

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

PARENTAGE (JUDGMENT) PACKET



FORMS INCLUDED IN THIS PACKET

Request to Enter Default	Judicial Council Form #FL-165
Declaration for Default or Uncontested Judgment	Judicial Council Form #FL-230
Appearance, Stipulations, and Waivers	Judicial Council Form #FL-130
Advisement and Waiver of Rights Re: Establishment of Parental Relationship	Judicial Council Form #FL-235
Stipulation for Entry of Judgment Re: Establishment of Parental Relationship	Judicial Council Form #FL-240
Judgment (Uniform Parentage—Custody and Support)	Judicial Council Form #FL-250
Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA)	Judicial Council Form #FL-105
Child Custody and Visitation Order Attachment	Judicial Council Form #FL-341
Child Support Information and Order Attachment	Judicial Council Form #FL-342
Notice of Entry of Judgment	Judicial Council Form #FL-190
Child Support Case Registry Form	Judicial Council Form #FL-191
Notice of Rights and Responsibilities Health-Care Costs and Reimbursement Procedures	Judicial Council Form #FL-192
Income Withholding for Support	Judicial Council Form #FL-195
Income Withholding for Support – Instructions	Judicial Council Form #FL-196
Request for Hearing Regarding Earnings Assignment	Judicial Council Form #FL-450
Notice of Change of Address	Judicial Council Form #MC-040

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

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.
3. A completed *Property Declaration* (form FL-160) ☐ is attached ☐ is not attached
 If a completed *Property Declaration* (form FL-160) is not attached, check at least one of the following boxes to indicate the reason:
 - 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.
 - 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)

4. **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
<input type="checkbox"/> <i>Request to Enter Default</i> mailed to the respondent or the respondent's attorney on (date): _____ .
<input type="checkbox"/> Default entered as requested on (date): _____ .
<input type="checkbox"/> Default not entered. Reason: _____ .
Clerk, by _____, Deputy

PETITIONER: RESPONDENT:	CASE NUMBER:
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5. Memorandum of costs

- a. ☐ Costs and disbursements are waived.
- b. Costs and disbursements are listed as follows:
- | | | |
|--|-----------|--|
| (1) <input type="checkbox"/> Clerk's fees | \$ | |
| (2) <input type="checkbox"/> Process server's fees | \$ | |
| (3) <input type="checkbox"/> Other (<i>specify</i>): | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
| 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)

6. Declaration of nonmilitary status (*required for a judgment*).

The respondent is not in the military service of the United States as defined by either the Servicemembers Civil Relief Act (see 50 U.S.C. § 3911(2)) or California Military and Veterans Code sections 400 and 402(f).

I know that the respondent is not in the U.S. military service because (*check all that apply*):

- a. ☐ the search results that I received from scra.dmdc.osd.mil/ say the respondent is not in the U.S. military service.
- b. ☐ I am in regular communication with the respondent and know that they are not in the U.S. military service.
- c. ☐ I recently contacted the respondent, and they told me that they are not in the U.S. military service.
- d. ☐ I know that the respondent was discharged from U.S. military service on or about (*date*): _____
- e. ☐ the respondent is not eligible to serve in the U.S. military because they are incarcerated (in jail or prison).
- f. ☐ other (*specify*): _____

Note

- U.S. military status can be checked online at scra.dmdc.osd.mil/.
- If the respondent is in the military service, or their military status is unknown, the respondent is entitled to certain rights and protections under federal and state law before a default judgment can be entered.
- For more information, see selfhelp.courts.ca.gov/military-defaults.

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)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): <div style="display: flex; justify-content: space-between;"> <div>TELEPHONE NO.:</div> <div>FAX NO. (Optional):</div> </div> EMAIL ADDRESS: ATTORNEY FOR (Name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO <input type="checkbox"/> CENTRAL DIVISION, CENTRAL COURTHOUSE, 1100 UNION ST., SAN DIEGO, CA 92101 <input type="checkbox"/> EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020 <input type="checkbox"/> NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081 <input type="checkbox"/> SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910	
PETITIONER: RESPONDENT:	
DECLARATION FOR DEFAULT OR UNCONTESTED JUDGMENT	CASE NUMBER:

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


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

Date:


(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)


- | | |
|--|---|
| 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) |

PETITIONER: RESPONDENT:	CASE NUMBER:
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ADVISEMENT AND WAIVER OF RIGHTS RE: DETERMINATION OF PARENTAL RELATIONSHIP

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

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

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

INTERPRETER'S DECLARATION

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

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF INTERPRETER)

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

THE PARTIES STIPULATE THAT

1. ☐ The parties read and understand the *Advisement and Waiver of Rights Re: Determination of Parental Relationship* (form [FL-235](#)), which is submitted with this *Stipulation for Entry of Judgment*. The parties give up those rights and freely agree that a judgment may be entered in accordance with this stipulation.
2. Name: _____
 Name: _____
 are the parents of the following children:
 Name _____ Date of Birth _____

THE PARTIES STIPULATE THAT THE COURT ORDER:

3. ☐ Child custody and visitation (parenting time) as proposed in *Judgment (Uniform Parentage—Custody and Support)* (form [FL-250](#)).
4. ☐ Child support as proposed in *Judgment (Uniform Parentage—Custody and Support)* (form [FL-250](#)).
5. ☐ Attorney fees as proposed in *Judgment (Uniform Parentage—Custody and Support)* (form [FL-250](#)).
6. ☐ Changes to the names of children as proposed in *Judgment (Uniform Parentage—Custody and Support)* (form [FL-250](#)).
7. ☐ Reasonable costs of pregnancy and birth as proposed in *Judgment (Uniform Parentage—Custody and Support)* (form [FL-250](#)).
8. ☐ Other orders as proposed in *Judgment (Uniform Parentage—Custody and Support)* (form [FL-250](#)).
9. ☐ The parties further agree that the court make the following orders: ☐ See attachment 9.

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)
Date: _____ (TYPE OR PRINT NAME)	▶	_____ (SIGNATURE OF OTHER PARTY OR ATTORNEY)

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

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

3. THE COURT FINDS

Name:

Name:

Name:

are the parents of the following children:

Child's name

Date of birth

4. THE COURT ORDERS

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

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

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

☐ Continued on Attachment 5h.

6. Number of pages attached: _____

Date: _____

(TYPE OR PRINT NAME)		JUDICIAL OFFICER
	<input type="checkbox"/> SIGNATURE FOLLOWS LAST ATTACHMENT	

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

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ EMAIL ADDRESS: _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO <input type="checkbox"/> CENTRAL DIVISION, CENTRAL COURTHOUSE, 1100 UNION ST., SAN DIEGO, CA 92101 <input type="checkbox"/> EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020 <input type="checkbox"/> NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081 <input type="checkbox"/> SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910	
<i>(This section applies to cases other than probate guardianships.)</i> PETITIONER: RESPONDENT: OTHER PARTY: CHILD'S NAME <i>(Juvenile cases only)</i> :	
<i>(This section applies only to probate guardianship cases.)</i> GUARDIANSHIP OF <i>(name)</i> : _____ <div style="text-align: right;">Minor</div>	CASE NUMBER:
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)	

1. I am *(check one)*: ☐ a party to this proceeding to determine custody of a child ☐ the authorized representative of the agency, which is a party to this proceeding to determine custody of a child.

