

- Find the number on the sample form. *Example:* •
- Go to the same number below to find out how to fill out the form.
- Type or print in black ink.
- If you do not complete this document correctly and submit it with your judgment, your documents and child support payments may be delayed.
- Write the name of the Petitioner and Respondent. The Petitioner is the party that started the case against another person, the Respondent.
- If not filled in for you, write "Fresno" after COUNTY OF. The address is: 1130 'O' Street, Fresno CA 93724. The Branch Name is: B.F. Sisk Courthouse.
- Write the name of the Petitioner and Respondent. The Petitioner is the party that started the case against another person, the Respondent.
- 4 Write in your case number.
- Mark the box that represents whether you are the mother or the father of the children in this case, and whether this is the first time you have completed this form, or if it is a modification of a prior form you filed.
- 6 Mark box 1(c)(1).
- Write the name of the parent that is to pay child support and the relationship to the child(ren).
- Write the name of the parent that is to receive child support, if the Fresno County Department of Child support is not involved in your child support. If they are involved in your case, then write "Department of Child Support Services SDU." They are the "Claimant."

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: 9		CASE NUMBER: 10
OTHER PARENT:		
The child support order is for the following children: Child's name D	Date of birth	Social security number
Additional children are listed on a page attached to this do	cument.	
You are required to complete the following information about yourse person, but you are encouraged to provide as much as you can. Thi maintained in a confidential file with the State of California.	If. You are not required t	
5. Father's name:	6. Mother's name:	_
a. Date of birth:	a. Date of birth:	43
b. Social security number:	b. Social security nur	mber:
c. Street address:	c. Street address:	
City, state, zip code:	City, state, zip cod	le:
d. Mailing address:	d. Mailing address:	
City, state, zip code:	City, state, zip cod	le:
e. Driver's license number:	e. Driver's license nu	mber:
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 cod	le:
Telephone number:	Telephone numbe	r
7. A restraining order, protective order, or nondisclosure orde a. The order protection Father Mother b. From: c. The restraining order exprises on (date): I declare under penalty of perjury under the laws of the State of Calif	Children	
Date: 18	•	
(TYPE OR PRINT NAME)	(SIGNATU	RE OF PERSON COMPLETING THIS FORM)
FL-191 [Rev. July 1, 2009] CHILD SUPPORT CA	SE DECISTRY FORM	Page 2 c

CHILD SUPPORT CASE REGISTRY FORM (FL-191)

Page 2

- Find the number on the sample form. *Example:*
- Go to the same number below to find out how to fill out the form.
- Type or print in black ink.
- If you do not complete this document correctly and submit it with your judgment, your documents and child support payments may be delayed.
- 9 Write the name of the Petitioner and Respondent. The Petitioner is the party that starts the case against another person, the Respondent.
- Write in your case number.
- Write the name, date of birth, and social security number of each child for whom support was ordered.
- At item 5 fill in all the information requested for the father.
- At item 6 write in all the information requested for the mother.
- Check the box at item 7 if there is a domestic violence order in effect.
- At item 7(a) check the box (es) to show whom the order protects.
- At item 7(b) check the box to show whom the order is against.
- At item 7(c) write in the date that the order expires.
- Date this document, type or print your full name to the left; sign your full name to the right.

