# 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

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SESPONDENT 5	<u> </u>	
DECLARATION FOR DEFAULT OR UNCONTESTED JUDGMENT	CASE NUMBER	
DESCRIPTION FOR DEFROIT ON ONCONTESTED SUDGMENT	1 4	A CONTRACTOR
	A	£19
1. I declare that if I appeared in court and were sworn, I would testify to the truth of the fact	a in this declaration	
2 Trequest that proof by this declaration and that I will not appear before the court in	miess Lam ordered by	
3. All the information 5. Patition or Complaint to Establish Parental Relationship Petition to Establish to Establish Parental Relationship Internation 1997.		Answer
4. Respondent and/or Publisher is by the parent(s) of the minor chik		
5. A Voluntary Declaration of Palemity form to that not been signed to	garding link child (attac	ts a conset assistable
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OR OR		
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7 CHILD SUPPORT should be ordered as set forth in the proposed Automortiforms	Et Mon	
a. Deletioner Bespondent is presently receiving public assistance		bern ad bisorie froe
payable to the local chitd support agency at (specify audress):		
b. NOTE; if a support order is requested, submit a completed income and £	anana Aratambian M	F4 SFM
Financial Statement (Simplified) (form FL-155), unless a current form is or		
other party's gross monthly income.		
8. ATTORNEY FEES should be ordered as set torth in the proposed Judgment florm		
9. CHR D.CUSTOOY should be ordered as set torth in the proposed Judgment form:		
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FL-2019	Sea resum an una birebosea	2 Personal factors
12 NAMES OF TymeHILDREN should be changed as set forth in the proposed Judg	ment (form FL-250).	
<ol> <li>This declaration may be eviewed by a commissioner sitting as a temporary judge who no or require my appearance.</li> </ol>	asy determine whether	to grant this reques
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which is signed and attached to this declaration	THE PERSON AS DESCRIPTION OF THE	merre to estably
15. Oltrer (specify):		
<b>61)</b>		
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Extratore conductor of a contract contr	is true and correct	
I disclare under pagathers porjury under the taws of the State of California that the foregoing		
Onle:		
	CONTRATISMS OF DESCRIPTIONS	
Date-		Page 1 of Family Code, 55 Tono, 312

#### DECLARATION FOR DEFAULT OR UNCONTESTED JUDGMENT (FL-230)

- 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 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.
- 4 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).
- 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.

#### PETITIONER 1 2 ADVISEMENT AND WAIVER OF RIGHTS RE: ESTABLISHMENT OF PARENTAL RELATIONSHIP 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 cannot afford a lawyer, I can contact the Lawyer Referral Association of the local bar association of the Family Law Facilitator for assistance. RIGHT TO A TRIAL. Lunderstand that I have a right to have a judge determine whether I am the parent of the children named in this action. 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. RIGHT TO HAVE PARENTAGE TESTS. Lunderstand 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. Lunderstand that Lam admitting that Lam 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). CHILD SUPPORT. Lunderstand 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. CRIMINAL NON-SUPPORT. Lunderstand that if I willfully fail to support the children, criminal proceedings may be mitiated against me. IF LAM REPRESENTED BY AN IF I AM REPRESENTED BY AN ATTORNEY, I ACKNOWLEDGE THAT MY ATTORNEY, I ACKNOWLEDGE THAT MY ATTORNEY HAS READ AND EXPLAINED TO ME THE CONTENTS OF THE STIPULATION, REGITALS, AND WAIVERS, AND I ACKNOWLEDGE THAT I UNDERSTAND THEM. UNDERSTANDING. a. I have read and understand the Judgment (Uniform Parentage-Custod 3) Support) (form FL-250) and this Advisoment and Waive 3 glds. b. I understand the translation GIGHATURE OF DECLARAGE INTERPRETER'S DECLARATION 1. The Petitioner Respondent is unable to read or understand the Judgment (Uniform Parentage-2. I certify under penalty of perjuny under the laws of the State of California that I have, to the best of my ability, read or translated for the Politioner Respondent the Judgment (Uniform Penentage—Custody and Support) (form FL-250) and this Advisoment and Waiver of Rights | Politioner Respondent | Said he or she understood the Judgment (Uniform Parentage—Custody and Support) (form FL-250) and this Advisoment and Waiver of Rights before signing them. Date 6 CHONATURE OF INTERPRÉTER ADVISEMENT AND WAIVER OF RIGHTS RE: ESTABLISHMENT OF PARENTAL RELATIONSHIP (Uniform Parentage) Family Code, 8,7600 et 163 were obustito calgio American Legalilet, Inc. www.USCsurForms.com

#### How to fill out

## 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.

CASE	NAME:	Case Number:
	SAMPLE ATTACHMENT 15 TO THE DE	CLARATION FOR DEFAULT SAMPLE
	parties in this case were not married and have the conship.	he following child(ren) as a result of the
1)	Issues related to Child Custody & Visitation	
We h 1. 2. 3. 4.	ave 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 on  ffect and is attached to the judgment.	, shall remain in full force and
• I	ther parent. The current visitation pattern is as then applicable the fifth weekend beginning am proposing that the court make the following Legal custody to:   Mother  Father	orders for <b>custody</b> :  Physical Custody to:   Mother   Father
	☐ Mother ☐ Father to be the primary custod am proposing that the court make the following ☐ Mother ☐ Father to have visitation as following applicable the 5 <sup>th</sup> weekend beginning Friderick	orders for visitation: ows: The father may visit on the 1 <sup>st</sup> , 3 <sup>rd</sup> and when
2) <u>Is</u>	ssues related to Child Support, Child Care, and	d Health Insurance:
□ T	he current child support order, filed onnd is attached to the judgment.	, shall remain in full force and effect
	request the issue of child support to be reserved	as to:   Mother  Father.
□ Pe	etitioner   Respondent is incarcerated and is ex	pected to be released on or about
• T	the children reside with the mother 80 % of the	e time and with the father 20 % of the time.
	The child(ren) $\Box$ are $\Box$ are not receiving public a ANF for the child(ren) in this case.	assistance. □I am □the other parent is receiving

