

GOVERNMENTAL AGENCY (under Family Code, §§ 17400 and 17406): TELEPHONE NO.: _____ FAX NO.: _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	
SUMMONS AND <input type="checkbox"/> COMPLAINT <input type="checkbox"/> SUPPLEMENTAL COMPLAINT <input type="checkbox"/> AMENDED COMPLAINT REGARDING PARENTAL OBLIGATIONS	CASE NUMBER: _____

TO (name):

The local child support agency has filed this lawsuit against you. This lawsuit says you and the other parent are the parents of each child named in this *Complaint* and that the obligor may be required to pay child support. The attached proposed *Judgment Regarding Parental Obligations* (form FL-630) names you and the other parent as parents of each child listed below and, if there is an amount stated in item 6 of the proposed *Judgment*, orders the obligor to pay support for these children. If you disagree with the proposed *Judgment*, you must file the attached **Answer** (form FL-610) form with the court clerk **within 30 days of the date that you were served with this Complaint**. **If you do not file an Answer, the proposed Judgment will become a final determination that you are the parent and responsible for support. If you are required to pay child support, the payments may be taken from your pay or other property without further notice.** See the attached statement of your rights and responsibilities for more information.

La agencia local que vigila la manutención de menores ha registrado la presente demanda contra usted. Esta demanda dice que usted y el otro padre son los padres de los hijos nombrados aquí y que el obligado deberá pagar manutención de menores. El propuesto FALLO RESPECTO A OBLIGACIONES PATERNAS (Gubernamental) (formulario FL-630) los nombra a usted y al otro padre como padres de cada uno de los hijos que figuran a continuación y, si se incluye una suma en el inciso ó, obliga al obligado a pagar manutención por estos hijos. Si no está de acuerdo con el FALLO propuesto, deberá registrar el formulario de RESPUESTA que se adjunta, presentándolo al actuario del tribunal dentro de 30 días después de haber recibido notificación de esta DEMANDA. Si usted no registra una RESPUESTA, el FALLO propuesto tomará efecto con una determinación final de paternidad. Si se le está exigiendo que pague manutención de menores, los pagos podrán ser deducidos de su salario o de otras pertenencias suyas sin necesidad de mandarle ninguna otra notificación. Para mayor información, vea la declaración anexa respecto a los derechos y responsabilidades que tiene.

1. The local child support agency is asking the court to issue judgment or orders for the following children:

Name	Date of Birth	Establish Parentage	Establish Support	Modify Order	Beginning Date
		<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Additional children are listed on a page (labeled Attachment 1) attached to this *Complaint*.

	<p>Notice to person served: You are served</p> <p>1. <input type="checkbox"/> as an individual defendant/respondent.</p> <p>2. <input type="checkbox"/> on behalf of a minor child or children.</p> <p>3. <input type="checkbox"/> other (specify): _____</p> <p>Date: _____ Clerk, by _____, Deputy</p>
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PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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- 2. a. The parents of the children named in item 1 are *(specify name):*
(specify name):
 - b. *(Specify name)* is named as the parent of the children listed in item 1 in the declaration of parentage on file with the local child support agency or the county welfare department.
 - c. The obligor (the parent asked to pay support) is *(specify):*

- 3. Complete the following section if support is being requested but the "Establish Parentage" box has not been checked in item 1. Please specify each child. You do not need to complete this section if a final judgment of parentage was previously entered under this case number.
 - a. A *Voluntary Declaration of Paternity* that has not been canceled and was signed by both parents has been forwarded to the California Department of Child Support Services for the following children *(specify):*

 - b. The following are named as children of the marriage in a family law judgment in *(specify county and state)* in case number *(specify)* for the following children *(specify):*

 - c. Judgment of parentage has previously been entered in *(specify county and state)* in case number *(specify)* for the following children *(specify):*

 - d. Other *(specify):*
(Names of children):

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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4. a. Some or all of the children named in item 1 are receiving or have received public assistance from the following counties *(specify)*:
- b. Date public assistance first paid:
5. Other *(specify)*:

THE LOCAL CHILD SUPPORT AGENCY REQUESTS THAT:

6. The court determine that the persons listed in item 2 are the parents of the children listed in item 1 for whom the "Establish Parentage" boxes have been checked.
7. Based on the California support guideline, the court order the obligor to pay:
- a. \$ _____ current monthly child support based on the obligor's known income of \$ _____ per month, and, if applicable, the obligee's known income of \$ _____ per month.
- b. \$ _____ current monthly child support based on the obligor's presumed income, as provided by law.
- c. \$ _____ additional monthly child support for the following reasons *(specify)*:
- d. The court issue appropriate orders for sharing the costs of child care and/or uninsured health care *(specify)*:
- e. Other *(specify)*:
8. The court order the obligor to provide health insurance for each child named in item 1, if available at no or reasonable cost; to keep the local child support agency informed of the availability of the coverage; to complete and return, within 20 days of the local child support agency's request, a health insurance form and that a *National Medical Support Notice* be issued. If health insurance is not available at no or reasonable cost, that the court orders obligor to provide coverage when it becomes available. **NOTICE:** The obligor's employer or other person providing health insurance will be ordered to enroll the children in an appropriate health insurance plan if the obligor is found to be the parent.
9. A wage and earnings assignment be issued.
10. The court order the parents to advise the local child support agency within 10 days in writing of any change in residence or employment.
11. The court order the obligor to make all payments to *(specify)*:
12. The other parent be added as a party to this case.
13. Number of pages attached: _____