2. There are *(specify number)*: _____ minor children who are subject to this proceeding, as follows *(list oldest child first)*:

Full Name	Date of birth	Place of birth (city and state)
a.		
b.		
c.		
d.		

☐ Check this box if you need to list more children. (On form [MC-020](#) or a separate piece of paper, write "FL-105, Attachment 2, Additional Children" at the top, provide all requested information for each additional child, and attach to this form.)

3. a. ☐ Check this box if there is only one child or if all of the children listed in item 2 have lived together for the past five years. *(Provide the current address of the child listed in item 2a and their residence history for the past five years. If the current address is confidential under Family Code section 3429, check the box and provide only the state of residence.)*

Dates of residence (Month/Year)		Residence (City, State)	Person child lived with and complete current address	Relationship
From:	To present	<input type="checkbox"/> Confidential <i>(list state only)</i>	<input type="checkbox"/> Confidential <i>(list state only)</i>	
From:	To:			
From:	To:			
From:	To:			
From:	To:			

☐ Additional addresses are listed on Attachment 3a. (Form [MC-020](#) may be used for this purpose.)

b. ☐ Check this box if there is more than one child and all the children *have not* lived together for the past five years. *(Attach form FL-105(A)/GC-120(A) and list each other child's current address and their residence history for the past five years.)*

CASE NAME:	CASE NUMBER:
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4. Do you have information about, or have you participated as a party or as a witness or in some other capacity in, another court case or custody or visitation proceeding, in California or elsewhere, concerning a child subject to this proceeding?

☐ Yes ☐ No (If yes, attach a copy of the orders if you have one and provide the following information):

Proceeding	Case number	Court (name, state or tribe, location)	Court order or judgment (date)	Name of each child	Your connection to the case	Case status
a. <input type="checkbox"/> Family						
b. <input type="checkbox"/> Probate Guardianship						
c. <input type="checkbox"/> Other						

Proceeding	Case Number	Court (name, state or tribe, location)
d. <input type="checkbox"/> Juvenile		
e. <input type="checkbox"/> Adoption		

5. ☐ One or more domestic violence restraining/protective orders are now in effect. (Attach a copy of the orders if you have one and provide the following information):

Court	County	State or Tribe	Case Number (if known)	Orders expire (date)
a. <input type="checkbox"/> Criminal				
b. <input type="checkbox"/> Family				
c. <input type="checkbox"/> Juvenile				
d. <input type="checkbox"/> Other				

6. Do you know of any person who is not a party to this proceeding who has physical custody of or claims to have rights to custody of or visitation with any child in this case? ☐ Yes ☐ No (If yes, provide the following information):

a. Name and address of person:

☐ Has physical custody
☐ Claims custody rights
☐ Claims visitation rights

Name of each child:

b. Name and address of person:

☐ Has physical custody
☐ Claims custody rights
☐ Claims visitation rights

Name of each child:

c. Name and address of person:

☐ Has physical custody
☐ Claims custody rights
☐ Claims visitation rights

Name of each child:

7. ☐ Number of pages attached: _____

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

Date:

 (NAME OF DECLARANT)



 (SIGNATURE OF DECLARANT)

NOTICE TO DECLARANT: You have a continuing duty to inform this court if you obtain any information about a custody proceeding in a California court or any other court concerning a child subject to this proceeding.

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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CHILD CUSTODY AND VISITATION (PARENTING TIME) ORDER ATTACHMENT

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

1. **Jurisdiction.** This court has jurisdiction to make child custody orders in this case under the Uniform Child Custody Jurisdiction and Enforcement Act (Family Code sections 3400–3465).
2. **Notice and opportunity to be heard.** The responding party was given notice and an opportunity to be heard, as provided by the laws of the State of California.
3. **Country of habitual residence.** The country of habitual residence of the child or children in this case is
☐ the United States ☐ Other (specify):
4. **Penalties for violating this order.** If you violate this order, you may be subject to civil or criminal penalties, or both.
5. ☐ **Child abduction prevention.** There is a risk that one of the parties will take the children out of California without the other party's permission. (*Child Abduction Prevention Order Attachment (form FL-341(B)) is attached and must be obeyed.*)
6. ☐ **Child custody.** Custody of the minor children of the parties is awarded as follows:

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

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

THIS IS A COURT ORDER.

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

b. ☐ See the attached _____-page document

c. ☐ The parties will go to child custody mediation or child custody recommending counseling at *(specify date, time, and location)*:

d. ☐ No Visitation (parenting time)

e. ☐ Visitation (parenting time) for the ☐ petitioner ☐ respondent ☐ other *(name)*:
will be as follows:

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

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

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

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

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

FL-341 [Rev. January 1, 2023]

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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9. ☐ **Visitation (parenting time) with allegations of a history of abuse, substance abuse, or other parenting concerns**

a. ☐ **Supervised visitation (parenting time).**

- (1) Until ☐ further order of the court ☐ other (specify): _____, the
☐ petitioner ☐ respondent ☐ other parent/party (name): _____
 will have supervised visitation (parenting time) with the minor children according to the schedule on page 2.
- (2) In addition, **Supervised Visitation Order (form FL-341(A))** is attached.

b. ☐ **Unsupervised visitation (parenting time)**

(Do not complete this section if the parties have entered or will enter into an agreement on child custody and/or visitation (parenting time), in writing or stated in court.)

- (1) Even though there are allegations of a history of abuse or substance abuse under Family Code section 3011, the
☐ petitioner ☐ respondent ☐ other parent/party (name): _____
 has (or have) unsupervised visitation (parenting time) with the minor children as set forth in 8.
- (2) The reasons for granting unsupervised visitation to the person(s) alleged to have a history of abuse or substance abuse are: ☐ as follows: ☐ [Attachment 9b.](#)

- (3) The orders for visitation (parenting time) are specific as to time, day, place, and manner of transfer of the child, as Family Code section 6323(c) requires.

10. ☐ **Transportation for visitation (parenting time) and place of exchange**

- a. The children must be driven only by a licensed and insured driver. The vehicle must be legally registered with the Department of Motor Vehicles, and must have child restraint devices properly installed, as required by law.
- b. ☐ Transportation **to** begin the visits will be provided by the ☐ petitioner ☐ respondent
☐ other (specify): _____
- c. ☐ Transportation **from** the visits will be provided by the ☐ petitioner ☐ respondent
☐ other (specify): _____
- d. ☐ The exchange point at the beginning of the visit will be at (address): _____
- e. ☐ The exchange point at the end of the visit will be at (address): _____
- f. ☐ During the exchanges, the party driving the children will wait in the car and the other party will wait in the home (or exchange location) while the children go between the car and the home (or exchange location).
- g. ☐ Other (specify): _____

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

must have written permission from the other parent or a court order to take the children out of

- a. ☐ the state of California.
- b. ☐ the following counties (specify): _____
- c. ☐ other places (specify): _____

THIS IS A COURT ORDER.