CASI	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.
C	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) $\frac{1,387.00}{\text{and his/her tax filing status is }}$ and he/she claims $\underline{\text{one}}$ exemption(s).
	The other parent has $\underline{0}$ other minor children of his/hers from a different relationship living with him/her.
3) O	Other
(	Other information the court should know prior to entering a judgment:
Date	ed: Signed:

### TRESPHORE NO.  ATTORIEST PROGRAMM  SUPERIOR COURT OF GALIFORNIA, COUNTY OF  UTIEST AGADES  MANAGE ACCESSION  FRESPONDENT  1. This juxtyment   contains personal conduct restraining orders  of the state of the s	ATTORNIS OR PARTY OF	THERM ATTEMENT (Histor, State for receiver, and withholes	FL-250
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PETITIONER   JUDGMENT		4	
JUDGMENT			· · · · · · · · · · · · · · · · · · ·
JUDGMENT	PETITIONER		
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2. a. This matter proceeded as follows: Default of efficient Dept. Temporary judge  Dept. Temporary judge  Ludicial officer (name): Temporary judge  Temporary		ing orders are contained in item(s).	of the attachment.
b. Date.  c. Judicial officer (name):  d. Politicare present  d. Politicare present  d. Altomory present (name):  d. Politicare present  d. Altomory present (name):  f. Petitioner  (i) The politicare appeared validout counsel and was achieved of relevant rights.  (ii) The politicare appeared validout counsel and was achieved of relevant rights.  (iii) The politicare signed Advisement and Waster of Rights Re: Establishment of Parential Relationship (Remitted Counsel)  (iii) The politicare signed a Voluntary Declaration of Patential,  (iii) There is a prior purgment of parentage in a tarely support, prenile, or adoption court case.  g. Respondent  (iii) The respondent appeared validout counsel and was advised of relevant rights.  (iv) The respondent appeared validout counsel and was advised of relevant rights.  (iv) The respondent appeared validout counsel and was advised of relevant rights.  (iv) The respondent signed Advisement and Waiter of Rights Re: Establishment of Parental Relationship (Rem FL 255)  (iv) There is a prior judgment of parentage in a family support, prenile or adoption court case.  h. Other parties or attorneys present (spoorly):  3 THE COURT FINDS  Name:  Alter:  Alter:  Alter:  Alter:  Alter:  Data of birth  4. THE COURT ORDERS  a. Child custory and validation are as specified in one or more of the attached form:  (iii) Child Custory and Validation Order Attachment form FL-341)  (iii) Child Custory and Validation Order Attachment form FL-341)  (iii) Child Custory and Validation Order Attachment form FL-341)  (iv) Child Custory and Validation Order Attachment form FL-341)  (iv) Child Custory and Validation Order Attachment form FL-341)  (iv) Child Custory and Validation Order Attachment form FL-341)  (iv) Child Custory and Validation Order Attachment form FL-341)  (iv) Child Custory and Validation Order Attachment form FL-341)			
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The petitioner's ignord a Voluntary Declaration of Patentity			ver of Rights Re: Establishment of Parental Relationship
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Good State of the special programmed of parentage in a family support, parentle, or adoption count case.  Great Respondent (1) The respondent appeared without counsel and was advised of relevant rights.  Great Respondent is great and Water of Eights Res. Establishment of Parental Relationship (form RE-255).  Great RE-255.  Great RE-255.  The respondent is married to the Petitioner, and no other action is pending.  (4) The respondent signed a Voluntary Declaration of Patiently.  (5) Their is a price putgreent of parentage in a family support, present or adoption count case.  h. Other parties or attorneys present (specify):  THE COURT FINDS  Name:  Name:    Mother   Fettler	(72)		
g. Respondent (1)			
The respondent signed Advancement and Wieber of Rights Re: Establishment of Percetal Relationship (form FL 255).   S			
(Kerm FL-255).   (Ker	A seahounam		
(4)	_	(form FL-235)	*
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h. Other parties or attorneys present (apocity):  3 THE COURT FINDS Name: Name: Hother Hother  The court oncess  are the parents  Chick's name  Date of birth  THE COURT ORDERS  a. Chick caseboy and velidation order Attentioned from FL-361)  (2) Stipulation for Order for Child Custody and or Visitation of Children (form FL-365)  (3) Other (apocity):  Financing at a Manghing tree (Child Custody and Velidation Order Attention of Children (form FL-365)  (3) Other (apocity):  Financing at a Manghing tree (Child Custody and Support)  Page 1-61.			
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### Date of birth  #### Date of birth  #### Date of birth  #### Date of birth  ##### Date of birth  ###################################			The state of the s
4. THE COURT ORDERS  a			of birth
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	PL JEST Blav January I. 200	(Uniform Parentage—Custoo	ty and Support)