NOTICE

- **Child support:** The court will make orders for the support of the children upon request and submission of financial forms by the requesting party.
- If you want legal advice, contact a lawyer immediately.
- **A Statement of Rights and Responsibilities is attached to this document. Please read it carefully.**

Date:

_____ (TYPE OR PRINT NAME)

▶

_____ (ATTORNEY FOR LOCAL CHILD SUPPORT AGENCY)

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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Hearing by Court Commissioner

This case may be referred to a court commissioner for hearing. By law, court commissioners do not have the authority to issue final orders and judgments in contested cases unless they are acting as temporary judges. The court commissioner in your case will act as a temporary judge unless, *before the hearing*, you or any other party objects to the commissioner acting as a temporary judge. You can object to the commissioner acting as a temporary judge in one of two ways: (1) by telling the commissioner in court, at the start of your hearing, that you object or (2) by delivering a written objection to the court clerk. You must object before the hearing in your case begins. You do not have to give a reason for your objection. The court commissioner may still hear your case to make findings and a recommended order. If you do not like the recommended order, you must object to it within 10 court days in writing (use *Notice of Objection* (form FL-666); otherwise, the recommended order will become a final order of the court). If you object to the recommended order, a judge will make a temporary order and set a new hearing.

Family Law Facilitator

Each superior court has a family law facilitator's office to provide education, information, and assistance to parents who have child support issues. The basic duties of the family law facilitator include:

- Providing educational materials;
- Distributing court forms;
- Providing assistance in completing forms;
- Preparing child support guideline calculations; and
- Providing referrals to the local child support agency, family court services, and other community agencies.

The family law facilitator is a neutral person whose services are available to any person who is NOT represented by an attorney. Both parties in the same case may receive assistance from the family law facilitator. There is no attorney-client privilege between the family law facilitator and any person assisted by the family law facilitator, and matters discussed with the family law facilitator are not confidential. No person can be represented by the family law facilitator.

STATEMENT OF RIGHTS AND RESPONSIBILITIES

NOTICE to the defendant/respondent: The proposed *Judgment Regarding Parental Obligations* will be entered against you unless you file your written *Answer to Complaint or Supplemental Complaint Regarding Parental Obligations* (form FL-610) with the court clerk within 30 days of the date you were served with the *Complaint*. The proposed *Judgment* will be entered whether or not you have a lawyer. If you were served with a form telling you the date of a court hearing, you should go to court on that date. An order may be entered without your input if you do not attend the hearing.

AVISO para el acusado: El FALLO propuesto entrará en efecto contra usted, a menos que dentro de 30 días desde cuando recibió notificación de la DEMANDA, usted registre por escrito una RESPUESTA A DEMANDA o DEMANDA SUPLEMENTAL RESPECTO A OBLIGACIONES PATERNAS (Gubernamental) (formulario 610). El FALLO propuesto entrará en efecto contra usted, tenga o no tenga usted un abogado. Si le dieron notificación con un formulario que especifica una fecha de audiencia, usted tiene que presentarse al tribunal en esa fecha. Si no asiste a la audiencia, una orden judicial podrá emitirse sin considerar su punto de vista.

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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NOTICE TO BOTH PARENTS

The local child support agency has sued both of you to determine whether you are the parents of the children listed and if one or both of you should be ordered to pay child support. The local child support agency does not represent any individual in this lawsuit, including either parent or the children. Carefully read this statement and the other papers that you received.

You have the right to be represented by a lawyer. If you dispute that you are the parent of the children listed in the *Complaint* and you do not have enough money for a lawyer, you may ask the court to appoint a lawyer to represent you on the issue of parentage.

Other information about court-appointed lawyers (*specify*):

A blank *Answer to Complaint or Supplemental Complaint Regarding Parental Obligations* (form FL-610) is included in the papers that were served on you. If you did not receive an *Answer* form or if you would like another copy, you may get one from the local child support agency, the court clerk's office, or the family law facilitator. The family law facilitator can assist you in filling out the *Answer* form. **You must file your *Answer* form with the court clerk within 30 days of the date you were served with the *Complaint* whether or not you obtain an attorney.**

Settling Out of Court

You may contact the local child support agency to try to work out a settlement agreement. However, you must still file an *Answer* form within 30 days. If you and the local child support agency can reach an agreement regarding the requests made in the *Complaint*, you may sign a settlement agreement called a **stipulation**. By signing a stipulation, you are agreeing to give up your rights explained in this statement, you are agreeing that you are the parent of the children listed in the *Complaint*, and you are agreeing to obey all of the terms of the stipulation. The stipulation will become a court order that you must obey.

Going to Court

If you file your *Answer form*, you have the right to a court hearing, to subpoena witnesses, to ask questions of any witness against you, and to present evidence on your behalf. Genetic tests may be performed if the defendant questions parentage of the children listed in the *Complaint*. If the defendant refuses to cooperate in the genetic testing process, the issue of parentage may be resolved against the defendant. The costs of the genetic testing may be charged to one of you.

