



<b>Cover Sheet:</b>	<b>Parentage Judgment by Declaration</b>
<b>Effective Date:</b>	October 4, 2021
<b>Last Revision Date:</b>	
<b>Purpose:</b>	These forms are used to complete a Parentage Judgment without attending a court hearing. Use this packet after or with the Request to Enter Default packet.
<b>Assistance:</b>	If you are unable to complete the forms on your own, you may wish to hire a private attorney. If you need help finding an attorney, please contact the State Bar of California at <a href="http://www.calbar.ca.gov">www.calbar.ca.gov</a> or the Sacramento County Bar Association at <a href="http://www.sacbar.org">www.sacbar.org</a> .
<b>Required Forms:</b>	All forms are Judicial Council forms, unless otherwise indicated: <ul style="list-style-type: none"><li>• Declaration for Default or Uncontested Judgment, FL-230</li><li>• Advisement and Waiver of Rights Re: Establishment of Parental Relationship, FL-235</li><li>• Judgment, FL-250</li><li>• Notice of Entry of Judgment, FL-190</li><li>• Child Custody and Visitation Order Attachment, FL-341</li><li>• Child Support Information and Order Attachment, FL-342</li><li>• Child Support Case Registry, FL-191</li><li>• Notice of Rights and Responsibilities, FL-192</li></ul>
<b>Filing Fee:</b>	None
<b>Copies:</b>	Make 3 copies of the Judgment and 2 copies of the other completed forms. If the Judge approves your Judgment, the Court will file and keep the original and one copy of the Judgment and will endorse and mail one copy of the Notice of Entry of Judgment to the other party and will return the other copies to you.
<b>Before You File:</b>	Address a stamped envelope to each party and submit the envelopes with your forms.
<b>Filing:</b>	All forms must be typewritten or printed in blue or black ink. (See California Rules of Court, Rules 2.100-2.119)  Mail or place completed forms in the court drop-box located at the Family Court at 3341 Power Inn Road, Sacramento, CA 95826. Drop box hours are 8:00 am to 5:00 pm Monday through Friday, excluding Court holidays.
<b>Next Steps:</b>	Please allow six weeks for the judgment packet to be processed.

PARTY WITHOUT ATTORNEY OR ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT:	
<b>DECLARATION FOR DEFAULT OR UNCONTESTED JUDGMENT</b>	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:
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**ADVISEMENT AND WAIVER OF RIGHTS RE: DETERMINATION OF PARENTAL RELATIONSHIP**

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

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

Date:

_____ (TYPE OR PRINT NAME)		_____ (SIGNATURE OF DECLARANT)
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**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)
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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):	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT:	
<b>JUDGMENT</b>	CASE NUMBER:

1.  This judgment  contains personal conduct restraining orders  modifies existing restraining orders.  
 The restraining orders are contained in item(s): \_\_\_\_\_ of the attachment.  
 They expire on (date): \_\_\_\_\_ A CLETS form must be attached.
2. a. This matter proceeded as follows:  Default or uncontested  By declaration  Contested  
 b. Date: \_\_\_\_\_ Dept.: \_\_\_\_\_ Room: \_\_\_\_\_  
 c. Judicial officer (name): \_\_\_\_\_  Temporary judge  
 d.  Petitioner present  Attorney present (name): \_\_\_\_\_  
 e.  Respondent present  Attorney present (name): \_\_\_\_\_  
 f. **Petitioner** (1)  The petitioner appeared without counsel and was advised of relevant rights.  
 (2)  The petitioner signed *Advisement and Waiver of Rights Re: Determination of Parental Relationship* (form FL-235).  
 (3)  The petitioner is married to the respondent, and no other action is pending.  
 (4)  The petitioner signed a voluntary declaration of parentage or paternity.  
 (5)  There is a prior judgment of parentage in a family support, juvenile, or adoption court case.  
 g. **Respondent** (1)  The respondent appeared without counsel and was advised of relevant rights.  
 (2)  The respondent signed *Advisement and Waiver of Rights Re: Determination of Parental Relationship* (form FL-235).  
 (3)  The respondent is married to the petitioner, and no other action is pending.  
 (4)  The respondent signed a voluntary declaration of parentage or paternity.  
 (5)  There is a prior judgment of parentage in a family support, juvenile or adoption court case.  
 h. Other parties or attorneys present (specify): \_\_\_\_\_

