SUPERIOR COURT OF CALIFORNIA
COUNTY OF SAN DIEGO

DISSOLUTION (JUDGMENT) PACKET

FORMS INCLUDED IN THIS PACKET		
	Family Law Judgment Checklist – Instructions	SDSC Form #D-237
	Family Law Judgment Checklist – True Default Case	SDSC Form #D-238
	Family Law Judgment Checklist – Default Case with Written Agreement	SDSC Form #D-239
	Family Law Judgment Checklist – Uncontested Case	SDSC Form #D-240
	Request to Enter Default (Family Law—Uniform Parentage)	Judicial Council Form #FL-165
	Declaration for Default or Uncontested Dissolution or Legal Separation (Family Law)	Judicial Council Form #FL-170
	Appearance, Stipulations, and Waivers (Family Law—Uniform Parentage—Custody and Support)	Judicial Council Form #FL-130
	Declaration of Disclosure (Family Law)	Judicial Council Form #FL-140
	Declaration Regarding Service of Declaration of Disclosure (Family Law)	Judicial Council Form #FL-141
	Stipulation and Waiver of Final Declaration of Disclosure	Judicial Council Form #FL-144
	Judgment (Family Law)	Judicial Council Form #FL-180
	Child Custody and Visitation Order Attachment	Judicial Council Form #FL-341
	Supervised Visitation Order	Judicial Council Form #FL-341(A)
	Child Support Information and Order Attachment	Judicial Council Form #FL-342
	Spousal, Partner, or Family Support Order Attachment (Family Law)	Judicial Council Form #FL-343
	Property Order Attachment to Judgment (Family Law)	Judicial Council Form #FL-345
	Notice of Entry of Judgment (Family Law—Uniform Parentage—Custody and Support)	Judicial Council Form #FL-190
	Proof of Personal Service	Judicial Council Form #FL-330
	Proof of Service by Mail	Judicial Council Form #FL-335
	Notice of Change of Address	Judicial Council Form #MC-040
WITH CHILDREN	Child Support Case Registry Form	Judicial Council Form #FL-191
WITH CHILDREN	Notice of Rights and Responsibilities Health-Care Costs and Reimbursement Procedures	Judicial Council Form #FL-192
WITH CHILDREN	Earning Assignment Order for Spousal or Partner Support (Family Law)	Judicial Council Form #FL-435
WITH CHILDREN	Request for Hearing Regarding Earnings Assignment (Family Law—Governmental—UIFSA)	Judicial Council Form #FL-450
WITH CHILDREN	Income Withholding Order for Support	Judicial Council Form #FL-195
WITH CHILDREN	Income Withholding for Support – Instructions	Judicial Council Form #FL-196

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO

FAMILY LAW JUDGMENT CHECKLIST

(Dissolution/Legal Separation/Nullity)

INSTRUCTIONS

This checklist is designed as a tool to assist you and the court in processing your judgment. It may not include all information that is legally required, is not legal advice, and it should not be used as a substitute for legal advice from an attorney licensed by the State Bar of California. If you have any questions about your legal rights, you should talk to an attorney. Please include a copy of the completed checklist you use with your judgment package.

The checklists address the three most common ways to obtain a judgment:

1. **True Default Case** - no response filed and no written agreement. (SDSC Form #D-238)
2. **Default Case with Written Agreement** - no response filed and a written agreement. (SDSC Form #D-239)
3. **Uncontested Case** - appearance by both parties and a written agreement. (SDSC Form #D-240)

Please note that if respondent is active duty military, a true default judgment may not be used to enter judgment.

You only need to complete the checklist appropriate to the circumstances of your case. All items **MUST** be completed either by checking each line to indicate that you have filed that form or by marking "**N/A**" to indicate that the item is not applicable in your case. If any of these items were previously filed, please note the filing date next to the item.

Please provide an envelope large enough for all documents, and stamped with sufficient postage, so we may return your copies to you.

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SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO

☐ CENTRAL DIVISION, FAMILY COURT, 1555 6TH AVE., SAN DIEGO, CA 92101
☐ EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020
☐ EAST COUNTY DIVISION, RAMONA, 1428 MONTECITO RD., RAMONA, CA 92065
☐ NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081
☐ SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910

FAMILY LAW JUDGMENT CHECKLIST

True Default Case

TRUE DEFAULT CASE *(no Response filed and NO WRITTEN AGREEMENT between the parties)*:

☐ 1. Submit an original **Proof of Service of Summons** *(one of the following):*

- ☐ Proof of Service of Summons (*personal service*) (*optional*- JC Form #FL-115).
- ☐ Notice and Acknowledgment of Receipt (JC Form #FL-117).
- ☐ Service out-of state - by certified mail with U. S. postal green or pink receipt card signed by the respondent attached (*optional*- JC Form #FL-115 or out-of-state form).
- ☐ Other (*please describe*): _____

☐ 2. Submit a **Declaration Regarding Service of Declaration of Disclosure** (JC Form #FL-141).

- ☐ Submit the Petitioner's Preliminary Declaration of Disclosure (JC Form #FL-140). *(submit conformed copy if previously filed)*

☐ 3. Submit a **Request to Enter Default** (JC Form #FL-165).

- ☐ Attach one (1) stamped envelope addressed to the respondent with the Superior Court's return address.

☐ 4. Submit a **Declaration for Default or Uncontested Dissolution/Legal Separation** (JC Form #FL-170).

☐ 5. Submit a **Judgment** (JC Form #FL-180). *(preferably on pink paper)*

- ☐ Must contain provisions regarding property division and spousal/partner support.
- ☐ Mark 4.f. if petitioner is requesting his/her former name be restored on the petition. Clearly print the full name being requested.

☐ 6. If you have **Minor Children** of the marriage:

- ☐ If there are minor children of the marriage/partnership, complete 4.l. and 4.m. on the judgment.
- ☐ If there are minor children born to the parties <u>prior to the date of marriage/date of registration</u>:
  - ☐ Check to see that 7.d. was checked on the petition and then mark 4.k.(2) on the judgment.
  - ☐ If 7.d was not checked on petition, an amended petition must be filed and served on the respondent before proceeding with judgment. Proof of Service of the amended complaint being served is also required before proceeding with judgment.
- ☐ Submit an **Income and Expense Declaration** (JC Form #FL-150). *(preferably on green paper)*
  - ☐ If an Income and Expense Declaration has been previously filed, it must be no more than 60 days old.
- ☐ Submit a **Child Custody and Visitation Attachment** (JC Form #FL-341).
- ☐ Submit a **Child Support Order Attachment** (JC Form #FL-342).
- ☐ Submit a **Notice of Rights and Responsibilities/Information Sheet on Changing a Child Support Order** (JC Form #FL-192).
- ☐ Submit a **Child Support Case Registry Form** (JC Form #FL-191).

☐ 7. If you are requesting **Spousal/Partner Support** be ordered, terminated or reserved:

- ☐ If requesting spousal/partner support be ordered, complete 4.n. on judgment.
- ☐ If terminating the right to support payments, use this language: *The court terminates jurisdiction to award spousal (partner) support to either party.*
- ☐ If reserving the right to support payments at a future time, use this language: *The court reserves jurisdiction to award spousal (partner) support to _____ (one or both parties.).*
- ☐ Submit an **Income and Expense Declaration** (JC Form #FL-150). *(preferably on green paper)*
  - ☐ If an Income and Expense Declaration has been previously filed, it must be no more than 60 days old.
- ☐ Submit a **Spousal, Partner or Family Support Order Attachment** (JC Form #FL-343).

☐ 8. If you are requesting **Property Division**:

- ☐ Complete 4.o. on the judgment:
  - ☐ If there is no property, use the following language for item 4.o.(3). of the judgment: *There are no community assets, debts, pension or retirement benefits to be divided.*
- ☐ Submit a **Property Order Attachment** (JC Form #FL-345).

☐ 9. Submit a **Notice of Entry of Judgment** (JC Form #FL-190).

- ☐ Attach two (2) stamped envelopes, with one addressed to each party with the Superior Court's return address.
- ☐ The names and addresses on the Notice of Entry of Judgment form must match the envelopes exactly.

☐ 10. **Miscellaneous**

- ☐ Verify case number on all forms is correct.
- ☐ Verify party names on all forms match the petition and are spelled correctly.
- ☐ Submit three complete sets of the documents to the court; one original (two-hole punched at the top) and two additional copies.
- ☐ Attach a self-addressed envelope with sufficient postage, large enough to return all copies, or an attorney messenger slip, to ensure that copies are returned to you.

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SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO

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☐ NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081
☐ SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910

FAMILY LAW JUDGMENT CHECKLIST

Default Case with Written Agreement

DEFAULT CASE WITH WRITTEN AGREEMENT *(No response filed and Written Agreement)*:

☐ 1. Submit an original **Proof of Service of Summons** *(one of the following):*

- ☐ Proof of Service of Summons (*personal service*) (*optional*- JC Form #FL-115).
- ☐ Notice and Acknowledgment of Receipt (JC Form #FL-117).
- ☐ Service out-of state - by certified mail with U. S. postal green or pink receipt card signed by the respondent attached (*optional*- JC Form #FL-115 or out-of-state form).
- ☐ Other (Please describe): _____

☐ 2. Submit a **Declaration Regarding Service of Declaration of Disclosure** (JC Form #FL-141).

- ☐ Submit the petitioner's Preliminary Declaration of Disclosure (JC Form #FL-140). *(submit conformed copy if previously filed)*
- ☐ Submit the respondent's Preliminary Declaration of Disclosure (JC Form #FL-140). *(submit conformed copy if previously filed)*

☐ 3. Submit a **Request to Enter Default** (JC Form #FL-165).

- ☐ Attach one (1) stamped envelope addressed to the respondent with the Superior Court's return address.

☐ 4. Submit a **Declaration for Default or Uncontested Dissolution/Legal Separation** (JC Form #FL-170).

- ☐ If minor children are involved, item 13.a. and 13.b. or 13.c. on the declaration must be completed.

☐ 5. Submit a **Stipulation and Waiver of Final Declaration of Disclosure** (JC Form #FL-144) or Declaration Regarding Service of Declaration of Disclosure (JC Form #FL-141) from each party with #3 marked.

- ☐ Must be signed by both the petitioner and respondent.

☐ 6. Submit a **Judgment** (*optional*- JC Form #FL-180). *(preferably on pink paper)*

- ☐ Mark 4.f. if petitioner is requesting his/her former name be restored on the petition. Clearly print the full name being requested. Corresponding language regarding restoration of former name must be in written agreement if not requested in the petition.
- ☐ Mark 4.i. and corresponding box (1) on 4.l., 4.m., 4.n. and 4.o. for written agreement as case requires.

☐ 7. Attach a copy of the **Written Agreement** to the judgment.

- ☐ If either party has an attorney, the attorney must sign, date and approve the written agreement.
- ☐ The respondent's signature must be notarized.
- ☐ Include the following language:
  - ☐ Provisions regarding property division and spousal/partner support jurisdiction. Child support and child custody/visitation provisions, if there are minor children.
  - ☐ The matter may proceed on the default or uncontested calendar before a temporary judge. The parties waive their rights to notice of trial, a statement of decision, to move for a new trial, and to appeal.