Earnings Assignment

All orders for support must contain an earnings assignment. If you are obligated to pay support, this assignment will require your employer or other payor to deduct support payments from your salary or earnings and send the payments to the local child support agency. Your employer may also be required to enroll your children in a health insurance plan and deduct the cost from your salary or earnings.

Any amounts you owe may be collected from your property, whether or not you are current in your payments toward past due support. Collection may be made by taking money owed to you by the state or federal government (such as tax refunds, unemployment and disability benefits, and lottery winnings), by taking property you own, by placing a lien on your property, or by any other lawful means. You may be fined or imprisoned if you fail to pay support as ordered.

If the local child support agency does not know how much money the obligor (parent asked to pay support) earns, he or she is presumed to earn enough money to pay the amounts stated in item 6b of the proposed *Judgment Regarding Parental Obligations* (form FL-630).

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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Other Important Information

Both parents should tell the local child support agency everything they know about the other parent's earnings and assets.

The defendant is always a party to this action. If the other parent has requested or is receiving services from the local child support agency, that parent will become a party to the lawsuit filed by the local child support agency after the initial support order or medical support order is entered by the court. After the other parent has become a party to the lawsuit, either parent may then ask the court to decide issues concerning support, custody, visitation, and restraining orders (domestic violence). No other issues may be raised in this lawsuit. Either parent may go to court to modify the court order. The local child support agency cannot bring proceedings to establish or modify custody, visitation, or restraining orders.

After the other parent has become a party to the lawsuit, either parent may go to court to enforce the existing order against the other, but must first notify the local child support agency as required by law. The local child support agency is allowed 30 days to determine whether or not a parent will be permitted to proceed with the enforcement action against the other parent. The local child support agency may deny a parent permission to proceed if it is currently taking enforcement action or if the action by a parent would interfere with an investigation. If the local child support agency does not respond to the notice by the parent seeking enforcement within 30 days or if the local child support agency notifies the parent seeking enforcement that the enforcement action can proceed, the parent may then file the enforcement action as long as all support is paid through the local child support agency.

If the custodial person receives public assistance, the local child support agency may agree to settle any parentage or support issue in this lawsuit without providing advance notice to the custodial person. A child support agency may not settle any child support issue without the consent of any parent who is an applicant for child support services and who does not receive public assistance.

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.

Your family law facilitator is available to help you with any questions you may have about the above information.

You can reach your family law facilitator by telephone at:

or in person at:

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.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): <hr/> TELEPHONE NO. (Optional): _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	
ANSWER TO COMPLAINT OR SUPPLEMENTAL COMPLAINT REGARDING PARENTAL OBLIGATIONS	CASE NUMBER:

YOU MUST FILE THIS ANSWER WITH THE COURT IF YOU WISH TO OPPOSE THE LAWSUIT

If you disagree with the proposed judgment attached to the *Summons and Complaint*, you must file this *Answer* with the court clerk within 30 days of the date you were served with the *Complaint*. File the original *Answer* with the court clerk at the address for the superior court stated above and serve a copy on the local child support agency. Keep a copy for your records.

1. **PARENTAGE:** I am the parent of the following children:

		<u>Name of child</u>	<u>Date of Birth</u>
<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<input type="checkbox"/> Yes	<input type="checkbox"/> No		

Additional children are listed on a page attached to this *Answer*.

2. I request a genetic test to determine parentage be done for all children for whom I have checked a "No" box above. I understand that the local child support agency will pay for the cost of the testing now, but that I may have to repay those costs if the court decides that I am the parent.

3. **CHILD SUPPORT**

- a. I agree to pay support as stated in the proposed judgment.
- b. I disagree with the support requested. Attached is my completed *Income and Expense Declaration* (form FL-150) or *Financial Statement (Simplified)* (form FL-155). NOTE: You can file this *Answer* without either of these forms.

4. I disagree with the proposed judgment for the following reasons (*specify*):

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

5. My address and telephone number for receipt of all notices and court dates until I file a change with the court and with the local child support agency are as follows:

Address:

City and Zip Code:

Home Telephone:

Work Telephone:

E-mail Address (*optional*):

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)

An adult other than you must complete the *Proof of Service* below and provide a copy of this *Answer* to the local child support agency at the following address (*specify*):

PROOF OF SERVICE

6. I am at least 18 years of age, and not a party to this action. I served this *Answer* and any other forms filed with the *Answer* on the local child support agency and any other party required to be served.

a. **Personal delivery.** I personally delivered this *Answer* to an employee of the local child support agency as follows:

(1) Name of employee:

(2) Address where delivered:

(3) Date of delivery:

(4) Time of delivery:

b. **Mail.** I deposited this *Answer* in the United States mail, in a sealed envelope with postage fully prepaid. I used first class mail. The envelope was addressed and mailed as follows:

(1) Name:

(2) Address:

(3) Date of mailing:

(4) Place of mailing (*city and state*):

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 WHO SERVED ANSWER)

This case may be referred to a court commissioner for hearing. By law, court commissioners do not have the authority to issue final orders and judgments in contested cases unless they are acting as temporary judges. The court commissioner in your case *will* act as a temporary judge unless, *before the hearing*, you or any other party objects to the commissioner acting as a temporary judge. The court commissioner may still hear your case to make findings and a recommended order. If you do not like the recommended order, you must object to it within 10 court days in writing, (use *Notice of Objection (Governmental)*, (form FL-666); otherwise, the recommended order will become a final order of the Court.) If you object to the recommended order, a judge will make a temporary order and set a new hearing.