3. THE COURT FINDS

Name:  
Name:  
Name:

are the parents of the following children:

<u>Child's name</u>	<u>Date of birth</u>

4. THE COURT ORDERS

- a.  Child custody and visitation are as specified in one or more of the attached forms:
  - (1)  *Child Custody and Visitation Order Attachment* (form FL-341)
  - (2)  *Stipulation and Order for Custody and/or Visitation of Children* (form FL-355)
  - (3)  Other (specify): \_\_\_\_\_

PETITIONER: RESPONDENT:	CASE NUMBER:
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**5. THE COURT FURTHER ORDERS**

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

Continued on Attachment 5h.

6. Number of pages attached: \_\_\_\_\_

Date:

\_\_\_\_\_

(TYPE OR PRINT NAME)

▶

\_\_\_\_\_

JUDICIAL OFFICER

SIGNATURE FOLLOWS LAST ATTACHMENT

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

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> ): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT:	
<b>NOTICE OF ENTRY OF JUDGMENT</b>	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 _____ _____
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PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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**CHILD CUSTODY AND VISITATION (PARENTING TIME) ORDER ATTACHMENT**

- TO  **Findings and Order After Hearing (form FL-340)**  **Judgment (form FL-180)**  **Judgment (form FL-250)**  
 **Stipulation and Order to Custody and/or Visitation of Children (form FL-355)**  
 Other (specify):

1. **Jurisdiction.** This court has jurisdiction to make child custody orders in this case under the Uniform Child Custody Jurisdiction and Enforcement Act (Fam. Code, §§ 3400–3465).
2. **Notice and opportunity to be heard.** The responding party was given notice and an opportunity to be heard, as provided by the laws of the State of California.
3. **Country of habitual residence.** The country of habitual residence of the child or children in this case is  
 the United States  Other (specify):
4. **Penalties for violating this order.** If you violate this order, you may be subject to civil or criminal penalties, or both.
5.  **Child Custody.** Custody of the minor children of the parties is awarded as follows:

<u>Child's Name</u>	<u>Birth Date</u>	<u>Legal custody to: (person who makes decisions about health, education, etc.)</u>	<u>Physical custody to: (person with whom child lives)</u>
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6.  **Child abduction prevention.** There is a risk that one of the parties will take the children out of California without the other party's permission. (*Child Abduction Prevention Orders Attachment (form FL-341(B))* must be attached and must be obeyed.)

7.  **Visitation (Parenting Time)**

- a.  Reasonable right of visitation to the party without physical custody (**not appropriate in cases involving domestic violence**)
- b.  See the attached \_\_\_\_\_ -page document
- c.  The parties will go to child custody mediation or child custody recommending counseling at (specify date, time, and location):
- d.  No Visitation (Parenting Time)
- e.  Visitation (Parenting Time) for the  petitioner  respondent  other (name): will be as follows:

(1)  **Weekends starting (date):**

(Note: The first weekend of the month is the first weekend with a Saturday.)

1st  2nd  3rd  4th  5th weekend of the month

from \_\_\_\_\_ at \_\_\_\_\_ a.m.  p.m./ if applicable, specify:  start of school  
 (day of week) (time)  after school

to \_\_\_\_\_ at \_\_\_\_\_ a.m.  p.m./ if applicable, specify:  start of school  
 (day of week) (time)  after school

(a)  The parties will alternate the fifth weekends, with the  petitioner  respondent  other parent/party having the initial fifth weekend, which starts (date):

(b)  The  petitioner  respondent  other parent/party will have the fifth weekend in  odd  even numbered months.

