

How to Request Judgment of Paternity

WHEN TO USE THIS PACKET

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

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

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

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

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

Instructions

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address) TELEPHONE NO. _____ FAX NO. _____ ATTORNEY FOR:		FOR COURT USE ONLY	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS MAILING ADDRESS CITY AND ZIP CODE BRANCH NAME PETITIONER			
RESPONDENT		CASE NUMBER	
DECLARATION FOR DEFAULT OR UNCONTESTED JUDGMENT			

1. I declare that if I appeared in court and were sworn, I would testify to the truth of the facts in this declaration.

2. I request that you _____ by this declaration and that I will not appear before the court unless I am ordered by the court to appear.

3. All the information Petition or Complaint to Establish Parental Relationship Response or Answer Petition to Establish Custody and Support Response is true and correct.

4. Respondent and/or Petitioner is the parent(s) of the minor child(ren).

5. A Voluntary Declaration of Paternity form has not been signed regarding this child (attach a copy if available).

6. DEFAULT IS UNCONTESTED (Check a or b):

a. Part of the respondent was ordered to be being requested, and I am not seeking any relief not requested in the OR

b. The parties have stipulated that the matter may proceed as an uncontested matter without notice, and the stipulation is attached.

7. CHILD SUPPORT should be ordered as set forth in the proposed Judgment (form FL-250):

a. Petitioner Respondent is presently receiving public assistance (TANF); thus all support should be made payable to the local child support agency at (specify address):

b. NOTE: If a support order is requested, submit a completed *Income and Expense Declaration* (form FL-150), or *Financial Statement (Simplified)* (form FL-155), unless a current form is on file. Include your best estimate of the other party's gross monthly income.

8. ATTORNEY FEES should be ordered as set forth in the proposed Judgment (form FL-250).

9. CHILD CUSTODY should be ordered as set forth in the proposed Judgment (form FL-250).

10. CHILD NAME CHANGE should be ordered as set forth in the proposed Judgment (form FL-250).

11. FUTURE PROBABLE EXPENSES OF PREGNANCY AND BIRTH should be ordered as set forth in the proposed Judgment (form FL-250).

12. NAMES OF THE CHILDREN should be changed as set forth in the proposed Judgment (form FL-250).

13. This declaration may be reviewed by a commissioner sitting as a temporary judge who may determine whether to grant this request or require my appearance.

14. I have read and understand the *Assessment and Waiver of Rights File Establishment of Parental Relationship* (form FL-235), which is signed and attached to this declaration.

15. Other (specify):

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

Date: _____

(TYPE OR PRINT NAME) _____ (SIGNATURE OF DECLARANT)

Form Adopted By Assembly Bill 1000, Chapter 10, Statutes of California, 1997. (Revised January 1, 2002)

DECLARATION FOR DEFAULT OR UNCONTESTED JUDGMENT (Uniform Parentage, Custody and Support)

Family Code, §§ 2010, 2020, 2030 and 2040
www.courtinfo.ca.gov

Revised 11/01/02, 04/01/03
www.FL230DECLFORM.pdf

How to fill out DECLARATION FOR DEFAULT OR UNCONTESTED JUDGMENT (FL-230)

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 blue or black ink.

- 1 Write your name.
Write you address.
- 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.
- 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 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.
- 7 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).
- 8 Mark Item #7. If either parent is receiving public assistance, mark the appropriate box. If the Department of Child Support Services is involved in the child support of the child(ren) in this case, then write "SDU, P.O. Box 989067 West Sacramento, CA 95798" in the space provided at 7(a).
- 9 Mark boxes #9 and #10.
- 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.
- 11 Mark box #15 and write, "See attachment 15."
- 12 Write the date, print your name, and sign your name.

SAMPLE ATTACHMENT 15 TO THE DECLARATION FOR DEFAULT SAMPLE

The parties in this case were not married and have the following child(ren) as a result of the relationship.

