

How to Request Judgment of Dissolution or Legal Separation

WHEN TO USE THIS PACKET

These forms can be used to request the court to enter a final judgment of divorce or a judgment of legal separation.

You must have had your spouse served with a Summons, Petition, Declarations of Disclosure, Schedule of Assets and Debts, and an Income and Expense Declaration. 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 Marital Settlement Agreement.

If the respondent filed a Response (and served a Declaration of Disclosure, Schedule of Assets and Debts, and an Income and Expense Declaration), the parties must agree in writing to enter a judgment of divorce. This may be done by filing a document called "Appearance Stipulation and Waiver" (FL-130) **instead of** a Default. If this is the case, fees (or a Fee Waiver) will be due from the Respondent). A Marital Settlement Agreement or a Stipulated Judgment must be attached to the judgment.

SAMPLE FORMS

INSTRUCTIONS FOR DECLARATION FOR DEFAULT OR UNCONTESTED DISSOLUTION OR LEGAL SEPARATION (Form FL-170)

1. Print your name, address and phone number at the top of this form.
2. If not filled in for you write "Fresno" after COUNTY OF. The address is: 1130 "O" Street, Fresno, CA 93724- 2201. The Branch Name is: B.F. Sisk Courthouse.
3. Write the name of the petitioner and respondent. The petitioner is the person that started the case against the other person, the respondent.
4. Check the box Dissolution (Divorce) or Legal Separation. Write your case number.
5. Check the box that applies to you (#3).
6. Check box 4(a) if the other party **did not file a Response** and there is **no agreement**. Check the box (A) or (B). If you have property to divide attach a property declaration. (form FL-180)
7. Check box 4(b) if the other party **did not file a Response** and you **have an agreement**.
8. Check box 4(c) if the other party **has responded** and you **have an agreement**.
9. Check box 5(a) if you have/are submitting your disclosure documents (FL-141)&(FL-150).
10. Check 5(b) if there is a default, you have submitted your FL-140 and you waive your right to receive the other party's information regarding disclosure of assets and debts.
11. Check 5(c) if you and the other party agree to waive your right to receive the disclosure documents from each other. Submit form FL-144.
12. **Custody/visitation:** Check box 6 if you are requesting custody/visitation orders. Check the appropriate box for (a) & (b). In (c) explain what the current order for custody/visitation is or if you don't have an order what the current custody/visitation schedule is.
 - For example: The children live with me and visit with the other parent every Friday at 6:00 p.m. through Sunday at 6:00 p.m.Check (d) and explain why the court should grant the custody/visitation orders you are requesting. If this is a default without an agreement the orders must match what you requested on your Petition.
13. **Child support:** Check box 7 if you have children from this relationship.
 - Check box (1) if it applies to you.
 - Check box (2) if you are attaching a child support calculation, or
 - Check box (2) if you are requesting child support be reserved.
 - Check box (3) if you want the court to make a child support order for you based on your declaration and all financial information you have attached. (Your income, the other party's income. If not working, what income have you made in the past? How often does the non-custodial parent visit each month? Include check stubs for last 2 months and last year's W2.)Complete (b) and (c) as it applies to you.
14. **Spousal support:** Check box (a)(b) or (c) if they apply to you. You cannot request spousal support be terminated in a long term marriage (10 yrs. or longer) if you are filing by default without an agreement. Check box (d) if you are requesting the court make an order for spousal support and you have included one of the attachments listed. Check box (e) if you are requesting family support and/or (f) if there is anything else you want the court to know.
15. If you and the respondent have a child(ren) that were born prior to the marriage mark the box that applies to you #9 (a) (b) or (c). If (a)(b) or (c) do not apply, mark box #9 only.
16. If you are requesting attorney fees check the first box and attach form FL-319 or check "other" and write the facts in support of your request.
17. Check this box if you are requesting the court backdate the date your divorce becomes final and explain the reason why.
18. Check this box if you request your former name back.
19. Check this box (#17) if (a) your judgment was granted as "status only" in court or (b) if you have an agreement with the other party to terminate your marriage. **Status Only will only terminate the marriage. All of the other issues will be reserved to be addressed at a later date.**
20. Check box 19 and use the attachment if you have property to divide and/or there is anything else you want the court to know.
21. Date, print and sign your name on the bottom of this form.