☐ If there are minor children: **Fam. Code § 3048:** (a) This court has jurisdiction over the minor child(ren) as California is child's home state. (b) Both parties were personally present at the execution of this custody-visitation agreement, both have knowledge of their right to a hearing in this matter and both waive their right to the hearing based upon this custody and visitation agreement. (c) The parties agree the habitual residence of the child(ren) is the U.S.A. (d) Both parties acknowledge being advised that any violation of this order may result in civil or criminal penalties or both.

☐ If there are minor children: **Fam. Code § 4065:** The parties are fully informed of their rights concerning child support. The order is being agreed to without coercion or duress. The agreement is in the best interest of the children, and the needs of the children will be adequately met by the stipulated amount. The right to support has not been assigned to any county pursuant to Section 11477 of the Welfare and Institutions Code and no public assistance application is pending.

☐ If there are minor children and Department of Child Support Services ("DCSS") is involved include the language for all that apply:

- ☐ Petitioner *and/or* respondent *and/or* children are presently receiving public assistance in the form of cash aid. All child support should be made payable to the State Disbursement Unit, P. O. Box 989067, West Sacramento, CA 95798. ***AND/OR***
- ☐ Child support is being enforced by DCSS in Case No._____ ***AND/OR***
- ☐ The issue of child support in this case is reserved to the Family Support Division.

☐ If the Written Agreement includes **child support**, the following forms must also be included:

- ☐ **Notice of Rights and Responsibilities/Information Sheet on Changing a Child Support Order** (JC Form #FL-192).
- ☐ Each party must complete and submit a **Child Support Case Registry Form** (JC Form #FL-191).

☐ 8. Submit a **Notice of Entry of Judgment** (JC Form #FL-190).

- ☐ Attach two (2) stamped envelopes, with one addressed to each party with the Superior Court's return address.
- ☐ The names and addresses on the Notice of Entry of Judgment form must match the envelopes exactly.

☐ 9. **Miscellaneous**

- ☐ Verify case number on all forms is correct.
- ☐ Verify party names on all forms match the petition and are spelled correctly.
- ☐ Submit three complete sets of the documents to the court; one original (two-hole punched at the top) and two additional copies.
- ☐ Attach a self-addressed envelope with sufficient postage, large enough to return all copies, or an attorney messenger slip, to ensure that copies are returned to you.

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☐ SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910

FAMILY LAW JUDGMENT CHECKLIST

Uncontested Case

UNCONTESTED CASE
(Response-Marriage or Appearance, Stipulation and Waivers filed by respondent and a WRITTEN AGREEMENT):

☐ 1. Submit the **First Appearance of Respondent** *(One of the following documents **with first appearance fees**):*

- ☐ **Response – Marriage** (*optional*- JC Form #FL-120). *(submit conformed copy if previously filed.)* ***OR***
- ☐ **Appearance, Stipulation, and Waivers** (JC Form #FL-130). *(submit conformed copy if previously filed.)*

☐ 2. Submit an original **Proof of Service of Summons** *(one of the following):*

- ☐ Proof of Service of Summons (*personal service*) (*optional*- JC Form #FL-115).
- ☐ Notice and Acknowledgment of Receipt (JC Form #FL-117).
- ☐ Service out-of state - by certified mail with U. S. postal green or pink receipt card signed by the respondent attached (*optional*- JC Form #FL-115 or out-of-state form).
- ☐ Other (Please describe): _____

☐ 3. Submit a **Declaration Regarding Service of Declaration of Disclosure** (JC Form #FL-141).

- ☐ Submit the Petitioner's Preliminary Declaration of Disclosure (JC Form # FL-140). *(submit conformed copy if previously filed)*
- ☐ Submit the Respondent's Preliminary Declaration of Disclosure (JC Form # FL-140). *(submit conformed copy if previously filed)*

☐ 4. Submit a **Stipulation and Waiver of Final Declaration of Disclosure** (JC Form #FL-144).

- ☐ Must be signed by both the petitioner and respondent.

☐ 5. Submit a **Declaration for Default or Uncontested Dissolution/Legal Separation** (JC Form #FL-170).

- ☐ If minor children are involved, item 13.a. and 13.b. or 13.c. on the declaration must be completed.

☐ 6. Submit a **Judgment** (*optional*- JC Form #FL-180). *(preferably on pink paper)*

- ☐ Mark 4.f. if petitioner is requesting his/her former name be restored on the petition. Clearly print the full name being requested. Corresponding language regarding restoration of former name must be in written agreement if not requested in the petition.
- ☐ Mark 4.i. and corresponding box (1) on 4.l., 4.m., 4.n. and 4.o. for written agreement as case requires.

☐ 7. Attach a **Written Agreement** to the judgment.

- ☐ If either party has an attorney, the attorney must sign, date and approve the written agreement.
- ☐ Include the following language:
  - ☐ Provisions regarding property division and spousal/partner support jurisdiction. Child support and child custody/visitation provisions, if there are minor children.

☐ The matter may proceed on the default or uncontested calendar before a temporary judge. The parties waive their rights to notice of trial, a statement of decision, to move for a new trial, and to appeal.

☐ If there are minor children: **Fam. Code § 3048:** (a) This court has jurisdiction over the minor child(ren) as California is child's home state. (b) Both parties were personally present at the execution of this custody-visitation agreement, both have knowledge of their right to a hearing in this matter and both waive their right to the hearing based upon this custody and visitation agreement. (c) The parties agree the habitual residence of the child(ren) is the U.S.A. (d) Both parties acknowledge being advised that any violation of this order may result in civil or criminal penalties or both.

☐ If there are minor children: **Fam. Code § 4065:** The parties are fully informed of their rights concerning child support. The order is being agreed to without coercion or duress. The agreement is in the best interest of the children, and the needs of the children will be adequately met by the stipulated amount. The right to support has not been assigned to any county pursuant to Section 11477 of the Welfare and Institutions Code and no public assistance application is pending.

☐ If there are minor children and Department of Child Support Services ("DCSS") is involved include all that apply:

☐ Petitioner *and/or* respondent *and/or* children are presently receiving public assistance in the form of cash aid. All child support should be made payable to the State Disbursement Unit, P. O. Box 989067, West Sacramento, CA 95798. ***AND/OR***

☐ Child support is being enforced by DCSS in Case No._____ ***AND/OR***

☐ The issue of child support in this case is reserved to the Family Support Division.

☐ If the Written Agreement includes **child support**, these forms must be included:

☐ **Notice of Rights and Responsibilities/Information Sheet on Changing a Child Support Order** (JC Form #FL-192).

☐ Each party must complete and submit a **Child Support Case Registry Form** (JC Form #FL-191).

☐ 8. Submit a **Notice of Entry of Judgment** (JC Form #FL-190).

☐ Attach two (2) stamped envelopes, with one addressed to each party with the Superior Court's return address.

☐ The names and addresses on the Notice of Entry of Judgment form must match the envelopes exactly.

☐ 9. **Miscellaneous**

☐ Verify case number on all forms is correct.

☐ Verify party names on all forms match the petition and are spelled correctly.

☐ Submit three complete sets of the documents to the court; one original (two-hole punched at the top) and two additional copies.

☐ Attach a self-addressed envelope with sufficient postage, large enough for the return of all copies, or an attorney messenger slip, to ensure that copies are returned to you.

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

TELEPHONE NO.: FAX NO. *(Optional):*

E-MAIL ADDRESS *(Optional):*

ATTORNEY FOR *(Name):*

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SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO

- ☐ CENTRAL DIVISION, COUNTY COURTHOUSE, 220 W. BROADWAY, SAN DIEGO, CA 92101
- ☐ CENTRAL DIVISION, FAMILY COURT, 1555 6TH AVE., SAN DIEGO, CA 92101
- ☐ CENTRAL DIVISION, MADGE BRADLEY, 1409 4TH AVE., SAN DIEGO, CA 92101
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- ☐ NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081
- ☐ SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910

PETITIONER:

RESPONDENT:

CASE NUMBER:

REQUEST TO ENTER DEFAULT

1. **To the clerk:** Please enter the default of the respondent who has failed to respond to the petition.

2. A completed *Income and Expense Declaration* (form FL-150) or *Financial Statement (Simplified)* (form FL-155)
   ☐ is attached ☐ is not attached.
   A completed *Property Declaration* (form FL-160) ☐ is attached ☐ is not attached
   because *(check at least one of the following):*
   (a) ☐ there have been no changes since the previous filing.
   (b) ☐ the issues subject to disposition by the court in this proceeding are the subject of a written agreement.
   (c) ☐ there are no issues of child, spousal, or partner support or attorney fees and costs subject to determination by the court.
   (d) ☐ the petition does not request money, property, costs, or attorney fees. (Fam. Code, § 2330.5.)
   (e) ☐ there are no issues of division of community property.
   (f) ☐ this is an action to establish parental relationship.

Date:

(TYPE OR PRINT NAME) (SIGNATURE OF [ATTORNEY FOR] PETITIONER)

3. **Declaration**
   a. ☐ No mailing is required because service was by publication or posting and the address of the respondent remains unknown.
   b. ☐ A copy of this *Request to Enter Default,* including any attachments and an envelope with sufficient postage, was provided to the court clerk, with the envelope addressed as follows *(address of the respondent's attorney or, if none, the respondent's last known address):*

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)

FOR COURT USE ONLY

☐ *Request to Enter Default* mailed to the respondent or the respondent's attorney on *(date):*

☐ Default entered as requested on *(date):*

☐ Default **not** entered. Reason:

Clerk, by _____, Deputy

Form Adopted for Mandatory Use
Judicial Council of California
FL-165 [Rev. January 1, 2005]

Code of Civil Procedure, §§ 585, 587;
Family Code, § 2335.5
www.courtinfo.ca.gov

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

4. **Memorandum of costs**
   a. ☐ Costs and disbursements are waived.
   b. Costs and disbursements are listed as follows:
      (1) ☐ Clerk's fees ..... $.....
      (2) ☐ Process server's fees ..... $.....
      (3) ☐ Other *(specify):* ..... $.....
      ..... $.....
      ..... $.....
      ..... $ _____
      TOTAL ..... $.....
   c. I am the attorney, agent, or party who claims these costs. To the best of my knowledge and belief, the foregoing items of cost are correct and have been necessarily incurred in this cause or proceeding.

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)

5. **Declaration of nonmilitary status.** The respondent is not in the military service of the United States as defined in section 511 et seq. of the Servicemembers Civil Relief Act (50 U.S.C. Appen. § 501 et seq.), and is not entitled to the benefits of such act.

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)

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

TELEPHONE NO.: FAX NO. *(Optional):*

E-MAIL ADDRESS *(Optional):*

ATTORNEY FOR *(Name):*

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- ☐ SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910

PETITIONER:

RESPONDENT:

CASE NUMBER:

DECLARATION FOR DEFAULT OR UNCONTESTED

☐ **DISSOLUTION** ☐ **LEGAL SEPARATION**

(NOTE: Items 1 through 16 apply to both dissolution and legal separation proceedings.)