**THIS IS A COURT ORDER.**

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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7. Visitation (Parenting Time) (continued)

e. (2)  **Alternate weekends starting (date):**

from \_\_\_\_\_ at \_\_\_\_\_  a.m.  p.m./ if applicable, specify:  start of school  
 (day of week) (time)  after school

to \_\_\_\_\_ at \_\_\_\_\_  a.m.  p.m./ if applicable, specify:  start of school  
 (day of week) (time)  after school

(3)  **Weekdays starting (date):**

from \_\_\_\_\_ at \_\_\_\_\_  a.m.  p.m./ if applicable, specify:  start of school  
 (day of week) (time)  after school

to \_\_\_\_\_ at \_\_\_\_\_  a.m.  p.m./ if applicable, specify:  start of school  
 (day of week) (time)  after school

(4)  **Other visitation (parenting time) days and restrictions are:**  listed in Attachment 7e(4) ([form MC-025](#) may be used for this purpose)  as follows:

8.  **Supervised visitation (parenting time).** Until  further order of the court  other (specify):

The  petitioner  respondent  other (name):  
 will have supervised visitation (parenting time) with the minor children according to the schedule set forth on page 1.  
**(You must attach Supervised Visitation Order ([form FL-341\(A\)](#).)**

9.  **Transportation for visitation (parenting time)**

- a. The children must be driven only by a licensed and insured driver. The car or truck must have legal child restraint devices.
- b.  Transportation **to** begin the visits will be provided by the  petitioner  respondent  
 other (specify):
- c.  Transportation **from** the visits will be provided by the  petitioner  respondent  
 other (specify):
- d.  The exchange point at the beginning of the visit will be at (address):
- e.  The exchange point at the end of the visit will be at (address):
- f.  During the exchanges, the party driving the children will wait in the car and the other party will wait in his or her home (or exchange location) while the children go between the car and the home (or exchange location).
- g.  Other (specify):

10.  **Travel with children.** The  petitioner  respondent  other parent/party (name):

- must** have written permission from the other parent or a court order to take the children out of
- a.  the state of California.
  - b.  the following counties (specify):
  - c.  other places (specify):

**THIS IS A COURT ORDER.**



PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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11.  **Holiday schedule.** The children will spend holiday time as listed  below  in the attached schedule (*Children's Holiday Schedule Attachment (form FL-341(C))* may be used for this purpose.)
12.  **Additional custody provisions.** The parties will follow the additional custody provisions listed  below  in the attached schedule. (*Additional Provisions—Physical Custody Attachment (form FL-341(D))* may be used for this purpose.)
13.  **Joint legal custody.** The parties will share joint legal custody as listed  below  in the attached schedule. (*Joint Legal Custody Attachment (form FL-341(E))* may be used for this purpose.)
14. **Access to children's records.** Both the custodial and noncustodial parent have the right to access records and information about their minor children (including medical, dental, and school records) and consult with professionals who are providing services to the children.
15.  **Other (specify):**

**THIS IS A COURT ORDER.**

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

- TO**    **Findings and Order After Hearing (form FL-340)**  
 **Judgment (form FL-180)**      **Judgment (form FL-250)**  
 **Restraining Order After Hearing (CLETS-OAH) (form DV-130)**  
 **Other (specify):**

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

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

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

b. Imputation of income. The court finds that the    Petitioner/plaintiff      Respondent/defendant  
 Other parent/party     has the capacity to earn:

\$                                  per                                  and has based the support order upon this imputed income.
3.  **Children of this relationship**
  - a. Number of children who are the subjects of the support order (specify):
  - b. Approximate percentage of time spent with petitioner/plaintiff:                                  %  
Respondent/defendant:    %  
Other parent/party:    %

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

	<u>Petitioner/ plaintiff</u>	<u>Respondent/ defendant</u>	<u>Other parent/ party</u>	<u>Approximate ending time for the hardship</u>
a. <input type="checkbox"/> Other minor children:	\$	\$	\$	
b. <input type="checkbox"/> Extraordinary medical expenses:	\$	\$	\$	
c. <input type="checkbox"/> Catastrophic losses:	\$	\$	\$	