INFORMATION SHEET FOR ANSWER TO COMPLAINT

Please follow these instructions to complete the *Answer to Complaint or Supplemental Complaint Regarding Parental Obligations* (form FL-610) if you do not have an attorney to represent you. Your attorney, if you have one, should complete this form.

You must file the completed *Answer* and attachments with the court clerk within 30 days of the date you received the *Summons and Complaint* (form FL-600). The address of the court clerk is the same as the one shown for the Superior Court on the *Summons and Complaint* (form FL-600). You may have to pay a filing fee. If you cannot afford to pay the filing fee, contact the court clerk to obtain forms to apply for a waiver of court fees. **Keep two copies of the filed *Answer* form and its attachments. Serve one copy on the local child support agency and keep the other copy for your records. (See *Information Sheet for Service of Process*, form FL-611.)**

Upon receipt of your filed *Answer*, the local child support agency will set a court hearing on this matter.

INSTRUCTIONS FOR COMPLETING THE ANSWER FORM (TYPE OR PRINT FORM IN BLACK 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.

1. For each child listed on the *Answer* form, you must check the "yes" box if you agree that you are that child's parent, or check the "no" box if you do not think or are not sure whether you are that child's parent. You must write in the name of each child listed in the *Summons and Complaint* (form FL-600) if your *Answer* form does not include the names of any children.

NOTE: Checking the "no" box does not satisfy the requirements needed to set aside any *Voluntary Declaration of Paternity* which you may have signed (Family Code Section 7575).

2. If you have checked a "no" box in answer to number 1 above, you must request a genetic test to determine whether you or the other parent is the parent. (The test is usually a blood test.) The local child support agency will tell you when and where to go for the test. The local child support agency will pay for the cost of the test now. If the court decides the test shows parentage as pleaded in the *Complaint*, you may have to repay this cost to the local child support agency.
3.
 - a. Check this box if you agree to pay the support asked for in the proposed *Judgment Regarding Parental Obligations* (form FL-630) that you received.
 - b. You should check this box if you do not agree to pay the support asked for in the proposed *Judgment Regarding Parental Obligations* (form FL-630).
4. If you agree to pay the support asked for in the proposed *Judgment Regarding Parental Obligations* (form FL-630), but you disagree with the proposed judgment for another reason, you should check this box and write your reasons in this space. **If you have documents that prove your reasons for disagreeing with the proposed *Judgment*, you should attach the documents to the *Answer* form.**
5. You must list your address and phone numbers where you can receive all notices and court dates. You must let the court know whenever your address changes. If the court does not have your current address, you may not receive important notices that affect you.

You must date the *Answer* form, print your name, and sign the form under a penalty of perjury. When you sign the *Answer* form, you are stating that the information you have provided is true and correct.

Instructions for how to complete the *Proof of Service* section of the *Answer* form are in the *Information Sheet for Service of Process* (form FL-611). The person who serves the *Answer* and its attachments must fill out this section of the form. **You cannot serve your own *Answer*.**

GOVERNMENTAL AGENCY (Under Family Code, §§ 17400 and 17406): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	
NOTICE OF MOTION <input type="checkbox"/> JUDGMENT <input type="checkbox"/> MODIFICATION <input type="checkbox"/> Child Support <input type="checkbox"/> Health Care <input type="checkbox"/> Injunctive Order <input type="checkbox"/> Other:	CASE NUMBER:

1. TO (name):
2. **READ THE ATTACHED REQUEST FORM.** A hearing on the motion for the relief requested will be held as follows:

a. Date: _____ Time: _____ <input type="checkbox"/> Dept.: _____ <input type="checkbox"/> Div.: _____ <input type="checkbox"/> Rm.: _____

b. Address of court is same as noted above other (specify):

3. Supporting attachments:

- | | |
|---|--|
| a. Completed <i>Request for Order and Supporting Declaration</i> (form FL-684) and blank <i>Response to Governmental Notice of Motion or Order to Show Cause</i> (form FL-685)

b. <input type="checkbox"/> Financial information and blank <i>Income and Expense Declaration</i> (form FL-150) | c. <input type="checkbox"/> Points and authorities

d. <input type="checkbox"/> <i>Order for Genetic (Parentage) Testing</i> (form FL-627) (If you ignore this order, you may be found to be the parent.)

e. <input type="checkbox"/> Other (specify): |
|---|--|

4. NOTICE: IF YOU WISH TO HAVE A TRIAL, YOU MUST APPEAR AT THE HEARING ON THIS REQUEST.

Date:

_____ (TYPE OR PRINT NAME)		_____ (SIGNATURE OF ATTORNEY)
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ORDER

IT IS ORDERED THAT

5. Time for service hearing is shortened. Service must be on or before (date):
6. Any responsive declaration must be served on or before (date):
7. Petitioner/Plaintiff Respondent/Defendant Other parent is restrained from transferring, encumbering, hypothecating, concealing, or in any way disposing of the following property (describe):
8. Other (specify):
9. Number of pages attached: _____

Date:

JUDICIAL OFFICER

PETITIONER/PLANTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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NOTICE

This case may be referred to a court commissioner for hearing. By law court commissioners do not have the authority to issue final orders and judgments in contested cases unless they are acting as temporary judges. The court commissioner in your case will act as a temporary judge unless, *before the hearing*, you or any other party objects to the commissioner acting as a temporary judge. The court commissioner may still hear your case to make findings and a recommended order. If you do not like the recommended order, you must object to it within 10 court days; otherwise, the recommended order will become a final order of the court. If you object to the recommended order, a judge will make a temporary order and set a new hearing.

Child support is based on your ability to pay, which may include your income, earning capacity, lifestyle, or presumed income set by statute. The amount of child support can be large and can continue until the children reach age 18. You should give the court information about your income and expenses. If you do not, the support order will be based on other information given to the court or presumed income set by statute.

You do not have to pay any fee to file your *Response to Governmental Notice of Motion or Order to Show Cause (Governmental)* (form FL-685) and your completed *Income and Expense Declaration* (form FL-150) or *Financial Statement (Simplified)* (form FL-155). You must file any documents with the court and have the copies served at least 9 court days before the hearing date to the local child support agency and the other party unless ordered otherwise. Add 5 calendar days if the motion is served by mail within California. (See Code of Civil Procedure section 1005 for other situations.) To determine court days and calendar days, go to www.courts.ca.gov/12618.htm.

PROOF OF SERVICE BY MAIL

1. I am at least 18 years of age, **not a party to this cause**, and a resident of or employed in the county where the mailing took place.
2. My residence or business address is:

3. I served a copy of this motion by enclosing it in a sealed envelope and depositing the envelope directly in the U.S. mail with postage paid OR at my place of business for same-day collection and mailing with the U.S. mail, following our business practices, with which I am readily familiar.
 - a. Date of deposit:
 - b. Place of deposit (*city and state*):
 - c. Addressed as follows:

4. The address for each individual identified in item 3 was
 - a. verified by the California Child Support Enforcement System (CSE) as the current primary mailing address on file.
 - b. other (*specify*):
5. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

_____ (TYPE OR PRINT NAME)

▶
 _____ (SIGNATURE OF PERSON WHO SERVED MOTION)



Request for Accommodations

Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least five court days before the trial. Contact the clerk's office or go to www.courts.ca.gov/forms for *Request for Accommodations by Persons With Disabilities and Response* (form MC-410). (Civil Code, § 54.8)

GOVERNMENTAL AGENCY (Under Family Code, §§ 17400,17406): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____ STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
PETITIONER/PLAINTIFF: _____ RESPONDENT/DEFENDANT: _____ OTHER PARENT: _____	
JUDGMENT REGARDING PARENTAL OBLIGATIONS <input type="checkbox"/> _____ AMENDED <input type="checkbox"/> _____ SUPPLEMENTAL	CASE NUMBER: _____

1. a. NOTICE: THIS IS A PROPOSED AMENDED PROPOSED JUDGMENT. This *Judgment Regarding Parental Obligations* will be entered by the court and will become legally binding unless you fill out and file the *Answer to Complaint or Supplemental Complaint Regarding Parental Obligations (Governmental)* (form FL-610) with the court clerk within 30 days of the date you were served with the *Summons and Complaint or Supplemental Complaint Regarding Parental Obligations (Governmental)* (form FL-600). If you need form FL-610, you may get one from the local child support agency's office, the court clerk, or the family law facilitator. The family law facilitator will help you fill out the forms. To file the answer, follow the procedures listed in the attached instructions.
- b. NOTICE: THIS IS A JUDGMENT. It is now legally binding.
2. This matter proceeded as follows:
- a. Judgment entered under Family Code section 17430.
- b. By court hearing, appearances as follows:
- | | | |
|---|--------------------------|--------------------------------|
| (1) Date: _____ | Dept.: _____ | Judicial officer: _____ |
| (2) <input type="checkbox"/> Petitioner/plaintiff present | <input type="checkbox"/> | Attorney present (name): _____ |
| (3) <input type="checkbox"/> Respondent/defendant present | <input type="checkbox"/> | Attorney present (name): _____ |
| (4) <input type="checkbox"/> Other parent present | <input type="checkbox"/> | Attorney present (name): _____ |
| (5) Local child support agency attorney (Family Code, §§ 17400,17406) (name): _____ | | |
| (6) <input type="checkbox"/> Other (specify): _____ | | |
- c. The parent ordered to pay support is the petitioner/plaintiff respondent/defendant other parent.
3. This order is based on presumed income for the parent ordered to pay support under Family Code section 17400.
4. Attached is a computer printout showing the parents' incomes and percentage of time each parent spends with the children. The printout, which shows the calculation of child support payable, will become the court's findings.
5. This order is based on the attached documents (specify): _____