INSTRUCTIONS FOR JUDGMENT
(Form FL-180)

1. Write your name, address and phone number.
2. If not filled in for you, write "Fresno" after COUNTY OF. The address is: 1130 'O' Street, Fresno, CA 93724-2201. The Branch name is: "Sisk Courthouse".
3. Write the name of the petitioner and respondent.
4. Write your case number.
5. Check the box that applies to you: Dissolution, Legal Separation or Nullity. Check the boxes below if they apply.
 - Status only (you are only terminating your marital status. All other issues to be addressed at a later time. You can only do this by going to court or by agreement.)
 - Reserving jurisdiction over termination... (you are resolving all issues **except** marital status. You will remain married)
 - Judgment on reserved issues (If your divorce was already granted but not all issues were resolved)
6. If you have restraining orders against your spouse check the correct boxes at #1 and attach a copy of the order.
7. At #2 check the "by declaration under Family Code section 2336" box.
8. At #3 write the date your spouse was served with the Summons and Petition and check box 3(a).
9. If this is a divorce, check box 4(a) and 4(a)(1). If this is a legal separation check box 4(b).
10. If you would like your former name restored check 4(f) and write in your former name.
11. Check box "g" if you are getting this judgment for some of the issues but not resolving all issues as this time. (*Example: You are terminating your marriage but not dividing property at this time.*)
12. If there are minor children of the marriage and child support is addressed in your judgment check box 4(h) and attach (form FL-192) the *Notice of Rights and Responsibilities* and (form FL-191) *Child Support Case Registry Form*.
13. List the full names of the parties and write your case number on top of page two.
14. If you have minor children of this marriage mark boxes 4(i) and 4(i)(1). Write the full name(s) of the children and their date of birth. If any of the child(ren) from your relationship were born prior to your marriage mark box 4(i)(2).
15. Custody: check box 4(j) and one of the boxes below.
 - Check J(1) if you have a written agreement for custody and visitation.
 - Check J(2) if you are attaching form FL-341 as your request for order.
 - Check J(3) if you have an agreement (stipulation) and are submitting the form FL-335. Check J(4) if you have an order in another case number. Write the case number and name of the court. Attach a copy of the order.
16. Child support: check box 4(k) and one of the boxes below.
 - If you are using the attachment provided write "see attachment 4(o)" to the right of this paragraph.
 - Check k(1) if you have a written agreement for child support.
 - Check k(2) if you are attaching your request for order on form FL-342.
 - Check k(3) if you have an agreement (stipulation) and are submitting the form FL-350.
 - Check k(4) if you have an order in another case number. Write the case number and name of the court. Attach a copy of the order.
 - If you are using the attachment provided write "see attachment 4 (o)" to the right of this paragraph.
17. Spousal, domestic partner or family support: check box 4(l) and one of the boxes below.
 - Check l(1) if you are proceeding by default and this is a long term marriage (10 years or more) and check petitioner and respondent.
 - Check l(2) if this is a short term marriage and you want to terminate the courts ability to ever order spousal support to either of you.
 - Check l(3) if you are attaching your request for order on form FL-343.
 - Check l(4) if you have a written agreement for spousal support.
 - Check l(5) if you are using another attachment.
18. Property: check box 4(m) and one of the boxes below.
 - Check m(1) if you have a written agreement dividing your property.
 - Check m(2) if you are submitting your request for order dividing your property on form FL-345.
 - Check m(3) if you are using another attachment.
19. Attorney fees: check this box and one of the boxes below if you have an agreement, order or are requesting an order for attorney fees and costs.

1

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

FL-192

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.

The Department of Banking and Finance
1000 Bankers Building
Tallahassee, Florida 32301-3000

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

Florida
Court Rule 12.000, 12.010
1000 Bankers Building
Tallahassee, Florida 32301-3000

How to fill out

**NOTICE OF RIGHTS
AND
RESPONSIBILITIES
(FL-192)**

**DIRECTIONS
FOR FULL JUDGMENT**

- ▶ Find the number on the sample form. *Example:* 1
- ▶ Go to the same number below to find out how to fill out the form.

1 IF YOU DO NOT HAVE CHILDREN FROM THIS RELATIONSHIP, DO NOT ATTACH THIS FORM TO THE JUDGMENT.

IF YOU HAVE CHILDREN FROM THIS RELATIONSHIP, YOU MUST ATTACH THIS FORM TO THE JUDGMENT.