**THE COURT ORDERS**

5.  **Low-income adjustment**
  - a.  The low-income adjustment applies.
  - b.  The low-income adjustment does not apply because (specify reasons):
6.  **Child support**
  - a. **Base child support**

<input type="checkbox"/> Petitioner/plaintiff	<input type="checkbox"/> Respondent/defendant	<input type="checkbox"/> Other parent/party	must pay child support beginning (date):	and continuing until further order of the court, or until the child marries, dies, is emancipated, reaches age 19, or reaches age 18 and is not a full-time high school student, whichever occurs first, as follows:
<u>Child's name</u>	<u>Date of birth</u>	<u>Monthly amount</u>	<u>Payable to (name):</u>	

Payable  on the 1st of the month     one-half on the 1st and one-half on the 15th of the month  
 other (specify):

**THIS IS A COURT ORDER.**

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	CASE NUMBER:
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**THE COURT FURTHER ORDERS**

6. b.  **Mandatory additional child support**

(1) Child-care costs related to employment or reasonably necessary job training

- (a)  Petitioner/plaintiff must pay:                   % of total or  \$                   per month   child-care costs.
- (b)  Respondent/defendant must pay:                   % of total or  \$                   per month   child-care costs.
- (c)  Other parent/party must pay:                   % of total or  \$                   per month   child-care costs.
- (d)  Costs to be paid as follows (*specify*):

c. **Mandatory additional child support**

(2) Reasonable uninsured health-care costs for the children

- (a)  Petitioner/plaintiff must pay:                   % of total or  \$                   per month.
- (b)  Respondent/defendant must pay:                   % of total or  \$                   per month.
- (c)  Other parent/party must pay:                   % of total or  \$                   per month.
- (d)  Costs to be paid as follows (*specify*):

d.  **Additional child support**

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

- (a)  Petitioner/plaintiff must pay:                   % of total or  \$                   per month.
- (b)  Respondent/defendant must pay:                   % of total or  \$                   per month.
- (c)  Other parent/party must pay:                   % of total or  \$                   per month.
- (d)  Costs to be paid as follows (*specify*):

(2)  Travel expenses for visitation

- (a)  Petitioner/plaintiff must pay:                   % of total or  \$                   per month.
- (b)  Respondent/defendant must pay:                   % of total or  \$                   per month.
- (c)  Other parent/party must pay:                   % of total or  \$                   per month.
- (d)  Costs to be paid as follows (*specify*):

e.  **Non-Guideline Order**

This order does not meet the child support guideline set forth in Family Code section 4055. *Non-Guideline Child Support Findings Attachment* (                    ) is attached.

**Total child support per month: \$**

7. **Health-care expenses**

a. Health insurance coverage for the minor children of the parties must be maintained by the

petitioner/plaintiff  respondent/defendant  other parent/party if available at no or reasonable cost through their respective places of employment or self-employment. Both parties are ordered to cooperate in the presentation, collection, and reimbursement of any health-care claims. The parent ordered to provide health insurance must seek continuation of coverage for the child after the child attains the age when the child is no longer considered eligible for coverage as a dependent under the insurance contract, if the child is incapable of self-sustaining employment because of a physically or mentally disabling injury, illness, or condition and is chiefly dependent upon the parent providing health insurance for support and maintenance.

b.  Health insurance is not available to the  petitioner/plaintiff  respondent/defendant  other parent/party at a reasonable cost at this time.

c.  The party providing coverage must assign the right of reimbursement to the other party.

8. **Earnings assignment**

An earnings assignment order is issued. **Note:** The payor of child support is responsible for the payment of support directly to the recipient until support payments are deducted from the payor's wages and for payment of any support not paid by the assignment.

**THIS IS A COURT ORDER.**

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	CASE NUMBER:
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9. In the event that there is a contract between a party receiving support and a private child support collector, the party ordered to pay support must pay the fee charged by the private child support collector. This fee must not exceed 33 1/3 percent of the total amount of past due support nor may it exceed 50 percent of any fee charged by the private child support collector. The money judgment created by this provision is in favor of the private child support collector and the party receiving support, jointly.