BLANK FORMS

	FL-230
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):	FOR COURT USE ONLY
TELEPHONE NO.: FAX NO.:	
ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Fresno	
STREET ADDRESS: Family Law Division	
MAILING ADDRESS: 1130 'O' Street	
CITY AND ZIP CODE: Fresno, California 93724	
BRANCH NAME: B.F. Sisk Courthouse	
PETITIONER:	
RESPONDENT:	
DECLARATION FOR DEFAULT OR UNCONTESTED JUDGMENT	CASE NUMBER:
 I declare that if I appeared in court and were sworn, I would testify to the truth of the facts I request that proof will be by this declaration and that I will not appear before the court u All the information in the Petition or Complaint to Establish Parental Relation Petition to Establish Custody and Support Response is true and correct. Respondent and/or Petitioner is/are the parent(s) of the minor child(n A Voluntary Declaration of Paternity form has not been signed reg. DEFAULT OR UNCONTESTED (Check a or b) a The default of the respondent was entered or is being requested, and I am not s petition. OR b The parties have stipulated that the matter may proceed as an uncontested mat attached. CHILD SUPPORT should be ordered as set forth in the proposed Judgment (form F a Petitioner Respondent is presently receiving public assistance (payable to the local child support agency at (specify address): 	nless I am ordered by the court to appear. ship Response or Answer en). garding this child (attach a copy if available). eeking any relief not requested in the ter without notice, and the stipulation is L-250).
 b. NOTE: If a support order is requested, submit a completed <i>Income and Exp. Financial Statement (Simplified)</i> (form FL-155), unless a current form is on other party's gross monthly income. 8. ATTORNEY FEES should be ordered as set forth in the proposed <i>Judgment</i> (form F9. CHILD CUSTODY should be ordered as set forth in the proposed <i>Judgment</i> (form F10. REASONABLE EXPENSES OF PREGNANCY AND BIRTH should be ordered as set FL-250). 12. NAMES OF THE CHILDREN should be changed as set forth in the proposed <i>Judgment</i> (Judgment (Judgment	FL-250). FL-250). et forth in the proposed <i>Judgment</i> (form ent (form FL-250). ay determine whether to grant this request
I declare under penalty of perjury under the laws of the State of California that the foregoing Date:	is true and correct.
(TYPE OR PRINT NAME)	(SIGNATURE OF DECLARANT)

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

 9. UNDERSTANDING. a. I have read and understand the Judgment (Unifor Custody and Support) (form FL-250) and this Adv. 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 PR NT NAME)	(SIGNATURE OF DECLARANT)
	S DECLARATION d or understand the Judgment (Uniform Parentage—Custody and ints because:
	form Parentage—Custody and Support) (form FL-250) and this spondent said he or she understood the Judgment (Uniform
246.	>
(TYPE OR PR NT NAME)	(SIGNATURE OF NTERPRETER)

	CASE NAME:	Case Number.
	ATTACHMENT 15 TO THE	DECLARATION FOR DEFAULT
Γh	The parties in this case were not married and have	the following child(ren) as a result of the relations:
!)	() <u>Issues related to Child Custody & Visitati</u>	<u>on</u>
W	We have minor child(ren) from this relatio	
1.		
2.		Date of birth:
4.		Date of birth:
	☐ The current custody/visitation order, filed on effect and is attached to the judgment.	, shall remain in full force a
•	other parent. The current visitation pattern is	r □ father. The child(ren) □ visit □ do not visit with as follows:
	I am proposing that the court make the followi Legal custody to: □Mother □Father □Mother □Father to be the primary custod	Physical Custody to: ☐Mother ☐Father
•	 Legal custody to: □Mother □Father ■Mother □Father to be the primary custod I am proposing that the court make the following 	Physical Custody to: ☐Mother ☐Father dial parent. ng orders for visitation :
•	 Legal custody to: □Mother □Father ■Mother □Father to be the primary custod I am proposing that the court make the followi ■ □Mother □Father to have visitation as for 	Physical Custody to: ☐Mother ☐Father dial parent.
•	 Legal custody to: □Mother □Father ■Mother □Father to be the primary custod I am proposing that the court make the following ■Mother □Father to have visitation as form 	Physical Custody to: Mother Father dial parent. Ing orders for visitation: Dillows:
•	 Legal custody to: □Mother □Father ■ Mother □Father to be the primary custod I am proposing that the court make the following ■ Mother □Father to have visitation as formula 	Physical Custody to: Mother Father dial parent. Ing orders for visitation: Dillows:
•	 Legal custody to: □Mother □Father ■Mother □Father to be the primary custod I am proposing that the court make the following ■ □Mother □Father to have visitation as form Issues related to Child Support, Child Care, or 	Physical Custody to: Mother Father dial parent. Ing orders for visitation: Dillows:
•	 Legal custody to: □Mother □Father □Mother □Father to be the primary custode I am proposing that the court make the following □Mother □Father to have visitation as formula. Issues related to Child Support, Child Care, of the current child support order, filed on	Physical Custody to: Mother Father Gial parent.
•	 Legal custody to: □Mother □Father □Mother □Father to be the primary custode I am proposing that the court make the following □Mother □Father to have visitation as formula and is attached to the judgment. □ Issues related to Child Support, Child Care, or and is attached to the judgment. □ I request the issue of child support to be reserved. 	Physical Custody to: Mother Father Gial parent.
•	 Legal custody to: □Mother □Father □Mother □Father to be the primary custode I am proposing that the court make the following □Mother □Father to have visitation as formula and is attached to the judgment. □ The current child support order, filed on and is attached to the judgment. □ I request the issue of child support to be reserved. □ Petitioner □ Respondent is incarcerated and is a support □ Respondent is incarcerated. 	Physical Custody to: Mother Father dial parent. Ing orders for visitation: Collows: Mand Health Insurance: And Heal