1) Issues related to Child Custody & Visitation

We have 2 minor child(ren) from this relationship and their names and dates of birth are:

- 1. **OLDEST CHILD'S NAME**, Date of birth: 11-14-2000
- 2. **SECOND OLDEST CHILD'S NAME**, Date of birth: 9-15-2002
- 3. _____, Date of birth: _____
- 4. _____, Date of birth: _____

- The current custody/visitation order, filed on _____, shall remain in full force and effect and is attached to the judgment.
- 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: **The father is visiting on the 1st, 3rd and when applicable the fifth weekend beginning Friday at 6pm to Sunday at 6pm.**

- I am proposing that the court make the following orders for custody:
 - Legal custody to: Mother Father ▪ Physical Custody to: Mother Father
 - Mother Father to be the primary custodial parent.
- I am proposing that the court make the following orders for visitation:
 - Mother Father to have visitation as follows: **The father may visit on the 1st, 3rd and when applicable the 5th weekend beginning Friday at 6pm to Sunday at 6pm.**

2) Issues related to Child Support, Child Care, and Health Insurance:

- The current child support order, filed on _____, shall remain in full force and effect and is attached to the judgment.
- I request the issue of child support to be reserved as to: Mother Father.
- Petitioner Respondent is incarcerated and is expected to be released on or about _____.
- The children reside with the mother 80 % of the time and with the father 20 % 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.

CASE NAME: _____ Case Number: _____

1
2 • I am presently working not working. My gross monthly income is \$1,387. My tax filing
3 status is Single, and I claim one exemption(s).

4 I have _____ other minor child(ren) of mine from a different relationship living with me.

5 • The other parent is presently working not working. His/her monthly income is estimated (or the
6 other party has the ability to earn at least) \$1,387.00 and his/her tax filing status is Single, and
7 he/she claims one exemption(s).

8 The other parent has 0 other minor children of his/hers from a different relationship living with
9 him/her.

3) *Other*

10 Other information the court should know prior to entering a judgment: _____
11 _____
12 _____

13 Dated: _____
14

Signed: _____
15
16
17
18
19
20
21
22
23
24
25
26
27
28

FL-250

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address) TELEPHONE NO. FAX NO. ATTORNEY FOR/Against SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS MAILING ADDRESS CITY AND ZIP CODE BRANCH NAME PETITIONER RESPONDENT	FOR COURT USE ONLY CASE NUMBER
JUDGMENT	

1. This judgment contains personal conduct restraining orders modifies existing restraining orders. The restraining orders are contained in item(s) of the attachment. They expire on (date):
 2. a. This matter proceeded as follows: Default or Motion By declaration Contested Reopened
 b. Date: Dept.: Temporary judge
 c. Judicial officer (name):
 d. Petitioner present Attorney present (name):
 e. Respondent present Attorney present (name):
 f. Petitioner (1) The petitioner appeared without counsel and was advised of relevant rights (2) The petitioner signed *Advisement and Waiver of Rights Re: Establishment of Parental Relationship* (form FL-235) (3) The petitioner is married to the Respondent, and no other action is pending (4) The petitioner signed a *Voluntary Declaration of Paternity* (5) There is a prior judgment of parentage in a family support, juvenile, or adoption court case.
 g. Respondent (1) The respondent appeared without counsel and was advised of relevant rights (2) The respondent signed *Advisement and Waiver of Rights Re: Establishment of Parental Relationship* (form FL-235) (3) The respondent is married to the Petitioner, and no other action is pending (4) The respondent signed a *Voluntary Declaration of Paternity* (5) There is a prior judgment of parentage in a family support, juvenile or adoption court case.
 h. Other parties or attorneys present (specify):
 3. THE COURT FINDS
 Name: Mother Father
 Name: Mother Father
 are the parents of the following children:
 Child's name: Date of birth:
 4. THE COURT ORDERS
 a. Child custody and visitation are as specified in one or more of the attached form:
 (1) *Child Custody and Visitation Order Attachment* (form FL-341)
 (2) *Stipulation for Order for Child Custody and/or Visitation of Children* (form FL-355)
 (3) Other (specify):

Form Adopted by Mandatory Use Judicial Council of California FL 2019 (Rev. January 1, 2019) Page 1 of 2 Family Code, §§ 3170, 3200, 3202, 4110(a) www.courtinfo.ca.gov American Legal Systems, Inc. www.AmericanLegalSystems.com

How to fill out

JUDGMENT (FL-250)

Page 1

DIRECTIONS

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

- ❶ Write your name.
Write your address.
- ❷ 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.
- ❸ Write the name of the Petitioner and Respondent. The Petitioner is the party that started the case against another person, the Respondent.
- ❹ Write in your case number.
- ❺ If there are restraining orders, mark box #1 and the second box. Complete the information requested and attach a copy of the order.
- ❻ On line 2, mark the box "By declaration."
- ❼ For line 2 (f) (1-5), mark all the boxes that apply regarding the petitioner.
- ❽ For line 2 (g) (1-5), mark all the boxes that apply regarding the respondent.
- ❾ Write the name of **each** of the parents and mark the appropriate boxes.
- ❿ Write the name(s) of the child(ren) and write the date(s) of birth, starting with the eldest child.
- ⓫ Mark box 4 (a) and box (3). After the order "(specify)," write "See Attachment 5h."

