

**SUPERIOR COURT OF CALIFORNIA  
COUNTY OF SAN DIEGO**

**FINDINGS AND ORDER  
AFTER HEARING – PACKET**



**FORMS INCLUDED IN THIS PACKET**

	Findings and Order after Hearing	Judicial Council Form #FL-340
	Spousal, Partner, or Family Support Order Attachment	Judicial Council Form #FL-343
	Property Order Attachment to Judgment	Judicial Council Form #FL-345
	Earnings Assignment Order for Spousal or Partner Support	Judicial Council Form #FL-435
	Request for Hearing Regarding Earnings Assignment	Judicial Council Form #FL-450
	Information Sheet for Proof of Personal Service	Judicial Council Form #FL-330-INFO
	Proof of Personal Service	Judicial Council Form #FL-330
	Information Sheet for Proof of Service by Mail	Judicial Council Form #FL-335-INFO
	Proof of Service by Mail	Judicial Council Form #FL-335
	Notice of Change of Address or Other Contact Information	Judicial Council Form #MC-040
<b>WITH CHILDREN</b>	Child Custody and Visitation Order Attachment	Judicial Council Form #FL-341
	Child Support Information and Order Attachment	Judicial Council Form #FL-342
	Child Support Case Registry Form	Judicial Council Form #FL-191
	Notice of Rights and Responsibilities Health-Care Costs and Reimbursement Procedures	Judicial Council Form #FL-192

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar number, and address):</i>    TELEPHONE NO.: _____ FAX NO. <i>(Optional):</i> _____ EMAIL ADDRESS: _____ ATTORNEY FOR <i>(Name):</i> _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO</b> <input type="checkbox"/> CENTRAL DIVISION, CENTRAL COURTHOUSE, 1100 UNION ST., SAN DIEGO CA 92101 <input type="checkbox"/> EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020 <input type="checkbox"/> NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081 <input type="checkbox"/> SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910	
PETITIONER/PLAINTIFF:  RESPONDENT/DEFENDANT:  OTHER PARTY:	
<b>FINDINGS AND ORDER AFTER HEARING</b>	CASE NUMBER: _____

1. This proceeding was heard  
 on *(date):* \_\_\_\_\_ at *(time):* \_\_\_\_\_ in Dept.: \_\_\_\_\_ Room: \_\_\_\_\_  
 by Judge *(name):* \_\_\_\_\_  Temporary Judge  
 On the order to show cause, notice of motion or request for order filed *(date):* \_\_\_\_\_ by *(name):* \_\_\_\_\_

a.  Petitioner/plaintiff present  Attorney present *(name):* \_\_\_\_\_  
 b.  Respondent/defendant present  Attorney present *(name):* \_\_\_\_\_  
 c.  Other party present  Attorney present *(name):* \_\_\_\_\_

**THE COURT ORDERS**

2. Custody and visitation/parenting time: As attached  on form FL-341  Other  Not applicable
3. Child support: As attached  on form FL-342  Other  Not applicable
4. Spousal or family support: As attached  on form FL-343  Other  Not applicable
5. Property orders: As attached  on form FL-344  Other  Not applicable
6. Attorney's fees: As attached  on form FL-346  Other  Not applicable
7. Other orders:  As attached  Not applicable
8. All other issues are reserved until further order of court.
9.  This matter is continued for further hearing on *(date):* \_\_\_\_\_ at *(time):* \_\_\_\_\_ in Dept.: \_\_\_\_\_  
 on the following issues:

Date: \_\_\_\_\_ \_\_\_\_\_  
JUDICIAL OFFICER

Approved as conforming to court order.

\_\_\_\_\_  
 SIGNATURE OF ATTORNEY FOR  PETITIONER / PLAINTIFF  RESPONDENT/DEFENDANT  OTHER PARTY

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

**SPOUSAL, DOMESTIC PARTNER, OR FAMILY SUPPORT ORDER ATTACHMENT**

- TO  *Findings and Order After Hearing* (form FL-340)  *Judgment* (form FL-180)  
 *Restraining Order After Hearing (CLETS-OAH)* (form DV-130)  *Other* (specify):  
 *Parties' Stipulation (Written Agreement)* dated (specify): \_\_\_\_\_

**THE COURT FINDS**                       **THE PARTIES STIPULATE (AGREE)**

Specify if this attachment is about an order for temporary support or a judgment for permanent support (check either 1 or 2 below).

1.  **This attachment relates to temporary spousal or domestic partner support.**

- a.  This order attachment modifies an order or agreement for temporary support entered on (date):  
 b. **Net income.** The parties' monthly income and deductions are as follows (complete (1), (2), or both):

	Total gross monthly <u>income</u>	Total monthly <u>deductions</u>	Total hardship <u>deductions</u>	Net monthly disposable <u>income</u>
(1) Petitioner: <input type="checkbox"/> receiving TANF/CalWORKS	\$	\$	\$	\$
(2) Respondent: <input type="checkbox"/> receiving TANF/CalWORKS	\$	\$	\$	\$

- c.  A printout of a computer calculation of the parties' financial circumstances is attached for all required items not filled out above (for temporary support only).

2.  **This attachment relates to a judgment for permanent spousal or domestic partner support.**

- a.  This order attachment modifies a judgment entered on (date):  
 b.  The parties were married for (specify): \_\_\_\_\_ months and \_\_\_\_\_ years.  
 c.  The parties were registered as domestic partners or the equivalent for (specify): \_\_\_\_\_ months and \_\_\_\_\_ years.  
 d. Family Code section 4320 factors (check either (1) or (2) below, then complete (3)).  
 (1)  The parties agreed to some or all of the factors as stated in *Spousal or Domestic Partner Support Declaration Attachment* (form FL-157) or in a similar written declaration filed with the court.  
 (2)  The court considered the parties' declarations and supporting documents regarding each Family Code section 4320 factor as stated in testimony, in *Spousal or Domestic Partner Support Declaration Attachment* (form FL-157), or in a similar written declaration filed with the court.  
 (3) The parties' agreement, or the court's findings, on Family Code section 4320 factors are (specify):  
 (A)  included in [Attachment 2d\(3\)\(A\)](#).  
 (B)  included in *Spousal or Domestic Partner Support Factors Under Family Code Section 4320—Attachment* (form [FL-349](#)).  
 (C)  specified below:

**THIS IS A COURT ORDER.**

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

2. e.  The parties are both self-supporting.  
 f.  The standard of living established during the marriage or domestic partnership was *(describe)*:  [See Attachment 2f.](#)

g.  The Court finds that the parties have knowingly, intelligently, and voluntarily entered into a stipulation.