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 agree that my case will be proven by this declaration and that I will not appear before the court unless I am ordered by the court to do so.
3. All the information in the ☐ *Petition* ☐ *Response* is true and correct.
4. **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 agreed that the matter may proceed as an uncontested matter without notice, and the agreement is attached or is incorporated in the attached settlement agreement or stipulated judgment.
5. **Settlement agreement** *(Check a or b.)*
   a. ☐ The parties have entered into ☐ **an agreement** ☐ **a stipulated judgment** regarding their property their marriage or domestic partnership rights, including support, the original of which is or has been submitted to the court. I request that the court approve the agreement. **OR**
   b. ☐ **There is no agreement or stipulated judgment,** and the following statements are true *(check at least one, including item (2) if a community estate exists):*
      (1) ☐ There are no community or quasi-community assets or community debts to be disposed of by the court.
      (2) ☐ The community and quasi-community assets and debts are listed on the attached **completed** current *Property Declaration* (form FL-160), which includes an estimate of the value of the assets and debts that I propose to be distributed to each party. The division in the proposed *Judgment (Family Law)* (form FL-180) is a fair and equal division of the property and debts, or if there is a negative estate, the debts are assigned fairly and equitably.
6. **Declaration of disclosure** *(Check a, b, or c.)*
   a. ☐ Both the petitioner and respondent have filed, or are filing concurrently, a *Declaration Regarding Service of Declaration of Disclosure* (form FL-141) and an *Income and Expense Declaration* (form FL-150).
   b. ☐ This matter is proceeding by default. I am the petitioner in this action and have filed a proof of service of the preliminary *Declaration of Disclosure* (form FL-140) with the court. I hereby waive receipt of the final *Declaration of Disclosure* (form FL-140) from the respondent.
   c. ☐ This matter is proceeding as an uncontested action. Service of the final *Declaration of Disclosure* (form FL-140) is mutually waived by both parties. A waiver provision executed by both parties under penalty of perjury is contained in the settlement agreement or proposed judgment or another, separate stipulation.
7. ☐ **Child custody** should be ordered as set forth in the proposed *Judgment (Family Law)* (form FL-180).
8. ☐ **Child visitation** should be ordered as set forth in the proposed *Judgment (Family Law)* (form FL-180).
9. **Spousal, partner, and family support** *(If a support order or attomey fees are requested, submit a completed* Income and Expense Declaration *(form FL-150) unless a current form is on file. Include your best estimate of the other party's income. Check at least one of the following.)*
   a. ☐ I knowingly give up forever any right to receive spousal or partner support.
   b. ☐ I ask the court to reserve jurisdiction to award spousal or partner support in the future to *(name):*
   c. ☐ Spousal support should be ordered as set forth in the proposed *Judgment (Family Law)* (form FL-180).
   d. ☐ Family support should be ordered as set forth in the proposed *Judgment (Family Law)* (form FL-180).

PETITIONER: RESPONDENT:	CASE NUMBER:

10. ☐ **Child support** should be ordered as set forth in the proposed *Judgment (Family Law)* (form FL-180).

11. a. I ☐ am receiving ☐ am not receiving ☐ intend to apply for public assistance for the child or children listed in the proposed order.

    b. To the best of my knowledge, the other party ☐ is ☐ is not receiving public assistance.

12. ☐ The petitioner ☐ respondent is presently receiving public assistance, and all support should be made payable to the local child support agency at the address set forth in the proposed judgment. A representative of the local child support agency has signed the proposed judgment.

13. If there are minor children, check and complete item a and item b or c:

    a. My gross (before taxes) monthly income is *(specify)*: $

    b. ☐ The estimated gross monthly income of the other party is *(specify)*: $

    c. ☐ I have no knowledge of the estimated monthly income of the other party for the following reasons *(specify):*

    d. ☐ I request that this order be based on the ☐ petitioner's ☐ respondent's earning ability. The facts in support of my estimate of earning ability are *(specify):*

    ☐ Continued on Attachment 13d.

14. ☐ **Parentage** of the children of the petitioner and respondent born prior to their marriage or domestic partnership should be ordered as set forth in the proposed *Judgment (Family Law)* (form FL-180). A declaration regarding parentage is attached.

15. ☐ **Attorney fees** should be ordered as set forth in the proposed *Judgment (Family Law)* (form FL-180).

16. ☐ The petitioner ☐ respondent requests restoration of his or her former name as set forth in the proposed *Judgment (Family Law)* (form FL-180).

17. There are irreconcilable differences that have led to the irremediable breakdown of the marriage or domestic partnership, and there is no possibility of saving the marriage or domestic partnership through counseling or other means.

18. This declaration may be reviewed by a commissioner sitting as a temporary judge, who may determine whether to grant this request or require my appearance under Family Code section 2336.

STATEMENTS IN THIS BOX APPLY ONLY TO DISSOLUTIONS—Items 19 through 21

19. If this is a dissolution of marriage or of a domestic partnership created in another state, the petitioner and/or the respondent has been a resident of this county for at least three months and of the state of California for at least six months continuously and immediately preceding the date of the filing of the petition for dissolution of marriage or domestic partnership.

20. I ask that the court grant the request for a judgment for dissolution of marriage or domestic partnership based upon irreconcilable differences and that the court make the orders set forth in the proposed *Judgment (Family Law)* (form FL-180) submitted with this declaration.

21. ☐ This declaration is for the termination of **marital or domestic partner status only.** I ask the court to reserve jurisdiction over all issues whose determination is not requested in this declaration.

THIS STATEMENT APPLIES ONLY TO LEGAL SEPARATIONS

22. I ask that the court grant the request for a judgment for legal separation based upon irreconcilable differences and that the court make the orders set forth in the proposed *Judgment (Family Law)* (form FL-180) submitted with this declaration.

    I understand that a judgment of legal separation does not terminate a marriage or domestic partnership and that I am still married or a partner in a domestic partnership.

23. ☐ 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)

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

TELEPHONE NO.: FAX NO. *(Optional):*
E-MAIL ADDRESS *(Optional):*
ATTORNEY FOR *(Name):*

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SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO
☐ CENTRAL DIVISION, COUNTY COURTHOUSE, 220 W. BROADWAY, SAN DIEGO, CA 92101
☐ CENTRAL DIVISION, FAMILY COURT, 1555 6TH AVE., SAN DIEGO, CA 92101
☐ CENTRAL DIVISION, MADGE BRADLEY, 1409 4TH AVE., SAN DIEGO, CA 92101
☐ EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020
☐ NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081
☐ SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910

PETITIONER:

RESPONDENT:

APPEARANCE, STIPULATIONS, AND WAIVERS

CASE NUMBER:

1. **Appearance by respondent** *(you must choose one):*
   a. ☐ By filing this form, I make a general appearance.
   b. ☐ I have previously made a general appearance.
   c. ☐ I am a member of the military services of the United States of America. I have completed and attached to this form *Declaration and Conditional Waiver of Rights Under the Servicemembers Civil Relief Act of 2003* (form FL-130(A)).

2. **Agreements, stipulations, and waivers** *(choose all that apply):*
   a. ☐ The parties agree that this cause may be decided as an uncontested matter.
   b. ☐ The parties waive their rights to notice of trial, a statement of decision, a motion for new trial, and the right to appeal.
   c. ☐ This matter may be decided by a commissioner sitting as a temporary judge.
   d. ☐ The parties have a written agreement that will be submitted to the court, or a stipulation for judgment will be submitted to the court and attached to *Judgment (Family Law)* (form FL-180).
   e. ☐ None of these agreements or waivers will apply unless the court approves the stipulation for judgment or incorporates the written settlement agreement into the judgment.
   f. ☐ This is a parentage case, and both parties have signed an *Advisement and Waiver of Rights Re: Establishment of Parental Relationship* (form FL-235) or its equivalent.

3. **Other** *(specify):*

Date:

(TYPE OR PRINT NAME) (SIGNATURE OF PETITIONER)

Date:

(TYPE OR PRINT NAME) (SIGNATURE OF RESPONDENT)

Date:

(TYPE OR PRINT NAME) (SIGNATURE OF ATTORNEY FOR PETITIONER)

Date:

(TYPE OR PRINT NAME) (SIGNATURE OF ATTORNEY FOR RESPONDENT)

Form Approved for Optional Use
Judicial Council of California
FL-130 [Rev. January 1, 2011]

Government Code, § 70673
www.courtinfo.ca.gov

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ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name and Address)*: TELEPHONE NO.:

ATTORNEY FOR *(Name)*: BAR#

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO

- ☐ CENTRAL DIVISION, COUNTY COURTHOUSE, 220 W. BROADWAY, SAN DIEGO, CA 92101
- ☐ CENTRAL DIVISION, FAMILY COURT, 1555 6TH AVE., SAN DIEGO, CA 92101
- ☐ CENTRAL DIVISION, MADGE BRADLEY, 1409 4TH AVE., SAN DIEGO, CA 92101
- ☐ EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020
- ☐ NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081
- ☐ SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910

PETITIONER:

RESPONDENT:

CASE NUMBER:

DECLARATION OF DISCLOSURE

☐ **Petitioner's** ☐ **Preliminary**

☐ **Respondent's** ☐ **Final**

DO NOT FILE WITH THE COURT

Both the preliminary and the final declaration of disclosure must be served on the other party with certain exceptions. Neither disclosure is filed with the court. A declaration stating service was made of the final declaration of disclosure must be filed with the court (see form FL-141).

A preliminary declaration of disclosure but not a final declaration of disclosure is required in the case of a summary dissolution (see Family Code section 2109) or in a default judgment (see Family Code section 2110) provided the default is not a stipulated judgment or a judgment based upon a marriage settlement agreement.

A declaration of disclosure is required in a nullity or legal separation action as well as in a dissolution action.

Attached are the following:

1. ☐ A completed *Schedule of Assets and Debts* (form FL-142).
2. ☐ A completed *Income and Expense Declaration* (form FL-150 (as applicable)).
3. ☐ A statement of all material facts and information regarding valuation of all assets that are community property or in which the community has an interest *(not a form).*
4. ☐ A statement of all material facts and information regarding obligations for which the community is liable *(not a form).*
5. ☐ An accurate and complete written disclosure of any investment opportunity, business opportunity, or other income-producing opportunity presented since the date of separation that results from any investment, significant business, or other income-producing opportunity from the date of marriage to the date of separation *(not a form).*

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)

Form Adopted for Mandatory Use
Judicial Council of California
FL-140 [Rev. January 1, 2003]

Family Code, §§ 2102, 2104, 2105, 2106, 2112
www.courtinfo.ca.gov

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TELEPHONE NO.: FAX NO.: ATTORNEY FOR *(Name):*	To keep other people from seeing what you entered on your form, please press the Clear This Form button at the end of the form when finished.
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO ☐ CENTRAL DIVISION, COUNTY COURTHOUSE, 220 W. BROADWAY, SAN DIEGO, CA 92101 ☐ CENTRAL DIVISION, FAMILY COURT, 1555 6TH AVE., SAN DIEGO, CA 92101 ☐ CENTRAL DIVISION, MADGE BRADLEY, 1409 4TH AVE., SAN DIEGO, CA 92101 ☐ EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020 ☐ NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081 ☐ SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910	
PETITIONER: RESPONDENT:	
DECLARATION REGARDING SERVICE OF DECLARATION OF DISCLOSURE AND INCOME AND EXPENSE DECLARATION ☐ **Petitioner's** ☐ **Preliminary** ☐ **Respondent's** ☐ **Final**	CASE NUMBER:

1. I am the ☐ Attorney for ☐ Petitioner ☐ Respondent in this matter.

2. ☐ Petitioner's ☐ Respondent's *Preliminary Declaration of Disclosure* and *Income and Expense Declaration* was served on:
   ☐ Attorney for ☐ Petitioner ☐ Respondent by: ☐ personal service ☐ mail ☐ other *(specify):*

   on *(date):*

3. ☐ Petitioner's ☐ Respondent's *Final Declaration of Disclosure* and *Income and Expense Declaration* was served on:
   ☐ Attorney for ☐ Petitioner ☐ Respondent by: ☐ personal service ☐ mail ☐ other *(specify):*

   on *(date):*

4. ☐ Service of the *Final Declaration of Disclosure* has been waived under Family Code section 2105, subdivision (d).