How to fill out

JUDGMENT (FL-250)

Page 2

DIRECTIONS

- ▶ Find the number on the sample form. *Example:* 11
- ▶ Go to the same number below to find out how to fill out the form.
- ▶ Type or print in blue or black ink.

PETITIONER: 11	CASE NUMBER: 12
RESPONDENT:	

5. THE COURT FURTHER ORDERS

a. Child support is as stated in one or more of the attached:

- (1) 13 Support Information and Order Attachment (form FL-342)
- (2) Application to Establish or Modify Child Support and Order (form FL-350)
- (3) Other (specify):

b. Both parties must complete and file with the court a *Child Support Case Registry Form* (form FL-191) within 10 days of the date of this judgment. Thereafter, the parents must notify the court of any change in the information submitted, within 10 days of the change.

c. The form *Notice of Rights and Responsibilities—Health Care Costs and Reimbursement Procedures and Information Sheet on Changing a Child Support Order* (form FL-192) is attached.

d. The last names of the children are changed to (specify):

e. 14 The birth certificates must be amended to conform to this court order by

- (1) adding the father's name.
- (2) changing the last name of the children.

f. Attorney fees and costs are as stated in the attachment.

g. Reasonable expenses of pregnancy and birth are as stated in the attachment.

h. Other (specify) 15

Continued on Attachment 3h.

6. Number of pages attached: _____

Date: _____

JUDICIAL OFFICER
 SIGNATURE FOLLOWS LAST ATTACHMENT 16

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

FL-250 (Rev. January 1, 2004) JUDGMENT Page 2 of 2
(Uniform Parentage—Custody and Support)

- 11 Write the name of the Petitioner and Respondent. The Petitioner is the party that started the case against another person, the Respondent.
- 12 Write in your case number.
- 13 Mark Box 5 (a) and box (3). After the word "(specify)," write "See Attachment 5h."
- 14 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).
- 15 Mark box 5 (h). After the word "(specify)," write "See Attachment 5h."
- 16 Mark the box under the "Judicial Officer's" signature line.

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.

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.

Page 1 of 2
Parental Responsibilities
Reimbursement Procedures
FL-192 (Rev. January 2016)

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

Page 2 of 2
Parental Responsibilities
Reimbursement Procedures
FL-192 (Rev. January 2016)

INFORMATION SHEET ON CHANGING A CHILD SUPPORT ORDER

FL-192

General Information
This sheet has just made a child support order in your case. This order will remain the same unless a party to the order 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 having such motion considered in your case. It can be modified only if the court agrees to a change. Child support orders are not automatic. You can complete, file, and file with the court a *Stipulation to Establish or Modify Child Support and Order* (Form FL-320) or *Stipulation and Order (Governmental Form FL-320)*.

When a Child Support Order May Be Modified
The court takes into account the amount of the child support. First, the number of children is considered. Next, the net incomes of both parents are determined, along with the percentage of the net income each parent has. Physical custody of the children. The court considers both parties' tax filing status and any custody arrangements, such as a child's custodial 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 \$200 per month in child support. You lose your job. You will continue to care \$200 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 \$200 per month in child support from the other parent, which is not enough to pay your increased expenses. You will continue to receive \$200 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 20 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 the papers with the court. **Remember:** You must follow the order you have now.