**3. Jurisdiction**

- a.  The issue of support for the  petitioner  respondent is reserved for later determination.  
 b.  The court terminates jurisdiction over the issue of support for the  petitioner  respondent.  
 c.  The court's jurisdiction over the issue of support will end on *(specify date)*:

**4. Support amount and payment terms**

- a. The  petitioner  respondent must pay to the  petitioner  respondent as  temporary  permanent  spousal support  family support  domestic partner support the following amount each month: \$  
 b. Support payments will begin *(date)*:  
 c. Support payments are:  
 (1)  payable through *(specify end date)*:  
 (2)  payable on the:                      day of each month.  
 (3)  Other *(specify)*:

d.  Support must be paid by  check, money order, or cash  other method *(specify)*:

**5. Earnings assignment**

- a.  An earnings assignment for the support will issue as requested by  petitioner  respondent.  
**Note:** The payor of spousal, family, or domestic partner support is responsible for the payment of support directly to the recipient until support payments are deducted from the earnings, and for any support not paid by the assignment.  
 b.  Service of the earnings assignment is stayed provided the payor is not more than *(specify number)*:                      days late in paying spousal, family, or domestic partner support.

**6. Termination (end) of support**

- a. By law, unless the parties otherwise agree in writing, the support payor's obligation to pay support will end when either party dies or the support payee remarries or registers a new domestic partnership.  
 b.  **Parties' agreement**  
 The parties agree that the support payor's obligation to pay support will not end as described in 6a. Instead, the support payor's obligation to pay support will continue until *(specify below the terms of your agreement about when the support payee's obligation to pay support will end)*:

**THIS IS A COURT ORDER.**

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

7.  **Family support orders.** This order is for family support.
- a. 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 order.
  - b. The parents must notify the court of any change of information submitted within 10 days of the change by filing an updated form.
  - c. A *Notice of Rights and Responsibilities (Health-Care Costs and Reimbursement Procedures) and Information Sheet on Changing a Child Support Order* (form FL-192) must be attached to the court order.
8.  **Notice of change of employment**  
 The parties must inform each other in writing within 10 days of any change of employment, and include the new employer's name, address, and telephone number.
9.  **Duty to become self-supporting**
- a. Notice: It is the goal of this state that each party must make reasonable good-faith efforts to become self-supporting as provided in Family Code section 4320. Failure to make reasonable good-faith efforts may be one of the factors considered by the court as a basis for modifying or terminating support.
  - b.  The  petitioner  respondent should make reasonable good-faith efforts to become self-supporting.
  - c.  Other (*specify*):
10.  **Attachment to Restraining Order After Hearing (form DV-130)**
- a. This form is attached to *Restraining Order After Hearing (CLETS-OAH) (Order of Protection)* (form DV-130).
  - b. The orders issued on this form (FL-343) do not expire on termination of the restraining orders issued on form DV-130.
11.  **Other orders or agreements (*specify*):**

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

**THIS IS A COURT ORDER.**

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

**PROPERTY ORDER ATTACHMENT TO JUDGMENT**

**1. Division of community property assets**

- a.  There are no community property assets.
- b.  The court finds that the net value of the community estate is less than \$5,000 and that the  petitioner  respondent cannot be found. Under Family Code section 2604, the entire community estate is awarded to the  petitioner  respondent.
- c.  The petitioner will receive the following assets:  [See Attachment 1c.](#)

- d.  The respondent will receive the following assets:  [See Attachment 1d.](#)

e. The  petitioner  respondent will be responsible for preparing and filing a *Qualified Domestic Relations Order* (QDRO) to divide the following plan or retirement account(s) (*specify*):

The fee for preparation of the QDRO will be shared as follows:

- f.  Other orders:
- g.  Each spouse or domestic partner will receive the assets listed above as sole and separate property. The parties must execute any and all documents required to carry out this division.

**2. Division of community property debts**

- a.  There are no community property debts.
- b.  All community debts have been paid by the  petitioner  respondent. The  petitioner  respondent must reimburse the other party: \$  
The payment plan is as follows:
- c.  The petitioner
  - (1) is assigned the debts listed below;
  - (2) is solely responsible for paying the debts listed below; and
  - (3) will not hold the respondent legally responsible for the debts listed below.  [See attachment 2c.](#)

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

2. d.  The respondent
- (1) is assigned the debts listed below;
  - (2) is solely responsible for paying the debts listed below; and
  - (3) will not hold the petitioner legally responsible for the debts listed below.  [See attachment 2d.](#)

- e. **Notice regarding division of community property (items c. and d.):**  
 Creditors are not bound by this judgment. If a creditor seeks payment from the party who is not listed as responsible for the debt, that party can file a *Request for Order* (form FL-300) to seek reimbursement from the party who was assigned the debt.
- f. The court reserves jurisdiction to divide any community debts not listed here and to enforce the terms of this judgment. This enforcement may include ordering a defaulting party to reimburse the other party for failing to follow the terms of this judgment.
- g.  Other orders:

3.  **Equalization of division of property and debt orders.** To equalize the division of the community property assets and debts, the  petitioner  respondent must pay to the other the sum of: \$ \_\_\_\_\_, payable as follows:

4. **Separate property**
- a.  The court confirms the following assets or debts as the sole separate property, or sole responsibility, of the petitioner:
- b.  The court confirms the following assets or debts as the sole separate property, or sole responsibility, of the respondent:

5.  The settlement agreement between the parties dated: \_\_\_\_\_ is attached and made a part of this judgment.
6.  **Sale of property.** The following property will be offered for sale and sold for the fair market value as soon as a willing buyer can be found, and the net proceeds from the sale will be  divided equally  other (*specify*):

7.  Other orders (*specify*):

ATTORNEY OR PARTY WITHOUT ATTORNEY ( <i>Name, State Bar number, and address</i> ):    TELEPHONE NO.: _____ FAX NO. ( <i>Optional</i> ): _____ EMAIL ADDRESS: _____ ATTORNEY FOR ( <i>Name</i> ): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO</b> <input type="checkbox"/> CENTRAL DIVISION, CENTRAL COURTHOUSE, 1100 UNION ST., SAN DIEGO, CA 92101 <input type="checkbox"/> EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020 <input type="checkbox"/> NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081 <input type="checkbox"/> SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910	
PETITIONER/PLAINTIFF:  RESPONDENT/DEFENDANT:  OTHER PARENT:	
<b>EARNINGS ASSIGNMENT ORDER FOR SPOUSAL OR PARTNER SUPPORT</b> <input type="checkbox"/> <b>Modification</b>	CASE NUMBER:

**TO THE PAYOR: This is a court order. You must withhold a portion of the earnings of** (*specify obligor's name and birthdate*):  
**and pay as directed below.** (*An explanation of this order is printed on page 2 of this form.*)

**THE COURT ORDERS**

1. You must pay part of the earnings of the employee or other person who has been ordered to pay support, as follows:
  - a.  \$ \_\_\_\_\_ per month current **spousal or partner support**
  - b.  \$ \_\_\_\_\_ per month **spousal or partner support arrearages**
  - c. **Total deductions per month:**  \$ \_\_\_\_\_
  
2.  The payments ordered under item 1a must be paid to (*name, address*):
  
3.  The payments ordered under item 1b must be paid to (*name, address*):
  
4. The payments ordered under item 1 must continue until further written notice from the payee or the court.
  
5.  This order modifies an existing order. **The amount you must withhold may have changed.** The existing order continues in effect until this modification is effective.
  
6. This order affects all earnings that are payable beginning as soon as possible but not later than 10 days after you receive it.
  
7. You must give the obligor a copy of this order and the blank *Request for Hearing Regarding Earnings Assignment* (form FL-450) within 10 days.
  
8.  Other (*specify*):
  
9. For the purposes of this order, spousal or partner support arrearages are set at: \$ \_\_\_\_\_ as of (*date*):

Date: \_\_\_\_\_

\_\_\_\_\_  
JUDICIAL OFFICER



# INSTRUCTIONS FOR EARNINGS ASSIGNMENT ORDER

## 1. DEFINITION OF IMPORTANT WORDS IN THE EARNINGS ASSIGNMENT ORDER

### a. Earnings:

- (1) Wages, salary, bonuses, vacation pay, retirement pay, and commissions paid by an employer;
- (2) Payments for services of independent contractors;
- (3) Dividends, interest, rents, royalties, and residuals;
- (4) Patent rights and mineral or other natural resource rights;
- (5) Any payments due as a result of written or oral contracts for services or sales, regardless of title;
- (6) Payments due for workers' compensation temporary benefits, or payments from a disability or health insurance policy or program; and
- (7) Any other payments or credits due, regardless of source.

### b. Earnings assignment order: a court order issued in every court case in which one person is ordered to pay for the support of another person. This order has priority over any other orders such as garnishments or earnings withholding orders.

Earnings should not be withheld for any other order until the amounts necessary to satisfy this order have been withheld in full. However, an *Order/Notice to Withhold Income for Child Support* for child support or family support has priority over this order for spousal or partner support.

### c. Obligor: any person ordered by a court to pay support. The obligor is named before item 1 in the order.

### d. Oblige: the person or governmental agency to whom the support is to be paid.

### e. Payor: the person or entity, including an employer, that pays earnings to an obligor.

## 2. INFORMATION FOR ALL PAYORS. Withhold money from the earnings payable to the obligor as soon as possible but no later than 10 days after you receive the *Earnings Assignment Order for Spousal or Partner Support*. Send the withheld money to the payee(s) named in items 2 and 3 of the order within 10 days of the pay date. You may deduct \$1 from the obligor's earnings for each payment you make.

When sending the withheld earnings to the payee, state the date on which the earnings were withheld. You may combine amounts withheld for two or more obligors in a single payment to each payee, and identify what portion of that payment is for each obligor.

**You will be liable for any amount you fail to withhold and can be cited for contempt of court.**

## 3. SPECIAL INSTRUCTIONS FOR PAYORS WHO ARE EMPLOYERS

### a. State and federal laws limit the amount you can withhold and pay as directed by this order. This limitation applies only to earnings defined above in item 1a(1) and are usually half the obligor's disposable earnings.

**Disposable earnings are different from gross pay or take-home pay.** Disposable earnings are earnings left after subtracting the money that state or federal law requires an employer to withhold. Generally these required deductions are (1) federal income tax, (2) social

security, (3) state income tax, (4) state disability insurance, and (5) payments to public employees' retirement systems.

After the obligor's disposable earnings are known, withhold the amount required by the order, **but never withhold more than 50 percent of the disposable earnings unless the court order specifies a higher percentage.** Federal law prohibits withholding more than 65 percent of disposable earnings of an employee in any case.

**If the obligor has more than one assignment for support, add together the amounts of support due for all the assignments. If 50 percent of the obligor's net disposable earnings will not pay in full all of the assignments for support, prorate it first among all of the current support assignments in the same proportion that each assignment bears to the total current support owed. Apply any remainder to the assignments for arrearage support in the same proportion that each assignment bears to the total arrearage owed. If you have any questions, please contact the office or person who sent this form to you. This office or person's name appears in the upper left-hand corner of the order.**

- b. If the employee's pay period differs from the period specified in the order, prorate the amount ordered withheld so that part of it is withheld from each of the obligor's paychecks.
- c. If the obligor stops working for you, notify the office that sent you this form of that, no later than the date of the next payment, by first-class mail. Give the obligor's last known address and, if known, the name and address of any new employer.
- d. California law prohibits you from firing, refusing to hire, or taking any disciplinary action against any employee ordered to pay support through an earnings assignment. Such action can lead to a \$500 civil penalty per employee.

**4. INFORMATION FOR ALL OBLIGORS.** You should have received a *Request for Hearing Regarding Earnings Assignment* (form FL-450) with this *Earnings Assignment Order for Spousal or Partner Support*. If not, you may get one from either the court clerk or the family law facilitator. If you want the court to stop or modify your earnings assignment, you must file (by hand delivery or mail) an original copy of the form with the court clerk within 10 days of the date you received this order. Keep a copy of the form for your records.

If you think your support order is wrong, you can ask for a modification of the order or, in some cases, you can have the order set aside and have a new order issued. You can talk to an attorney or get information from the family law facilitator about this.

**5. SPECIAL INFORMATION FOR THE OBLIGOR WHO IS AN EMPLOYEE.** State law requires you to notify the payees named in items 2 and 3 of the order if you change your employment. You must provide the name and address of your new employer.