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)

Note:
File this document with the court.
Do not file a copy of either the *Preliminary* or *Final Declaration of Disclosure* with this document.

Form Adopted for Mandatory Use
Judicial Council of California
FL-141 [Rev. January 1, 2003]

DECLARATION REGARDING SERVICE OF DECLARATION OF DISCLOSURE
(Family Law)

Family Code, §§ 2104, 2106, 2112
www.courtinfo.ca.gov

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ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address):*	*FOR COURT USE ONLY*
TELEPHONE NO: FAX NO. *(Optional):* E–MAIL ADDRESS *(Optional):* ATTORNEY FOR *(Name):*	To keep other people from seeing what you entered on your form, please press the Clear This Form button at the end of the form when finished.
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PLAINTIFF/ PETITIONER: DEFENDANT/ RESPONDENT: OTHER:	
STIPULATION AND WAIVER OF FINAL DECLARATION OF DISCLOSURE	CASE NUMBER:

1. Under Family Code section 2105(d), the parties agree to waive the requirements of Family Code section 2105(a) concerning the final declaration of disclosure.

2. The parties agree as follows:

   a. We have complied with Family Code section 2104, and the preliminary declarations of disclosure have been completed and exchanged.

   b. We have completed and exchanged a current *Income and Expense Declaration* (form FL-150) that includes all material facts and information on each party's earnings, accumulations, and expenses.

   c. We have fully complied with Family Law section 2102 and have fully augmented the preliminary declarations of disclosure, including disclosure of all material facts and information on

      (1) the characterization of all assets and liabilities,

      (2) the valuation of all assets that are community property or in which the community has an interest, and

      (3) the amounts of all community debts and obligations.

   d. Each of the parties enters into this waiver knowingly, intelligently, and voluntarily.

   e. Each party understands that this waiver does not limit the legal disclosure obligations of the parties but rather is a statement under penalty of perjury that those obligations have been fulfilled.

   f. The parties also understand that if they do not comply with these obligations, the court will set aside the judgment.

The petitioner and respondent 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 PETITIONER)
(TYPE OR PRINT NAME)	(SIGNATURE OF RESPONDENT)

Form Approved for Optional Use
Judicial Council of California
FL-144 [Rev. January 1, 2007]

Family Code, §§ 2102, 2104, 2105(d)
www.courtinfo.ca.gov

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

TELEPHONE NO.: FAX NO. *(Optional):*

E-MAIL ADDRESS *(Optional):*

ATTORNEY FOR *(Name):*

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SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO

- ☐ CENTRAL DIVISION, COUNTY COURTHOUSE, 220 W. BROADWAY, SAN DIEGO, CA 92101
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- ☐ NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081
- ☐ SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910

MARRIAGE OF

PETITIONER:

RESPONDENT:

CASE NUMBER:

JUDGMENT

☐ **DISSOLUTION** ☐ **LEGAL SEPARATION** ☐ **NULLITY**

- ☐ **Status only**
- ☐ **Reserving jurisdiction over termination of marital or domestic partnership status**
- ☐ **Judgment on reserved issues**

Date marital or domestic partnership status ends:

1. ☐ This judgment ☐ contains personal conduct restraining orders ☐ modifies existing restraining orders.
   The restraining orders are contained on page(s) of the attachment. They expire on *(date):*

2. This proceeding was heard as follows: ☐ Default or uncontested ☐ By declaration under Family Code section 2336
   ☐ Contested
   a. Date: Dept.: Room:
   b. Judicial officer *(name):* ☐ Temporary judge
   c. ☐ Petitioner present in court ☐ Attorney present in court *(name):*
   d. ☐ Respondent present in court ☐ Attorney present in court *(name):*
   e. ☐ Claimant present in court *(name):* ☐ Attorney present in court *(name):*
   f. ☐ Other *(specify name):*

3. The court acquired jurisdiction of the respondent on *(date):*
   a. ☐ The respondent was served with process.
   b. ☐ The respondent appeared.

THE COURT ORDERS, GOOD CAUSE APPEARING

4. a. ☐ Judgment of dissolution is entered. Marital or domestic partnership status is terminated and the parties are restored to the status of single persons
   (1) ☐ on *(specify date):*
   (2) ☐ on a date to be determined on noticed motion of either party or on stipulation.
   b. ☐ Judgment of legal separation is entered.
   c. ☐ Judgment of nullity is entered. The parties are declared to be single persons on the ground of *(specify):*
   d. ☐ This judgment will be entered nunc pro tunc as of *(date):*
   e. ☐ Judgment on reserved issues.
   f. The ☐ petitioner's ☐ respondent's former name is restored to *(specify):*
   g. ☐ Jurisdiction is reserved over all other issues, and all present orders remain in effect except as provided below.
   h. ☐ This judgment contains provisions for child support or family support. Each party must complete and file with the court a *Child Support Case Registry Form* (form FL-191) within 10 days of the date of this judgment. The parents must notify the court of any change in the information submitted within 10 days of the change, by filing an updated form. The *Notice of Rights and Responsibilities—Health Care Costs and Reimbursement Procedures and Information Sheet on Changing a Child Support Order* (form FL-192) is attached.

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

4. *(Cont'd.)*
   i. ☐ A settlement agreement between the parties is attached.
   j. ☐ A written stipulation for judgment between the parties is attached.
   k. ☐ The children of this marriage or domestic partnership.
      (1) ☐ The children of this marriage or domestic partnership are:
      Name Birthdate
      (2) ☐ Parentage is established for children of this relationship born prior to the marriage or domestic partnership.
   l. ☐ Child custody and visitation are ordered as set forth in the attached
      (1) ☐ settlement agreement, stipulation for judgment, or other written agreement.
      (2) ☐ *Child Custody and Visitation Order Attachment* (form FL-341).
      (3) ☐ *Stipulation and Order for Custody and/or Visitation of Children* (form FL-355).
      (4) ☐ other *(specify):*
   m. ☐ Child support is ordered as set forth in the attached
      (1) ☐ settlement agreement, stipulation for judgment, or other written agreement.
      (2) ☐ *Child Support Information and Order Attachment* (form FL-342).
      (3) ☐ *Stipulation to Establish or Modify Child Support and Order* (form FL-350).
      (4) ☐ other *(specify):*
   n. ☐ Spousal or partner support is ordered as set forth in the attached
      (1) ☐ settlement agreement, stipulation for judgment, or other written agreement.
      (2) ☐ *Spousal, Partner, or Family Support Order Attachment* (form FL-343).
      (3) ☐ other *(specify):*

      NOTICE: It is the goal of this state that each party will make reasonable good faith efforts to become self-supporting as provided for in Family Code section 4320. The failure to make reasonable good faith efforts may be one of the factors considered by the court as a basis for modifying or terminating spousal or partner support.
   o. ☐ Property division is ordered as set forth in the attached
      (1) ☐ settlement agreement, stipulation for judgment, or other written agreement.
      (2) ☐ *Property Order Attachment to Judgment* (form FL-345).
      (3) ☐ other *(specify):*
   p. ☐ Other *(specify):*

Each attachment to this judgment is incorporated into this judgment, and the parties are ordered to comply with each attachment's provisions.

Jurisdiction is reserved to make other orders necessary to carry out this judgment.

Date:

JUDICIAL OFFICER

5. Number of pages attached: _____

☐ SIGNATURE FOLLOWS LAST ATTACHMENT

NOTICE

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

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

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

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

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PETITIONER/PLAINTIFF:	CASE NUMBER:
RESPONDENT/DEFENDANT:	

CHILD CUSTODY AND VISITATION ORDER ATTACHMENT

TO ☐ ***Findings and Order After Hearing*** ☐ ***Judgment***

☐ ***Stipulation and Order for Custody and/or Visitation of Children***

☐ **Other *(specify):***

1. ☐ **Custody.** Custody of the minor children of the parties is awarded as follows:

Child's name	Date of birth	Legal custody to (person who makes decisions about health, education, etc.)	Physical custody to (person with whom the child lives)

2. ☐ **Visitation**

a. ☐ Reasonable right of visitation to the party without physical custody **(not appropriate in cases involving domestic violence)**

b. ☐ See the attached _____-page document dated *(specify date):*

c. ☐ The parties will go to mediation at *(specify location):*

d. ☐ No visitation

e. ☐ Visitation for the ☐ petitioner ☐ respondent will be as follows:

(1) ☐ **Weekends starting** *(date):*

(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.
(day of week) *(time)*

to _____ at _____ ☐ a.m. ☐ p.m.
(day of week) *(time)*

(a) ☐ The parents will alternate the fifth weekends, with the ☐ petitioner ☐ respondent having the initial fifth weekend, which starts *(date):*

(b) ☐ The petitioner will have fifth weekends in ☐ odd ☐ even months.

(2) ☐ **Alternate weekends starting** *(date):*

The ☐ petitioner ☐ respondent will have the children with him or her during the period

from _____ at _____ ☐ a.m. ☐ p.m.
(day of week) *(time)*

to _____ at _____ ☐ a.m. ☐ p.m.
(day of week) *(time)*

(3) ☐ **Weekdays starting** *(date):*

The ☐ petitioner ☐ respondent will have the children with him or her during the period

from _____ at _____ ☐ a.m. ☐ p.m.
(day of week) *(time)*

to _____ at _____ ☐ a.m. ☐ p.m.
(day of week) *(time)*

(4) ☐ **Other** *(specify days and times as well as any additional restrictions):*

☐ See Attachment 2e(4).

Form Approved for Optional Use
Judicial Council of California
FL-341 [Rev. July 1, 2006]

Family Code, §§ 3020, 3022, 3025, 3040–3043, 3048, 3100, 6340, 7604
www.courtinfo.ca.gov

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT:	CASE NUMBER:

3. ☐ **The court acknowledges** that criminal protective orders in case number *(specify):* in *(specify court):* relating to the parties in this case are in effect under Penal Code section 136.2, are current, and have priority of enforcement.