What forms do I need?
If you are asking to change a child support order, you must file with the local child support agency, you must file one of these forms:
• FL-300, *Motion to Modify (Governmental)* and FL-301, *Order to Show Cause (Governmental)*, and
• FL-404, *Request for Order and Supporting Declaration (Governmental)*

If you are asking to change a child support order that is not taken with the local child support agency, you must file one of these forms:
• FL-301, *Motion to Modify or FL-300, Order to Show Cause* and
• FL-310, *Application for Order and Supporting Declaration* or
• FL-300, *Motion to Modify and Motion for Suspended Modification of Order for Child Support, or Family Support*

You must also file one of these forms:
• FL-150, *Income and Expense Declaration* or FL-151, *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 802(a)(17), *Application for Waiver of Court Fees and Costs*
• Form 802(a)(18), *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. Ask if calendar days (a day is any time you reach either Columbia or Cook County Courthouse) or court days (only on court days) are the way to serve. 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.courts.state.il.gov/courtdays/](http://www.courts.state.il.gov/courts/courtdays/)

The server must also serve blank copies of these forms:
• FL-300, *Responsive Declaration to Order to Show Cause or Motion to Modify* and FL-150, *Income and Expense Declaration*, or
• FL-151, *Financial Statement (Simplified)*

From the server file 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-301, *Motion and Order After Hearing* and
• FL-342, *Child Support Intervention and Order After Hearing*

Need help?
Check the family law facilitator at your court or call your county's law association and ask for an experienced family lawyer.

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

Page 1 of 2

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 ordered as follows:

There is attached hereto, and labeled Exhibit _____, an original Agreement signed by both parties, consisting of _____ pages. The Agreement is incorporated and merged into this judgment as though fully set forth herein. The parties are ordered to comply with each and every executory provision in the Agreement. The court reserves jurisdiction to: enforce and administer the executory provisions of the Agreement; to award attorney’s fees and costs to the prevailing party in any action to enforce the provisions thereof; to join any person that may be joined according to law.

1) **Child Custody**

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 2 minor child(ren).

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

Child’s Name	Date of Birth	Legal Custody	Physical Custody
OLDEST BABY DOE	11-14-00	JOINT	JOINT
SECOND ELDEST BABETTE DOE	9-15-02	JOINT	JOINT

Primary physical custody of the minor child shall be with the JANE JONES.

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 FRIDAY at 6:00 p.m. and ending SUNDAY at 6:00 p.m.

Other (describe): _____

3) **Family Code Section 3048**

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

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

The custody and visitation rights of each party are set forth herein; A violation of this order may subject the party in violation to civil or criminal penalties, or both;

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

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

Restrictions:

Visitation / Exchange of the children shall be supervised by the following Agency: _____ address: _____ Phone: _____. Costs of Supervised Visitation or Supervised Exchange shall be paid as follows: _____ % by Father and _____ % by Mother.

Visitation shall be supervised by

An adult designated by the custodial parent.

The following designated person (s): _____.

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

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

California

Counties: **FRESNO**

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

Each parent shall promptly notify the other of any change of address or telephone number of the minor children, except where a restraining order is issued.

Neither parent shall make disparaging remarks about the other parent in the presence of the minor children.

3) Child Support

There is Attached hereto and made a part hereof, labeled as Exhibit _____, a certified copy of the order from the Department of Child Support Division, signed and filed on _____. This attachment consisting of _____ pages is incorporated and merged into and made a 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
OLDEST BABY DOE	11-14-00	
2ND ELDEST BABETTE DOE	9-15-02	

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.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

3. No provision of this judgment shall operate to limit any right to collect the principal (total amount of unpaid support) or to charge and collect interest and penalties as allowed by law. All payments ordered are subject to modification.

5. Support shall be paid to the Department of Child Support Services SDU, P.O. Box 989067, West Sacramento, CA 95798.

6. The Fresno County Department of Child Support Services shall enforce all payments.

7. A Wage and Earnings Assignment Order shall issue for ongoing support and arrearages.

8. Both Parents shall:

- a. Provide and maintain health insurance coverage for the child(ren) if it is available through employment, a group plan, or otherwise available at no or reasonable cost, and shall keep the Department of Child Support Services informed of the availability of the coverage;
- b. If health insurance is not available, provide coverage when it becomes available;
- c. Within 20 days of the Department of Child Support Services' request, complete and return a health insurance form;
- d. Provide to the Department of Child Support Services all information and forms necessary to obtain health care services for the child(ren);
- e. Present any claim to secure payment or reimbursement to the other parent or caretaker who incurs costs for health care services for the child(ren).

9. Unreimbursed medical, drug, dental, orthodontic, and vision expenses shall be shared equally (one half each) by the Petitioner and Respondent, and the parties shall comply with the provisions of Family Code Section 4063 regarding payment and reimbursement of the unreimbursed costs.