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

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

Attachment to: ☐ Findings and Order After Hearing (form FL-340) ☐ Judgment (form FL-180)
☐ Judgment (form FL-250) ☐ Restraining Order After Hearing (form DV-130)
☐ Other (specify):

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

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

2. ☐ **Income**

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

b. **Earning capacity.** The court finds that the (check all that apply):

- (1) ☐ petitioner has the ability to earn \$ _____ per month.
 (2) ☐ respondent has the ability to earn \$ _____ per month.
 (3) ☐ other parent/party has the ability to earn \$ _____ per month.
 (4) The factors used to calculate earning capacity under Family Code section 4058(b) are stated
 (a) ☐ in *Earning Capacity Factors Attachment* (form [FL-302](#)).
 (b) ☐ as follows (specify):

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: %
 respondent: %
 other parent/party: %

4. ☐ **Hardships**

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

	<u>Petitioner</u>	<u>Respondent</u>	<u>Other Parent/Party</u>	<u>Approximate end date for the hardship</u>
a. <input type="checkbox"/> Other minor children:	\$	\$	\$	
b. <input type="checkbox"/> Extraordinary medical expenses:	\$	\$	\$	
c. <input type="checkbox"/> Catastrophic losses:	\$	\$	\$	

THE COURT ORDERS

5. ☐ **Low-income adjustment**

- a. ☐ The low-income adjustment applies at the lowest amount of the range.
 b. ☐ The lowest amount of the low-income adjustment has been rebutted and does not apply because (specify reasons):

THIS IS A COURT ORDER.

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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6. ☐ **Child support**

a. **Base child support**

☐ Petitioner ☐ Respondent ☐ Other parent/party must pay child support beginning (date): _____ and continuing until further order of the court, or until the child marries, dies, is emancipated, reaches age 19, or reaches age 18 and is not a full-time high school student, whichever occurs first, as follows:

<u>Child's name</u>	<u>Date of birth</u>	<u>Monthly amount</u>	<u>Payable to (name):</u>
		\$	
		\$	
		\$	
		\$	

Payable ☐ on the 1st of the month ☐ other (specify): _____

b. ☐ **Mandatory additional child support**

(1) Childcare costs related to employment or reasonably necessary job training

- | | | | | | | |
|---|---|----------|----|-----------------------------|-----------|-------------------|
| (a) <input type="checkbox"/> Petitioner must pay: | % | of total | or | <input type="checkbox"/> \$ | per month | child-care costs. |
| (b) <input type="checkbox"/> Respondent must pay: | % | of total | or | <input type="checkbox"/> \$ | per month | child-care costs. |
| (c) <input type="checkbox"/> Other parent/party must pay: | % | of total | or | <input type="checkbox"/> \$ | per month | child-care costs. |
| (d) <input type="checkbox"/> Costs to be paid as follows (specify): _____ | | | | | | |

(2) Reasonable uninsured health care costs for the children

- | | | | | | |
|---|---|----------|----|-----------------------------|------------|
| (a) <input type="checkbox"/> Petitioner must pay: | % | of total | or | <input type="checkbox"/> \$ | per month. |
| (b) <input type="checkbox"/> Respondent must pay: | % | of total | or | <input type="checkbox"/> \$ | per month. |
| (c) <input type="checkbox"/> Other parent/party must pay: | % | of total | or | <input type="checkbox"/> \$ | per month. |
| (d) <input type="checkbox"/> 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) <input type="checkbox"/> Petitioner must pay: | % | of total | or | <input type="checkbox"/> \$ | per month. |
| (b) <input type="checkbox"/> Respondent must pay: | % | of total | or | <input type="checkbox"/> \$ | per month. |
| (c) <input type="checkbox"/> Other parent/party must pay: | % | of total | or | <input type="checkbox"/> \$ | per month. |
| (d) <input type="checkbox"/> Costs to be paid as follows (specify): _____ | | | | | |

(2) ☐ Travel expenses for visitation

- | | | | | | |
|---|---|----------|----|-----------------------------|------------|
| (a) <input type="checkbox"/> Petitioner must pay: | % | of total | or | <input type="checkbox"/> \$ | per month. |
| (b) <input type="checkbox"/> Respondent must pay: | % | of total | or | <input type="checkbox"/> \$ | per month. |
| (c) <input type="checkbox"/> Other parent/party must pay: | % | of total | or | <input type="checkbox"/> \$ | per month. |
| (d) <input type="checkbox"/> Costs to be paid as follows (specify): _____ | | | | | |

d. ☐ **Non-Guideline Order**

This order is ☐ below ☐ above the child support guideline set forth in Family Code section 4055. *Non-Guideline Child Support Findings Attachment* (form [FL-342\(A\)](#)) is attached.

Total child support per month: \$

THIS IS A COURT ORDER.

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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7. Health care expenses

- a. Health insurance coverage for the minor children of the parties must be maintained by the
☐ petitioner ☐ respondent ☐ other parent/party if available at no or reasonable cost through their respective places of employment or self-employment. Both parties are ordered to cooperate in the presentation, collection, and reimbursement of any health care claims. The parent ordered to provide health insurance must seek continuation of coverage for the child after the child attains the age when the child is no longer considered eligible for coverage as a dependent under the insurance contract, if the child is incapable of self-sustaining employment because of a physically or mentally disabling injury, illness, or condition and is chiefly dependent on the parent providing health insurance for support and maintenance.
- b. ☐ Health insurance is not available to the ☐ petitioner ☐ respondent ☐ other parent/party at a reasonable cost at this time.
- c. ☐ The party providing coverage must assign the right of reimbursement to the other party.

8. Earnings assignment

An earnings assignment order is issued. **Note:** The parent ordered to pay 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 person ordered to receive support and a private child support collector, the parent 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 person ordered to receive support, jointly.

10. ☐ Employment search order (Family Code section 4505)

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

11. Other orders (specify):

12. Notices

- a. *Notice of Rights and Responsibilities Regarding Child Support* (form [FL-192](#)) must be attached and is incorporated into this order.
- b. If this form is attached to *Restraining Order After Hearing* (form [DV-130](#)), the support orders issued on this form (form FL-342) remain in effect after the restraining orders issued on form DV-130 end.

13. Child Support Case Registry Form

Both parties must complete and file with the court a *Child Support Case Registry Form* (form [FL-191](#)) within 10 days of the date of this order. Thereafter, the parties must notify the court of any change in the information submitted within 10 days of the change by filing an updated form.

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

THIS IS A COURT ORDER.