## 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.
- 4 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.
- 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:	A	CASE MARKET 12	
RESPONDENT:	W		
ACC UNDENT.			
5. THE COURT FURTHER ORDERS	3		
a. Child support is as stated:	in one or more of the attached:		
(1)	nformation and Order Attackment (form stabilish or Modify Child Support and C	m FL-342) Outlor Borm FL-3500	
(3) Other (specify):		sour form coses	
b. Both parties must complete and	d file with the court a Child Support C	aso Registry Form (form FL-191) within 10 days	of the date
of this judgment, Thereafter, the change,	e parents must notify the court of any	change in the information submitted, within 10 d	ays of the
c. The form Notice of Rights and I		and Reimbursement Procedures and Information	Sheet on
Changing a Child Support Orde  d. The last names of the chil	er (form FL-192) is attached. Bitren are changed to (specify):		
	- /		
Transfer continents must	t be amended to conform to this court	order by	
1,7,1,1,1,1	st name of the children.		
I. Altorney fees and costs a	ere as stated in the attachment.		
g. Reasonable expenses of p	pregnancy and birth are as stated in the	he attachment.	
(15)			
<del>.</del>			
Continued on Altach	hment 3h.		
6. Number of pages attached:			
Date:		ADICIN OFFICER	
		SIGNATURE FOLLOWS LAST ATTACHMENT	
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NOTICE: Any party required to which is currently 10 percent.		interest on overdue amounts at the "legal	i" rate,
amon is contently to percuna.	•		
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#### 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.

#### MOTICE 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 isonized statement of the charges that have been billed for any health-care costs not paid by insurance. You must give the statement to the other parent within a reasonable time, but no more than 30 days after those costs were reason.

- 2. Proof of full paymont, 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 relativements for the other parent's court-ordered share of those
- 3. Proof of partial payment. If you have paid only your share of the uninsured costs, you must (1) give the other paient proof that you paid your share. (2) oak that the other parent pay his or her share of the costs directly to the health-care provider, and (5) give the other parent the information necessary for that recent to be office one or the 21. parent to be able to pay the bit.
- 4. Payment by notified parent, if you receive notice from a parent that an uninsured health-care cost has been incurred, you must health-care cost has been incurred, you must buy 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 rection in court to receive 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 dispate. The court will pressume that it univarised costs have been paid, those costs were reasonable. The court may award altiturney fees and costs against a party who has been unreasonable.

- 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.
- Burden to prove. The party claiming that the coverage is inadequate to meet the children needs has the burden of proving that the country.
- to the court.

  b. Cost of additional coverage, if a parent Cost of stodinsmat coverage, if a parent purchases habilit-care insurance in addition to that ordered by this court, that prend must pay at the costs of the additional coverage. In addition, if a parent uses often motive 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 previder, any health-care costs that would have been paid by the preferred health provider if that provider had been used must be the early respectively. be the sole responsibility of the party incurring

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NOTICE OF RIGHTS AND RESPONSIBILITIES

INFORMATION SHEET ON CHANGING A CHILD SUPPORT ORDER

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NOTICE OF RIGHTS AND RESPONSIBILITIES

#### 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.

It is o		SAMPLE	<del></del>	ASE NO: <u>08CEFL00000</u>
It is o		hment 5h to J	udgment	<b>SAMPLE</b>
	ordered as follows:			
Е	There is attached hereto, and labele	ed Exhibit	an original Agree	ment signed by both par
cc	onsisting of pages. The Agr	reement is incorp	orated and merged	I into this judgment as th
	Illy set forth herein. The parties are e Agreement. The court reserves just			
	e Agreement; to award attorney's fe			
	ovisions thereof; to join any person			
	Child Custody			
	There is attached hereto and made			
at	ourt Services or other court order, si tachment consisting of pag	gned and filed by es is incorporated	the court on	and made part of this
ju	dgment as though fully set forth here	ein.	a una mergea me	and made part or mis
	The parties have min		follower	
	ne custody of the minor children sha			Physical Custody
	LDEST BABY DOE		JOINT	JOINT
SE	COND ELDEST BABETTE DOE	9-15-02	JOINT	JOINT
$\geq$	Primary physical custody of the mi	nor child shall be	with the <b>JANE J</b>	<u>ONES</u> .
	The parties have no minor children The non-custodial parent shall have Reasonable right of visitation as Every weekend from at at Every 2 <sup>nd</sup> and 4 <sup>th</sup> weekend from	e the following vi	sitation rights: the parties.	
	Every 1 <sup>st</sup> , 3 <sup>rd</sup> , and when applicate SUNDAY at 6:00 p.m.	a.m./p m. ble, 5 <sup>th</sup> weekend l		$\underline{\mathbf{Y}}$ at $\underline{\mathbf{6:00}}$ p.m. and endin
	untilat	a.m./p m. ble, 5 <sup>th</sup> weekend l	peginning <u>FRIDA</u>	<u>Y</u> at <u>6:00</u> p.m. and endin
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3)	untilat	a.m./p m. ble, 5 <sup>th</sup> weekend t	peginning <u>FRIDA</u>	Y at 6:00 p.m. and ending the desired properties of the Uniform Child

1	CASE NAME: SMITH V. JONES SAMPLE CASE NO: 08CEFL000000 The country of habitual residence of the child is the United States of America;
2 3	The parties have considered the factors set forth in the Family Code Section 3048(b)(1) and find that there $\square$ is $\boxtimes$ is not a risk of abduction of the child(ren) by either parent
	Restrictions:
5	☐Visitation / ☐Exchange of the children shall be supervised by the following Agency:
6	Phone: address: address: Costs of Supervised Visitation or Supervised Exchange shall be paid as follows: % by Father and % by Mother.
7	☐Visitation shall be supervised by
8	An adult designated by the custodial parent.
9	The following designated person (s):
10	No visitation pending further Court order or mediation with Family Court Services.
11	☑Mother ☑Father shall not relocate the child(ren)'s residence from: ☐California
12	Counties: FRESNO
13	United States without prior written consent of the parties or further order of this Court.
14	Each parent shall promptly notify the other of any change of address or telephone number of the
15	minor children, except where a restraining order is issued.
l	Neither parent shall make disparaging remarks about the other parent in the presence of the minor
16	children.
17	3) Child Support  There is Attached hereto and made a part hereof, labeled as Exhibit, a certified copy of the
18	order from the Department of Child Support Division, signed and filed on This
19	attachment consisting of pages is incorporated and merged into and made a part of this Judgment as though fully set forth herein.
20	
21	1. Father / Mother shall pay child support for the following minor child(ren) in the following amounts:
22	Name of Child Date of Birth Amount of Monthly Support
	OLDEST BABY DOE 11-14-00 2ND ELDEST BABETTE DOE 9-15-02
23	2ND ELDEST BABETTE DOE 9-15-02
24	
25	for a total of \$ per month commencing on and continuing on the 1st day
26	of each and every month thereafter, until the child marries, dies, becomes self-supporting, becomes an
27	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.
28	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.