10. A Health Insurance Coverage Assignment shall issue.

11. Both Parents shall provide written notification to the Clerk of any change in residence and to the office of the Department of Child Support Services of any change in residence, income, or employment within 10 days.

12. Each party shall be responsible for 50% of child care costs related to employment or to reasonably necessary education or training for employment skills.

13. The Mother Father shall claim the child(ren) for tax purposes.

7) *Other Orders:* _____

IT IS SO ORDERED.

Dated: _____

Judge of the Superior Court

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar Number, and Address)		FOR COURT USE ONLY	
<p style="text-align: center;">1</p> TELEPHONE NO. _____ FAX NO. (optional) _____ E-MAIL ADDRESS (optional) _____ ATTORNEY FOR (name) _____			
<p style="text-align: center;">2</p> SUPERIOR COURT OF CALIFORNIA - COUNTY OF FRESNO 1100 Van Ness Avenue Fresno, California 93724-0002			
PETITIONER 3 RESPONDENT			
NOTICE OF ENTRY OF JUDGMENT		CASE NUMBER 4	

You are notified that the following judgment was entered on (date): **5**

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 **6**
 7. Judgment on reserved issue
 8. Other (specify): _____

Date: _____

Clerk, by _____, Deputy

—NOTICE TO ATTORNEY OF RECORD OR PARTY WITHOUT ATTORNEY—

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

<p>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.</p>
--

CLERK'S CERTIFICATE OF MAILING

I certify that I am not a party to this cause and that a true copy of the Notice of Entry of Judgment was mailed first class, postage fully prepaid, in a sealed envelope addressed as shown below, and that the notice was mailed at (place): **7** _____, California, on (date): _____

Date: _____

Clerk, by _____, Deputy

Name and address of petitioner or petitioner's attorney <p style="text-align: center;">8</p>	Name and address of respondent or respondent's attorney <p style="text-align: center;">9</p>
--	--

Page 1 of 1

Form Adopted by Mandatory Use
 Judicial Council of California
 FL-190 (Rev. January 1, 2007)

NOTICE OF ENTRY OF JUDGMENT
 (Family Law—Uniform Parentage—Custody and Support)

Family Code §§ 2110, 2430, 2437
 www.courtinfo.ca.gov

How to fill out

NOTICE OF ENTRY 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

- 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. The Branch Name is: B.F. Sisk Courthouse. Central Division.
- 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** 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).

FL-191

<p>ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):</p> <p style="text-align: center;">1</p> <p>TELEPHONE NO. FAX NO. (OPTIONAL)</p> <p>E-MAIL ADDRESS (OPTIONAL)</p> <p>ATTORNEY FIRM (NAME)</p>	<p>COURT PERSONNEL:</p> <p>STAMP DATE RECEIVED HERE</p> <p style="text-align: center;">DO NOT FILE</p>
<p>SUPERIOR COURT OF CALIFORNIA - COUNTY OF FRESNO</p> <p>1100 Van Ness Avenue</p> <p>Fresno, California 93724-0002</p> <p style="text-align: center;">2</p>	
<p>PETITIONER/PLAINTIFF:</p> <p>RESPONDENT/DEFENDANT: 3</p>	
<p>OTHER PARENT:</p> <p>5 CHILD SUPPORT CASE REGISTRY FORM</p> <p><input type="checkbox"/> Mother <input type="checkbox"/> First form completed</p> <p><input type="checkbox"/> Father <input type="checkbox"/> Change to previous information</p>	
<p>CASE NUMBER: 4</p>	

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:
(1) <input type="checkbox"/> Current base child support: <input type="checkbox"/> Reserved order <input type="checkbox"/> \$0 (zero) order	(1) <input type="checkbox"/> Current base family support: <input type="checkbox"/> Reserved order <input type="checkbox"/> \$0 (zero) order	(1) <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:	(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"/> certified but stayed until (date):		

6

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

CHILD SUPPORT CASE REGISTRY FORM

Form Adopted for Mandatory Use by the Judicial Branch of California FL-191 (Rev. July 1, 2006) Page 1 of 4 Family Code § 4114 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.
- ▶ **If you do not complete this document correctly and submit it with your judgment, your documents and child support payments may be delayed.**

- 1** Write the name of the Petitioner and Respondent. The Petitioner is the party that started the case against another person, the Respondent.
- 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.
- 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.
- ▶ If you do not complete this document correctly and submit it with your judgment, your documents and child support payments may be delayed.