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

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

1. ☐ Dissolution
2. ☐ Dissolution—status only
3. ☐ Dissolution—reserving jurisdiction over termination of marital status or domestic partnership
4. ☐ Legal separation
5. ☐ Nullity
6. ☐ Parent-child relationship
7. ☐ Judgment on reserved issues
8. ☐ Other (specify): _____

Date: _____ Clerk, by _____, Deputy

—NOTICE TO ATTORNEY OF RECORD OR PARTY WITHOUT ATTORNEY—

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

<p style="text-align: center;">STATEMENT IN THIS BOX APPLIES ONLY TO JUDGMENT OF DISSOLUTION</p> <p>Effective date of termination of marital or domestic partnership status (specify): _____</p> <p>WARNING: Neither party may remarry or enter into a new domestic partnership until the effective date of the termination of marital or domestic partnership status, as shown in this box.</p>
--

CLERK'S CERTIFICATE OF MAILING

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

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ EMAIL ADDRESS: _____ ATTORNEY FOR (Name): _____	COURT PERSONNEL: STAMP DATE RECEIVED HERE DO NOT FILE
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO <input type="checkbox"/> CENTRAL DIVISION, CENTRAL COURTHOUSE, 1100 UNION ST., SAN DIEGO CA 92101 <input type="checkbox"/> EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020 <input type="checkbox"/> NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081 <input type="checkbox"/> SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	
CHILD SUPPORT CASE REGISTRY FORM <input type="checkbox"/> Mother <input type="checkbox"/> First form completed <input type="checkbox"/> Father <input type="checkbox"/> Change to previous information	CASE NUMBER:

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

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

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

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

TYPE OR PRINT IN INK

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

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:

6. Mother's name:

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

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

City, state, zip code:

City, state, zip code:

d. Mailing address:

d. Mailing address:

City, state, zip code:

City, state, zip code:

e. Driver's license number:

e. Driver's license number:

State:

State:

f. Telephone number:

f. Telephone number:

g. ☐ Employed ☐ Not employed ☐ Self-employed

g. ☐ Employed ☐ Not employed ☐ Self-employed

Employer's name:

Employer's name:

Street address:

Street address:

City, state, zip code:

City, state, zip code:

Telephone number:

Telephone number:

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

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

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

Date:



(TYPE OR PRINT NAME)

(SIGNATURE OF PERSON COMPLETING THIS FORM)

INFORMATION SHEET FOR CHILD SUPPORT CASE REGISTRY FORM

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

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

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

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

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

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

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

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

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

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

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

Instructions for numbered paragraphs:

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

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

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

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

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

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

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

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

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

NOTICE OF RIGHTS AND RESPONSIBILITIES REGARDING CHILD SUPPORT

Childcare and Health Care Costs and Reimbursement Procedures

Your child support order may include a provision for payment of childcare or uninsured health care costs. Childcare costs may be included as part of the monthly child support payment or reimbursable as a percentage of the costs. If the childcare costs are included as part of the monthly child support payment, you must pay that amount each month until the court changes (modifies) the child support order. If you need to change your child support order because there has been a change in the cost of childcare, see page 2.

If you have a child support order that includes a provision for the reimbursement of a percentage of childcare costs or 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 childcare costs or health care costs not paid by insurance. You must give this statement to the other parent within a reasonable time, but no more than 90 days after those costs were given to you.
2. **Proof of full payment.** If you have already paid all of the childcare costs or uninsured health care 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 childcare costs or uninsured health care 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 childcare or 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 a childcare or uninsured health care cost has been incurred, you must pay your share of that cost within the time the court orders; or if the court has not specified a period of time, you must make payment (1) within 30 days from the time you were given notice of the amount due, (2) according to any payment schedule set by the health care provider, (3) according to a schedule agreed to in writing by you and the other parent, or (4) according to a schedule adopted by the court.
5. **Going to court.** Sometimes parents get into disagreements about childcare and health care costs. If you and the other parent cannot resolve the situation after talking about it, you can request that the court make a decision.
- a. **Disputed requests for payment.** If you dispute a request for payment made by the other parent, you may file a request for the court to resolve the dispute, but only if you pay the requested amount before filing your request.
- b. **Nonpayment.** If you claim that the other parent has failed to pay you back for a payment, or they have failed to make a payment to the provider after proper notice, you may file a request for the court to resolve the dispute.
- c. **Paid charges.** The court will presume that if uninsured health care costs or childcare costs for employment or necessary training for job skills have been paid, those costs were reasonable. If you want to dispute paid charges, you will have to show the court that the costs were unreasonable.
- d. **Attorney's fees.** If the court decides one parent has been unreasonable, it can order that parent to pay the other parent's attorney's fees and costs.
- e. **Court forms.** Use forms [FL-300](#) and [FL-490](#) to get a court date. See form [FL-300-INFO](#) for information about completing, filing, and serving your court papers.
6. **Court-ordered insurance coverage.** If a parent provides health care insurance as ordered by the court, that insurance must be used at all times to the extent that it is available for health care costs.
- a. **Burden to prove.** The parent claiming that the coverage is inadequate to meet the child's needs has the burden of proving that to the court.
- b. **Cost of additional coverage.** If a parent purchases health care insurance in addition to that ordered by the court, that parent must pay all the costs of the additional coverage. In addition, if a parent uses alternative coverage that costs more than the coverage provided by court order, that parent must pay the difference.
7. **Preferred health providers.** If the court-ordered coverage designates a preferred health care provider, that provider must be used at all times consistent with the terms of the health insurance policy. When any parent uses a health care provider other than the preferred provider, any health care costs that would have been paid by the preferred health provider if that provider had been used must be the sole responsibility of the parent incurring those costs.
8. **Need help?** Contact the [family law facilitator](#) in your county or call your county's bar association and ask for an experienced family lawyer.

Information Sheet on Changing a Child Support Order

General Info

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

Online Self-Help Guide

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

When a Child Support Order May Be Changed

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

- First, the number of children is considered, along with the percentage of time each parent has physical custody of the children.
- Next, the net disposable incomes of both parents are determined (which is how much money is left each month after taxes and certain other items like health insurance, union dues, or other child support ordered and paid are subtracted from a parent's paycheck). The court can also look at a parent's earning ability.
- The court considers both parents' tax filing status and may consider hardships, such as the cost of raising the parent's child from another relationship who lives with the parent.

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

Examples

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

How to Change a Child Support Order

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

What forms do I need?

If you are asking to change a child support order, you must fill out one of these forms:

- Form [FL-300](#), *Request for Order* or
- Form [FL-390](#), *Notice of Motion and Motion for Simplified Modification of Order for Child, Spousal, or Family Support*

You must also fill out one of these forms, and attach proof of income for the past two months (like your paycheck stubs):

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

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

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

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

- Form [FW-001](#), *Request to Waive Court Fees* and
- Form [FW-003](#), *Order on Court Fee Waiver (Superior Court)*

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

- This means someone 18 or over—not you—must deliver copies of your filed court forms to the other parent, at least **16 court days** before the hearing. Add **5 calendar days** if delivered by mail within California (see Code of Civil Procedure section 1005 for other situations).
- **Court days** are weekdays when the court is open for business (Monday through Friday except court holidays). **Calendar days** include all days of the month, including weekends and holidays. To find court holidays, go to: www.courts.ca.gov/holidays.htm.

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

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

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

Go to your hearing and ask the judge to change the support.

Bring your tax returns from the last two years and your proof of income for the past two months (like your paycheck stubs). The judge will look at your information, listen to both parents, and make an order. After the hearing, fill out:

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

Information About Child Support for Incarcerated or Confined Parents

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

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

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

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

3. Timing. The date child support automatically restarts will depend on the parent's release date. If you need to change your child support order, see page 2.