THE COURT ORDERS

6. a. Petitioner/plaintiff Respondent/defendant Other parent are the parents of the children named in item 6b below.
- b. The parent ordered to pay support must pay current child support as follows:
- | | | |
|----------------------|----------------------|-------------------------------|
| <u>Name of child</u> | <u>Date of birth</u> | <u>Monthly support amount</u> |
|----------------------|----------------------|-------------------------------|

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

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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6. b. (1) Mandatory additional child support
- (a) The parent ordered to pay support must pay additional monthly support for reasonable child-care costs, as follows:
 one-half or % or (specify amount): \$ _____ per month of the costs.
 Payments must be made to the other parent State Disbursement Unit child-care provider.
- (b) The parent ordered to pay support must pay reasonable uninsured health-care costs for the children, as follows:
 one-half or % or (specify amount): \$ _____ per month of the costs.
 Payments must be made to the other parent State Disbursement Unit health-care provider.
- (2) Other (specify):

- (3) For a total of \$ _____ payable on the _____ day of each month beginning (date):
- (4) The low-income adjustment applies.
 The low-income adjustment does not apply because (specify reasons):

- (5) Any support ordered will continue until further order of court, unless terminated by operation of law.
- (6) As provided in Family Code section 4007.5, the obligation of the person ordered to pay support will be temporarily suspended for any period after the first 90 consecutive days in which the person ordered to pay support is incarcerated or involuntarily institutionalized, unless that person has the ability to pay support during that time or has committed certain crimes. Immediately after the person ordered to pay support is released from incarceration or involuntary institutionalization, the support order will restart in the same amount as it was before it was temporarily suspended.

c. The parent ordered to pay support The parent receiving support must (1) provide and maintain health insurance coverage for the children if available at no or reasonable cost and keep the local child support agency informed of the availability of the coverage (the cost is presumed to be reasonable if it does not exceed 5% of gross income to add a child); (2) if health insurance is not available, provide coverage when it becomes available; (3) within 20 days of the local child support agency's request, complete and return a health insurance form; (4) provide to the local child support agency all information and forms necessary to obtain health-care services for the children; (5) present any claim to secure payment or reimbursement to the other parent or caretaker who incurs costs for health-care services for the children; and (6) assign any rights to reimbursement to the other parent or caretaker who incurs costs for health-care services for the children. The parent ordered to provide health insurance must seek continuation of coverage for the child after the child attains the age when the child is no longer considered eligible for coverage as a dependent under the insurance contract, if the child is incapable of self-sustaining employment because of a physically or mentally disabling injury, illness, or condition and is chiefly dependent upon the parent providing health insurance for support and maintenance.

d. The parent ordered to pay support must pay child support for the past periods and in the amounts set forth below:

<u>Name of child</u>	<u>Date of birth</u>	<u>Period of support</u>	<u>Amount</u>
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PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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6. d. (1) Other (specify):

(2) For a total of \$ _____ payable \$ _____ on the _____ day of each month beginning (date):

(3) Interest accrues on the entire principal balance owing and not on each installment as it becomes due.

- e. If this is a judgment on a *Supplemental Complaint*, it does not modify or supersede any prior judgment or order for support or arrearage, unless specifically provided.
- f. No provision of this judgment can operate to limit any right to collect the principal (total amount of unpaid support) or to charge and collect interest and penalties as allowed by law. All payments ordered are subject to modification.
- g. All payments, unless specified in item 6b(1) above, must be made to the State Disbursement Unit at the address listed below (specify address):

h. An earnings assignment order is issued.

- i. In the event that there is a contract between a party receiving support and a private child support collector, the party ordered to pay support must pay the fee charged by the private child support collector. This fee must not exceed 33 1/3 percent of the total amount of past due support nor may it exceed 50 percent of any fee charged by the private child support collector. The money judgment created by this provision is in favor of the private child support collector and the party receiving support, jointly.
- j. If "The parent ordered to pay support" box is checked in item 6c, a health insurance coverage assignment must issue.
- k. The parents must notify the local child support agency in writing within 10 days of any change in residence or employment.
- l. 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.
- m. The following person (the "other parent") is added as a party to this action (name):


- n. **The court further orders** (specify):

Date: _____

Number of pages attached: _____

 JUDICIAL OFFICER

SIGNATURE FOLLOWS LAST ATTACHMENT

Approved as conforming to court order. Date: _____  (SIGNATURE OF ATTORNEY FOR THE PARENT ORDERED TO PAY SUPPORT)

GOVERNMENTAL AGENCY (under Family Code, §§ 17400,17406): <hr/> TELEPHONE NO.: E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	
NOTICE OF ENTRY OF JUDGMENT AND PROOF OF SERVICE BY MAIL	CASE NUMBER:

1. You are notified that the following judgment was entered on (date):
 - a. Default taken and proposed judgment entered under Family Code section 17430
 - b. Judgment Regarding Parental Obligations (form FL-630)
 - c. Other (specify):

2. A copy of each document referred to in item 1 is attached.

NOTICE

If the local child support agency does not know how much money the Obligor (the parent who is required to pay support) earns, the Obligor is presumed to earn the minimum wage, at 40 hours per week, as provided by state law.