1	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
2	of unpaid support) or to charge and collect interest and penalties as allowed by law. All payments
3	ordered are subject to modification.
	5. Support shall be paid to the Department of Child Support Services SDU, P.O. Box 989067, West
4	Sacramento, CA 95798.
5	6. The Fresno County Department of Child Support Services shall enforce all payments.
6	7. A Wage and Earnings Assignment Order shall issue for ongoing support and arrearages.
7	8. Both Parents shall:
8	a. Provide and maintain health insurance coverage for the child(ren) if it is available through
9	employment, a group plan, or otherwise available at no or reasonable cost, and shall keep the
10	Department of Child Support Services informed of the availability of the coverage;
11	b. If health insurance is not available, provide coverage when it becomes available;
12	c. Within 20 days of the Department of Child Support Services' request, complete and return a
l	health insurance form;
13	d. Provide to the Department of Child Support Services all information and forms necessary to
14	obtain health care services for the child(ren);
15	e. Present any claim to secure payment or reimbursement to the other parent or caretaker who
16	incurs costs for health care services for the child(ren).
17	9. Unreimbursed medical, drug, dental, orthodontic, and vision expenses shall be shared equally (one
18	half each) by the Petitioner and Respondent, and the parties shall comply with the provisions of
19	Family Code Section 4063 regarding payment and reimbursement of the unreimbursed costs.
l	10. A Health Insurance Coverage Assignment shall issue.
20	11. Both Parents shall provide written notification to the Clerk of any change in residence and to the
21	office of the Department of Child Support Services of any change in residence, income, or
22	employment within 10 days.
23	12. Each party shall be responsible for 50% of child care costs related to employment or to reasonably
24	necessary education or training for employment skills.
25	13. The ⊠Mother ☐Father shall claim the child(ren) for tax purposes.
26	7) Other Orders:
l	IT IS SO ORDERED.
27	Dated:
28	Judge of the Superior Court

ATTORNEY OR PARTY WITHOUT ATTORNEY	Harrie, Stata But recenter, and address)	FL-19
	<b>,</b>	FOR COURT USE ONLY
Telephone no	FAX I/O (Optional):	
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	F CALIFORNIA - COUNTY OF FRESH 00 Van Ness Avenue	ю
2 Fresn	o, California 93724-0002	
PETITIONER RESPONDENT	3)	
NOTICE	OF ENTRY OF JUDGMENT	CASE NUMBER 4
You are notified that the following jul.  Dissolution—status only  Dissolution—reserving jul.  Legal separation  Legal separation  Nutly  Dissolution—reserving jul.  Judgment on reserved iss  Other (specify):	sclidion over termination of mantal status or	domestic partnership
Date:	Clork, by	
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	il Procedure section 1952, if no appeal is file from the expiration of the appeal time.	ed the court may order the exhibits destroyed or
Effective date of termination of m WARNING: Neither party may	ENT IN THIS BOX APPLIES ONLY TO JUI antial or domostic partnership status (specify remarry or enter into a new domestic part hitp status, as shown in this box.	
•	CLERK'S CERTIFICATE OF M	IAILING
I certify that I am not a party to this fully prepaid, in a seated envelope o	cause and that a true copy of the <i>Notice of</i> divinessed as shown below, and that the noti	Entry of Judgment was maited first class, postage co was mailed
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#### 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.
- 2 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.
- 6 Leave this space Blank Do Not Write in Any Dates on this document.
- 6 Check Box 6.
- 7 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).

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2	Fresno, California 93724	-0002		
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#### CHILD SUPPORT CASE REGISTRY FORM (FL-191)

#### Page 1

- Find the number on the sample form. Example: 0
- 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."

FU191 (Rev J		T CASE REGISTRY FORM	Page 2 of
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17414		•	
Date:	18		
I declare u	nider penalty of perjury under the laws of the State o	Caldornia that the foregoing is true ar	vd correct.
	The restraining order expires on (diate):	17)	
	1. The order protection in Father in Mac. From:		
	A restraining order, protective order, or nondisdosure		ffect
	ophone number:	Telephone number:	
r.i.	achono mirobur	•	
City	, state, zip code	City, state, zip code	
Str	eet address:	Street exteress	
Em	ployer's name;	Empkayer's name:	
•	Employed Not employed Self-emp	loyed g.L.J.Employed L.J.N	ot employed Self-employe
	•	•	prosen)
	sphone number:	Telephone number:	
Sta	te.	State	
e. Dris	ver's license number:	e Driver's iconse rumber.	
City	, state, zip exie:	City, state, zip code	
-3 1968	an egy seneral victor	o manig axuess.	
·	sing address:	d. Making address:	
City	, state, zip code:	City, state, zip code:	
	net address:	c. Street activess:	_
	o of birth:	Date of birth:     Social security number:	Ŋ
5. Father		6. Mother's name	<b>A</b>
maintaine	d in a confidential file with the State of California		
You are a	equired to complete the following information about y it you are encouraged to provide as much as you ca	curself. You are not required to provid in This form is confidential and will not	le information about the other he filed in the court file. It will be
	Additional children are listed on a page attached to t		
c.			
	)		
4. The Ch	ild support order is for the following children: Child's name	Date of both	Social security murriper
	OTHER PARENT		············
RESPON	IDENT/DEFENDANT 9		10
P6.1	ITIONER/PLAINTIFF:	CASE N	