- a. **If released before January 1, 2024,** child support automatically restarts the first day of the first full month after the parent is released.
- b. **If released after January 1, 2024,** child support will automatically restart the first day of the 10th month after the parent is released.

Employment before the 10-month period ends: If the parent who has to pay support starts working before the date child support is set to automatically restart, the person who is owed support or the local child support agency can request the court restart the child support order early. The court may order a different amount of child support if appropriate.

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

You can also contact the family law facilitator in your county and can find them here: www.courts.ca.gov/selfhelp-facilitators.htm.

INCOME WITHHOLDING FOR SUPPORT

OMB 0970-0154

Expiration Date: 08/31/2026

I. Sender Information: (Completed by the Sender)

Date: _____

☐ INCOME WITHHOLDING ORDER/NOTICE FOR SUPPORT (IWO)☐ AMENDED IWO☐ ONE-TIME ORDER/NOTICE FOR LUMP SUM PAYMENT☐ TERMINATION OF IWO☐ Child Support Agency (CSA) ☐ Court ☐ Attorney ☐ Private Individual/Entity (Check One)

NOTE: This IWO must be regular on its face. Under certain circumstances you must reject this IWO and return it to the sender (see IWO instructions www.acf.hhs.gov/css/resource/income-withholding-for-support-instructions). If you receive this document from someone other than a state or tribal CSA agency or a court, a copy of the underlying support order must be attached.

State/Tribe/Territory _____ Remittance ID (include w/payment) _____

City/County/Dist./Tribe _____ Order ID _____

Private Individual/Entity _____ Case ID _____

II. Employer and Case Information: (Completed by the Sender)

Employer/Income Withholder's Name	RE: _____	Employee/Obligor's Name (Last, First, Middle)
Employer/Income Withholder's Address		Employee/Obligor's Social Security Number
		Employee/Obligor's Date of Birth
		Custodial Party/Obligee's Name (Last, First, Middle)
Employer/Income Withholder's FEIN		
Child(ren)'s Name(s) (Last, First, Middle)	Child(ren)'s Birth Date(s)	

III. Order Information: (Completed by the Sender)

This document is based on the support order from _____ (State/Tribe).

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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 Amount to Withhold** of \$ _____ per _____.

IV. Amounts to Withhold: (Completed by the Sender)

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 semimonthly pay period (twice a month)

\$ _____ per biweekly pay period (every two weeks) \$ _____ per monthly pay period

\$ _____ **Lump Sum Payment:** Do not stop any existing IWO unless you receive a termination order.

Document Tracking ID _____

Employer/Income Withholder's Name: _____ Employer/Income Withholder's FEIN: _____
 Employee/Obligor's Name: _____ SSN: _____
 Case ID: _____ Order ID: _____

V. Remittance Information: (Completed by the Sender except for the "Return to Sender" check box.)

If the employee/obligor's principal place of employment is _____ (State/Tribe), you must begin withholding no later than the first pay period that occurs _____ days after the date of _____ of the order/notice. Send payment within _____ business days of the pay date. If you cannot withhold the full amount of support for any or all orders for this employee/obligor, withhold _____ % of disposable income for all orders. If the employee/obligor's principal place of employment is not _____ (State/Tribe), obtain withholding limitations, time requirements, the appropriate method to allocate among multiple child support cases/orders, and any allowable employer fees from the jurisdiction of the employee/obligor's principal place of employment.

State-specific withholding limit information is available at www.acf.hhs.gov/css/resource/state-income-withholding-contacts-and-program-requirements. For tribe-specific contacts, payment addresses, and withholding limitations, please contact the tribe at www.acf.hhs.gov/sites/default/files/programs/css/tribal_agency_contacts_printable_pdf.pdf or www.bia.gov/tribalmap/DataDotGovSamples/tld_map.html.

You may not withhold more than the lesser of: 1) the amounts allowed by the Federal Consumer Credit Protection Act (CCPA) [15 USC § 1673 (b)]; or 2) the amounts allowed by the law of the state of the employee/obligor's principal place of employment if the place of employment is in a state; or the tribal law of the employee/obligor's principal place of employment if the place of employment is under tribal jurisdiction. The CCPA is available at <https://www.dol.gov/agencies/whd/fact-sheets/30-cppa>. If the Order Information section does not indicate that the arrears are greater than 12 weeks, then the employer should calculate the CCPA limit using the lower percentage.

If there is more than one IWO against this employee/obligor and you are unable to fully honor all IWOs due to federal, state, or tribal withholding limits, you must honor all IWOs to the greatest extent possible, giving priority to current support before payment of any past-due support.

If the obligor is a nonemployee, obtain withholding limits from the **Supplemental Information** section in this IWO. This information is also available at www.acf.hhs.gov/css/resource/state-income-withholding-contacts-and-program-requirements.

Remit payment to	<u>California State Disbursement Unit</u>	(SDU/Tribal Order Payee)
at	<u>P.O. Box 989067, West Sacramento, CA 95798-9067</u>	(SDU/Tribal Payee Address)

Include the Remittance ID with the payment and if necessary this locator code of the SDU/Tribal order payee _____ on the payment.

To set up electronic payments or to learn state requirements for checks, contact the State Disbursement Unit (SDU). Contacts and information are found at www.acf.hhs.gov/css/resource/sdu-eft-contacts-and-program-requirements.

☐ **Return to Sender (Completed by Employer/Income Withholder).** Payment must be directed to an SDU in accordance with sections 466(b)(5) and (6) of the Social Security Act or Tribal Payee (see Payments in Section VI). If payment is not directed to an SDU/Tribal Payee or this IWO is not regular on its face, you must check this box and return the IWO to the sender.

If Required by State or Tribal Law:

Signature of Judge/Issuing Official: _____
 Print Name of Judge/Issuing Official: _____
 Title of Judge/Issuing Official: _____
 Date of Signature: _____

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 of this IWO must be provided to the employee/obligor.

☐ If checked, the employer/income withholder must provide a copy of this form to the employee/obligor.

Employer/Income Withholder's Name: _____ Employer/Income Withholder's FEIN: _____
Employee/Obligor's Name: _____ SSN: _____
Case ID: _____ Order ID: _____

VI. Additional Information for Employers/Income Withholders: (Completed by the Sender)

Priority: Withholding for support has priority over any other legal process under state law against the same income (section 466(b)(7) of the Social Security Act). If a federal tax levy is in effect, please notify the sender.

Payments: You must send child support payments payable by income withholding to the appropriate SDU or to a tribal CSA within 7 business days, or fewer if required by state law, after the date the income would have been paid to the employee/obligor and include the date you withheld the support from his or her income. You may combine withheld amounts from more than one employee/obligor's income in a single payment as long as you separately identify each employee/obligor's portion of the payment. Child support payments may not be made through the federal Office of Child Support Services (OCSS) Child Support Portal.

Lump Sum Payments: You may be required to notify a state or tribal CSA of upcoming lump sum payments, such as bonuses, commissions, or severance pay, to this employee/obligor. Contact the sender to determine if you are required to report and/or withhold lump sum payments. Employers/income withholders may use the OCSS Child Support Portal (ocssp.acf.hhs.gov/csp/) to provide information about employees who are eligible to receive lump sum payments and to provide contacts, addresses, and other information about their companies. Child support payments may not be made through the federal OCSS Child Support Portal.