ATTORNEY OR PARTY WITHOUT ATTORNEY ( <i>Name, State Bar number, and address</i> ):    TELEPHONE NO.: _____ FAX NO. ( <i>Optional</i> ): _____ EMAIL ADDRESS: _____ ATTORNEY FOR ( <i>Name</i> ): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO</b> <input type="checkbox"/> CENTRAL DIVISION, CENTRAL COURTHOUSE, 1100 UNION ST., SAN DIEGO, CA 92101 <input type="checkbox"/> EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020 <input type="checkbox"/> NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081 <input type="checkbox"/> SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910	
PETITIONER/PLAINTIFF:  RESPONDENT/DEFENDANT:  OTHER PARENT:	
<b>REQUEST FOR HEARING REGARDING EARNINGS ASSIGNMENT</b>	CASE NUMBER: _____

**NOTICE: Complete and file this form with the court clerk to request a hearing *only* if you object to the *Income Withholding for Support* (form FL-195/OMB0970-0154) or *Earnings Assignment Order for Spousal or Partner Support* (form FL-435). This form may not be used to modify your current child support amount. (See page 2 of form FL-192, *Information Sheet on Changing a Child Support Order*.) Page 3 of this form is instructional only and does not need to be delivered to the court.**

1. A hearing on this application will be held as follows (*see instructions for getting a hearing date on page 3*):

a. 

Date:	Time:	<input type="checkbox"/> Dept.:	<input type="checkbox"/> Div.:	<input type="checkbox"/> Room:
-------	-------	---------------------------------	--------------------------------	--------------------------------

b. The address of the court is:  same as noted above  other (*specify*):

2.  I request that service of the *Earnings Assignment Order for Spousal or Partner Support* (form FL-435) or *Income Withholding for Support* (form FL-195/OMB0970-0154) be quashed (set aside) because

a.  I am not the obligor named in the earnings assignment.

b.  There is good cause to recall the earnings assignment because **all** of the following conditions exist:

- (1) Recalling the earnings assignment would be in the best interest of the children for whom I am ordered to pay support (*state reasons*):
  
- (2) I have paid court-ordered support fully and on time for the last 12 months without either an earnings assignment or another mandatory collection process.
- (3) I do not owe any arrearage (back support).
- (4) Service of the earnings assignment would cause extraordinary hardship for me, as follows (*state reasons; you must prove these reasons at any hearing on this application by clear and convincing evidence*):

c.  The other parent and I have a written agreement that allows the support order to be paid by an alternative method. A copy of the agreement is attached. **(NOTE: If the support obligation is paid to the local child support agency, this agreement must be signed by a representative of that agency.)**

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

3.  I request that the earnings assignment be modified because
- a.  the total amount of arrearages claimed as owing is incorrect. *(Check one or more of the following reasons.)*
- (1)  I did not receive credit for all of the payments I have made. *(Check (a), (b), or both.)*
- (a)  I have attached my statement of the payment history, which includes a monthly breakdown of amounts ordered and amounts paid.
- (b)  I made the following payments that were not credited *(for each payment, specify the date, the amount, and the name of the person or agency paid):*
- (2)  Child support was terminated *(specify name of child, child's date of birth, date of termination, and reason support was terminated):*
- (3)  Other *(specify):*
- b.  the monthly payment specified in the earnings assignment is more than half of my total net income each month from all sources.
- c.  the monthly arrearage payment stated in the earnings assignment creates an undue hardship because *(describe the hardship and state the amount you are able to pay on your arrearage):*

**(NOTE: If you want to change the amount of money being deducted for arrearage because it creates a hardship, please attach a completed *Financial Statement (Simplified)* (form FL-155) or *Income and Expense Declaration* (form FL-150).)**

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 OF PERSON REQUESTING HEARING)

▶

(SIGNATURE OF PERSON REQUESTING HEARING)

**CLERK'S CERTIFICATE OF MAILING**

I certify that I am not a party to this action and that a true copy of the *Request for Hearing Regarding Earnings Assignment* (form FL-450) was mailed, with postage fully prepaid, in a sealed envelope addressed as shown below, and that the request was mailed at *(place):* \_\_\_\_\_ on *(date):* \_\_\_\_\_

Date: \_\_\_\_\_ Clerk, by \_\_\_\_\_, Deputy


## INFORMATION SHEET AND INSTRUCTIONS FOR REQUEST FOR HEARING REGARDING EARNINGS ASSIGNMENT

(Do not deliver this information sheet to the court clerk.)

Please follow these instructions to complete the *Request for Hearing Regarding Earnings Assignment* (form FL-450) if you do not have an attorney representing you. Your attorney, if you have one, should complete this form. You must file the completed *Request for Hearing* form and its attachments with the court clerk **within 10 days** after the date your employer gave you a copy of *Earnings Assignment Order for Spousal or Partner Support* (form FL-435) or an *Income Withholding for Support* (form FL-195/OMB0970-0154). The address of the court clerk is the same as the one shown for the superior court on the earnings assignment order. You may have to pay a filing fee. If you cannot afford to pay the filing fee, the court may waive it, but you will have to fill out some forms first. For more information about the filing fee and waiver of the filing fee, contact the court clerk or the family law facilitator in your county.

**(TYPE OR PRINT IN INK)**

**Front page, first box, top of form, left side:** Print your name, address, and telephone number in this box if they are not already there.