4. ☐ **Supervised visitation.** Until ☐ further order of the court ☐ other *(specify):* the ☐ petitioner ☐ respondent will have supervised visitation with the minor children according to the schedule set forth on page 1. **(You must attach form FL-341(A).)**

5. ☐ **Transportation for visitation**
   a. ☐ Transportation **to** the visits will be provided by the ☐ petitioner ☐ respondent ☐ other *(specify):*
   b. ☐ Transportation **from** the visits will be provided by the ☐ petitioner ☐ respondent ☐ other *(specify):*
   c. ☐ Drop-off of the children will be at *(address):*
   d. ☐ Pick-up of the children will be at *(address):*
   e. ☐ The children will be driven only by a licensed and insured driver. The car or truck must have legal child restraint devices.
   f. ☐ During the exchanges, the parent driving the children will wait in the car and the other parent will wait in his or her home while the children go between the car and the home.
   g. ☐ Other *(specify):*

6. ☐ **Travel with children.** The ☐ petitioner ☐ respondent ☐ other *(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):*

7. ☐ **Child abduction prevention.** There is a risk that one of the parents will take the children out of California without the other parent's permission. Form FL-341(B) is attached and must be obeyed.

8. ☐ **Holiday schedule.** The children will spend holiday time as listed in the attached ☐ form FL-341(C) ☐ other *(specify):*

9. ☐ **Additional custody provisions.** The parents will follow the additional custody provisions listed in the attached ☐ form FL-341(D) ☐ other *(specify):*

10. ☐ **Joint legal custody.** The parents will share joint legal custody as listed in the attached ☐ form FL-341(E) ☐ other *(specify):*

11. ☐ **Other** *(specify):*

12. **Jurisdiction.** This court has jurisdiction to make child custody orders in this case under the Uniform Child Custody Jurisdiction and Enforcement Act (part 3 of the California Family Code, commencing with section 3400).

13. **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.

14. **Country of habitual residence.** The country of habitual residence of the child or children in this case is ☐ the United States ☐ other *(specify):*

15. **Penalties for violating this order.** If you violate this order, you may be subject to civil or criminal penalties, or both.

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PETITIONER / PLAINTIFF: RESPONDENT / DEFENDANT:	CASE NUMBER:

SUPERVISED VISITATION ORDER

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

1. Evidence has been presented in support of a request that the contact of ☐ Petitioner ☐ Respondent with the child(ren) be supervised based upon allegations of
   ☐ abduction of child(ren) ☐ physical abuse ☐ drug abuse ☐ neglect
   ☐ sexual abuse ☐ domestic violence ☐ alcohol abuse ☐ other *(specify):*

   ☐ Petitioner ☐ Respondent disputes these allegations and the court reserves the findings on these issues pending further investigation and hearing or trial.

2. The court finds, under Family Code section 3100, that the best interest of the child(ren) requires that visitation by ☐ Petitioner ☐ Respondent must, until further order of the court, be limited to contact supervised by the person(s) set forth in item 6 below pending further investigation and hearing or trial.

THE COURT MAKES THE FOLLOWING ORDERS

3. **CHILD(REN) TO BE SUPERVISED**

Child's name	Birth date	Age	Sex

4. **TYPE**
   a. ☐ Supervised visitation b. ☐ Supervised exchange only c. ☐ Therapeutic visitation

5. **SUPERVISED VISITATION PROVIDER**
   a. ☐ Professional (individual provider or supervised visitation center) b. ☐ Nonprofessional

6. **AUTHORIZED PROVIDER**

Name	Address	Telephone

   ☐ Any other mutually agreed-upon third party as arranged.

7. **DURATION AND FREQUENCY OF VISITS** *(see form FL-341 for specifics of visitation):*

8. **PAYMENT RESPONSIBILITY** Petitioner: _____% Respondent: _____%

9. ☐ Petitioner will contact professional provider or supervised visitation center no later than *(date):*
   ☐ Respondent will contact professional provider or supervised visitation center no later than *(date):*

10. **THE COURT FURTHER ORDERS**

Date:

JUDICIAL OFFICER

Form Adopted for Mandatory Use
Judicial Council of California
FL-341(A) [Rev. January 1, 2003]

Family Code, §§ 3100, 3031
www.courtinfo.ca.gov

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

CHILD SUPPORT INFORMATION AND ORDER ATTACHMENT

Attachment to ☐ **Findings and Order After Hearing** ☐ **Restraining Order After Hearing (CLETS)**
☐ **Judgment** ☐ **Other**

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:

	Gross monthly income	Net monthly income	Receiving TANF/CalWORKS
Petitioner/plaintiff:	$	$	☐
Respondent/defendant:	$	$	☐
Other parent:	$	$	☐

b. Imputation of income. The court finds that the ☐ petitioner/plaintiff ☐ respondent/defendant ☐ other parent 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: %

4. ☐ **Hardships**

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

	Petitioner/ plaintiff	Respondent/ defendant	Other parent	Approximate ending time for the hardship
a. ☐ Other minor children:	$	$	$	
b. ☐ Extraordinary medical expenses:	$	$	$	
c. ☐ 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 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:

Child's name	Date of birth	Monthly amount	Payable to *(name):*

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

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 must pay: % of total or ☐ $ per month child-care costs.
(d) ☐ Costs to be paid as follows *(specify):*

THIS IS A COURT ORDER.

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

THE COURT FURTHER ORDERS

6. b. **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 must pay: % of total or ☐ $ per month.
(d) ☐ Costs to be paid as follows *(specify):*

c. ☐ **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 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 must pay: % of total or ☐ $ per month.
(d) ☐ Costs to be paid as follows *(specify):*

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 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 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. ☐ **Non-Guideline Order**

This order does not meet the child support guideline set forth in Family Code section 4055. A *Non-Guideline Child Support Findings Attachment* (form FL-342(A)) is attached.

11. ☐ **Employment Search Order (Family Code, § 4505)**

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

12. **Other Orders** *(specify):*

13. **Required Attachments**

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.

14. **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.

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

SPOUSAL, PARTNER, OR FAMILY SUPPORT ORDER ATTACHMENT

TO ☐ ***Findings and Order After Hearing*** ☐ ***Judgment*** ☐ **Other *(specify):***

THE COURT FINDS

1. A printout of a computer calculation of the parties' financial circumstances is attached for all required items not filled out below.
2. **Net income.** The parties' monthly income and deductions are as follows *(complete a, b, or both):*

	Total gross monthly income	Total monthly deductions	Total hardship deductions	Net monthly disposable income
a. Petitioner: ☐ receiving TANF/CalWORKS				
b. Respondent: ☐ receiving TANF/CalWORKS				

3. **Other factors regarding spousal or partner support**
   a. ☐ The parties were married for *(specify numbers):* _____ years _____ months.
   b. ☐ The parties were registered as domestic partners or the equivalent on *(date):*
   c. ☐ The Family Code section 4320 factors were considered, as listed in Attachment 3c.
   d. ☐ The marital standard of living was *(describe):*

   ☐ See Attachment 3d.

   e. ☐ Other *(specify):*

THE COURT ORDERS

4. a. The ☐ petitioner ☐ respondent must pay to the ☐ petitioner ☐ respondent
   as ☐ temporary ☐ spousal support ☐ family support ☐ partner support
   $ per month, beginning *(date):* , payable through *(specify end date):*

   ☐ payable on the *(specify):* day of each month.
   ☐ Other *(specify):*

   b. ☐ Support must be paid by check, money order, or cash. The support payor's obligation to pay support will terminate on the death, remarriage, or registration of a new domestic partnership of the support payee.

   c. ☐ An earnings assignment for the foregoing support will issue. (**Note:** The payor of spousal, family, or partner support is responsible for the payment of support directly to the recipient until support payments are deducted from the payor's earnings, and for any support not paid by the assignment.)

   d. ☐ Service of the earnings assignment is stayed provided the payor is not more than *(specify number):* days late in the payment of spousal, family, or partner support.

Form Approved for Optional Use
Judicial Council of California
FL-343 [Rev. January 1, 2005]

Family Code, §§ 150, 299, 3651, 3653, 3654, 4320, 4330, 4337
www.courtinfo.ca.gov

5. ☐ The parties must promptly inform each other of any change of employment, including the employer's name, address, and telephone number.

6. ☐ **NOTICE:** It is the goal of this state that each party must make reasonable good faith efforts to become self-supporting as provided for in Family Code section 4320. The 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.

7. ☐ This order is for family support. 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. The parents must notify the court of any change of information submitted within 10 days of the change by filing an updated form. Form FL-192, *Notice of Rights and Responsibilities* and *Information Sheet on Changing a Child Support Order,* is attached.

8. ☐ The issue of spousal or partner support for the ☐ petitioner ☐ respondent is reserved for a later determination.

9. ☐ The court terminates jurisdiction over the issue of spousal or partner support for the ☐ petitioner ☐ respondent.

10. ☐ Other *(specify):*

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

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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: *(Attach additional page if necessary.)*

   d. ☐ The respondent will receive the following assets: *(Attach additional page if necessary.)*

   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 shall be shared as follows *(specify):*

   f. ☐ Other orders:

   g. ☐ Each spouse will receive the assets listed above as his or her sole and separate property. The parties must execute any and all documents required to carry out this division.
   h. The court reserves jurisdiction to divide any community assets not listed here and enforce the terms of this order.
2. **Division of community property debts**
   a. ☐ There are no community 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 will be responsible for the following debts: *(Attach additional page if necessary.)*

   d. ☐ The respondent will be responsible for the following debts: *(Attach additional page if necessary.)*

Form Approved for Optional Use
Judicial Council of California
FL-345 [Rev. January 1, 2007]

Family Code, §§ 299, 2500–2660
www.courtinfo.ca.gov

PETITIONER: RESPONDENT:	CASE NUMBER:

e. ☐ Other orders:

f. Each party will be solely responsible for paying the debts assigned to him or her and will hold the other harmless from those debts. The parties understand that the 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 motion to seek reimbursement from the defaulting party.

g. The court reserves jurisdiction to divide any community debts not listed here.

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 *(specify):*

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 *(date):* 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):*

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

TELEPHONE NO.: FAX NO. *(Optional):*

E-MAIL ADDRESS *(Optional):*

ATTORNEY FOR *(Name):*

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SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO

- ☐ CENTRAL DIVISION, COUNTY COURTHOUSE, 220 W. BROADWAY, SAN DIEGO, CA 92101
- ☐ CENTRAL DIVISION, FAMILY COURT, 1555 6TH AVE., SAN DIEGO, CA 92101
- ☐ CENTRAL DIVISION, MADGE BRADLEY, 1409 4TH AVE., SAN DIEGO, CA 92101
- ☐ EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020
- ☐ NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081
- ☐ SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910

PETITIONER:

RESPONDENT:

CASE NUMBER:

NOTICE OF ENTRY OF JUDGMENT

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):* ☐ San Diego ☐ Vista ☐ El Cajon ☐ Chula Vista, 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

Form Adopted for Mandatory Use
Judicial Council of California
FL-190 [Rev. January 1, 2005]

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

Family Code, §§ 2338, 7636,7637
www.courtinfo.ca.gov

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ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406
(Name, state bar number, and address):

TELEPHONE NO.: FAX NO.:

ATTORNEY FOR *(Name):*

FOR COURT USE ONLY

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SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO

- ☐ CENTRAL DIVISION, COUNTY COURTHOUSE, 220 W. BROADWAY, SAN DIEGO, CA 92101
- ☐ CENTRAL DIVISION, FAMILY COURT, 1555 6TH AVE., SAN DIEGO, CA 92101
- ☐ CENTRAL DIVISION, MADGE BRADLEY, 1409 4TH AVE., SAN DIEGO, CA 92101
- ☐ EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020
- ☐ NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081
- ☐ SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910

PETITIONER/PLAINTIFF:

RESPONDENT/DEFENDANT:

OTHER PARENT:

PROOF OF PERSONAL SERVICE

CASE NUMBER:

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 Bus. & Prof. 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 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.