If the support order contained in this judgment is based on presumed income, the Obligor may file a motion (form FL-640), a copy of which may be obtained from the local child support agency, the family law facilitator's office, or the court clerk, and ask the court to set aside the child support provisions of the judgment. If the court decides to set aside the support order, the court will issue another support order based on the Obligor's actual income or earning capacity. The Obligor must file the motion with the court clerk within one year from the date the first collection of support is made.

PROOF OF SERVICE BY MAIL

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

5. I served a copy of this notice of entry and referenced documents by enclosing them in a sealed envelope directly in the United States mail with postage prepaid OR at my place of business for same-day collection and mailing with the United States mail, following our ordinary business practices with which I am readily familiar.

- a. Date of deposit: _____ b. Place of deposit (city and state): _____
- c. Addressed as follows: _____

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 <i>(Name, State Bar number, and address):</i> TELEPHONE NO.: _____ FAX NO. <i>(Optional)</i> : _____ E-MAIL ADDRESS <i>(Optional)</i> : _____ ATTORNEY FOR <i>(Name)</i> : _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	CASE NUMBER:
PROOF OF SERVICE OF SUMMONS	Ref. No. or File No.:

(Separate proof of service is required for each party served.)

1. At the time of service I was at least 18 years of age and not a party to this action.
2. I served copies of:
 - a. summons
 - b. complaint
 - c. Alternative Dispute Resolution (ADR) package
 - d. Civil Case Cover Sheet *(served in complex cases only)*
 - e. cross-complaint
 - f. other *(specify documents):*
3. a. Party served *(specify name of party as shown on documents served):*

 b. Person (other than the party in item 3a) served on behalf of an entity or as an authorized agent (and not a person under item 5b on whom substituted service was made) *(specify name and relationship to the party named in item 3a):*
4. Address where the party was served:
5. I served the party *(check proper box)*
 - a. **by personal service.** I personally delivered the documents listed in item 2 to the party or person authorized to receive service of process for the party (1) on *(date):* _____ (2) at *(time):* _____
 - b. **by substituted service.** On *(date):* _____ at *(time):* _____ I left the documents listed in item 2 with or in the presence of *(name and title or relationship to person indicated in item 3):* _____
 - (1) **(business)** a person at least 18 years of age apparently in charge at the office or usual place of business of the person to be served. I informed him or her of the general nature of the papers.
 - (2) **(home)** a competent member of the household (at least 18 years of age) at the dwelling house or usual place of abode of the party. I informed him or her of the general nature of the papers.
 - (3) **(physical address unknown)** a person at least 18 years of age apparently in charge at the usual mailing address of the person to be served, other than a United States Postal Service post office box. I informed him or her of the general nature of the papers.
 - (4) I thereafter mailed (by first-class, postage prepaid) copies of the documents to the person to be served at the place where the copies were left (Code Civ. Proc., § 415.20). I mailed the documents on *(date):* _____ from *(city):* _____ or a declaration of mailing is attached.
 - (5) I attach a **declaration of diligence** stating actions taken first to attempt personal service.

PLAINTIFF/PETITIONER:	CASE NUMBER:
DEFENDANT/RESPONDENT:	

5. c. **by mail and acknowledgment of receipt of service.** I mailed the documents listed in item 2 to the party, to the address shown in item 4, by first-class mail, postage prepaid,
- (1) on *(date)*: (2) from *(city)*:
- (3) with two copies of the *Notice and Acknowledgment of Receipt* and a postage-paid return envelope addressed to me. (*Attach completed Notice and Acknowledgement of Receipt.*) (Code Civ. Proc., § 415.30.)
- (4) to an address outside California with return receipt requested. (Code Civ. Proc., § 415.40.)
- d. **by other means** (*specify means of service and authorizing code section*):

Additional page describing service is attached.

6. The "Notice to the Person Served" (on the summons) was completed as follows:
- a. as an individual defendant.
- b. as the person sued under the fictitious name of (*specify*):
- c. as occupant.
- d. On behalf of (*specify*):
- under the following Code of Civil Procedure section:
- | | |
|---|---|
| <input type="checkbox"/> 416.10 (corporation) | <input type="checkbox"/> 415.95 (business organization, form unknown) |
| <input type="checkbox"/> 416.20 (defunct corporation) | <input type="checkbox"/> 416.60 (minor) |
| <input type="checkbox"/> 416.30 (joint stock company/association) | <input type="checkbox"/> 416.70 (ward or conservatee) |
| <input type="checkbox"/> 416.40 (association or partnership) | <input type="checkbox"/> 416.90 (authorized person) |
| <input type="checkbox"/> 416.50 (public entity) | <input type="checkbox"/> 415.46 (occupant) |
| | <input type="checkbox"/> other: |

7. **Person who served papers**

- a. Name:
- b. Address:
- c. Telephone number:
- d. **The fee** for service was: \$
- e. I am:
- (1) not a registered California process server.
- (2) exempt from registration under Business and Professions Code section 22350(b).
- (3) a registered California process server:
- (i) owner employee independent contractor.
- (ii) Registration No.:
- (iii) County:

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

or

9. **I am a California sheriff or marshal and** I certify that the foregoing is true and correct.