- Item 1. a–b.** You must contact the court clerk's office and ask that a hearing date be set for this motion. The court clerk will give you the information you need to complete this section.
- Item 2.** Check this box if you want the court to stop the local child support agency or the other parent from collecting any support from your earnings. If you check this box, you must check the box for either a, b, or c beneath it.
- a. Check this box if you are not the person required to pay support in the earnings assignment.
  - b. Check this box if you believe that there is "good cause" to recall the earnings assignment. **Note:** The court must find that all of the conditions listed in item 2b exist in order for good cause to apply.
  - c. Check this box if you and the other parent have a written agreement that allows you to pay the support another way. **You must attach a copy of the agreement**, which must be signed by both the other parent and a representative of the local child support agency if payments are made to a county office.
- Item 3.** Check this box if you want to change the earnings assignment. If you check this box, you must check the box for either a, b, or c beneath it.
- a. Check this box if the total arrearages listed in item 9 on the earnings assignment order are wrong. If you check this box, you must check one or more of (1), (2), and (3). You must attach the original of your statement of arrearages. Keep one copy for yourself.
    - (1) Check this box if you believe the amount of arrearages listed on the earnings assignment order does not give you credit for all the payments you have made. If you check this box, you must check one or both of the boxes beneath it.
      - (a) Check this box if you are attaching your own statement of arrearages. This statement must include a monthly listing of what you were ordered to pay and what you actually paid.
      - (b) Check this box if you wish to list any payments that you believe were not included in the arrearages amount. For each payment you must list the date you paid it, the amount paid, and the person or agency (such as the local child support agency) to whom you made the payment. Bring to the hearing proof of any payment that is in dispute.
    - (2) Check this box if the child support for any of the children in the case has been terminated (ended). If you check this box, you must list the following information for each child:
      - The name and birthdate of each child.
      - The date the child support order was terminated.
      - The reason child support was terminated.
    - (3) Check this box if there is another reason you believe the amount of arrearages is incorrect. You must explain the reasons in detail.
  - b. Check this box if the total monthly payment shown in item 1 of the earnings assignment order is more than half of your monthly net income.
  - c. Check this box if the total monthly payment shown in item 1 of the earnings assignment order causes you a serious hardship. You must write the reasons for the hardship in this space.

You must date this *Request for Hearing* form, print your name, and sign the form under penalty of perjury. You must also complete the certificate of mailing at the bottom of page 2 of the form by printing the name and address of the other parties in brackets and providing a stamped envelope addressed to each of the parties. When you sign this *Request for Hearing* form, you are stating that the information you have provided is true and correct. After you file the request, the court clerk will notify you by mail of the date, time, and location of the hearing.

**You must file your request within 10 days of receiving the *Earnings Assignment Order for Spousal or Partner Support* or the *Income Withholding for Support* from your employer. You may file your request in person at the clerk's office or mail it to the clerk. In either event, it must be received by the clerk within the 10-day period.**

If you need additional assistance with this form, contact an attorney or the family law facilitator in your county. Your family law facilitator can help you, for free, with any questions you have about the above information. For more information on finding a lawyer or family law facilitator, see the California Courts Online Self-Help Center at [www.courtinfo.ca.gov/selfhelp/](http://www.courtinfo.ca.gov/selfhelp/).

**NOTICE: Use form FL-450 to request a hearing only if you object to the *Income Withholding for Support* (form FL-195/OMB0970-0154) or *Earnings Assignment Order for Spousal or Partner Support* (form FL-435). This form will not modify your current support amount. (See page 2 of form FL-192, *Information Sheet on Changing a Child Support Order*.)**

## INFORMATION SHEET FOR PROOF OF PERSONAL SERVICE

Use these instructions to complete the *Proof of Personal Service* (form FL-330).

A person at least 18 years of age or older must serve the documents. There are two ways to serve documents: (1) personal delivery and (2) by mail. See the *Proof of Service by Mail* (form FL-335) if the documents are being served by mail. The person who serves the documents must complete a proof of service form for the documents being served. **You cannot serve documents if you are a party to the action.**

### INSTRUCTIONS FOR THE PERSON WHO SERVES THE DOCUMENTS (TYPE OR PRINT IN BLACK INK)

You must complete a proof of service for each package of documents you serve. For example, if you serve the respondent and the other parent, you must complete two proofs of service; one for the respondent and one for the other parent.

*Complete the top section of the proof of service forms as follows:*

**First box, left side:** In this box print the name, address, and phone number of the person for whom you are serving the documents.

**Second box, left side:** Print the name of the county in which the legal action is filed and the court's address in this box. Use the same address for the court that is on the documents you are serving.

**Third box, left side:** Print the names of the petitioner/plaintiff, respondent/defendant, and other parent in this box. Use the same names listed on the documents you are serving.

**First box, top of form, right side:** Leave this box blank for the court's use.

**Second box, right side:** Print the case number in this box. This number is also stated on the documents you are serving.

**Third box, right side:** Print the hearing date, time, and department. Use the same information that is on the documents you are serving.

1. You are stating that you are over the age of 18 and that you are neither a party of this action nor a protected person listed in any of the orders.
2. Print the name of the party to whom you handed the documents.
3. List the name of each document that you delivered to the party.
4.
  - a. Write in the date that you delivered the documents to the party.
  - b. Write in the time of day that you delivered the documents to the party.
  - c. Print the address where you delivered the documents.
5. Check the box that applies to you. If you are a private person serving the documents for a party, check box "a."
6. Print your name, address, and telephone number. If applicable, include the county in which you are registered as a process server and your registration number.
7. You must check this box if you are not a California sheriff or marshal. You are stating under penalty of perjury that the information you have provided is true and correct.
8. Do not check this box unless you are a California sheriff or marshal.

**Print your name, fill in the date, and sign the form.**

*If you need additional assistance with this form, contact the family law facilitator in your county.*

ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400,17406) <i>(Name, State Bar number, and address):</i>  <hr/>  TELEPHONE NO.: _____ FAX NO. <i>(Optional)</i> : _____ EMAIL ADDRESS: _____ ATTORNEY FOR <i>(Name)</i> : _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO</b> <input type="checkbox"/> CENTRAL DIVISION, CENTRAL COURTHOUSE, 1100 UNION ST., SAN DIEGO, CA 92101 <input type="checkbox"/> EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020 <input type="checkbox"/> NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081 <input type="checkbox"/> SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910	
PETITIONER/PLAINTIFF:  RESPONDENT/DEFENDANT:  OTHER PARENT/PARTY:	CASE NUMBER:  <i>(If applicable, provide):</i> HEARING DATE: HEARING TIME: DEPT.:
<b>PROOF OF PERSONAL SERVICE</b>	

1. I am at least 18 years old, not a party to this action, and not a protected person listed in any of the orders.
2. Person served *(name)*:
3. I served copies of the following documents *(specify)*:
  
4. By personally delivering copies to the person served, as follows:
  - a. Date: \_\_\_\_\_ b. Time: \_\_\_\_\_
  - c. Address: \_\_\_\_\_
  
5. I am
  - a.  not a registered California process server.
  - b.  a registered California process server.
  - c.  an employee or independent contractor of a registered California process server.
  - d.  exempt from registration under Business & Profession Code section 22350(b).
  - e.  a California sheriff or marshal.
6. My name, address, and telephone number, and, if applicable, county of registration and number *(specify)*:
  
7.  I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
8.  I am a California sheriff or marshal and I certify that the foregoing is true and correct.