CAS	SE NAME:Case Number:
3	I am presently \(\subseteq \text{working } \subseteq \text{not working. My gross monthly income is \$\ My tax filing status is \(\text{ and I claim } \(\ \text{ exemption(s)}. \)
1	I have other minor child(ren) of mine from a different relationship living with me.
5	The other parent is presently \square working \square not working. His/her monthly income is estimated (or the other party has the ability to earn at least) \square and his/her tax filing status is \square , and he/she claims \square exemption(s).
	The other parent has other minor children of his/hers from a different relationship living with him/her.
11 ′	Other
	Other information the court should know prior to entering a judgment:
	ted: Signed:
5	
5	

28

	FL-25'
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY
TELEPHONE NO.: FAX NO.:	
ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF FRESNO	
STREET ADDRESS: 1130 'O' STREET	
MAILING ADDRESS: FRESNO, CALIFORNIA 93724	
CITY AND ZIP CODE:	
BRANCH NAME: B.F. SISK COURTHOUSE	
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 attach	ment.
They expire on (date): A CLETS form	must be attached.
2. a. This matter proceeded as follows:	ation
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 r	-
(2) The petitioner signed Advisement and Waiver of Rights Re: E	stablishment of Parental Relationship
(form FL-235).	on in a smaller
(3) The petitioner is married to the Respondent, and no other action of Peterpity	on is pending.
 (4) The petitioner signed a Voluntary Declaration of Paternity. (5) There is a prior judgment of parentage in a family support, juv 	anila or adoption court case
g. Respondent (1) The respondent appeared without counsel and was advised o	
(2) The respondent appeared without course and was advised of the respondent signed Advisement and Waiver of Rights Re:	
(form FL-235).	Listabilistifferit of Farettal Helationship
(3) The respondent is married to the Petitioner, and no other action	on is nending
(4) The respondent signed a Voluntary Declaration of Paternity.	on to portaining.
(5) There is a prior judgment of parentage in a family support, judgment	enile or adoption court case.
	ormo or adoption count date.
h. Other parties or attorneys present (specify):	
3. THE COURT FINDS	
_	Nother
_	Nother Father
are the parents of the following children:	i atriei
Child's name	Date of birth
<u>Office Straine</u>	Date of bitti
4. THE COURT ORDERS	
a. Child custody and visitation are as specified in one or more of the attached forms:	
(1) Child Custody and Visitation Order Attachment(form FL-341)	
(2) Stipulation for Order for Child Custody and/or Visitation of Children (form	FL-355)
(3) Other (specify):	

Page 1 of 2

PETITIONER:	CASE NUMBER:
RESPONDENT:	
5. THE COURT FURTHER ORDERS	
 a. Child support is as stated in one or more of the attached: (1) Child Support Information and Order Attachment (2) Stipulation to Establish or Modify Child Support a (3) Other (specify): 	
 b. Both parties must complete and file with the court a <i>Child Supp</i> of this judgment. Thereafter, the parents must notify the court of change. c. The form <i>Notice of Rights and Responsibilities-Health Care Co-Changing a Child Support Order</i> (form FL-192) is attached. d. The last names of the children are changed to (specify): 	of any change in the information submitted, within 10 days of the
 e. The birth certificates must be amended to conform to this (1) adding the father's name. (2) changing the last name of the children. 	court order by
 f. Attorney fees and costs are as stated in the attachment. g. Reasonable expenses of pregnancy and birth are as state h. Other (specify): 	d in the attachment.
Continued on Attachment 3h.	
6. Number of pages attached:	
Date:	
	JUDICIAL OFFICER SIGNATURE FOLLOWS LAST ATTACHMENT
NOTICE Assessment to the second	
NOTICE: Any party required to pay child support must which is currently 10 percent.	pay interest on overdue amounts at the "legal" rate,