Liability: If you have any doubts about the validity of this IWO, contact the sender. If you fail to withhold income from the employee/obligor's income as the IWO directs, you are liable for both the accumulated amount you should have withheld and any 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 this IWO.

Supplemental Information:

Employer/Income Withholder's Name: _____ Employer/Income Withholder's FEIN: _____
 Employee/Obligor's Name: _____ SSN: _____
 Case ID: _____ Order ID: _____

VII. Notification of Employment Termination or Income Status: (Completed by the Employer/Income Withholder)

If this employee/obligor never worked for you or you are no longer withholding income for this employee/obligor, you must promptly notify the CSA and/or the sender by returning this form to the address listed in the **Contact Information** section below or by using the OCSS Child Support Portal (ocsp.acf.hhs.gov/csp/). Please report the new employer or income withholder, if known.

☐ This person has never worked for this employer nor received periodic income.

☐ This person no longer works for this employer nor receives periodic income.

Please provide the following information for the employee/obligor:

Termination date: _____ Last known telephone number: _____

Last known address: _____

Final payment date to SDU/Tribal Payee: _____ Final payment amount: _____

New employer's or income withholder's name: _____

New employer's or income withholder's address: _____

VIII. Contact Information: (Completed by the Sender)

To Employer/Income Withholder: If you have questions, contact _____ (sender name) by telephone: _____, by fax: _____, by email or website: _____.

Send termination/income status notice and other correspondence to: _____ (sender address).

To Employee/Obligor: If the employee/obligor has questions, contact _____ (sender name) by telephone: _____, by fax: _____, by email or website: _____.

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

Encryption Requirements:

When communicating this form through electronic transmission, precautions must be taken to ensure the security of the data. Child support agencies are encouraged to use the electronic applications provided by the federal Office of Child Support Services. Other electronic means, such as encrypted attachments to emails, may be used if the encryption method is compliant with Federal Information Processing Standard (FIPS) Publication 140-2 (FIPS PUB 140-2).

The Income Withholding for Support (IWO) is the OMB-approved form used for income withholding in:

- Tribal, intrastate, and interstate cases enforced under Title IV-D of the Social Security Act
- All child support orders initially issued in the state on or after January 1, 1994
- All child support orders initially issued (or modified) in the state before January 1, 1994 if arrearages occur.

This form is the standard format prescribed by the Secretary in accordance with section 466(b)(6)(a)(ii) of the Social Security Act. **Except as noted, the following information is required and must be included.**

Please note:

- For the purpose of this IWO form and these instructions, “state” is defined as a state or territory.
- Dos and don’ts on using this form are found at www.acf.hhs.gov/css/resource/using-the-income-withholding-for-support-form-dos-and-donts.

I. Sender Information: (Completed by the sender) Check one box for fields 1a–1d.

1a. **Income Withholding Order/Notice for Support (IWO).** Check the box if this is an initial IWO.

1b. **Amended IWO.** Check the box to indicate that this form amends a previous IWO. Any changes to an IWO must be done through an amended IWO.

1c. **One-Time Order/Notice For Lump Sum Payment.** Check the box when this IWO is to attach a one-time collection of a lump sum payment after receiving notification from an employer/income withholder or other source. When this box is checked, enter the amount in field 14, Lump Sum Payment, in the Amounts to Withhold section. Additional IWOs must be issued to collect subsequent lump sum payments.

1d. **Termination of IWO.** Check the box to stop income withholding on a child support order. Complete all applicable identifying information to aid the employer/income withholder in terminating the correct IWO.

- The OMB expiration date is printed on the IWO form.
 - However, the IWO sent on a case does not expire on the OMB expiration date—once the IWO has been sent to the employer, then the IWO is in effect until it is terminated by the Issuing Agency.
 - The Issuing Agency must make any system updates to implement the currently approved IWO form as soon as possible. In the interim, OMB extended the expiration date of the previously approved form to allow child support agencies to issue an IWO until programing for the currently approved form is complete.

1e. **Date.** Date this form is completed and/or signed.

1f. **Child Support Agency (CSA), Court, Attorney, Private Individual/Entity (Check one box).** Check the appropriate box to indicate which entity is sending the IWO. If this IWO is **not** completed by a state or tribal CSA, the sender should contact the CSA (see www.acf.hhs.gov/programs/css/resource/state-income-withholding-contacts-and-program-requirements) to determine if the CSA needs a copy of this form to facilitate payment processing.

NOTE TO EMPLOYER/INCOME WITHHOLDER: This IWO must be regular on its face. The IWO must be rejected and returned to sender under the following circumstances:

- IWO instructs the employer/income withholder to send a payment to an entity other than a state disbursement unit (for example, payable to the custodial party, court, or attorney). Each state is required to operate a state disbursement unit (SDU), which is a centralized facility for collection and disbursement of child support payments. Exception: If this IWO is issued by a court, attorney, or private individual/entity and the initial child support order was entered before January 1, 1994 or the **order was issued by a tribal CSA, the employer/income withholder must follow the payment instructions on the form.**
- After processing an IWO, the payment is returned to the income withholder because the order information is not on the child support system and the SDU could not process the payment. The income withholder should return the payment to employee.

- Form does not contain all information necessary for the employer to comply with the withholding, such as missing Remittance Identifier, invalid case identifier, or missing sender contact information.
- Form is altered or contains invalid information, such as “step-down” provisions or other future events that an employer is not required to monitor.
- Amount to withhold is not a dollar amount.
- Sender has not used the OMB-approved form for the IWO.
- A copy of the underlying order is required and not included. If you receive this document from an attorney or private individual/entity, a copy of the underlying support order containing a provision authorizing income withholding must be attached.

1g. **State/Tribe/Territory.** Name of state or tribe sending this form. This must be a government entity of the state or a tribal organization authorized by a tribal government to operate a child support program. If you are a tribe submitting this form on behalf of another tribe, complete field 1i.

1h. **Remittance ID (include w/payment).** Identifier for the SDU/Tribal Payee designated in the Remittance Information section, field 22, that employers/income withholders must include when sending payments for this IWO. The Remittance ID is entered as the case identifier on the electronic funds transfer/electronic data interchange (EFT/EDI) record.

NOTE TO EMPLOYER/INCOME WITHHOLDER: The employer/income withholder must use the Remittance ID when remitting payments so the SDU or tribe can identify and apply the payment correctly. The Remittance ID is entered as the case identifier on the EFT/EDI record.

1i. **City/County/Dist./Tribe. *Optional*** field for the name of the city, county, or district sending this form. If entered, this must be a government entity of the state or the name of the tribe authorized by a tribal government to operate a child support program for which this form is being sent. If a tribe is submitting this form on behalf of another tribe, enter the name of that tribe.

1j. **Order ID. *Optional*** unique identifier associated with a specific child support obligation. It could be a court case number, docket number, or other identifier designated by the sender.