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

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

a. 11 Child's name	Date of birth	Social security number
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: **12**

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: **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. Employed Not employed Self-employed
Employer's name: _____

Street address: _____
City, state, zip code: _____
Telephone number: _____

7. **14** A restraining order, protective order, or nondisclosure order due to domestic violence is in effect

a. The order protects: **15** Father Mother Children

b. From: **16** Father Mother

c. The restraining order expires on (date): **17** _____

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. JAN. 1, 2015) 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

PARTY WITHOUT ATTORNEY OR ATTORNEY STATE BAR NUMBER: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT:	
DECLARATION FOR DEFAULT OR UNCONTESTED JUDGMENT	CASE NUMBER:

1. I declare that if I appeared in court and were sworn, I would testify to the truth of the facts in this declaration.
2. I request that proof will be by this declaration and that I will not appear before the court unless I am ordered by the court to appear.
3. All the information in the *Petition to Determine Parental Relationship* *Response*
 Petition for Custody and Support of Minor Children *Response* is true and correct.
4. Respondent and/or Petitioner is/are the parent(s) of the minor children.
5. A voluntary declaration of parentage or paternity form has has not been signed regarding these children (*attach a copy if available*).
6. **DEFAULT OR UNCONTESTED** (*Check a or b*)
 - a. The default of the respondent was entered or is being requested, and I am not seeking any relief not requested in the petition. **OR**
 - b. The parties have stipulated (agreed in writing) that the matter may proceed as an uncontested matter without notice, and the stipulation is attached.
7. **CHILD SUPPORT** should be ordered as set forth in the proposed *Judgment* (form FL-250).
 - a. Petitioner Respondent is presently receiving public assistance (TANF); thus all support should be made payable to the local child support agency at (*specify address*):
 - b. **NOTE: If a support order is requested, submit a completed *Income and Expense Declaration* (form FL-150), or *Financial Statement (Simplified)* (form FL-155), unless a current form is on file. Include your best estimate of the other party's gross monthly income.**
8. **ATTORNEY FEES** should be ordered as set forth in the proposed *Judgment* (form FL-250).
9. **CHILD CUSTODY** should be ordered as set forth in the proposed *Judgment* (form FL-250).
10. **CHILD VISITATION (PARENTING TIME)** should be ordered as set forth in the proposed *Judgment* (form FL-250).
11. **REASONABLE EXPENSES OF PREGNANCY AND BIRTH** should be ordered as set forth in the proposed *Judgment* (form FL-250).
12. **NAMES OF THE CHILDREN** should be changed as set forth in the proposed *Judgment* (form FL-250).
13. This declaration may be reviewed by a commissioner sitting as a temporary judge who may determine whether to grant this request or require my appearance.
14. I have read and understand the *Advisement and Waiver of Rights Re: Determination of Parental Relationship* (form FL-235), which is signed and attached to this declaration.
15. Other (*specify*):

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

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

PETITIONER: RESPONDENT:	CASE NUMBER:
----------------------------	--------------

ADVISEMENT AND WAIVER OF RIGHTS RE: DETERMINATION OF PARENTAL RELATIONSHIP

1. **RIGHT TO BE REPRESENTED BY A LAWYER.** I understand that I have the right to be represented by a lawyer of my own choice at my own expense. If I cannot afford a lawyer, I can contact the Lawyer Referral Association of the local bar association or the Family Law Facilitator for assistance.
2. **RIGHT TO A TRIAL.** I understand that I have a right to have a judge determine whether I am the parent of the children named in this action.
3. **RIGHT TO CONFRONT AND CROSS-EXAMINE WITNESSES.** I understand that in a trial I have the right to confront and cross-examine the witnesses against me and to present evidence and witnesses in my own defense.
4. **RIGHT TO HAVE GENETIC TESTING.** I understand that, where the law permits, I have the right to have the court order genetic testing. The court will decide who pays for the tests. The court could order that I pay none, some, or all of the costs of the tests.
5. **OBLIGATIONS.** I understand that if I admit that I am the parent of the children in this action that those children will be my children for legal purposes.
6. **WAIVER.** I understand that I am admitting that I am the parent of the children named in the stipulation and am giving up the rights stated above (except the right to an attorney if I have an attorney).
7. **CHILD SUPPORT.** I understand that I will have the duty to contribute to the support of the children named in this action and that this duty of support will continue for each child until the obligation is terminated by law.
8. **CRIMINAL NON-SUPPORT.** I understand that if I willfully fail to support the children, criminal proceedings may be initiated against me.
9. **UNDERSTANDING.**
 - a. I have read and understand the *Judgment (Uniform Parentage—Custody and Support)* (form FL-250) and this *Advisement and Waiver of Rights*.
 - b. I understand the translation.