NOTICE OF RIGHTS AND RESPONSIBILITIES Health-Care Costs and Reimbursement Procedures

IF YOU HAVE A CHILD SUPPORT ORDER THAT INCLUDES A PROVISION FOR THE REIMBURSEMENT OF A PORTION OF THE CHILD'S OR CHILDREN'S HEALTH-CARE COSTS AND THOSE COSTS ARE NOT PAID BY INSURANCE, THE LAW SAYS:

- 1. Notice. You must give the other parent an itemized statement of the charges that have been billed for any health-care costs not paid by insurance. You must give this statement to the other parent within a reasonable time, but no more than 30 days after those costs were given to you.
- 2. Proof of full payment. If you have already paid all of the uninsured costs, you must (1) give the other parent proof that you paid them and (2) ask for reimbursement for the other parent's court-ordered share of those costs.
- **3. Proof of partial payment.** If you have paid only your share of the uninsured costs, you must (1) give the other parent proof that you paid your share, (2) ask that the other parent pay his or her share of the costs directly to the health-care provider, and (3) give the other parent the information necessary for that parent to be able to pay the bill.
- 4. Payment by notified parent. If you receive notice from a parent that an uninsured health-care cost has been incurred, you must pay your share of that cost within the time the court orders; or if the court has not specified a period of time, you must make payment (1) within 30 days from the time you were given notice of the amount due, (2) according to any payment schedule set by the health-care provider, (3) according to a schedule agreed to in writing by you and the other parent, or (4) according to a schedule adopted by the court.
- **5. Disputed charges.** If you dispute a charge, you may file a motion in court to resolve the dispute, but only if you pay that charge before filing your motion.

- If you claim that the other party has failed to reimburse you for a payment, or the other party has failed to make a payment to the provider after proper notice has been given, you may file a motion in court to resolve the dispute. The court will presume that if uninsured costs have been paid, those costs were reasonable. The court may award attorney fees and costs against a party who has been unreasonable.
- **6. Court-ordered insurance coverage.** If a parent provides health-care insurance as ordered by the court, that insurance must be used at all times to the extent that it is available for health-care costs.
- a. Burden to prove. The party claiming that the coverage is inadequate to meet the child's needs has the burden of proving that to the court.
- b. Cost of additional coverage. If a parent purchases health-care insurance in addition to that ordered by the court, that parent must pay all the costs of the additional coverage. In addition, if a parent uses alternative coverage that costs more than the coverage provided by court order, that parent must pay the difference.
- 7. Preferred health providers. If the court-ordered coverage designates a preferred health-care provider, that provider must be used at all times consistent with the terms of the health insurance policy. When any party uses a health-care provider other than the preferred provider, any health-care costs that would have been paid by the preferred health provider if that provider had been used must be the sole responsibility of the party incurring those costs.

INFORMATION SHEET ON CHANGING A CHILD SUPPORT ORDER

General Information

The court has just made a child support order in your case. This order will remain the same unless a party to the action requests that the support be changed (modified). An order for child support can be modified only by filing a motion to change child support and serving each party involved in your case. If both parents and the local child support agency (if it is involved) agree on a new child support amount, you can complete, have all parties sign, and file with the court a *Stipulation to Establish or Modify Child Support and Order* (form FL-350) or *Stipulation and Order* (Governmental) (form FL-625).

When a Child Support Order May Be Modified

The court takes several things into account when ordering the payment of child support. First, the number of children is considered. Next, the net incomes of both parents are determined, along with the percentage of time each parent has physical custody of the children. The court considers both parties' tax filing status and may consider hardships, such as a child of another relationship. An existing order for child support may be modified when the net income of one of the parents changes significantly, the parenting schedule changes significantly, or a new child is born.

Examples

- You have been ordered to pay \$500 per month in child support. You lose your job. You will continue to owe \$500 per month, plus
 10 percent interest on any unpaid support, unless you file a motion to modify your child support to a lower amount and the court
 orders a reduction.
- You are currently receiving \$300 per month in child support from the other parent, whose net income has just increased substantially. You will continue to receive \$300 per month unless you file a motion to modify your child support to a higher amount and the court orders an increase.
- You are paying child support based upon having physical custody of your children 30 percent of the time. After several months it
 turns out that you actually have physical custody of the children 50 percent of the time. You may file a motion to modify child support
 to a lower amount.