#### 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.
- 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**

	·		

PARTY WITHOUT ATTORNEY OR ATTORNEY	STATE BAR NUM	BER:	FOR COURT USE ONLY
NAME:			
FIRM NAME:			
STREET ADDRESS:			
CITY:	STATE:	ZIP CODE:	
TELEPHONE NO.:	FAX NO.:		
E-MAIL ADDRESS:			
ATTORNEY FOR (name):			
SUPERIOR COURT OF CALIFORNIA, C	OUNTY OF	,	,
STREET ADDRESS:			
MAILING ADDRESS:			
CITY AND ZIP CODE:			
BRANCH NAME:		***************************************	
PETITIONER:			
RESPONDENT:			
			CACE MUMPED.
DECLARATION FOR DEF	AULT OR UNCONTEST	ED JUDGMENT	CASE NUMBER:
<u> </u>			
<ol> <li>I declare that if I appeared in cour</li> </ol>		-	
2. I request that proof will be by this	declaration and that I will no	ot appear before the court	unless I am ordered by the court to appear.
3. All the information in the Pe		Relationship Resp	oonse
Petition for Custody and Su	pport of Minor Children	Response is true a	and correct.
4. Respondent and/or	Petitioner is/are th	e parent(s) of the minor c	hildren.
5. A voluntary declaration of parenta	ge or paternity form	has has not been	n signed regarding these children (attach a
copy if available).	· · · · · · · · · · · · · · · · · ·		,
6. DEFAULT OR UNCONTESTED (	Check a or b)		
		ng requested, and I am no	t seeking any relief not requested in the
petition. OR			
b. The parties have stipular	ted (agreed in writing) that t	he matter may proceed as	an uncontested matter without notice, and
the stipulation is attache	d.		
7. CHILD SUPPORT should be	e ordered as set forth in the	proposed Judgment (form	n FL-250).
a. Petitioner Respo			NF); thus all support should be made
payable to the local child	d support agency at (specify	address):	
b. NOTE: If a support order is a	requested, submit a comp	leted Income and Exper	nse Declaration (form FL-150), or
Financial Statement (Simpli	fied) (form FL-155), unless	a current form is on file	. Include your best estimate of the other
party's gross monthly incon	ne.		
8. ATTORNEY FEES should be	e ordered as set forth in the	proposed <i>Judgment</i> (for	n FL-250).
9. CHILD CUSTODY should b	e ordered as set forth in the	proposed Judgment (forn	n FL-250).
10. CHILD VISITATION (PARE	NTING TIME) should be ord	lered as set forth in the pr	oposed Judgment (form FL-250).
11. REASONABLE EXPENSES	OF PREGNANCY AND BI	RTH should be ordered as	s set forth in the proposed Judgment (form
FL-250).			, ,
12. NAMES OF THE CHILDRE	N should be changed as se	t forth in the proposed Jud	Igment (form FL-250).
	•		may determine whether to grant this request
or require my appearance.	,		, and to give the first to give the to decore
	dvisement and Waiver of Ri	ahts Re: Determination of	Parental Relationship (form FL-235), which
is signed and attached to this dec		g,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· dional relationship (lettir 2 200), timel
15. Other (specify):			
I declare under penalty of perjury und	er the laws of the State of C	alifornia that the foregoing	is true and correct
Date:	or the laws of the state of C	amornia wat we loregoing	j io aldo and correct.
Date.		<b>L</b>	
(TYPE OR PRINT NAM	Ε)		(SIGNATURE OF DECLARANT)

1	PETITIONER:	FL-23				
R	ESPONDENT:					
	ADVISEMENT AND WAIVER OF RIGHTS RE: DETERMINATION (	OF PARENTAL RELATIONSHIP				
1.	RIGHT TO BE REPRESENTED BY A LAWYER. I understand that I have to own choice at my own expense. If I cannot afford a lawyer, I can contact the bar association or the Family Law Facilitator for assistance.	ne right to be represented by a lawyer of my e Lawyer Referral Association of the local				
2.	RIGHT TO A TRIAL. I understand that I have a right to have a judge determinated in this action.	nine whether I am the parent of the children				
3.	RIGHT TO CONFRONT AND CROSS-EXAMINE WITNESSES. I understand that in a trial I have the right to confront and cross-examine the witnesses against me and to present evidence and witnesses in my own defense.					
4.	RIGHT TO HAVE GENETIC TESTING. I understand that, where the law permits, I have the right to have the court order genetic testing. The court will decide who pays for the tests. The court could order that I pay none, some, or all of the costs of the tests.					
5.	<b>OBLIGATIONS.</b> I understand that if I admit that I am the parent of the children for legal purposes.	en in this action that those children will be				
6.	WAIVER. I understand that I am admitting that I am the parent of the childr up the rights stated above (except the right to an attorney if I have an attorn					
7.	CHILD SUPPORT. I understand that I will have the duty to contribute to the action and that this duty of support will continue for each child until the oblig	support of the children named in this ation is terminated by law.				
8.	<b>CRIMINAL NON-SUPPORT.</b> I understand that if I willfully fail to support the initiated against me.	children, criminal proceedings may be				
9.	<ul> <li>UNDERSTANDING.</li> <li>a.</li></ul>	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.				
Da	ate:					
	(TYPE OR PRINT NAME)	(SIGNATURE OF DECLARANT)				
•						
	INTERPRETER'S DECLARATIO	N				

1.	The Petitioner Respondent is unable to read or understand the <i>Judgment (Uniform Parentage—Custody and Support)</i> (form FL-250) and this <i>Advisement and Waiver of Rights</i> because:
	<ul><li>a the primary language of the party is (specify):</li><li>b Other (specify):</li></ul>
2.	I certify under penalty of perjury under the laws of the State of California that I have, to the best of my ability, read or translated for the Petitioner Respondent the Judgment (Uniform Parentage—Custody and Support) (form FL-250) and this Advisement and Waiver of Rights. Petitioner Respondent understood the Judgment (Uniform Parentage—Custody and Support) (form FL-250) and this Advisement and Waiver of Rights before signing them, as stated in Item 9 above.