IF I AM REPRESENTED BY AN ATTORNEY, I ACKNOWLEDGE THAT MY ATTORNEY HAS READ AND EXPLAINED TO ME THE CONTENTS OF THE STIPULATION, RECITALS, AND WAIVERS, AND I ACKNOWLEDGE THAT I UNDERSTAND THEM.

Date:

(TYPE OR PRINT NAME)



(SIGNATURE OF DECLARANT)

INTERPRETER'S DECLARATION

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

Date:

(TYPE OR PRINT NAME)



(SIGNATURE OF INTERPRETER)

CASE NAME: _____ Case Number: _____

ATTACHMENT 15 TO THE DECLARATION FOR DEFAULT

The parties in this case were not married and have the following child(ren) as a result of the relationship.

1) Issues related to Child Custody & Visitation

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: _____

The current custody/visitation order, filed on _____, shall remain in full force and effect and is attached to the judgment.

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:

I am proposing that the court make the following orders for custody:
Legal custody to: Mother Father Physical Custody to: Mother Father
Mother Father to be the primary custodial parent.

I am proposing that the court make the following orders for visitation:

Mother Father to have visitation as follows:

2) Issues related to Child Support, Child Care, and Health Insurance:

The current child support order, filed on _____, shall remain in full force and effect and is attached to the judgment.

I request the issue of child support to be reserved as to: Mother Father.

Petitioner Respondent is incarcerated and is expected to be released on or about _____.

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.

28
27
26
25
24
23
22
21
20
19
18
17
16
15
14
13
12
11
10
9
8
7
6
5
4
3
2
1

CASE NAME: _____ Case Number: _____

• I am presently working not working. My gross monthly income is \$_____. My tax filing status is _____, and I claim _____ exemption(s).

I have _____ other minor child(ren) of mine from a different relationship living with me.

• The other parent is presently working not working. His/her monthly income is estimated (or the other party has the ability to earn at least) \$_____ and his/her tax filing status is _____, and he/she claims _____ exemption(s).

The other parent has _____ other minor children of his/hers from a different relationship living with him/her.

3) Other

Other information the court should know prior to entering a judgment: _____

Dated: _____ Signed: _____

JUDGMENT

(Uniform Parentage—Custody and Support)

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

SIGNATURE FOLLOWS LAST ATTACHMENT

JUDICIAL OFFICER

(TYPE OR PRINT NAME)

Date:

6. Number of pages attached: _____

Continued on Attachment 5h.

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

5. THE COURT FURTHER ORDERS

RESPONDENT:	
PETITIONER:	
CASE NUMBER:	

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-300, Request for Order 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, Request to Waive Court Fees*
- *Form FW-003, Order on Court Fee Waiver (Superior Court)*

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

This means someone 18 or over—not you—must 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 find court holidays, go to www.courts.ca.gov/holidays.htm.

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 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.

NOTICE OF RIGHTS AND RESPONSIBILITIES

Health-Care Costs and Reimbursement Procedures

Attachment 5h to Judgment

It is ordered as follows:

There is attached hereto, and labeled Exhibit _____, an original Agreement signed by both parties, consisting of _____ pages. The Agreement is incorporated and merged into this judgment as though fully set forth herein. The parties are ordered to comply with each and every executory provision in the Agreement. The court reserves jurisdiction to: enforce and administer the executory provisions of the Agreement; to award attorney's fees and costs to the prevailing party in any action to enforce the provisions thereof; to join any person that may be joined according to law.

1) **Child Custody**

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.

Other (describe): _____

3) **Family Code Section 3048**

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

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

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

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

The country of habitual residence of the child is the United States of America;
The parties have considered the factors set forth in the Family Code Section 3048(b)(1) and find that there is is not a risk of abduction of the child(ren) by either parent

Restrictions:

Visitation / Exchange of the children shall be supervised by the following Agency: _____

address: _____

Phone: _____ Costs of Supervised Visitation or Supervised Exchange

shall be paid as follows: _____ % by Father and _____ % by Mother.