How to Change a Child Support Order

To change a child support order, you must file papers with the court. Remember: You must follow the order you have now.

What forms do I need?

If you are asking to change a child support order open with the local child support agency, you must fill out one of these forms:

- FL-680, Notice of Motion (Governmental) or FL-683 Order to Show Cause (Governmental) and
- FL-684, Request for Order and Supporting Declaration (Governmental)

If you are asking to change a child support order that is **not** open with the local child support agency, you must fill out one of these forms:

- FL-301, Notice of Motion or FL-300, Order to Show Cause and
- FL-310, Application for Order and Supporting Declaration or
- FL-390, Notice of Motion and Motion for Simplified Modification of Order for Child, Spousal, or Family Support

You must also fill out one of these forms:

• FL-150, Income and Expense Declaration or FL-155, Financial Statement (Simplified)

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

Talk to the family law facilitator at your court.

After you fill out the forms, file them with the court clerk and ask for a hearing date. Write the hearing date on the form.

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

- Form FW-001, Application for Waiver of Court Fees and Costs
- Form FW-003, Order on Application for Waiver of Court Fees and Costs

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

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

The server must also serve blank copies of these forms:

- FL-320, Responsive Declaration to Order to Show Cause or Notice of Motion and FL-150, Income and Expense Declaration, or
- FL-155, Financial Statement (Simplified)

Then the server fills out and signs a *Proof of Service* (form FL-330 or FL-335). Take this form to the clerk and file it.

Go to your hearing and ask the judge to change the support. Bring your tax returns from the last two years and your last two months' pay stubs. The judge will look at your information, listen to both parents, and make an order. After the hearing, fill out:

- FL-340. Findings and Order After Hearing and
- FL-342, Child Support Information and Order Attachment

Need help?

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

CASE	NAME:			CASE NO:	
		Attachment	<u>5h to Judgmer</u>	<u>ıt</u>	
It is	ordered as follows:				
c f tl tl	There is attached hereto, and labeled onsisting of pages. The Agriculty set forth herein. The parties are the Agreement. The court reserves just the Agreement; to award attorney's few provisions thereof; to join any person	reement is incorporate ordered to comply risdiction to: enforces and costs to the	orated and merged y with each and evorce and administed e prevailing party	I into this judgment very executory prover the executory pro in any action to en	t as though vision in ovisions o
<i>1</i>)	Child Custody				
	There is attached hereto and made	part hereof, labele	ed as Exhibit,	a certified copy of	Family
(a	Court Services or other court order, si ttachment consisting of pag	gned and filed by	the court on	and made part of the	This
jı	udgment as though fully set forth her	ein.	and merged into	and made part of th	.115
Г	□rri ,: 1 · ·	1:11()			
L T	The parties have min The custody of the minor children sha	ior child(ren). Il be awarded as i	follows:		
	hild's Name		Legal Custody	Physical Custody	y
	Primary physical custody of the mi	nor child shall be	with the		
2) [Child Visitation The parties have no minor children The non-custodial parent shall have the	he following visit	ation rights:	nade.	
	Reasonable right of visitation as	U	1		
	Every weekend fromata Every 2 nd and 4 th weekend from	at	a.	m./p.m. until	
	Every 2 nd and 4 th weekend from		at	a.m./p.m. until	
	ata.m./j				
	Every 1 st , 3 rd , and when applicable	e, 5 th weekend beg	ginning	at	a.m./p.r
	and endingat	a.m./	p.m.		
	Other (describe):				
3)	Family Code Section 3048				
<i>J</i> ,	This Court has jurisdiction to m	ake orders regain	ding child custod	y u nder the U nif	form Chi
	Custody Jurisdiction and Enforcer	ment Act;			
	Notice and opportunity to be heard laws of the State of California;	d were given to t	he responding par	ty/parties as provid	led by th
	The custody and visitation rights of	of each narty are s	set forth herein:		
	A violation of this order may subje	1 2	-	criminal nenalties	or both.