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.

For your protection and privacy, please press the Clear This Form button after you have printed the form

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ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406) *(Name, state bar number, and address):*	*FOR COURT USE ONLY*
TELEPHONE NO.: FAX NO.:	To keep other people from seeing what you entered on your form, please press the Clear This Form button at the end of the form when finished.
ATTORNEY FOR *(Name):*	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO ☐ CENTRAL DIVISION, COUNTY COURTHOUSE, 220 W. BROADWAY, SAN DIEGO, CA 92101 ☐ CENTRAL DIVISION, FAMILY COURT, 1555 6TH AVE., SAN DIEGO, CA 92101 ☐ CENTRAL DIVISION, MADGE BRADLEY, 1409 4TH AVE., SAN DIEGO, CA 92101 ☐ EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020 ☐ NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081 ☐ SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	
PROOF OF SERVICE BY MAIL	CASE NUMBER:

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 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 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.

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. Write in the date that you put the envelope containing the documents in the mail.
   d. Write in the city and state you were in when you mailed the envelope containing the documents.
5. 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 *(Name, State Bar number, and address):*	*FOR COURT USE ONLY*
TELEPHONE NO.: FAX NO. *(Optional):* E-MAIL ADDRESS *(Optional):* ATTORNEY FOR *(Name):*	To keep other people from seeing what you entered on your form, please press the Clear This Form button at the end of the form when finished.
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO ☐ CENTRAL DIVISION, COUNTY COURTHOUSE, 220 W. BROADWAY, SAN DIEGO, CA 92101 ☐ CENTRAL DIVISION, HALL OF JUSTICE, 330 W. BROADWAY, SAN DIEGO, CA 92101 ☐ CENTRAL DIVISION, FAMILY COURT, 1555 6TH AVE., SAN DIEGO, CA 92101 ☐ CENTRAL DIVISION, MADGE BRADLEY, 1409 4TH AVE., SAN DIEGO, CA 92101 ☐ EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020 ☐ EAST COUNTY DIVISION, RAMONA, 1428 MONTECITO RD., RAMONA, CA 92065 ☐ NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081 ☐ SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910	
PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	CASE NUMBER: JUDICIAL OFFICER:
NOTICE OF CHANGE OF ADDRESS	DEPT.:

1. **Please take notice** that, as of *(date):*
   ☐ the following 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 in the above-captioned action.
   ☐ A list of additional parties represented is provided in Attachment 1.
2. The **new address** of *(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 *(optional):*
   g. E-mail address *(optional):*
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: DEFENDANT:	CASE NUMBER:

PROOF OF SERVICE BY FIRST-CLASS MAIL
NOTICE OF CHANGE OF ADDRESS

(NOTE: You cannot serve the* Notice of Change of Address *if you are a party in the action. The person who served the notice must complete this proof of service.)

1. I am at least 18 years old and **not a party to this action.** I am a resident of or employed in the county where the mailing took place, and my residence or business address is *(specify):*

2. I served a copy of the *Notice of Change of Address* by enclosing it in a sealed envelope with postage fully prepaid and *(check one):*
   a. ☐ deposited the sealed envelope with the United States Postal Service.
   b. ☐ placed the sealed envelope for collection and processing for mailing, following this business's usual practices, with which I am readily familiar. 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.

3. The *Notice of Change of Address* was mailed:
   a. on *(date):*
   b. from *(city and state):*

4. The envelope was addressed and mailed as follows:

   a. Name of person served:
      Street address:
      City:
      State and zip code:

   b. Name of person served:
      Street address:
      City:
      State and zip code:

   c. Name of person served:
      Street address:
      City:
      State and zip code:

   d. Name of person served:
      Street address:
      City:
      State and zip code:

☐ 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)

For your protection and privacy, please press the Clear This Form button after you have printed the form

Save This Form Print This Form Clear This Form

“WITH CHILDREN”

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

TELEPHONE NO.: FAX NO. (*Optional):*

E-MAIL ADDRESS *(Optional):*

ATTORNEY FOR *(Name):*

COURT PERSONNEL:
STAMP DATE RECEIVED HERE

To keep other people from seeing what you entered on your form, please press the Clear This Form button at the end of the form when finished.

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO

- ☐ CENTRAL DIVISION, COUNTY COURTHOUSE, 220 W. BROADWAY, SAN DIEGO, CA 92101
- ☐ CENTRAL DIVISION, HALL OF JUSTICE, 330 W. BROADWAY, SAN DIEGO, CA 92101
- ☐ CENTRAL DIVISION, FAMILY COURT, 1555 6TH AVE., SAN DIEGO, CA 92101
- ☐ CENTRAL DIVISION, MADGE BRADLEY, 1409 4TH AVE., SAN DIEGO, CA 92101
- ☐ EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020
- ☐ EAST COUNTY DIVISION, RAMONA, 1428 MONTECITO RD., RAMONA, CA 92065
- ☐ NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081
- ☐ SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910

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) ☐ Current base child support: $ ☐ Reserved order ☐ $0 (zero) order	☐ Current base family support: $ ☐ Reserved order ☐ $0 (zero) order	☐ Current spousal support: $ ☐ Reserved order ☐ $0 (zero) order
(2) ☐ Additional monthly support: $	☐ Additional monthly support: $	
(3) ☐ Total past-due support: $	☐ Total past-due support: $	☐ Total past-due support: $
(4) ☐ Payment on past-due support: $	☐ Payment on past-due support: $	☐ Payment on past-due support: $

   (5) Wage withholding was ☐ ordered ☐ 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:

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

	Child's name	Date of birth	Social security number
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.

For your protection and privacy, please press the Clear This Form button after you have printed the form

Save This Form Print This Form Clear This Form

NOTICE OF RIGHTS AND RESPONSIBILITIES

Health-Care Costs and Reimbursement Procedures

IF YOU HAVE A CHILD SUPPORT ORDER THAT INCLUDES A PROVISION FOR THE REIMBURSEMENT OF A PORTION OF THE CHILD'S OR CHILDREN'S HEALTH-CARE COSTS AND THOSE COSTS ARE NOT PAID BY INSURANCE, THE LAW SAYS:

1. Notice. You must give the other parent an itemized statement of the charges that have been billed for any health-care costs not paid by insurance. You must give this statement to the other parent within a reasonable time, but no more than 30 days after those costs were given to you.

2. Proof of full payment. If you have already paid all of the uninsured costs, you must (1) give the other parent proof that you paid them and (2) ask for reimbursement for the other parent's court-ordered share of those costs.

3. Proof of partial payment. If you have paid only your share of the uninsured costs, you must (1) give the other parent proof that you paid your share, (2) ask that the other parent pay his or her share of the costs directly to the health-care provider, and (3) give the other parent the information necessary for that parent to be able to pay the bill.

4. Payment by notified parent. If you receive notice from a parent that an uninsured health-care cost has been incurred, you must pay your share of that cost within the time the court orders; or if the court has not specified a period of time, you must make payment (1) within 30 days from the time you were given notice of the amount due, (2) according to any payment schedule set by the health-care provider, (3) according to a schedule agreed to in writing by you and the other parent, or (4) according to a schedule adopted by the court.

5. Disputed charges. If you dispute a charge, you may file a motion in court to resolve the dispute, but only if you pay that charge before filing your motion.

If you claim that the other party has failed to reimburse you for a payment, or the other party has failed to make a payment to the provider after proper notice has been given, you may file a motion in court to resolve the dispute. The court will presume that if uninsured costs have been paid, those costs were reasonable. The court may award attorney fees and costs against a party who has been unreasonable.

6. Court-ordered insurance coverage. If a parent provides health-care insurance as ordered by the court, that insurance must be used at all times to the extent that it is available for health-care costs.

a. **Burden to prove.** The party claiming that the coverage is inadequate to meet the child's needs has the burden of proving that to the court.

b. **Cost of additional coverage.** If a parent purchases health-care insurance in addition to that ordered by the court, that parent must pay all the costs of the additional coverage. In addition, if a parent uses alternative coverage that costs more than the coverage provided by court order, that parent must pay the difference.

7. Preferred health providers. If the court-ordered coverage designates a preferred health-care provider, that provider must be used at all times consistent with the terms of the health insurance policy. When any party uses a health-care provider other than the preferred provider, any health-care costs that would have been paid by the preferred health provider if that provider had been used must be the sole responsibility of the party incurring those costs.

INFORMATION SHEET ON CHANGING A CHILD SUPPORT ORDER

General Information

The court has just made a child support order in your case. This order will remain the same unless a party to the action requests that the support be changed (modified). An order for child support can be modified only by filing a motion to change child support and serving each party involved in your case. If both parents and the local child support agency (if it is involved) agree on a new child support amount, you can complete, have all parties sign, and file with the court a *Stipulation to Establish or Modify Child Support and Order* (form FL-350) or *Stipulation and Order (Governmental)* (form FL-625).

When a Child Support Order May Be Modified

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

Examples

- You have been ordered to pay $500 per month in child support. You lose your job. You will continue to owe $500 per month, plus 10 percent interest on any unpaid support, unless you file a motion to modify your child support to a lower amount and the court orders a reduction.
- You are currently receiving $300 per month in child support from the other parent, whose net income has just increased substantially. You will continue to receive $300 per month unless you file a motion to modify your child support to a higher amount and the court orders an increase.
- You are paying child support based upon having physical custody of your children 30 percent of the time. After several months it turns out that you actually have physical custody of the children 50 percent of the time. You may file a motion to modify child support to a lower amount.

How to Change a Child Support Order

To change a child support order, you must file papers with the court. *Remember:* You must follow the order you have now.

What forms do I need?

If you are asking to change a child support order open with the local child support agency, you must fill out one of these forms:

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

If you are asking to change a child support order that is **not** open with the local child support agency, you must fill out one of these forms:

- FL-301, *Notice of Motion* ***or*** FL-300, *Order to Show Cause* ***and***
- FL-310, *Application for Order and Supporting Declaration* ***or***
- FL-390, *Notice of Motion and Motion for Simplified Modification of Order for Child, Spousal, or Family Support*

You must also fill out one of these forms:

- FL-150, *Income and Expense Declaration* ***or*** FL-155, *Financial Statement (Simplified)*

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

Talk to the family law facilitator at your court.