Date:

---

(TYPE OR PRINT NAME OF PERSON WHO SERVED THE PAPERS)

---

(SIGNATURE OF PERSON WHO SERVED THE PAPERS)

## INFORMATION SHEET FOR PROOF OF SERVICE BY MAIL

Use these instructions to complete the *Proof of Service by Mail* (form FL-335).

A person at least 18 years of age or older must serve the documents. There are two ways to serve documents: (1) personal delivery and (2) by mail. See the *Proof of Personal Service* (form FL-330) if the documents are being personally served. The person who serves the documents must complete a proof of service form for the documents being served. **You cannot serve documents if you are a party to the action.**

### INSTRUCTIONS FOR THE PERSON WHO SERVES THE DOCUMENTS (TYPE OR PRINT IN BLACK INK)

You must complete a proof of service for each package of documents you serve. For example, if you serve the respondent and the other parent, you must complete two proofs of service; one for the respondent and one for the other parent.

*Complete the top section of the proof of service forms as follows:*

**First box, left side:** In this box print the name, address, and phone number of the person for whom you are serving the documents.

**Second box, left side:** Print the name of the county in which the legal action is filed and the court's address in this box. Use the same address for the court that is on the documents you are serving.

**Third box, left side:** Print the names of the petitioner/plaintiff, respondent/defendant, and other parent in this box. Use the same names listed on the documents you are serving.

**First box, top of form, right side:** Leave this box blank for the court's use.

**Second box, right side:** Print the case number in this box. This number is also stated on the documents you are serving.

**Third box, right side:** Print the hearing date, time, and department. Use the same information that is on the documents you are serving.

**You cannot serve a temporary restraining order by mail. You must serve those documents by personal service.**

1. You are stating that you are at least 18 years old and that you are not a party to this action. You are also stating that you either live in or are employed in the county where the mailing took place.
2. Print your home or business address.
3. List the name of each document that you mailed (the exact names are listed on the bottoms of the forms).
  - a. Check this box if you put the documents in the regular U.S. mail.
  - b. Check this box if you put the documents in the mail at your place of employment.
4.
  - a. Print the name you put on the envelope containing the documents.
  - b. Print the address you put on the envelope containing the documents.
  - c. Print the date that you put the envelope containing the documents in the mail.
  - d. Print the city and state you were in when you mailed the envelope containing the documents.
5. Check this box if you are serving an address verification form (required for service by mail of a postjudgment request to change a child custody, visitation, or child support order).
6. You are stating under penalty of perjury that the information you have provided is true and correct.

**Print your name, fill in the date, and sign the form.**

*If you need additional assistance with this form, contact the family law facilitator in your county.*

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar number, and address):</i>  <hr style="width: 10%; margin-left: 0;"/>  TELEPHONE NO.: _____ FAX NO. <i>(Optional):</i> _____ EMAIL ADDRESS : _____ ATTORNEY FOR <i>(Name):</i> _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO</b> <input type="checkbox"/> CENTRAL DIVISION, CENTRAL COURTHOUSE, 1100 UNION ST., SAN DIEGO, CA 92101 <input type="checkbox"/> EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020 <input type="checkbox"/> NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081 <input type="checkbox"/> SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910	
PETITIONER/PLAINTIFF:  RESPONDENT/DEFENDANT:  OTHER PARENT/PARTY:	CASE NUMBER:  <i>(If applicable, provide):</i> HEARING DATE: HEARING TIME: DEPT.:
<b>PROOF OF SERVICE BY MAIL</b>	

**NOTICE: To serve temporary restraining orders you must use personal service (see form FL-330).**

1. I am at least 18 years of age, not a party to this action, and I am a resident of or employed in the county where the mailing took place.
2. My residence or business address is:
  
3. I served a copy of the following documents *(specify):*

by enclosing them in an envelope AND

- a.  **depositing** the sealed envelope with the United States Postal Service with the postage fully prepaid.
- b.  **placing** the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.

4. The envelope was addressed and mailed as follows:
  - a. Name of person served:
  - b. Address:
  
  - c. Date mailed:
  - d. Place of mailing *(city and state):*

5.  I served a request to modify a child custody, visitation, or child support judgment or permanent order which included an address verification declaration. *(Declaration Regarding Address Verification—Postjudgment Request to Modify a Child Custody, Visitation, or Child Support Order (form FL-334) may be used for this purpose.)*

6. 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)



ATTORNEY OR PARTY WITHOUT ATTORNEY ( <i>Name, State Bar number, and address</i> ):    TELEPHONE NO.: _____ FAX NO. ( <i>Optional</i> ): _____ EMAIL ADDRESS: _____ ATTORNEY FOR ( <i>Name</i> ): _____	FOR COURT USE ONLY
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO</b> <input type="checkbox"/> CENTRAL DIVISION, CENTRAL COURTHOUSE, 1100 UNION ST., SAN DIEGO, CA 92101 <input type="checkbox"/> EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020 <input type="checkbox"/> NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081 <input type="checkbox"/> SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910	
PLAINTIFF/PETITIONER:  DEFENDANT/RESPONDENT:	CASE NUMBER:  JUDICIAL OFFICER:
<b>NOTICE OF CHANGE OF ADDRESS OR OTHER CONTACT INFORMATION</b>	DEPT.:

1. **Please take notice** that, as of (*date*):

- the following self-represented party or  
 the attorney for:
- a.  plaintiff (*name*):
  - b.  defendant (*name*):
  - c.  petitioner (*name*):
  - d.  respondent (*name*):
  - e.  other (*describe*):

has **changed his or her address** for service of notices and documents or other contact information in the above-captioned action.

A list of additional parties represented is provided in Attachment 1.

2. The **new address** or other contact information for (*name*):

is as follows:

- a. Street:
- b. City:
- c. Mailing address (*if different from above*):
- d. State and zip code:
- e. Telephone number:
- f. Fax number (if available):
- g. E-mail address (if available):

3. **All notices and documents** regarding the action should be sent to the above address.