CASE NAME:		CASE N	NO:
The country of habitual re	sidence of the child is th	e United States of America;	
, and the second		ŕ	
The parties have considere that there is is is not a r		the Family Code Section 3048 hild(ren) by either parent	3(b)(1) and find
Restrictions:			
_	_	pervised by the following Ager	=
Phone:	. Costs of Su	pervised Visitation or Supervi	sed Exchange
shall be paid as follows:	% by Father and	% by Mother.	
☐Visitation shall be supervis	ed by		
An adult designated by t	he custodial parent.		
The following designate	d person (s):		
☐No visitation pending furth	er Court order or mediat	ion with Family Court Service	S.
Mother Father shall not	t relocate the child(ren)'s	s residence from:	
California Counties:			
United States without p	rior written consent of th	ne parties or further order of th	is Court.
Each parent shall promptly	notify the other of any c	hange of address or telephone	number of the
minor children, except whe	re a restraining order is i	ssued.	
Neither parent shall make	disparaging remarks abo	ut the other parent in the prese	nce of the minor
children.			
Child Support	nd made a part haraef lal	polod og Evhibit a gar	tified convert the
order from the Department of	Child Support Division,		This
attachment consisting of Judgment as though fully set f		d and merged into and made a	part of this
1. Father Mother shall p amounts:	ay child support for the	following minor child(ren) in t	he following
Name of Child	Date of Birth	Amount of Monthly Supp	ort
for a total of \$ per			
of each and every month there active member of the armed so full-time high school student,	ervices, reaches the age of	of 19, or reaches the age of 18	and is no longer a
2. Interest shall accrue on the	entire principal balance	owing and not on each installn	nent as it
becomes due. This is not a	n installment judgment.		

CASE NAME: CASE N	VO:
3. No provision of this judgment shall operate to limit any right to collect the princip	al (total amount
of unpaid support) or to charge and collect interest and penalties as allowed by lav	v. All payments
ordered are subject to modification.	
5. Support shall be paid to the Department of Child Support Services SDU, P.O. Box	x 989067, West
Sacramento, CA 95798.	
6. The Fresno County Department of Child Support Services shall enforce all paym	ents.
7. A Wage and Earnings Assignment Order shall issue for ongoing support and arre	arages.
8. Both Parents shall:	
a. Provide and maintain health insurance coverage for the child(ren) if it is available.	able through
employment, a group plan, or otherwise available at no or reasonable cost, an	d shall keep the
Department of Child Support Services informed of the availability of the cover	erage;
b. If health insurance is not available, provide coverage when it becomes available	ole;
c. Within 20 days of the Department of Child Support Services' request, comple	ete and return a
health insurance form;	
d. Provide to the Department of Child Support Services all information and form	ns necessary to
obtain health care services for the child(ren);	
e. Present any claim to secure payment or reimbursement to the other parent or	caretaker who
incurs costs for health care services for the child(ren).	
9. Unreimbursed medical, drug, dental, orthodontic, and vision expenses shall be sh	ared equally (one
half each) by the Petitioner and Respondent, and the parties shall comply with the	provisions of
Family Code Section 4063 regarding payment and reimbursement of the unreimbursement	irsed costs.
10. A Health Insurance Coverage Assignment shall issue.	
11. Both Parents shall provide written notification to the Clerk of any change in residual	dence and to the
office of the Department of Child Support Services of any change in residence, inc	come, or
employment within 10 days.	
12. Each party shall be responsible for 50% of child care costs related to employmen	t or to reasonably
necessary education or training for employment skills.	
13. The Mother Father shall claim the child(ren) for tax purposes.	
Other Orders:	

	I E-190
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY
-	
TELEPHONE NO.: FAX NO.(Optional):	
E-MAIL ADDRESS (Optional):	
ATTORNEY FOR (Name): SUPERIOR COURT OF CALIFORNIA, COUNTY OF FRESI	NO .
STREET ADDRESS: 1130 'O' STREET	
MAILING ADDRESS: FRESNO, CALIFORNIA 93724	
CITY AND ZIP CODE: B.F. SISK COURTHOUSE	
BRANCH NAME: PETITIONER:	
FEITHONER.	
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	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 RECOR	D OR PARTY WITHOUT ATTORNEY-
Under the provisions of Code of Civil Procedure section 1952, if no	· · ·
otherwise disposed of after 60 days from the expiration of the appearance	ai ume.
STATEMENT IN THIS BOX APPLIES	ONLY TO JUDGMENT OF DISSOLUTION
Effective date of termination of marital or domestic partnership sta	
WARNING: Neither party may remarry or enter into a new dor	mestic partnership until the effective date of the termination
of marital or domestic partnership status, as shown in this be	ox.
CI EDKIS CEDTIEI	CATE OF MAILING
I certify that I am not a party to this cause and that a true copy of the fully prepaid, in a sealed envelope addressed as shown below, and	
at (place):	, California, on <i>(date)</i> :
Date:	Clerk, by, Deputy
Name and address of petitioner or petitioner's attorney	Name and address of respondent or respondent's attorney
and the second second second	and the second of the second o