THERE IS NOTHING FOR YOU TO DO ON THIS FORM.

READ THIS FORM.

How to fill out

NOTICE OF ENTRY OF JUDGMENT (FL-190)

DIRECTIONS

- ▶ 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.

- 1 Write your name, address and telephone number.
- 2 If not filled in for you, write "Fresno" after COUNTY OF. The address is: 1150 S Q St, Fresno CA 93724-4423. The Branch Name is: DCHUkmEqwtj qwug.
- 3 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 Mark box 1 if this is a divorce. Mark box 4 if this is a legal separation.
- 6 If this is a legal separation, leave this blank. If this is a divorce, the status of the marriage **cannot** terminate earlier than six months and one day from the date the respondent was served with the summons and petition when you started the divorce. If this date is two or more months in the future, write that date. If the date is in the past or is less than two months into the future, leave this date blank.
- 7 Write "Fresno" after the word "(place)."
- 8 Write the name and address of the Petitioner inside of this box.
- 9 Write the name and address of the Respondent inside of this box.
You **MUST** attach two **stamped** envelopes to the Notice of Entry of Judgment (one addressed to each party).

NOTE: DO NOT DATE OR SIGN ANYWHERE ON THIS DOCUMENT

FL-191

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): <div style="text-align: center; font-size: 24px; font-weight: bold;">1</div> TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	COURT PERSONNEL: STAMP DATE RECEIVED HERE <div style="font-size: 18px; font-weight: bold;">DO NOT FILE</div>
<div style="font-size: 24px; font-weight: bold;">2</div> SUPERIOR COURT OF CALIFORNIA • COUNTY OF FRESNO 1100 Van Ness Avenue Fresno, California 93724-0002	
PETITIONER/PLAINTIFF: _____ RESPONDENT/DEFENDANT: _____	
OTHER PARENT: <div style="font-size: 24px; font-weight: bold;">5</div> CHILD SUPPORT CASE REGISTRY FORM <input type="checkbox"/> Mother <input type="checkbox"/> First form completed <input type="checkbox"/> Father <input type="checkbox"/> Change to previous information	CASE NUMBER: <div style="font-size: 24px; font-weight: bold;">4</div>

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

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

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

Child Support:	Family Support:	Spousal Support:
<div style="font-size: 24px; font-weight: bold;">6</div> (1) <input type="checkbox"/> Current base child support: \$ _____ <input type="checkbox"/> Reserved order <input type="checkbox"/> \$0 (zero) order	<input type="checkbox"/> Current base family support: \$ _____ <input type="checkbox"/> Reserved order <input type="checkbox"/> \$0 (zero) order	<input type="checkbox"/> Current spousal support: \$ _____ <input type="checkbox"/> Reserved order <input type="checkbox"/> \$0 (zero) order
(2) <input type="checkbox"/> Additional monthly support: \$ _____	(2) <input type="checkbox"/> Additional monthly support: \$ _____	
(3) <input type="checkbox"/> Total past-due support: \$ _____	(3) <input type="checkbox"/> Total past-due support: \$ _____	(3) <input type="checkbox"/> Total past-due support: \$ _____
(4) <input type="checkbox"/> Payment on past-due support: \$ _____	(4) <input type="checkbox"/> Payment on past-due support: \$ _____	(4) <input type="checkbox"/> Payment on past-due support: \$ _____
(5) Wage withholding was <input type="checkbox"/> ordered <input type="checkbox"/> ordered but stayed until (date): _____		
2. Person required to pay child or family support (name):

7

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

8

 Relationship to child (if applicable): _____

TYPE OR PRINT IN INK

Form Adopted for Mandatory Use Judicial Council of California FL-191 (Rev. July 1, 2008) Page 1 of 4 Family Code, § 4014 www.courtinfo.ca.gov

How to fill out

CHILD SUPPORT CASE REGISTRY FORM (FL-191)

Page 1

DIRECTIONS

- ▶ 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.
- ▶ **NOTE:**
IF YOU DO NOT HAVE CHILDREN FROM THIS RELATIONSHIP, YOU DO NOT NEED TO COMPLETE THIS FORM.