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF PARTY OR ATTORNEY)

PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	CASE NUMBER:
--	--------------

**PROOF OF SERVICE BY FIRST-CLASS MAIL  
NOTICE OF CHANGE OF ADDRESS OR OTHER CONTACT INFORMATION**

**(NOTE: This page may be used for proof of service by first-class mail of the Notice of Change of Address or Other Contact Information. Please use a different proof of service, such as Proof of Service—Civil (form POS-040), if you serve this notice by a method other than first class-mail, such as by fax or electronic service. You cannot serve the Notice of Change of Address or Other Contact Information if you are a party in the action. The person who served the notice must complete this proof of service.)**

1. At the time of service, I was at least 18 years old and **not a party to this action**.
2. I am a resident of or employed in the county where the mailing took place. My residence or business address is *(specify)*:
3. I served a copy of the *Notice of Change of Address or Other Contact Information* by enclosing it in a sealed envelope addressed to the persons at the addresses listed in item 5 and *(check one)*:
  - a.  deposited the sealed envelope with the United States Postal Service with postage fully prepaid.
  - b.  placed the sealed envelope for collection and for mailing, following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.
4. The *Notice of Change of Address or Other Contact Information* was placed in the mail:
  - a. on *(date)*:
  - b. at *(city and state)*:
5. The envelope was addressed and mailed as follows:
 

<ol style="list-style-type: none"> <li>a. Name of person served:</li> <li>Street address:</li> <li>City:</li> <li>State and zip code:</li> </ol>	<ol style="list-style-type: none"> <li>c. Name of person served:</li> <li>Street address:</li> <li>City:</li> <li>State and zip code:</li> </ol>
<ol style="list-style-type: none"> <li>b. Name of person served:</li> <li>Street address:</li> <li>City:</li> <li>State and zip code:</li> </ol>	<ol style="list-style-type: none"> <li>d. Name of person served:</li> <li>Street address:</li> <li>City:</li> <li>State and zip code:</li> </ol>

Names and addresses of additional persons served are attached. *(You may use form POS-030(P).)*

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 OF DECLARANT)



\_\_\_\_\_  
(SIGNATURE OF DECLARANT)

**“WITH CHILDREN”**

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
---	--------------

**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 for 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 (Family Code sections 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 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 Order Attachment (form FL-341(B))* is attached and must be obeyed.)
6.  **Child custody.** Custody of the minor children of the parties is awarded as follows:

		Legal custody to: <i>(person who decides about the child's                  health, education, and welfare)</i>	Physical custody to: <i>(person the child                  regularly lives with)</i>
<u>Child's Name</u>	<u>Birth Date</u>		

7.  **Child custody orders with allegations of a history of abuse or substance abuse**  
*(Do not complete this section if the parties have entered, or will enter into, an agreement on child custody and/or visitation (parenting time), in writing or stated in court.)*
  - a. Allegations have been raised in form FL-311, other documents filed in the court, or in a court hearing that  
 petitioner     respondent     other parent/party    has (or have) either:
    - (1) a history of abuse against any of the following persons: a child, the other parent, their current spouse, or the person they live with or are dating or engaged to; or
    - (2) the habitual or continual illegal use of controlled substances, or the habitual or continual abuse of alcohol, or the habitual or continual abuse of prescribed controlled substances.
  - b.  The court does NOT grant sole or joint custody of the minor children to  petitioner     respondent  
 other parent/party
  - c.  Even though there are allegations of a history of abuse or substance abuse, the court GRANTS sole or joint custody of the minor child as set out in item 6 for the following reasons:  [Attachment 7c.](#)

**THIS IS A COURT ORDER.**

**CHILD CUSTODY AND VISITATION (PARENTING TIME)  
 ORDER ATTACHMENT**

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
---	--------------

8.  **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.

(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:

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
---	--------------

9.  **Visitation (parenting time) with allegations of a history of abuse, substance abuse, or other parenting concerns**
- a.  **Supervised visitation (parenting time).**
- (1) Until  further order of the court  other (*specify*): \_\_\_\_\_, the  
 petitioner  respondent  other parent/party (*name*):  
 will have supervised visitation (parenting time) with the minor children according to the schedule on page 2.
- (2) In addition, **Supervised Visitation Order (form FL-341(A) is attached.**
- b.  **Unsupervised visitation (parenting time)**  
*(Do not complete this section if the parties have entered or will enter into an agreement on child custody and/or visitation (parenting time), in writing or stated in court.)*
- (1) Even though there are allegations of a history of abuse or substance abuse under Family Code section 3011, the  
 petitioner  respondent  other parent/party (*name*):  
 has (or have) unsupervised visitation (parenting time) with the minor children as set forth in 8.
- (2) The reasons for granting unsupervised visitation to the person(s) alleged to have a history of abuse or substance abuse are:  as follows:  [Attachment 9b.](#)
- (3) The orders for visitation (parenting time) are specific as to time, day, place, and manner of transfer of the child, as Family Code section 6323(c) requires.
10.  **Transportation for visitation (parenting time) and place of exchange**
- a. The children must be driven only by a licensed and insured driver. The vehicle must be legally registered with the Department of Motor Vehicles, and must have child restraint devices properly installed, as required by law.
- 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 the home (or exchange location) while the children go between the car and the home (or exchange location).
- g.  Other (*specify*): \_\_\_\_\_
11.  **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:
---	--------------

12.  **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.)

13.  **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.)

14.  **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.)

15. **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.

16.  **Other (specify):**

**THIS IS A COURT ORDER.**

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

**CHILD SUPPORT INFORMATION AND ORDER ATTACHMENT**

- TO**     **Findings and Order After Hearing (form FL-340)**     **Judgment (form FL-180)**  
 **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**

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

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:

	Petitioner/ <u>plaintiff</u>	Respondent/ <u>defendant</u>	Other parent/ <u>party</u>	Approximate ending time <u>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**  
 Petitioner/plaintiff     Respondent/defendant     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:
---	--------------

**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* (form FL-342(A)) is attached.

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

f. **Child Support Order Suspension**

When a person who has been ordered to pay child support is in jail or prison or is involuntarily institutionalized for any period of more than 90 days in a row, the child support order is temporarily stopped. However, the child support order will not be stopped if the person who owes support has the financial ability to pay that support while in jail, prison, or an institution. It will also not be stopped if the reason the person is in jail, prison, or an institution is because the person didn't pay court ordered child support or committed domestic violence against the supported person or child. The child support order starts again on the first day of the month after the person is released from jail, prison, or an institution.

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.