After you fill out the forms, file them with the court clerk and ask for a hearing date. Write the hearing date on the form. The clerk will ask you to pay a filing fee. If you cannot afford the fee, fill out these forms, too:

- Form FW-001, *Application for Waiver of Court Fees and Costs*
- Form FW-003, *Order on Application for Waiver of Court Fees and Costs*

You must serve the other parent. If the local child support agency is involved, serve it too.
This means someone 18 or over—**not you—**must serve the other parent copies of your filed court forms at least **16 court days** before the hearing. Add **5 calendar days** if you serve by mail within California (see Code of Civil Procedure section 1005 for other situations). **Court days** are weekdays when the court is open for business (Monday through Friday except court holidays). **Calendar days** include all days of the month, including weekends and holidays. To determine court and calendar days, go to *www.courtinfo.ca.gov/selfhelp/courtcalendars/.*

The server must also serve blank copies of these forms:

- FL-320, *Responsive Declaration to Order to Show Cause or Notice of Motion* ***and*** FL-150, *Income and Expense Declaration,* ***or***
- FL-155, *Financial Statement (Simplified)*

Then the server fills out and signs a *Proof of Service* (form FL-330 or FL-335). Take this form to the clerk and file it.

Go to your hearing and ask the judge to change the support. Bring your tax returns from the last two years and your last two months' pay stubs. The judge will look at your information, listen to both parents, and make an order. After the hearing, fill out:

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

Need help?

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

ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address):*	*FOR COURT USE ONLY*
TELEPHONE NO.: FAX NO. *(Optional)*: E-MAIL ADDRESS *(Optional)*: ATTORNEY FOR *(Name)*:	To keep other people from seeing what you entered on your form, please press the Clear This Form button at the end of the form when finished.
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO ☐ CENTRAL DIVISION, COUNTY COURTHOUSE, 220 W. BROADWAY, SAN DIEGO, CA 92101 ☐ CENTRAL DIVISION, FAMILY COURT, 1555 6TH AVE., SAN DIEGO, CA 92101 ☐ CENTRAL DIVISION, MADGE BRADLEY, 1409 4TH AVE., SAN DIEGO, CA 92101 ☐ EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020 ☐ NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081 ☐ SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	
EARNINGS ASSIGNMENT ORDER FOR SPOUSAL OR PARTNER SUPPORT ☐ **Modification**	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

Form Adopted for Mandatory Use
Judicial Council of California
FL-435 [Rev. January 1, 2005]

EARNINGS ASSIGNMENT ORDER FOR SPOUSAL OR PARTNER SUPPORT
(Family Law)

Family Code, §§ 299(d), 5208;
Code of Civil Procedure, § 706.031;
15 U.S.C. §§ 1672–1673
www.courtinfo.ca.gov

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 *OrderlNotice 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. **Obligee:** 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.

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ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address):*	*FOR COURT USE ONLY*
TELEPHONE NO.: FAX NO. *(Optional):* E-MAIL ADDRESS *(Optional):* ATTORNEY FOR *(Name):*	To keep other people from seeing what you entered on your form, please press the Clear This Form button at the end of the form when finished.
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO ☐ CENTRAL DIVISION, COUNTY COURTHOUSE, 220 W. BROADWAY, SAN DIEGO, CA 92101 ☐ CENTRAL DIVISION, FAMILY COURT, 1555 6TH AVE., SAN DIEGO, CA 92101 ☐ CENTRAL DIVISION, MADGE BRADLEY, 1409 4TH AVE., SAN DIEGO, CA 92101 ☐ EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020 ☐ NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081 ☐ SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	
REQUEST FOR HEARING REGARDING EARNINGS ASSIGNMENT	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: ☐ Dept.: ☐ Div.: ☐ 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):* ☐ San Diego ☐ Vista ☐ El Cajon ☐ Chula Vista, California 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/.*

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*.)

For your protection and privacy, please press the Clear This Form button after you have printed the form

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INCOME WITHHOLDING FOR SUPPORT

☐ **ORIGINAL INCOME WITHHOLDING ORDER/NOTICE FOR SUPPORT (IWO)** ☐ **AMENDED IWO**
☐ **ONE-TIME ORDER/NOTICE - LUMP SUM PAYMENT**
☐ **TERMINATION of IWO** **Date:** _____

☐ Child Support Enforcement (CSE) Agency ☐Court ☐ Attorney ☐ Private Individual/Entity (Check One)

NOTE: If you receive this document from someone other than a State or Tribal Child Support Enforcement agency or a court, a copy of the underlying order that contains a provision authorizing income withholding must be attached. Or if under State law an attorney in that State, or if under Tribal law a Tribal legal representative, may issue an income withholding order, the attorney or Tribal legal representative must include a copy of the State or Tribal law authorizing the attorney or Tribal legal representative to issue an income withholding order.

State/Tribe/Territory _____ Case Identifier _____
City/County/Dist./Tribe San Diego Order Identifier _____
Private Individual/Entity_____

RE:

_____
Employer/Income Withholder's Name

_____
Employer/Income Withholder's Address

_____

_____
Employer/Income Withholder's Federal EIN

_____
Employee/Obligor's Name (Last, First, MI)

_____
Employee/Obligor's Social Security Number (if known)

_____
Custodial Party/Obligee's Name (Last, First, MI)

Child's Name (Last, First, MI)	Child's Birth Date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

***ORDER INFORMATION**:* This document is based on the support or withholding order from _____.
You are required by law to deduct these amounts from the employee/obligor's income until further notice.
$_____ Per _____ current child support
$_____ Per _____ past-due child support - Arrears greater than 12 weeks? ☐ Yes ☐No
$_____ Per _____ current cash medical support
$_____ Per _____ past-due cash medical support
$_____ Per _____ current spousal support
$_____ Per _____ past-due spousal support
$_____ Per _____ other (must specify) _____.
for a total of $_____ per _____ to be forwarded to the payee below.

AMOUNTS TO WITHHOLD: You do not have to vary your pay cycle to be in compliance with the *Order Information*. If your pay cycle does not match the ordered payment cycle, withhold one of the following amounts:

$_____ per weekly pay period
$_____ per biweekly pay period (every two weeks)
$ _____ per semimonthly pay period (twice a month)
$ _____ per monthly pay period

$_____ **ONE-TIME LUMP SUM PAYMENT Do not stop any existing IWO unless you receive a termination order.**

***REMITTANCE INFORMATION**:* If the employee/obligor's principal place of employment is _____, you must begin withholding no later than the first pay period that occurs _____ days after the date of _____. Send payment within _____ working days of the pay date. If you cannot withhold the full amount of support for any or all orders for this employee/obligor, withhold up to _____% of disposable income for all orders. If the employee/obligor's principal place of employment is not _____, see the ADDITIONAL INFORMATION FOR EMPLOYERS AND OTHER INCOME WITHHOLDERS for limitations on withholding, applicable time requirements and any allowable employer's fees.

Document Tracking Identifier_____

For EFT/EDI instructions, contact the EFT/EDI office at the website listed below. **If paying by check, make check payable to:** _____. **Include this *Remittance Identifier* with payment**: _____. **Send check to**: _____

FIPS code (If necessary): _____

Signature (if required by State or Tribal law): _____
Print Name: _____
Title of Issuing Official: _____

☐ If checked, you are required to provide a copy of this form to the employee/obligor. If the employee/obligor works in a State or for a Tribe that is different from the State or Tribe that issued this order, a copy must be provided to the employee/obligor even if the box is not checked.

ADDITIONAL INFORMATION FOR EMPLOYERS AND OTHER INCOME WITHHOLDERS

State-specific information may be viewed on the OCSE Employer Services website located at:
http://www.acf.hhs.gov/programs/cse/newhire/employer/contacts/contacts.htm

Priority: Withholding for support has priority over any other legal process under State law (or Tribal law if applicable) against the same income. If a Federal tax levy is in effect, please notify the contact person listed below.

Combining Payments: You may combine withheld amounts from more than one employee/obligor's income in a single payment to each agency/party requesting withholding. You must, however, separately identify the portion of the single payment that is attributable to each employee/obligor.

Reporting the Pay Date: You must report the pay date when sending the payment. The pay date is the date on which the amount was withheld from the employee/obligor's wages. You must comply with the law of the State (or Tribal law if applicable) of the employee/obligor's principal place of employment with respect to the time periods within which you must implement the withholding and forward the support payments.

Employee/Obligor with Multiple Support Withholdings: If there is more than one Order/Notice against this employee/obligor and you are unable to fully honor all support Orders/Notices due to federal, State, or Tribal withholding limits, you must follow the State or Tribal law/procedure of the employee/obligor's principal place of employment. You must honor all Orders/Notices to the greatest extent possible, giving priority to current support before payment of any past-due support.

Lump Sum Payments: You may be required to report and withhold from lump sum payments such as bonuses, commissions, or severance pay. Contact the agency or person listed below to determine if you are required to withhold or if you have any questions about lump sum payments.

Liability: If you have any doubts about the validity of the Order/Notice, contact the agency or person listed below. If you fail to withhold income as the Order/Notice directs, you are liable for both the accumulated amount you should have withheld from the employee/obligor's income and any other penalties set by State or Tribal law/procedure.

_____

_____

Anti-discrimination: You are subject to a fine determined under State or Tribal law for discharging an employee/obligor from employment, refusing to employ, or taking disciplinary action against an employee/obligor because of a child support withholding. _____

_____

Withholding Limits: You may not withhold more than the lesser of: 1) the amounts allowed by the Federal Consumer Credit Protection Act (CCPA) (15 U.S.C. 1673(b)); or 2) the amounts allowed by the State or Tribe of the employee/obligor's principal place of employment. Disposable income is the net income left after making mandatory deductions such as: State, Federal, local taxes, Social Security taxes, statutory pension contributions and Medicare taxes. The Federal limit is 50% of the disposable income if the obligor is supporting another family and 60% of the disposable income if the obligor is not supporting another family. However, that 50% limit is increased to 55% and that 60% limit is increased to 65% if the arrears are greater than 12 weeks. If permitted by the State, you may deduct a fee for administrative costs. The support amount and the fee may not exceed the limit indicated in this section.

Employee/Obligor's Name: _____ Case Identifier: _____
Order Identifier: _____ Employer's Name: _____

Arrears greater than 12 weeks? If the *Order Information* does not indicate whether the arrears are greater than 12 weeks, then the employer should calculate the CCPA limit using the lower percentage.

For Tribal orders, you may not withhold more than the amounts allowed under the law of the issuing Tribe. For Tribal employers who receive a State order, you may not withhold more than the lesser of the limit set by the law of the jurisdiction in which the employer is located or the maximum amount permitted under section 303(d) of the CCPA (15 U.S.C. 1673 (b)).

Depending upon applicable State law, you may need to take into consideration the amounts paid for health care premiums in determining disposable income and applying appropriate withholding limits.

Additional Information:

_____
_____
_____

NOTIFICATION OF TERMINATION OF EMPLOYMENT: You must promptly notify the Child Support Enforcement agency and/or the person listed below by returning this form to the correspondence address if:

☐ This person has never worked for this employer.

☐ This person no longer works for this employer.

Please provide the following information for the terminated employee:

Termination date: _____ Last known phone number: _____

Last known home address: _____
_____
_____

Date final payment made to the State Disbursement Unit or Tribal CSE agency: _____

Final payment amount: _____ New employer's name: _____
_____

New employer's address:
_____
_____

CONTACT INFORMATION

To employer: If the employer/income withholder has any questions, contact _____ _____ by phone at _____, by fax at _____, by email or website at: _____.