- 1

 Write your name, address and telephone number.
- 2

 If not filled in for you, write "Fresno" after COUNTY OF. The address is: 1152 S Q St, Fresno CA 93724-4423. The Branch Name is: DCHOUkumEqwtj qwug.
- 3

 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

 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).
- 7

 Write the name of the parent that is to pay child support and the relationship to the child(ren).
- 8

 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."

How to fill out

CHILD SUPPORT CASE REGISTRY FORM (FL-191)

Page 2

DIRECTIONS

- ▶ Find the number on the sample form. *Example:* 9
- ▶ Go to the same number below to find out how to fill out the form.
- ▶ Type or print in black ink.
- ▶ **NOTE:**
IF YOU DO NOT HAVE CHILDREN FROM THIS RELATIONSHIP, YOU DO NOT NEED TO COMPLETE THIS FORM.

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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4. The child support order is for the following children:

11 a. <u>Child's name</u>	<u>Date of birth</u>	<u>Social security number</u>
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: 12 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. <input type="checkbox"/> Employed <input type="checkbox"/> Not employed <input type="checkbox"/> Self-employed Employer's name: Street address: City, state, zip code: Telephone number:	6. Mother's name: 13 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. <input type="checkbox"/> Employed <input type="checkbox"/> Not employed <input type="checkbox"/> Self-employed Employer's name: Street address: City, state, zip code: Telephone number:
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14 7. A restraining order, protective order, or nondisclosure order due to domestic violence is in effect.

15 a. The order protects: Father Mother Children

16 b. From: Father Mother

17 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: **18**

(TYPE OR PRINT NAME)

(SIGNATURE OF PERSON COMPLETING THIS FORM)

FL-191 (Rev. July 1, 2009) **CHILD SUPPORT CASE REGISTRY FORM** Page 2 of 4

- 9** Write the name of the Petitioner and Respondent. The Petitioner is the party that starts the case against another person, the Respondent.
- 10** Write in your case number.
- 11** Write the name, date of birth, **and** social security number of each child for whom support was ordered.
- 12** At item 5 fill in all the information requested for the father.
- 13** At item 6 write in all the information requested for the mother.
- 14** Check the box at item 7 if there is a domestic violence order in effect.
- 15** At item 7(a) check the box (es) to show whom the order protects.
- 16** At item 7(b) check the box to show whom the order is against.
- 17** At item 7(c) write in the date that the order expires.
- 18** Date this document, type or print your full name to the left; sign your full name to the right.

BLANK

FORMS

(To be completed)

PETITIONER:	CASE NUMBER:
RESPONDENT:	

6. **Child custody and visitation (parenting time)** should be ordered as set forth in the proposed *Judgment* (form FL-180).
- a. The information in *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act* (UCCJEA) (form FL-105) has has not changed since it was last filed with the court. *(If changed, attach updated form.)*
 - b. There is an existing court order for custody/parenting time in another case in *(county)*:
The case number is *(specify)*:
 - c. The current custody and visitation (parenting time) previously ordered in this case, or current schedule is *(specify)*:
 Contained on Attachment 6c.
 - d. Facts in support of requested judgment *(In a default case, state your reasons below)*:
 Contained on Attachment 6d.
7. **Child support** should be ordered as set forth in the proposed *Judgment* (form FL-180).
- a. If there are minor children, check and complete item (1) if applicable and item (2) or (3):
 - (1) Child support is being enforced in another case in *(county)*:
The case number is *(specify)*:
 - (2) The information in the child support calculation attached to the proposed judgment is correct based on my personal knowledge.
 - (3) I request that this order be based on the petitioner's respondent's earning ability. The facts in support of my estimate of earning ability are *(specify)*:
 Continued on Attachment 7a(3).
 - b. Complete items (1) and (2) regarding public assistance.
 - (1) I am receiving am not receiving intend to apply for public assistance for the child or children listed in the proposed order.
 - (2) To the best of my knowledge, the other party is is not receiving public assistance.
 - c. The petitioner respondent is presently receiving public assistance, and all support should be made payable to the local child support agency at the address set forth in the proposed judgment. A representative of the local child support agency has signed the proposed judgment.
8. **Spousal, Partner, and Family Support** *(If a support order or attorney fees are requested, submit a completed Income and Expense Declaration (form FL-150) unless a current form is on file. Include your best estimate of the other party's income. Check at least one of the following.)*
- a. I knowingly give up forever any right to receive spousal or partner support.
 - b. I ask the court to reserve jurisdiction to award spousal or partner support in the future to *(name)*:
 - c. I ask the court to terminate forever spousal or partner support for: petitioner respondent.
 - d. Spousal support or domestic partner support should be ordered as set forth in the proposed *Judgment* (form FL-180) based on the factors described in:
 - Spousal or Partner Support Declaration Attachment* (form FL-157)
 - written agreement
 - attached declaration *(Attachment 8d.)*
 - e. Family support should be ordered as set forth in the proposed *Judgment* (form FL-180).
 - f. Other *(specify)*:

PETITIONER:	CASE NUMBER:
RESPONDENT:	

9. **Parentage** of the children of the petitioner and respondent born prior to their marriage or domestic partnership should be ordered as set forth in the proposed *Judgment* (form FL-180).
- a. A Voluntary Declaration of Paternity is attached.
- b. Parentage was previously established by the court in (*county*):
The case number is (*specify*):
 Written agreement of the parties attached here or to the *Judgment* (form FL-180).
10. **Attorney fees** should be ordered as set forth in the proposed *Judgment* (form FL-180)
 facts in support in form FL-319
 other (*specify facts below*):
11. The judgment should be entered nunc pro tunc for the following reasons (*specify*):
12. The petitioner respondent requests restoration of his or her former name as set forth in the proposed *Judgment* (form FL-180).
13. There are irreconcilable differences that have led to the irremediable breakdown of the marriage or domestic partnership, and there is no possibility of saving the marriage or domestic partnership through counseling or other means.
14. 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 under Family Code section 2336.

STATEMENTS IN THIS BOX APPLY ONLY TO DISSOLUTIONS

15. If this is a dissolution of marriage or of a domestic partnership created in another state, the petitioner and/or the respondent have been residents of this county for at least three months and of the state of California for at least six months continuously and immediately preceding the date of the filing of the petition for dissolution of marriage or domestic partnership.
16. I ask that the court grant the request for a judgment for dissolution of marriage or domestic partnership based on irreconcilable differences and that the court make the orders set forth in the proposed *Judgment* (form FL-180) submitted with this declaration.
17. This declaration is for the termination of **marital or domestic partner status only**. I ask the court to reserve jurisdiction over all issues whose determination is not requested in this declaration.

THIS STATEMENT APPLIES ONLY TO LEGAL SEPARATIONS

18. I ask that the court grant the request for a judgment for legal separation based on irreconcilable differences and that the court make the orders set forth in the proposed *Judgment* (form FL-180) submitted with this declaration.
- I understand that a judgment of legal separation does not terminate a marriage or domestic partnership and that I am still married or a partner in a domestic partnership.**

19. 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)

CASE NAME: _____

CASE NO: _____

ATTACHMENT #19 TO THE DECLARATION FOR DEFAULT (FL-170)

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We were married on _____ and we separated on _____.

We have _____ minor child(ren) from this relationship and their names and dates of birth are:

- 1. _____, Date of birth: _____
- 2. _____, Date of birth: _____
- 3. _____, Date of birth: _____
- 4. _____, Date of birth: _____

Property Division:

Petitioner requests the court make the following orders regarding community assets/debts:

- There are no property issues before this Court.
- Each party shall be awarded all personal property in his/her possession.
- Petitioner requests to be awarded the following assets and debts:
(List all property, debts, retirement plans, 401k, etc... to be awarded to petitioner)

- Respondent to be awarded the following assets and debts:
(List all property, debts, retirement plans, 401k, etc... to be awarded to respondent)

Petitioner requests the court confirm the following as the parties separate assets and/or debts:

- The following assets and/or debts are confirmed to Petitioner as his/her separate property:

CASE NAME: _____

CASE NO: _____

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The following assets and/or debts are confirmed to Respondent as his/her separate property:

Other:

Dated: _____

Signed: _____

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
MARRIAGE OR PARTNERSHIP OF PETITIONER: RESPONDENT:	
<div style="text-align: center;">JUDGMENT</div> <input type="checkbox"/> DISSOLUTION <input type="checkbox"/> LEGAL SEPARATION <input type="checkbox"/> NULLITY <input type="checkbox"/> Status only <input type="checkbox"/> Reserving jurisdiction over termination of marital or domestic partnership status <input type="checkbox"/> Judgment on reserved issues Date marital or domestic partnership status ends:	CASE NUMBER:

1. This judgment contains personal conduct restraining orders modifies existing restraining orders.
 The restraining orders are contained on page(s) _____ of the attachment. They expire on (date): _____
2. This proceeding was heard as follows: Default or uncontested By declaration under Family Code section 2336
 Contested Agreement in court
 - a. Date: _____ Dept.: _____ Room: _____
 - b. Judicial officer (name): _____ Temporary judge
 - c. Petitioner present in court Attorney present in court (name): _____
 - d. Respondent present in court Attorney present in court (name): _____
 - e. Claimant present in court (name): _____ Attorney present in court (name): _____
 - f. Other (specify name): _____
3. The court acquired jurisdiction of the respondent on (date):
 - a. The respondent was served with process.
 - b. The respondent appeared.

THE COURT ORDERS, GOOD CAUSE APPEARING

4. a. Judgment of dissolution is entered. Marital or domestic partnership status is terminated and the parties are restored to the status of single persons
 - (1) on (specify date): _____
 - (2) on a date to be determined on noticed motion of either party or on stipulation.
- b. Judgment of legal separation is entered.
- c. Judgment of nullity is entered. The parties are declared to be single persons on the ground of (specify): _____
- d. This judgment will be entered nunc pro tunc as of (date): _____
- e. Judgment on reserved issues.
- f. The petitioner's respondent's former name is restored to (specify): _____
- g. Jurisdiction is reserved over all other issues, and all present orders remain in effect except as provided below.
- h. This judgment contains provisions for child support or family support. Each party 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. The parents must notify the court of any change in the information submitted within 10 days of the change, by filing an updated form. The *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.



CASE NAME (Last name, first name of each party): _____	CASE NUMBER: _____
---	---------------------------

4. i. The children of this marriage or domestic partnership are:
- (1) Name _____ Birthdate _____
- (2) Parentage is established for children of this relationship born prior to the marriage or domestic partnership
- j. Child custody and visitation (parenting time) are ordered as set forth in the attached
- (1) Settlement agreement, stipulation for judgment, or other written agreement which contains the information required by Family Code section 3048(a).
- (2) *Child Custody and Visitation Order Attachment* (form FL-341).
- (3) *Stipulation and Order for Custody and/or Visitation of Children* (form FL-355).
- (4) Previously established in another case. Case number: _____ Court: _____
- k. Child support is ordered as set forth in the attached
- (1) Settlement agreement, stipulation for judgment, or other written agreement which contains the declarations required by Family Code section 4065(a).
- (2) *Child Support Information and Order Attachment* (form FL-342).
- (3) *Stipulation to Establish or Modify Child Support and Order* (form FL-350).
- (4) Previously established in another case. Case number: _____ Court: _____
- l. Spousal, domestic partner, or family support is ordered:
- (1) Reserved for future determination as relates to petitioner respondent
- (2) Jurisdiction terminated to order spousal or partner support to petitioner respondent
- (3) As set forth in the attached *Spousal, Partner, or Family Support Order Attachment* (form FL-343).
- (4) As set forth in the attached settlement agreement, stipulation for judgment, or other written agreement.
- (5) Other (specify): _____
- m. Property division is ordered as set forth in the attached
- (1) Settlement agreement, stipulation for judgment, or other written agreement.
- (2) *Property Order Attachment to Judgment* (form FL-345).
- (3) Other (specify): _____
- n. Attorney fees and costs are ordered as set forth in the attached
- (1) Settlement agreement, stipulation for judgment, or other written agreement.
- (2) *Attorney Fees and Costs Order* (form FL-346).
- (3) Other (specify): _____
- o. Other (specify): _____

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: _____

JUDICIAL OFFICER

5. Number of pages attached: _____ SIGNATURE FOLLOWS LAST ATTACHMENT

NOTICE

Dissolution or legal separation may automatically cancel the rights of a spouse or domestic partner under the other spouse's or domestic partner's will, trust, retirement plan, power of attorney, pay-on-death bank account, transfer-on-death vehicle registration, survivorship rights to any property owned in joint tenancy, and any other similar property interest. It does not automatically cancel the rights of a spouse or domestic partner as beneficiary of the other spouse's or domestic partner's life insurance policy. You should review these matters, as well as any credit cards, other credit accounts, insurance policies, retirement plans, and credit reports, to determine whether they should be changed or whether you should take any other actions.