(TYPE OR PRINT NAME)

(SIGNATURE OF INTERPRETER)

Page 1 of 1

Date:

	CASE NAME:Case Number:
1 2	ATTACHMENT 15 TO THE DECLARATION FOR DEFAULT
3	
4	The parties in this case were not married and have the following child(ren) as a result of the relationship.
5	1) <u>Issues related to Child Custody &amp; Visitation</u>
6 7	We have minor child(ren) from this relationship and their names and dates of birth are:  1, Date of birth:
8	2.
10	☐ The current custody/visitation order, filed on, shall remain in full force and effect and is attached to the judgment.
12	• The child(ren) currently live with the □mother □father. The child(ren) □visit □do not visit with the other parent. The current visitation pattern is as follows:
14	I am proposing that the court make the following orders for <b>custody</b> :
16	<ul> <li>Legal custody to: □Mother □Father</li> <li>□Mother □Father to be the primary custodial parent.</li> </ul>
17	• I am proposing that the court make the following orders for visitation:
18	• ■ □Mother □Father to have visitation as follows:
20	··
21	2) <u>Issues related to Child Support, Child Care, and Health Insurance</u> :
23	☐ The current child support order, filed on, shall remain in full force and effect and is attached to the judgment.
25	$\Box$ I request the issue of child support to be reserved as to: $\Box$ Mother $\Box$ Father.
26	☐ Petitioner ☐ Respondent is incarcerated and is expected to be released on or about
27	• The children reside with the mother% of the time and with the father% of the time.
	• The child(ren) □ are □ are not receiving public assistance. □ I am □ the other parent is receiving TANF for the child(ren) in this case.

	Ш
· maugici	,
Dated:	•
Other information the court should know prior to entering a judgment:	
રામાં ક	.
him/her.	
The other parent has other minor children of his/hers from a different relationship living with	
claims exemption(s).	
other party has the ability to earn at least) \$and his/her tax filing status is, and he/sh	
<ul> <li>The other parent is presently \(\sum \text{working}\) \(\sum \text{not working}\). His/her monthly income is estimated (or the</li> </ul>	'
☐ I have other minor child(ren) of mine from a different relationship living with me.	
status is, and I claim exemption(s).	
<ul> <li>I am presently □working □not working. My gross monthly income is \$</li> </ul>	,
CVSE NVME: Cyse Number:	$\ $

28

FL-250 PARTY WITHOUT ATTORNEY OR ATTORNEY STATE BAR NUMBER FOR COURT USE ONLY NAME: FIRM NAME: STREET ADDRESS CITY STATE ZIP CODE: TELEPHONE NO .: FAX NO .: E-MAIL ADDRESS: ATTORNEY FOR (name): SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME: PETITIONER: RESPONDENT: CASE NUMBER **JUDGMENT** This judgment contains personal conduct restraining orders modifies existing restraining orders. The restraining orders are contained in item(s): of the attachment. They expire on (date): A CLETS form must be attached. 2. a. This matter proceeded as follows: Default or uncontested By declaration Contested b. Dept.: Room: Date: C. Judicial officer (name): Temporary judge Attorney present (name): d. Petitioner present Respondent present Attorney present (name): The petitioner appeared without counsel and was advised of relevant rights. Petitioner The petitioner signed Advisement and Waiver of Rights Re: Determination of Parental Relationship (2)(form FL-235). The petitioner is married to the respondent, and no other action is pending. (3)(4) The petitioner signed a voluntary declaration of parentage or paternity. (5) There is a prior judgment of parentage in a family support, juvenile, or adoption court case. Respondent (1) The respondent appeared without counsel and was advised of relevant rights. The respondent signed Advisement and Waiver of Rights Re: Determination of Parental Relationship (2) (form FL-235). The respondent is married to the petitioner, and no other action is pending. (3) (4) The respondent signed a voluntary declaration of parentage or paternity. There is a prior judgment of parentage in a family support, juvenile or adoption court case. h. Other parties or attorneys present (specify): 3. THE COURT FINDS Name: Name: Name: are the parents of the following children: Child's name Date of birth

#### 4. THE COURT ORDERS

a.	Child custod	ly and visita	tion are as	specified in	one or more	of the attached	d forms

(1) Child Custody and Visitation Order Attachment (form FL-341)

(2) Stipulation and Order for Custody and/or Visitation of Children (form FL-355)

(3) Other (specify):

FL-250

### 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

Order (form FL-350) or Stipulation and Order (Governmental) (form FL-625). support amount, you can complete, have all parties sign, and file with the court a Stipulation to Establish or Modify 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 the support be changed (modified). An order for child support can be modified only by filing a motion to change child support and 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

#### When a Child Support Order May Be Modified

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

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

#### 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?

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

:sw.ioi 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

- FL-300, Request for Order or
- FL-390, Notice of Motion and Motion for Simplified Modification of Order for Child, Spousal, or Family Support
- FL-150, Income and Expense Declaration or FL-155, Financial Statement (Simplified) You must also fill out one of these forms:

#### 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.

- Form FW-001, Request to Waive Court Fees The clerk will ask you to pay a filing fee. If you cannot afford the fee, fill out these forms, too:
- Form FW-003, Order on Court Fee Waiver (Superior Court)

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

all days of the month, including weekends and holidays. To find court holidays, go to www.courts.ca.gov/holidays.htm. Court days are weekdays when the court is open for business (Monday through Friday except court holidays). Calendar days include the hearing. Add 5 calendar days if you serve by mail within California (see Code of Civil Procedure section 1005 for other situations). 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 server must also serve blank copies of these forms:

- FL-320, Responsive Declaration to Request for Order and FL-150, Income and Expense Declaration, or
- 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. FL-155, Financial Statement (Simplified)

months' pay stubs. The judge will look at your information, listen to both parents, and make an order. After the hearing, fill out: 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

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

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

CASE NAME:				CASE NO: _	***************************************
		<b>Attachment</b>	5h to Judgmer	<u>ıt</u>	
It is ordered as fo	ollows:				
consisting of fully set forth the Agreement the Agreement	pages. The Agherein. The parties are t. The court reserves justice to award attorney's freef; to join any personant	greement is incorpose ordered to complurisdiction to: enfo	orated and merged y with each and evorce and administe e prevailing party	I into this judgme very executory pr or the executory pr in any action to e	nt as though ovision in rovisions of
Court Services	tody ached hereto and made s or other court order, so asisting of pa a page forth he	signed and filed by ages is incorporated	the court on		This
	have m				
	f the minor children sh		·	DI LO	, 7
Child's Name	Name and Address of the Control of t	Date of Birth	Legal Custody	Physical Custo	dy
Primary phy	ysical custody of the m	ninor child shall be	with the		
Child Visit	<i>tation</i> have no minor childre	n, and no visitation	n orders shall be n	nade.	
The non-custo	odial parent shall have	the following visit	ation rights:		
Reasona	ble right of visitation a	as agreed between	the parties.		
	eekend from		-	m /n m. until	
	at	_a.m./p.m.	****	m pilli ditti	
Every 2 <sup>n</sup>	atat and 4 <sup>th</sup> weekend from	n	at	a.m./p.m. unt	il
	ata.m				
Every 1 <sup>st</sup> , 3	Brd, and when applicable	le, 5 <sup>th</sup> weekend beg	ginning	at	a.m./p.m.
and ending	at	a.m./	p.m.		
Other (de	escribe):				
			And the second s		
					*
•	de Section 3048				
	has jurisdiction to m	_	rding child custod	y under the Un	iform Child
Custody Ju	irisdiction and Enforce	emem Act;			
	l opportunity to be hea e State of California;	ard were given to t	he responding par	ty/parties as prov	ided by the
	ly and visitation rights n of this order may sub			criminal penalties	s, or both;
JPA Judgment 02-09		-1-			
Ox A Jungment 02-09		- 1 -			

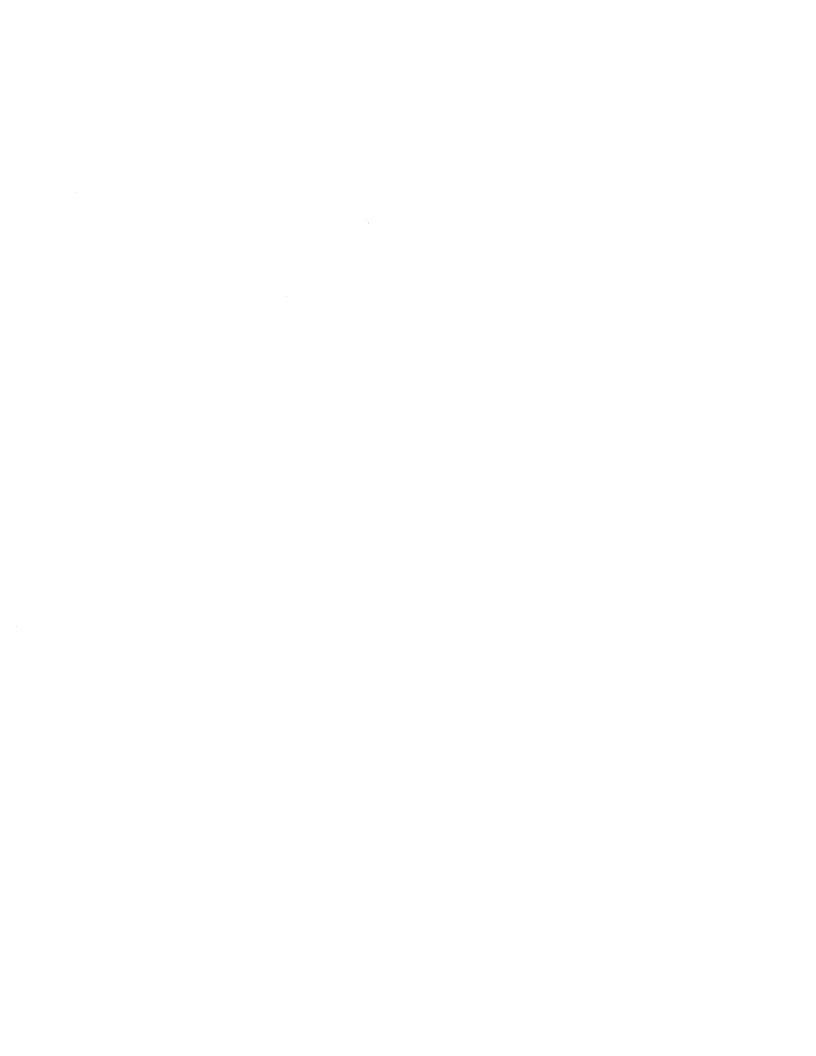
ji :	ving and not on each installment as	wo əənalad laqiən	2. Interest shall accrue on the entire pri	
oecomes ar	es, dies, becomes self-supporting, be 19, or reaches the age of 18 and is	to age off saches	for a total of \$ per month co of each and every month thereafter, untactive member of the armed services, refull-time high school student, or until fu	
	Froqque Support	Date of Birth	amounts: Name of Child	
gniwo	llof od ni (ren)blido ronim gniwol	upport for the fol	I. Teather Mother shall pay child a	
S	gned and filed on Thi	is ,noisivid rioqq s is incorporated s	3) Child Support  There is Attached hereto and made a order from the Department of Child Sugattachment consisting of page Judgment as though fully set forth here	
			children.	
the minor	the other parent in the presence of	ng remarks about	Neither parent shall make disparagi	
	neq.	ssi si rəbro gninin	minor children, except where a restra	
er of the	nge of address or telephone numbe	e other of any cha	Each parent shall promptly notify the	
rt.	parties or further order of this Cou	en consent of the	California Counties: United States without prior writt	
Mother Tather shall not relocate the child(ren)'s residence from:				
No visitation pending further Court order or mediation with Family Court Services.				
		:(s)	The following designated person	
		ial parent.	An adult designated by the custoc	
			Visitation shall be supervised by	
	% by Mother.	py Father and	shall be paid as follows:	
change	Ervised Visitation or Supervised Ex	address: Costs of Supe	Рһопе:	
	rised by the following Agency:		Restrictions:  [Activition   Exchange of the child]	
bnit bns	* * * * * * * * * * * * * * * * * * * *		The parties have considered the factor and a visk of about that there is a simple of a bound of the consideration	
	United States of America;	I she child is the	The country of habitual residence o	
	CVSE NO:		CVSE NVME:	