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	COURT PERSONNEL: STAMP DATE RECEIVED HERE
	DO NOT FILE
TELEPHONE NO.: FAX NO.(Optional):	DO NOT FILE
E-MAIL ADDRESS (Optional):	
ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF FRESNO STREET ADDRESS: 1130 'O' STREET	
MAILING ADDRESS: FRESNO, CALIFORNIA 93724	
CITY AND ZIP CODE: B.F. SISK COURTHOUSE	
BRANCH NAME:	
PETITIONER/PLAINTIFF:	
RESPONDENT/DEFENDANT:	
OTHER DARENT.	
OTHER PARENT: CHILD SUPPORT CASE REGISTRY FORM	CASE NUMBER:
Mother First form completed	
Father Change to previous information	
THIS FORM WILL NOT BE PLACED IN THE COURT FILE	IT WILL BE
MAINTAINED IN A CONFIDENTIAL FILE WITH THE STATE	
MAINTAINED IN A GONI IDENTIAETIEE WITH THE GTATE	OT GALLI GITTIA.
Notice: Pages 1 and 2 of this form must be completed and delivered to the court alor	ng with the court order for support.
Pages 3 and 4 are instructional only and do not need to be delivered to the court. If y	-
complete this form and deliver it to the court within 10 days of the date on which you	-
Any later change to the information on this form must be delivered to the court on an	
change. It is important that you keep the court informed in writing of any changes of	-
onango in io important that you hoop the court informed in infining of any onangos of	your dual-coo and torophone names.
1. Support order information (this information is on the court order you are filing or have rec	eived).
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 l	below, plus any monthly amount ordered
payable on past-due support:	
Child Support: Family Support:	Spousal Support:
(1) Current \$	Current \$
base child Becomed order base family Becomed order	spousal Pageryod order
Reserved order support: Reserved order support: Reserved order	SUNDORF: —
\$0 (zero) order \$0 (zero) order	\$0 (zero) order
(2) Additional \$ Additional \$	
monthly monthly	
support: support:	
(3) Total \$ Total \$	Total \$
past-due past-due	past-due
support: support:	support:
(4) Payment \$	Payment \$
on past-	on past-
due support: due support:	due support:
(5) Wage withholding was ordered ordered but stayed until (date	y:
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: :SPONDENT/DEFENDANT: OTHER PARENT:			CASE NUMBER:
4.	The a. b. c.	e child support order is for the following children: <u>Child's name</u>	<u>Date</u>	of birth	Social security number
pe	rson	Additional children are listed on a page attached to this docume required to complete the following information about yourself. Y, but you are encouraged to provide as much as you can. This formed in a confidential file with the State of California.	ou are	•	·
5.	Fat	her's name:	6. Mc	ther's name:	
	a.	Date of birth:	a.	Date of birth:	
	b.	Social security number:	b.	Social security	y number:
	c.	Street address:	C.	Street address	s:
	d.	City, state, zip code: Mailing address:	d.	City, state, zip	
		City, state, zip code:		City, state, zip	o code:
	e.	Driver's license number:	e.	Driver's licens	se number:
		State:		State:	
	f.	Telephone number:	f.	Telephone nu	mber:
	g.	Employed Not employed Self-employed	g.	Employe	ed Not employed Self-employed
		Employer's name:		Employer's na	ame:
		Street address:		Street address	s:
		City, state, zip code:		City, state, zip	o code:
		Telephone number:		Telephone nu	mber:
7.		A restraining order, protective order, or nondisclosure order dua. The order protects: Father Mother b. From: Father Mother c. The restraining order expires on (date):	ue to d	omestic violend Children	ce is in effect.
Ιd	ecla	re under penalty of perjury under the laws of the State of Californi	ia that	the foregoing	is true and correct.
Da	te:				

(TYPE OR PRINT NAME)

(SIGNATURE OF PERSON COMPLETING THIS FORM)