A debt or obligation may be assigned to one party as part of the dissolution of property and debts, but if that party does not pay the debt or obligation, the creditor may be able to collect from the other party.

An earnings assignment may be issued without additional proof if child, family, partner, or spousal support is ordered.

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

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.

Attachment 4"o" to Judgment

The Court finds the following:

- Petitioner Respondent has resided in this county for at least three months and in California for at least six months preceding the filing of the Petition for Dissolution of Marriage. The date of marriage was _____ and the date of separation was _____. Irreconcilable differences in this marriage have led to the irremediable breakdown of the marriage.

It is ordered as follows:

1) Child Custody:

- The parties have no minor children.
- There is attached hereto and made part hereof, labeled as Exhibit____, a certified copy of Family Court Services or other court order, signed and filed by the court on _____. This attachment consisting of _____ pages is incorporated and merged into and made part of this judgment as though fully set forth herein.
- The parties have _____ minor child(ren).

The custody of the minor children shall be awarded as follows:

Child's Name	Date of Birth	Legal Custody	Physical Custody

- Primary physical custody of the minor child shall be with the _____.

2) Child Visitation

- The parties have no minor children, and no visitation orders shall be made.
- The non-custodial parent shall have the following visitation rights:
 - Reasonable right of visitation as agreed between the parties.
 - Every weekend from _____ at _____ a.m./p.m. until _____ at _____ a.m./p.m.
 - Every 2nd and 4th weekend from _____ at _____ a.m./p.m. until _____ at _____ a.m./p.m.
 - Every 1st, 3rd, and when applicable, 5th weekend beginning _____ at ____ a.m./p.m. and ending _____ at _____ a.m./p.m.

1 Other (describe): _____
2 _____
3 _____

3) **Family Code Section 3048**

4 This Court has jurisdiction to make orders regarding child custody under the Uniform Child
5 Custody Jurisdiction and Enforcement Act;

6 Notice and opportunity to be heard were given to the responding party/parties as
7 provided by the laws of the State of California;

8 The custody and visitation rights of each party are set forth herein;

9 A violation of this order may subject the party in violation to civil or criminal penalties, or
10 both;

11 The country of habitual residence of the child is the United States of America;

12 The Court has considered the factors set forth in the Family Code Section 3048(b)(1) and
13 find that there is is not a risk of abduction of the child(ren) by either parent.

14 **4) Restrictions:**

15 **Supervised:** Visitation / Exchange of the children shall be done through the following
16 Agency: _____ address: _____
17 Phone: _____ . Costs of Supervised Visitation or Supervised Exchange shall be paid
18 as follows: _____% by Father and _____% by Mother.

19 Visitation shall be supervised by

20 An adult designated by the custodial parent.

21 The following designated person (s): _____.

22 No visitation pending further Court order or mediation with Family Court Services.

23 Mother Father shall not relocate the child(ren)'s residence from:

24 California

25 Counties: _____

26 United States without prior written consent of the parties or further order of this Court.

27 **5) Child Support:**

28 The issue of child support is reserved.

29 There is Attached hereto and made a part hereof, labeled as Exhibit _____, a copy of the
30 order from the Department of Child Support Services, signed and filed on _____. This
31 attachment consisting of _____ pages is incorporated and merged into and made a
32 part of this Judgment as though fully set forth herein.

1. Father / Mother shall pay child support for the following minor child(ren) in the following amounts:

Name of Child	Date of Birth	Amount of Monthly Support

for a total of \$_____ per month commencing on _____ and continuing on the 1st day of each and every month thereafter, until the child marries, dies, becomes self-supporting, becomes an active member of the armed services, reaches the age of 19, or reaches the age of 18 and is no longer a full-time high school student, or until further order of the court, whichever occurs first.

2. Interest shall accrue on the entire principal balance owing and not on each installment as it becomes due. This is not an installment judgment.

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.

6) Spousal Support

No spousal support shall be paid by either party, and the court hereby terminates its jurisdiction to award spousal support in the future.

The court hereby reserves the issue of Spousal Support.