**THIS IS A COURT ORDER.**

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

7. 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.
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* (form FL-192) must be attached and is incorporated into this order.
  - b. If this form is attached to *Restraining Order After Hearing* (form DV-130), 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* (form FL-191) 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): _____ EMAIL ADDRESS: _____ ATTORNEY FOR (Name): _____	COURT PERSONNEL: STAMP DATE RECEIVED HERE          <b>DO NOT FILE</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO</b> <input type="checkbox"/> CENTRAL DIVISION, CENTRAL COURTHOUSE, 1100 UNION ST., SAN DIEGO CA 92101 <input type="checkbox"/> EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020 <input type="checkbox"/> NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081 <input type="checkbox"/> SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910	
PETITIONER/PLAINTIFF:   RESPONDENT/DEFENDANT:   OTHER PARENT:	
<input type="checkbox"/> <b>CHILD SUPPORT CASE REGISTRY FORM</b> <input type="checkbox"/> Mother <input type="checkbox"/> First form completed <input type="checkbox"/> Father <input type="checkbox"/> Change to previous information	CASE NUMBER:

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

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

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

<u>Child Support:</u>	<u>Family Support:</u>	<u>Spousal Support:</u>
(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 ( <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**

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

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

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

- a.
- b.
- c.

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

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

- |   |   |
|---|---|
| 5. Father's name: <ul style="list-style-type: none"> <li>a. Date of birth:</li> <li>b. Social security number:</li> <li>c. Street address:</li> </ul> | 6. Mother's name: <ul style="list-style-type: none"> <li>a. Date of birth:</li> <li>b. Social security number:</li> <li>c. Street address:</li> </ul> |
|---|---|

City, state, zip code:

City, state, zip code:

d. Mailing address:

d. Mailing address:

City, state, zip code:

City, state, zip code:

e. Driver's license number:

e. Driver's license number:

State:

State:

f. Telephone number:

f. Telephone number:

g.  Employed  Not employed  Self-employed

g.  Employed  Not employed  Self-employed

Employer's name:

Employer's name:

Street address:

Street address:

City, state, zip code:

City, state, zip code:

Telephone number:

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. Going to court.** Sometimes parents get into disagreements about health-care costs. If you and the other parent cannot resolve the situation after talking about it, you can request that the court make a decision.

**a. Disputed charges.** If you dispute a charge made by the other parent, you may file a request for the court to resolve the dispute, but only if you pay that charge before filing your request.

**b. Nonpayment.** If you claim that the other parent has failed to pay you back for a payment, or they have failed to make a payment to the provider after proper notice, you may file a request for the court to resolve the dispute. The court will presume that if uninsured costs have been paid, those costs were reasonable.

**c. Attorney's fees.** If the court decides one parent has been unreasonable, it can order that parent to pay the other parent's attorney's fees and costs.

**d. Court forms.** Use forms [FL-300](#) and [FL-490](#) to get a court date. See form [FL-300-INFO](#) for information about completing, filing, and serving your court papers.

**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 parent 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 parent 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 parent incurring those costs.

### Information About Child Support for Incarcerated or Confined Parents

**1. Child support.** As of September 27, 2022, child support automatically stops if the parent who has to pay is confined against their will for more than 90 days in a row in jail, prison, juvenile detention, a mental health facility, or other institution.

**Exception.** Child support does not automatically stop if the parent who has to pay has money available to pay child support.

**2. Past confinement.** Child support also stops during past confinement if it was ordered from October 8, 2015, through December 31, 2019, or January 1, 2021, through September 26, 2022, and the parent who has to pay was confined for more than 90 days in a row during the same time frame.

**Exceptions for past confinement.** Child support does not automatically stop if the parent who has to pay was in jail or prison for failing to pay child support or for domestic violence against the other parent or the child, or if they had money available to pay support.

**3. Timing.** Child support automatically restarts the first day of the first full month after the parent is released. If you need to change your child support order, see page 2.

**4. More info.** For more information about child support and incarcerated parents, see [Family Code section 4007.5](#) or go to <https://selfhelp.courts.ca.gov/child-support/incarcerated-parent>.

# NOTICE OF RIGHTS AND RESPONSIBILITIES

## Information Sheet on Changing a Child Support Order

### General Info

The court has made a child support order in your case. This order will remain the same unless one of the parents requests that the support be changed (modified). An order for child support can be modified by filing a request to change child support and serving the other parent. If both parents agree on a new child support amount, they can complete, sign, and file with the court a *Stipulation to Establish or Modify Child Support and Order* (form FL-350). (**Note:** If the local child support agency is involved in your case, it must be served with any request to change child support and approve any agreement.)

### Online Self-Help Guide

For more information about how child support works, visit: <https://selfhelp.courts.ca.gov/child-support>.

### When a Child Support Order May Be Changed

The court considers several things when ordering the payment of child support.

- First, the number of children is considered, along with the percentage of time each parent has physical custody of the children.
- Next, the net disposable incomes of both parents are determined (which is how much money is left each month after taxes and certain other items like health insurance, union dues, or other child support ordered and paid are subtracted from a parent's paycheck). The court can also look at earning ability if a parent is not working.
- The court considers both parents' tax filing status and may consider hardships, such as the cost of raising a child of another relationship who lives with a parent.

A parent can request to change an existing order for child support when circumstances change significantly. For example if the net disposable income of one of the parents changes, parenting time changes, 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:

- [Form FL-300, Request for Order or](#)
- [Form 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, and attach proof of income for the past two months (like your paycheck stubs):

- [Form FL-150, Income and Expense Declaration or](#)
- [Form FL-155, Financial Statement \(Simplified\)](#)

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

Contact the family law facilitator in your county. You can find them here: <https://www.courts.ca.gov/selfhelp-facilitators.htm>.

**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:

- [Form FW-001, Request to Waive Court Fees and](#)
- [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 deliver copies of your filed court forms to the other parent, at least **16 court days** before the hearing. Add **5 calendar days** if delivered 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](http://www.courts.ca.gov/holidays.htm).

Blank copies of both of these forms must also be served:

- [Form FL-320, Responsive Declaration to Request for Order](#)
- [Form FL-150, Income and Expense Declaration](#)

Then the server fills out and signs a *Proof of Service*. Take this form, plus one copy, to the clerk and file it at least one week before your hearing.

**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:

- [Form FL-340, Findings and Order After Hearing and](#)
- [Form FL-342, Child Support Information and Order](#)

### Need help?

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