10.  **Employment search order (Family Code § 4505)**

Petitioner/plaintiff  Respondent/defendant  Other parent/party is ordered to seek employment with the following terms and conditions:

11. **Other orders** (*specify*):

12. **Notices**

- a. *Notice of Rights and Responsibilities (Health-Care Costs and Reimbursement Procedures) and Information Sheet on Changing a Child Support Order* ( ) must be attached and is incorporated into this order.
- b. If this form is attached to *Restraining Order After Hearing* ( ), the support orders issued on this form (form FL-342) remain in effect after the restraining orders issued on form DV-130 end.

13. **Child Support Case Registry Form**

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

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

**THIS IS A COURT ORDER.**

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):

TELEPHONE NO.: FAX NO. ( Optional):

E-MAIL ADDRESS (Optional):

ATTORNEY FOR (Name):

**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**

Mother  First form completed

Father  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	<input type="checkbox"/> Current base family support: \$ <input type="checkbox"/> Reserved order <input type="checkbox"/> \$0 (zero) order	<input type="checkbox"/> Current spousal support: \$ <input type="checkbox"/> Reserved order <input type="checkbox"/> \$0 (zero) order
(2) <input type="checkbox"/> Additional monthly support: \$	<input type="checkbox"/> Additional monthly support: \$	
(3) <input type="checkbox"/> Total past-due support: \$	<input type="checkbox"/> Total past-due support: \$	<input type="checkbox"/> Total past-due support: \$
(4) <input type="checkbox"/> Payment on past-due support: \$	<input type="checkbox"/> Payment on past-due support: \$	<input type="checkbox"/> Payment on past-due support: \$
(5) Wage withholding was <input type="checkbox"/> ordered <input type="checkbox"/> ordered but stayed until (date):		
2. Person required to pay child or family support (*name*):  
Relationship to child (*specify*):
3. Person or agency to receive child or family support payments (*name*):  
Relationship to child (*if applicable*):

**TYPE OR PRINT IN INK**

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

- |    | <u>Child's name</u> | <u>Date of birth</u> | <u>Social security number</u> |
|----|---------------------|----------------------|-------------------------------|
| a. |                     |                      |                               |
| b. |                     |                      |                               |
| c. |                     |                      |                               |

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

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

5. Father's name:

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

City, state, zip code:

d. Mailing address:

City, state, zip code:

e. Driver's license number:

State:

f. Telephone number:

g.  Employed  Not employed  Self-employed

Employer's name:

Street address:

City, state, zip code:

Telephone number:

6. Mother's name:

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

City, state, zip code:

d. Mailing address:

City, state, zip code:

e. Driver's license number:

State:

f. Telephone number:

g.  Employed  Not employed  Self-employed

Employer's name:

Street address:

City, state, zip code:

Telephone number:

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

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

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

Date:

\_\_\_\_\_  
 (TYPE OR PRINT NAME)



\_\_\_\_\_  
 (SIGNATURE OF PERSON COMPLETING THIS FORM)

# INFORMATION SHEET FOR CHILD SUPPORT CASE REGISTRY FORM

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

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

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

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

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

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

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

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

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

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

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

## **Instructions for numbered paragraphs:**

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

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

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

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

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

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

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

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

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



## 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* ( ) or *Stipulation and Order (Governmental)* ( ).

### 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, you must fill out one of these forms:

- , *Request for Order* **or**
- , *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:

- , *Income and Expense Declaration* **or**
- , *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 may ask you to pay a filing fee. If you cannot afford the fee, fill out these forms, too:

- , *Request to Waive Court Fees*
- , *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 .

The server must also serve blank copies of these forms:

- , *Responsive Declaration to Request for Order* **and** , *Income and Expense Declaration, or*
- , *Financial Statement (Simplified)*

Then the server fills out and signs a *Proof of Service* ( or ). 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:

- , *Findings and Order After Hearing* **and**
- , *Child Support Information and Order Attachment*

### Need help?

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