The parties hereby waive the right to receive spousal support.

7) Property Division

There are no property issues before this Court and the Court shall terminate its jurisdiction over property issues.

Each party shall be awarded all personal property in his/her possession.

PETITIONER shall be awarded the following community assets and/or debts:

RESIDENCE located at: _____.

Legal Description of the residence is attached as Exhibit_____.

[Petitioner indemnifies and holds harmless Respondent in the event Petitioner defaults on the mortgage payment and the property goes into foreclosure.]

VEHICLES:

Year: _____ Make: _____ Model: _____ License Plate NO: _____

OTHER PROPERTY/DEBT:

CASE NAME: _____

CASE NO: _____

RESPONDENT shall be awarded the following community assets and/or debts:

RESIDENCE located at: _____.

Legal Description of the residence is attached as Exhibit _____.

[Respondent indemnifies and holds harmless Petitioner in the event Respondent defaults on the mortgage payment and the property goes into foreclosure.]

VEHICLES:

Year: _____ Make: _____ Model: _____ License Plate NO: _____

OTHER PROPERTY/DEBT:

Confirmation of Separate Property/Debts:

Petitioner is awarded as his/her sole and separate property the following assets and/or debts:

Respondent is awarded as his/her sole and separate property the following assets and/or debts:

8) Attorney's Fees

No attorney's fees shall be paid to either party.

9) Other Orders: _____

Each party is ordered to execute any documents to effectuate this order.

IT IS SO ORDERED.

Dated: _____

Judge of the Superior Court

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT:	
NOTICE OF ENTRY OF JUDGMENT	CASE NUMBER: _____

You are notified that the following judgment was entered on (date) :

1. Dissolution
2. Dissolution - status only
3. Dissolution - reserving jurisdiction over termination of marital status or domestic partnership
4. Legal separation
5. Nullity
6. Parent-child relationship
7. Judgment on reserved issues
8. Other (specify) :

Date:

Clerk, by _____, Deputy

-NOTICE TO ATTORNEY OF RECORD OR PARTY WITHOUT ATTORNEY-

Under the provisions of Code of Civil Procedure section 1952, if no appeal is filed the court may order the exhibits destroyed or otherwise disposed of after 60 days from the expiration of the appeal time.

STATEMENT IN THIS BOX APPLIES ONLY TO JUDGMENT OF DISSOLUTION

Effective date of termination of marital or domestic partnership status (specify) :

WARNING: Neither party may remarry or enter into a new domestic partnership until the effective date of the termination of marital or domestic partnership status, as shown in this box.

CLERK'S CERTIFICATE OF MAILING

I certify that I am not a party to this cause and that a true copy of the *Notice of Entry of Judgment* was mailed first class, postage fully prepaid, in a sealed envelope addressed as shown below, and that the notice was mailed

at (place) : _____, California, on (date) :

Date: _____ Clerk, by _____, Deputy

Name and address of petitioner or petitioner's attorney

Name and address of respondent or respondent's attorney



ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar number, and address</i>): TELEPHONE NO.: _____ FAX NO. (<i>Optional</i>): _____ E-MAIL ADDRESS (<i>Optional</i>): _____ ATTORNEY FOR (<i>Name</i>): _____	COURT PERSONNEL: STAMP DATE RECEIVED HERE DO NOT FILE
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	
<p style="text-align: center;">CHILD SUPPORT CASE REGISTRY FORM</p> <input type="checkbox"/> Mother <input type="checkbox"/> First form completed <input type="checkbox"/> Father <input type="checkbox"/> Change to previous information	CASE NUMBER:

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

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

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

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

<u>Child's name</u>	<u>Date of birth</u>	<u>Social security number</u>
---------------------	----------------------	-------------------------------

- a.
- b.
- c.

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

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

5. Father's name:

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

City, state, zip code:

d. Mailing address:

City, state, zip code:

e. Driver's license number:

State:

f. Telephone number:

g. Employed Not employed Self-employed

Employer's name:

Street address:

City, state, zip code:

Telephone number:

6. Mother's name:

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

City, state, zip code:

d. Mailing address:

City, state, zip code:

e. Driver's license number:

State:

f. Telephone number:

g. Employed Not employed Self-employed

Employer's name:

Street address:

City, state, zip code:

Telephone number:

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

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

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

Date:

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