Send termination notice and other correspondence to:
_____
_____

To employee/obligor: If the employee/obligor has questions, contact _____ _____ by phone at _____, by fax_____, by email or website at _____

IMPORTANT: The person completing this form is advised that the information may be shared with the employee/obligor.

For your protection and privacy, please press the Clear This Form button after you have printed the form

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INCOME WITHHOLDING FOR SUPPORT - Instructions

The Income Withholding for Support (IWO) is a standardized form used for income withholding in Tribal, intrastate, interstate, and non-governmental cases. When completing the form, include the following information:

Please note:

- For the purpose of these instructions, "State" is defined as a State or Territory.
- A blank box has been placed in the shaded box on the front page midway down under the Custodial Party (3c) field for court stamps, bar codes or other information.

1a. Income Withholding Order/Notice for Support (IWO) or Amended IWO. Check a box to indicate whether this is an original IWO or an amended IWO. If field 1a is checked, 1b should be left blank.

1b. One-Time Order/Notice - Lump Sum Payment. Check the box when the IWO is used to attach a one-time, lump sum payment. When this box is checked, enter the amount in field 14, One-Time Lump Sum Payment, in the *Order Information* section. When attaching a lump sum payment, leave fields 5a through 13d blank. If field 1b is checked, 1a should be left blank. This is a one-time collection of a lump sum payment. If there are additional lump sum payments to be attached, additional IWOs should be used to collect each lump sum payment.

1c. Termination of the IWO. Check the box when the income withholding has terminated. Complete all applicable identifying information to aid the employer in terminating the correct IWO.

1d. Date this form is completed and/or signed.

1e. State or Tribal Child Support Enforcement Agency, Court, Attorney, Private Individual/Entity (Check one). Check the appropriate box to indicate which entity is sending the IWO. **Note**: If the employer/income withholder receives this document from someone other than a State or Tribal CSE agency or a court, a copy of the underlying order that contains a provision authorizing income withholding must be attached. Or if under State law an attorney in that State, or if under Tribal law a Tribal legal representative, may issue an income withholding order, the attorney or Tribal legal representative must include a copy of the State or Tribal law authorizing the attorney or Tribal legal representative to issue an IWO.

1f. Name of State or Tribe sending this form. This must be a governmental entity of the State or a Tribal organization authorized by a Tribal government to operate a CSE program. If you are a Tribe submitting this form on behalf of another Tribe, complete line 1h.

1g. Case Identifier. This is a unique identifier assigned to a case. In a State CSE case this is the identifier that is reported to the Federal Case Registry (FCR). For Tribes this would be either the FCR Identifier or other applicable identifier.

1h. Name of the city, county or district sending this form. This must be a governmental entity of the State. Name of the Tribe authorized by a Tribal government to operate a CSE program for which this form is being sent. (Leave blank if a Tribe is not submitting this form on behalf of another Tribe).

1i. Order Identifier. This is a specific identifier designated by the issuing entity to identify the order. It could be a court number, docket number, or other issuer's identifier. This is an optional field.

1j. Name of the private individual/entity or Non IV-D Tribal CSE organization.

Fields 2 and 3 refer to the employee/obligor's employer, and case identification.

2a. Employer/income withholder's name.

2b. Employer/income withholder's mailing address, city, and state. (This may differ from the employee/obligor's work site).

2c. Employer/income withholder's nine-digit Federal Employer Identification Number (if available).

3a. Employee/obligor's last name, first name, and middle initial.

3b. Employee/obligor's Social Security Number (if known).

3c. Custodial party/obligee's last name, first name, and middle initial.

3 d, f, h, j, l, and n. Child's last name, first name, and middle initial. (Note: If there are more than six children for this IWO, list additional children's names and birth dates in field 31 (Additional Information).

3 e, g, i, k, m, and o. Child's birth date.

ORDER INFORMATION - **Fields 4 through 13 refer to the dollar amount to withhold for a specific kind of support (taken directly from the support order) per specific time period.**

4. Name of the State or Tribe that issued the order.

5a-b. Current child support dollar amount to be withheld for payment per time period that corresponds to that amount (such as per week, month, etc.).

6a-b. Past-due child support dollar amount to be withheld for payment per time period that corresponds to that amount.

6c. Check the appropriate box if arrears are greater than 12 weeks. (Yes/No)

7a-b. Current cash medical support dollar amount to be withheld for payment per time period that corresponds to that amount.

8a-b. Past-due cash medical support dollar amount to be withheld for payment per time period that corresponds to that amount.

9a-b. Current spousal support (alimony) dollar amount to be withheld for payment per time period that corresponds to that amount.

10a-b. Past-due spousal support (alimony) dollar amount to be withheld for payment per time period that corresponds to that amount.

11a-c. Miscellaneous obligations dollar amount to be withheld for payment per period that corresponds to that amount. Specify the obligation in field 11c.

12a. Total amount of deductions in fields 5a, 6a, 7a, 8a, 9a, 10a, and 11a.

12b. Time period that corresponds to the amount in 12a.

AMOUNTS TO WITHHOLD - **Fields 13a through 13d refer to the dollar amount to be withheld for this IWO for a specific pay cycle.**

13a. Total amount an employer should withhold if the employee/obligor is paid weekly.

13b. Total amount an employer should withhold if the employee/obligor is paid every two weeks.

13c. Total amount an employer should withhold if the employee/obligor is paid twice a month.

13d. Total amount an employer should withhold if the employee/obligor is paid once a month.

14. Amount to be withheld when the IWO is used to attach a one-time lump sum payment. This field should be used in conjunction with field 1b. When attaching a lump sum payment, leave fields 5a-13d blank.

REMITTANCE INFORMATION

15. Name of the State or Tribe sending this document.

16. Number of days after the effective date noted in which withholding must begin according to the State or Tribal laws/procedures for the employee/obligor's principal place of employment.

17. The effective date of the income withholding order.

18. Number of working days within which an employer/income withholder must remit amounts withheld pursuant to the State or Tribal laws/procedures of the principal place of employment.

19. Document Tracking Identifier. Unique identifier assigned by the entity for this specific document. This is an optional field used to identify the document.

20. The percentage of disposable income that may be withheld from the employee/obligor's paycheck. For State orders, the employer/income withholder may not withhold more than the lesser of: 1) the amounts allowed by the Federal Consumer Credit Protection Act (15 U.S.C. § 1673(b)); or 2) the amounts allowed by the State of the employee/obligor's principal place of employment.

    For Tribal orders, the employer/income withholder may not withhold more than the amounts allowed under the law of the issuing Tribe. For Tribal employers who receive a State order, the employer/income withholder may not withhold more than the limit set by the law of the jurisdiction in which the employer is located or the maximum amount permitted under section 303(d) of the Federal Consumer Credit Protection Act (15 U.S.C. §1673 (b)).

21. Payee name. Name of State Disbursement Unit (SDU), individual, tribunal/court, or Tribal CSE agency specified in the underlying support order to which payments are required to be sent. This form must include the payment location specified by the entity authorized under State or Tribal law to issue an income withholding order. Federal law requires payments made by income withholding to be sent to the SDU except for payments for cases in which the initial child support order was entered before January 1, 1994 or payments in Tribal CSE cases.

22. Remittance Identifier. This field is required. The employer must use this identifier when remitting payments so the State or Tribe can identify and apply the payment correctly. This identifier may be the case identifier, order identifier, or other identifier designated by the State or Tribe.

23. Address of the SDU, individual, tribunal/court, or Tribal CSE agency to which payments are required to be sent. (Federal law requires payments made by income withholding to be sent to the SDU except for payments for cases in which the initial child support order was entered before January 1, 1994 or payments in Tribal CSE cases).

24. Include the Federal Information Processing Standards (FIPS) code if necessary.

25 Signature (if required by State or Tribal law) of the official authorizing this IWO.

26. Name of the official authorizing this IWO.

27. Title of the official authorizing this IWO.

28. Check this box if the State or Tribal law requires the employer to provide a copy of the IWO to the employee/obligor.

ADDITIONAL INFORMATION FOR EMPLOYERS AND OTHER INCOME WITHHOLDERS

The following fields refer to Federal, State, or Tribal laws that apply to issuing an IWO to an employer/income withholder. Any Federal, State- or Tribal-specific information may be included in the spaces provided.

29. Liability: Additional information on the penalty and/or citation for an employer who fails to comply with the IWO. The State or Tribal law/procedures of the employee/obligor's principal place of employment govern the penalty.

30**.** Anti-discrimination: Additional information on the penalty and/or citation to an employer who discharges, refuses

to employ, or disciplines an employee/obligor as a result of the IWO. The State or Tribal law/procedures of the employee/obligor's principal place of employment govern the penalty.

31. Additional Information: Any additional information, e.g., fees the employer may charge for income withholding or children's names and DOBs on this IWO if there are more that six children.

NOTIFICATION OF TERMINATION OF EMPLOYMENT SECTION

Header Information should be printed on the last page of the IWO for identification purposes when the employer returns the Notification of Termination of Employment Section. These fields include: 3a- Employee/obligor's Name, 1g – Case Identifier, 2a – Employer's Name, and 1i – Order Identifier, if provided.

The employer must complete this section when the employee/obligor's employment is terminated or if the obligor has Never worked for the employer.

Please provide the following contact information to the employer:

32. Name of the contact person for the employer to call for information regarding the IWO.

33. Phone number of the contact person.

34. Fax number of the contact person.

35. Email or website address of the contact person/agency.

36. Correspondence address. This is the address to which the employer should return the termination notice. It is also the address that the employer should use to correspond with the issuing entity.

Please provide the following contact information to the employee/obligor:

37. Name of the contact person for the employee**/**obligor to call for information.

38. Phone number of the contact person.

39. Fax number of the contact person.

40. Email or website address of the contact person/agency.

If the employer is a Federal government agency, the following instructions apply:

- The IWO should be sent to the address listed on the document, *Federal Agencies- Addresses for Income Withholding Purposes,* on the Office of Child Support Enforcement (OCSE) website at http://www.acf.hhs.gov/programs/cse/newhire/ndnh/ndnh.htm.

- Sufficient information must be provided for the employee/obligor to be identified. It is recommended that the following information be provided if known and if applicable:

  (1) full name of the employee/obligor; (2) date of birth; (3) employment number, Department of Veterans Affairs claim number, or Federal retirement claim number; (4) component of the government entity for which the employee/obligor works, and the official duty station or worksite; and (5) status of the employee, e.g., employee, former employee, or retired employee.

- The Federal government agency may withhold from a variety of incomes and forms of payment, including voluntary separation incentive payments (buy-out payments), incentive pay, and cash awards. For a more complete list, see 5 Code of Federal Regulations (CFR) 581.103.

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The Paperwork Reduction Act of 1995

This information collection is conducted in accordance with 45 CFR 303.100 of the Child Support Enforcement Program. Standard forms are designed to provide uniformity and standardization for interstate case processing. Public reporting burden for this collection of information is estimated to average one hour per

response. The responses to this collection are mandatory in accordance with 45 CFR 303.7. This information is subject to State and Federal confidentiality requirements; however, the information will be filed with the tribunal and/or agency in the responding State and may, depending on State law, be disclosed to other parties. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.