1k. **Private Individual/Entity.** Name of the private individual/entity or non-IV-D tribal CSE organization sending this form.

1l. **Case ID.** Unique identifier assigned to a state or tribal CSA case. In a state IV-D case as defined at 45 Code of Federal Regulations (CFR) 305.1, this is the identifier reported to the Federal Case Registry (FCR). One IWO must be issued for each IV-D case and must use the unique CSA Case ID. For tribes, this would be either the FCR identifier or other applicable identifier.

II. Employer and Case Information: (Completed by the Sender)

2a. **Employer/Income Withholder's Name.** Name of employer or income withholder.

2b. **Employer/Income Withholder's Address.** Employer/income withholder's mailing address including street/PO box, city, state, and zip code. (This may differ from the employee/obligor's work site.) If the employer/income withholder is a federal government agency, the IWO should be sent to the address listed under Federal Agency Income Withholding Contacts and Program Information at www.acf.hhs.gov/css/resource/federal-agency-iwo-and-medical-contact-information.

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

3a. **Employee/Obligor's Name.** Employee/obligor's last name and first name. A middle name is **optional**.

3b. **Employee/Obligor's Social Security Number.** Employee/obligor's Social Security number or other taxpayer identification number.

3c. **Employee/Obligor's Date of Birth.** Employee/obligor's date of birth is **optional**.

3d. **Custodial Party/Obligee's Name.** Custodial party/obligee's last name and first name. A middle name is **optional**. Enter one custodial party/obligee's name on each IWO form. Multiple custodial parties/obligees are not to be entered on a single IWO. Issue one IWO per state IV-D case as defined at 45 CFR 305.1.

3e. **Child(ren)'s Name(s).** Child(ren)'s last name(s) and first name(s). A middle name(s) is *optional*. (Note: If there are more than six children for this IWO, list additional children's names and birth dates in the **Supplemental Information** section, field 33). Enter the child(ren) associated with the custodial party/obligee and employee/obligor only. Child(ren) of multiple custodial parties/obligees is not to be entered on an IWO.

3f. **Child(ren)'s Birth Date(s).** Date of birth for each child named.

3g. **Blank box.** Space for court stamps, bar codes, or other information.

III. Order Information: (Completed by the Sender)

The first field identifies which state or tribe issued the order. The other fields identify the dollar amounts for specific kinds of support (taken directly from the support order) and the total amount to withhold for specific time periods.

4. **State/Tribe.** Name of the state or tribe that issued the support order.

5a–b. **Current Child Support.** Dollar amount to be withheld **per** the time period (for example, week, month) specified in the underlying support order.

6a–b. **Past-due Child Support.** Dollar amount to be withheld **per** the time period (for example, week, month) specified in the underlying support order.

6c. **Arrears Greater Than 12 Weeks?** The appropriate box (Yes/No) must be checked indicating whether arrears are greater than 12 weeks.

7a–b. **Current Cash Medical Support.** Dollar amount to be withheld **per** the time period (for example, week, month) specified in the underlying support order.

8a–b. **Past-due Cash Medical Support.** Dollar amount to be withheld **per** the time period (for example, week, month) specified in the underlying support order.

9a–b. **Current Spousal Support.** (Alimony) Dollar amount to be withheld **per** the time period (for example, week, month) specified in the underlying support order.

10a–b. **Past-due Spousal Support.** (Alimony) Dollar amount to be withheld **per** the time period (for example, week, month) specified in the underlying order.

11a–c. **Other.** Miscellaneous obligations' dollar amount to be withheld **per** the time period (for example, week, month) specified in the underlying order. **Must specify** a description of the obligation (for example, court fees).

12a–b. **Total Amount to Withhold.** The total amount of the deductions **per** the corresponding time period. Fields 5a, 6a, 7a, 8a, 9a, 10a, and 11a should total the amount in 12a.

NOTE TO EMPLOYER/INCOME WITHHOLDER: An acceptable method of determining the amount to be paid on a weekly or biweekly basis is to multiply the monthly amount due by 12 and divide that result by the number of pay periods in a year. Additional information about this topic is available in [Action Transmittal 16-04](https://www.acf.hhs.gov/css/resource/correctly-withholding-child-support-from-weekly-and-biweekly-pay-cycles), Correctly Withholding Child Support from Weekly and Biweekly Pay Cycles (<https://www.acf.hhs.gov/css/resource/correctly-withholding-child-support-from-weekly-and-biweekly-pay-cycles>)

IV. Amount to Withhold: (Completed by the Sender)

Fields 13a through 13d specify the dollar amount to be withheld for this IWO if the employer/income withholder's pay cycle does not correspond with field 12b.

13a. **Per Weekly Pay Period.** Total amount an employer/income withholder should withhold if the employee/obligor is paid weekly.

13b. **Per Semimonthly Pay Period.** Total amount an employer/income withholder should withhold if the employee/obligor is paid twice a month.

13c. **Per Biweekly Pay Period.** Total amount an employer/income withholder should withhold if the employee/obligor is paid every two weeks.

13d. **Per Monthly Pay Period.** Total amount an employer/income withholder should withhold if the employee/obligor is paid once a month.

14. **Lump Sum Payment.** Dollar amount withheld when the IWO is used to attach a lump sum payment. This field should be used when field 1c is checked.

15. **Document Tracking ID.** *Optional* unique identifier for this form assigned by the sender.

Please Note: Employer/Income Withholder's Name, FEIN, Employee/Obligor's Name and SSN, Case ID, and Order ID must appear in the header on page 2 and subsequent pages.

V. Remittance Information: (Completed by the Sender except for the "Return to Sender" check box, field 25. Fields 26–29 are completed only if required by state or tribal law.)

Payments are forwarded to the SDU in each state, unless the initial child support order was entered by a state before January 1, 1994, and never modified, accrued arrears, or was enforced by a child support agency or by a tribal CSA. **If the order was issued by a tribal CSA, the employer/income withholder must follow the remittance instructions on the form in the Supplemental Information Section.**

16. **State/Tribe.** Name of the state or tribe sending this document.

17. **Days.** Number of days after the effective date noted in field 18 in which withholding must begin, according to the state or tribal laws/procedures for the employee/obligor's principal place of employment.

18. **Date.** Implementation date of this IWO, expressed as date of "service," "receipt," or "mailing." Only one of the three choices is to be entered in the blank line.

19. **Business Days.** Number of business 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.

20. **Percentage of Disposable Income.** The percentage of disposable income that may be withheld from the employee/obligor's paycheck. It is the sender's responsibility to determine the percentage an employer/income withholder is required to withhold. Senders must enter a specific percentage and not a range of percentages.

NOTE TO EMPLOYER/INCOME WITHHOLDER: The employer/income withholder may not withhold more than the lesser of: 1) the amounts allowed by the Federal Consumer Credit Protection Act [15 USC §1673(b)]; or 2) the amounts allowed by the jurisdiction of the employee/obligor's principal place of employment (i.e., the amounts allowed by state law if the employee/obligor's principal place of employment is in a state; or the amounts allowed by tribal law if the employee/obligor's principal place of employment is under tribal jurisdiction).