becomes due. This is not an installment judgment.

١	CASE NAME:   CASE NO:
	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:
	***************************************
1	IT IS SO ORDERED.
	Dated: Judge of the Superior Court
	,

Date: Clerk, by Name and address of respondent or respondent's attorney Name and address of petitioner or petitioner's attorney

Page 1 of 1



ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	COURT PERSONNEL:
	STAMP DATE RECEIVED HERE
TELEPHONE NO.	DO NOT FILE
TELEPHONE NO.: FAX NO. (Optional):	
E-MAIL ADDRESS (Optional):  ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF	
STREET ADDRESS:	
MAILING ADDRESS:	
CITY AND ZIP CODE:	
BRANCH NAME:	
PETITIONER/PLAINTIFF:	
RESPONDENT/DEFENDANT:	
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 STA	TE 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 yo	u 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 Any later change to the information on this form must be delivered to the court on and	
change. It is important that you keep the court informed in writing of any changes of y	
1. Support order information (this information is on the court order you are filing or have received	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 be payable on past-due support:	elow, plus any monthly amount ordered
Child Support: Family Support:	Spousal Support:
(1) Current \$ Current \$	Current \$
base child Reserved order base family Reserved order	spousal Reserved order
support: \$0 (zero) order support: \$0 (zero) order	support: \$0 (zero) order
(2) Additional \$ Additional \$	
monthly monthly	
support: support:	T-4-1
(3) Total \$ Total \$ past-due past-due	Ll Total \$ past-due
support: support:	support:
(4) Payment \$ Payment \$	Payment \$
on past-	on past-
due support: due support:	due support:
(5) Wage withholding was ordered ordered but stayed until (date):	
<ol> <li>Person required to pay child or family support (name):</li> <li>Relationship to child (specify):</li> </ol>	
3. Person or agency to receive child or family support payments (name):	
Relationship to child (if applicable):	
TYPE OR PRINT IN INK	

b. From:  c. The restraining order expires on (date): are under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	Date:
c. The restraining order expires on (date):	Date.
c. The restraining order expires on (date):	
	l decla
p. From:	
a. The order protects:Father Mother Children	
A restraining order, protective order, or nondisclosure order due to domestic violence is in effect.	
Lejebpone number: Tejeppone number:	
anne de terre (for	
City, state, zip code:	
Street address: Street address:	
Employer's name: Employer's name:	
Employed Delf-employed Self-employed G. Employed Dot employed Self-employed	·6
Telephone number:	.}
State: State:	
Driver's license number:	.Ә
City, state, zip code:	
Mailing address:  d. Mailing address:	ď.
	•
City, state, zip code:	
Street address: c. Street address:	.0
Social security number:  Street address:  C. Street address:	
Social sequentity purposes.  a. Date of birth:	
sined in a confidential file with the State of California. Auther's name:	
re required to complete the following information about yourself. You are not required to provide information about the other n, 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 sized in a confidential file with the State of Collegeria.	bersor
Additional children are listed on a page attached to this document.	
	.a .o
	.d .d
Child's name <u>Date of birth</u> <u>Social security number</u>	6
e child support order is for the following children:	4Τ. Δ
ОТНЕВ РАВЕИТ:	
PONDENT/DEFENDANT:	   BE2

PETITIONER/PLAINTIFF:

#### INFORMATION SHEET FOR CHILD SUPPORT CASE REGISTRY FORM

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

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

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

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

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

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

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

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

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

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

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

#### Instructions for numbered paragraphs:

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

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

The local child support agency is required, under section 466(a)(13) of the Social Security Act, to place in the records pertaining to security numbers on another sheet of paper. Attach the other sheet to this form.

or acknowledgment. This information is mandatory and will be kept on file at the local child support agency. child support the social security number of any individual who is subject to a divorce decree, support order, or paternity determination

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

same names listed on page 1.

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

right side.

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

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

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