Visitation shall be supervised by

An adult designated by the custodial parent.

The following designated person (s): _____

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

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

California

Counties:

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

Each parent shall promptly notify the other of any change of address or telephone number of the

minor children, except where a restraining order is issued.

Neither parent shall make disparaging remarks about the other parent in the presence of the minor

children.

3) Child Support

There is Attached hereto and made a part hereof, labeled as Exhibit _____, a certified copy of the order from the Department of Child Support Division, signed and filed on _____. This attachment consisting of _____ pages is incorporated and merged into and made a 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.

7) *Other Orders:* _____

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: _____	
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: _____

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:

(1) <input type="checkbox"/> Current base child support: \$ _____ <input type="checkbox"/> Reserved order <input type="checkbox"/> \$0 (zero) order	(1) <input type="checkbox"/> Current base family support: \$ _____ <input type="checkbox"/> Reserved order <input type="checkbox"/> \$0 (zero) order	(1) <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: \$ _____	(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 <i>(date)</i> :		

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

CHILD SUPPORT CASE REGISTRY FORM

(TYPE OR PRINT NAME)

(SIGNATURE OF PERSON COMPLETING THIS FORM)

Date:

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

- 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):

Telephone number: Telephone number:

City, state, zip code: City, state, zip code:

Street address: Street address:

Employer's name: Employer's name:

- g. Employed Not employed Self-employed Employed Not employed Self-employed

f. Telephone number: Telephone number:

State: State:

e. Driver's license number: Driver's license number:

City, state, zip code: City, state, zip code:

d. Mailing address: Mailing address:

City, state, zip code: City, state, zip code:

c. Street address: Street address:

b. Social security number: Social security number:

a. Date of birth: Date of birth:

6. Mother's name: Father's name:

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.

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

- a.
- b.
- c.

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

	CHILD'S NAME OTHER PARENT: RESPONDENT/DEFENDANT: PETITIONER/PLAINTIFF:
CASE NUMBER:	

Social security number

Date of birth

INFORMATION SHEET FOR CHILD SUPPORT CASE REGISTRY FORM

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

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

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

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

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

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

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

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

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

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

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

Instructions for numbered paragraphs:

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

CHILD SUPPORT CASE REGISTRY FORM

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

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

- c. Write the date the restraining order expires. See the restraining order, protective order, or nondisclosure order for this date.
- b. Check the box beside the parent who is restrained.
- a. Check the box beside each person who is protected by the restraining order.

7. If there is a restraining order, protective order, or nondisclosure order, check this box.

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, and zip code, and telephone number where you work.

f. List the telephone number where you live.

e. Write your driver's license number and the state where it was issued.

d. List the street address, city, state, and zip code where you want your mail sent, if different from the address where you live.

c. List the street address, city, state, and zip code where you live.

b. Write your social security number.

a. List your date of birth.

6. If you are the mother in this case, list your full name in this space.

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.

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

right side.

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,

same names listed on page 1.

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

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

4. List the full name, date of birth, and social security number for each child included in the support order. If there are more than five children included in the support order, check the box below item 4e and list the remaining children with dates of birth and social security numbers on another sheet of paper. Attach the other sheet to this form.

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.

2. a. Write the name of the person who is supposed to pay child or family support.

withholding, enter the specific date. Check only one box in this item.

(5) Check the "ordered" box if wage withholding was ordered with no conditions. Check the box "ordered but stayed until" if wage withholding was ordered but is not to be deducted until a later date. If the court delayed the effective date of the wage

(4) If your order provides for a specific dollar amount to be paid towards any past due support, check the box in item 4 that states the type of past due support and enter the amount. For example, the court ordered \$350 per month to be paid on the past due child support, you would check the box in item 4 in the "Child Support" column and enter \$350.

(3) If your order determined the amount of past due support, check the box in item 3 that states the type of past due support and enter the amount. For example, if the court determined that there was \$5000 in past due child support and \$1000 in past due spousal support, you would check the box in item 3 in the "Child Support" column and enter \$5000 and you would also check the box in item 3 in the "Spousal Support" column and enter \$1000.