If permitted by the state or tribe, you may deduct a fee for administrative costs. The combined support amount and fee may not exceed the limit on the IWO.

State-specific withholding limitations, time requirements, and any allowable employer fees are available at www.acf.hhs.gov/css/resource/state-income-withholding-contacts-and-program-requirements.

For tribe-specific contacts, payment addresses, and withholding limitations, please contact the tribe at www.acf.hhs.gov/sites/default/files/programs/css/tribal_agency_contacts_printable_pdf.pdf or https://www.bia.gov/tribalmap/DataDotGovSamples/tld_map.html.

Depending on applicable state or tribal law, you may need to consider amounts paid for health care premiums to determine disposable income and apply appropriate withholding limits.

A 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 CFR 581.103.

21. **State/Tribe.** Name of the state or tribe sending this document.

NOTE TO SENDER: The Sender must designate the correct SDU. In certain cases, the Sender may be required to designate an SDU (field 22), corresponding SDU Address (field 23), and if required Locator Code (field 24) that is different than the Sender's SDU (see OCSS's AT-17-07: Interstate Child Support Payment Processing, <https://www.acf.hhs.gov/css/resource/interstate-child-support-payment-processing>). The Remittance ID in field 1h must correspond with the SFDU identified in field 22.

22. **SDU/Tribal Order Payee.** Name of SDU (or payee specified in the underlying tribal support order) to which payments must be sent.

23. **SDU/Tribal Payee Address.** Address of the SDU (or payee specified in the underlying tribal support order) to which payments must be sent.

24. **Locator Code.** *Optional* code of the SDU/Tribal Order payee state where payment is being remitted. Geographic Locator Codes are standard codes for states, counties, cities, and territories issued by the National Institute of Standards and Technology. These were formerly known as Federal Information Processing Standards (FIPS) codes.

25. **Return to Sender Checkbox.** The employer/income withholder should check this box and return the IWO to the sender if this IWO is not payable to an SDU or Tribal Payee or this IWO is not regular on its face as indicated on page 1 of these instructions.

26. **Signature of Judge/Issuing Official.** Signature of the official authorizing this IWO if required by state or tribal law.

27. **Print Name of Judge/Issuing Official.** Name of the official authorizing this IWO if required by state or tribal law.

28. **Title of Judge/Issuing Official.** Title of the official authorizing this IWO if required by state or tribal law.

29. **Date of Signature.** Date the judge/issuing official signs this IWO if required by state or tribal law.

30. **Copy of IWO checkbox.** Check this box for all intergovernmental IWOs. If checked, the employer/income withholder is required to provide a copy of the IWO to the employee/obligor.

VI. Additional Information for Employers/Income Withholders: (Completed by the Sender)

The following fields refer to federal, state, or tribal laws that apply to issuing an IWO to an employer/income withholder. State- or tribal-specific information may be included only in the fields below.

31. **Liability.** Additional information on the penalty and/or citation of the penalty for an employer/income withholder 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.

32. **Anti-discrimination.** Additional information on the penalty and/or citation of the penalty for an employer/income withholder 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.

33. **Supplemental Information.** Any state-specific information needed, such as maximum withholding percentage for nonemployees/independent contractors, fees the employer/income withholder may charge the obligor for income withholding, or children's names and DOBs if there are more than six children on this IWO. Additional information must be consistent with the requirements of the form and the instructions.

VII. Notification of Employment Termination or Income Status: (Completed by the Employer/Income Withholder)

The employer must complete this section when the employee/obligor's employment is terminated, income withholding ceases, or if the employee/obligor has never worked for the employer. The employer/income withholder may report new payment sources such as workers' compensation, if known.

34a–b. Employment/Income Status Checkbox. Check the employment/income status of the employee/obligor.

35. Termination Date. If applicable, date employee/obligor was terminated.

36. Last Known Telephone Number. Last known (home/cell/other) telephone number of the employee/obligor.

37. Last Known Address. Last known home/mailling address of the employee/obligor.

38. Final Payment Date. Date employer sent final payment to SDU/Tribal Payee.

39. Final Payment Amount. Amount of final payment sent to SDU/Tribal Payee.

40. New Employer's or Income Withholder's Name. Name of employee's/obligor's new employer or income withholder (if known).

41. New Employer's or Income Withholder's Address. Address of employee's/obligor's new employer or income withholder (if known).

VIII. Contact Information: (Completed by the Sender)

42. Sender Contact for Employer/Income Withholder. Name of the person that the employer/income withholder can call for information regarding this IWO. If the sender is a victim of family or domestic violence, rather than including direct contact information, enter contact information for someone else who will communicate for you.

43. Sender Telephone Number. Telephone number of the contact person.

- 44. Sender Fax Number.** *Optional* fax number of the contact person.
- 45. Sender Email/Website.** *Optional* email or website of the contact person.
- 46. Sender Address (Termination/Income Status and Correspondence Address).** Address to which the employer should return the Employment Termination or Income Status notice. It is also the address that the employer should use to correspond with the issuing entity.
- 47. Sender Contact for Employee/Obligor.** Name of the contact person that the employee/obligor can call for information.
- 48. Sender Telephone Number.** Telephone number of the contact person.
- 49. Sender Fax Number.** *Optional* fax number of the contact person.
- 50. Sender Email/Website.** *Optional* email or website of the contact person.

Encryption Requirements:

You must take precautions to secure data when transmitting the IWO electronically. Child support agencies are encouraged to use the electronic applications provided by the federal Office of Child Support Services. Other electronic means, such as encrypted attachments to emails, may be used if the encryption method is compliant with Federal Information Processing Standard (FIPS) Publication 140-2 (FIPS PUB 140-2).

The Paperwork Reduction Act of 1995 (Pub.L. 104-13): Public reporting burden for this mandatory collection of information [42 U.S.C. §§ 66(a)(1), (a)(8) and 666(b)(6)] is estimated to average two to five minutes per response. Information collected for this program is subject to the federal confidentiality requirements [45 CFR 303.21]. A federal 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. If you have any comments on this collection of information, please contact OCSSFedSystems@acf.hhs.gov

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):

- Page 1 of 3

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

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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*.)

1. **Please take notice** that, as of *(date)*:
- ☐ the following self-represented party or
- ☐ the attorney for:
- a. ☐ plaintiff *(name)*:
- b. ☐ defendant *(name)*:
- c. ☐ petitioner *(name)*:
- d. ☐ respondent *(name)*:
- e. ☐ other *(describe)*:

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

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

is as follows:

- Street:
- City:
- Mailing address (*if different from above*):
- State and zip code:
- Telephone number:
- Fax number (if available):
- E-mail address (if available):

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

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF PARTY OR ATTORNEY)

NOTICE OF CHANGE OF ADDRESS OR OTHER CONTACT INFORMATION

PLAINTIFF/PETITIONER:	CASE NUMBER:
DEFENDANT/RESPONDENT:	

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

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

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

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

	
<hr style="border: 0; border-top: 1px solid black;"/> (TYPE OR PRINT NAME OF DECLARANT)	<hr style="border: 0; border-top: 1px solid black;"/> (SIGNATURE OF DECLARANT)