Date:

(NAME OF PERSON WHO SERVED PAPERS/SHERIFF OR MARSHAL)	▶	(SIGNATURE)
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ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar number, and address):</i> <hr/> TELEPHONE NO.: _____ FAX NO. <i>(Optional)</i> : _____ E-MAIL ADDRESS <i>(Optional)</i> : _____ ATTORNEY FOR <i>(Name)</i> : _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	
NOTICE AND ACKNOWLEDGMENT OF RECEIPT—CIVIL	CASE NUMBER:

TO *(insert name of party being served)*: _____

NOTICE

The summons and other documents identified below are being served pursuant to section 415.30 of the California Code of Civil Procedure. Your failure to complete this form and return it within 20 days from the date of mailing shown below may subject you (or the party on whose behalf you are being served) to liability for the payment of any expenses incurred in serving a summons on you in any other manner permitted by law.

If you are being served on behalf of a corporation, an unincorporated association (including a partnership), or other entity, this form must be signed by you in the name of such entity or by a person authorized to receive service of process on behalf of such entity. In all other cases, this form must be signed by you personally or by a person authorized by you to acknowledge receipt of summons. If you return this form to the sender, service of a summons is deemed complete on the day you sign the acknowledgment of receipt below.

Date of mailing:

_____ ▶ _____
(TYPE OR PRINT NAME) (SIGNATURE OF SENDER—MUST NOT BE A PARTY IN THIS CASE)

ACKNOWLEDGMENT OF RECEIPT

This acknowledges receipt of ***(to be completed by sender before mailing)***:

1. A copy of the summons and of the complaint.
2. Other *(specify)*:

(To be completed by recipient):

Date this form is signed:

_____ ▶ _____
(TYPE OR PRINT YOUR NAME AND NAME OF ENTITY, IF ANY, ON WHOSE BEHALF THIS FORM IS SIGNED) (SIGNATURE OF PERSON ACKNOWLEDGING RECEIPT, WITH TITLE IF ACKNOWLEDGMENT IS MADE ON BEHALF OF ANOTHER PERSON OR ENTITY)

GOVERNMENTAL AGENCY (under Family Code, §§ 1740 and 17406): TELEPHONE NO.: _____ FAX NO.: _____ ATTORNEY FOR (Name): _____	TELEPHONE NO.: _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:		
DECLARATION FOR DEFAULT OR UNCONTESTED JUDGMENT (Governmental)		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. Proof will be by this declaration and I will not appear before the court unless I am ordered by the court to do so.
3. All the information in the complaint is true and correct according to the records maintained by the local child support agency under the Social Security Act.
4. The default of the respondent/defendant was entered or is being requested and the petitioner/plaintiff is only seeking the relief requested in the complaint as originally filed or amended.
5. **SUPPORT** (If a support order is requested, attach support information. Include the best estimate of the defendant's income.)
 Child support Health Insurance should be ordered as set forth in the proposed Judgment (Governmental).
6. **PUBLIC ASSISTANCE** The children are receiving are applying for formerly received are neither receiving nor applying for public assistance.
7. Any support ordered should be payable to (specify):

8. 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)

GOVERNMENTAL AGENCY (under Family Code, §§ 17400 and 17406): TELEPHONE NO.: _____ FAX NO.: _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	
REQUEST TO ENTER DEFAULT JUDGMENT	CASE NUMBER: _____

1. More than 30 days have passed since service of the summons, complaint, and copy of the proposed judgment.
2. To my knowledge no answer or other responsive pleading has been filed.
3. The parent against whom judgment is sought is not in the military service or in the military service of the United States as defined in section 511 et seq. of the Servicemembers Civil Relief Act (50 U.S.C. Appen. § 511) and is not entitled to the benefits of such act.
4. The local child support agency requests that default and judgment be entered under Family Code section 17430.

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

Date: _____

_____ (TYPE OR PRINT NAME)		_____ (SIGNATURE OF DECLARANT)
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FOR COURT USE ONLY	(1) <input type="checkbox"/> Default entered as requested on (date): _____ (2) <input type="checkbox"/> Default not entered as requested. (State reason): _____
By: _____	

SERVICE OF PROCESS TABLE

Service must be made by any person, at least 18 years of age, not a party (or protected person) to the action. The server must complete the Proof of Service showing the date, time, address, manner of service, the server's name and address, and the documents served.

METHODS OF SERVICE	SERVICE REQUIREMENTS	SERVICE DEEMED COMPLETED
Personal Service CCP 415.10	Personally delivered to respondent	Immediately upon delivery
Substituted Service CCP 415.20(B) Requires a due diligence declaration showing attempt(s) of personal service	Delivery to a competent adult (over 18) apparently in charge at the respondent's home, usual place of abode, business or mailing address (not a PO Box), who must be told of the contents delivered, AND a copy must be mailed to the respondent at the same address.	10 th day after the date of mailing
Service by mail CCP 415.3 Notice & Acknowledgement of Receipt. Sender must complete date of mailing, sign and indicate what documents are being sent.	Respondent must sign and date the Notice and Acknowledgement of Receipt. The original is returned to the court attached to the Proof of Service.	The date the Notice and Acknowledgement is signed by the Respondent
Service by mail CCP 415.40 Certified mail outside of California only	Delivery to respondent by certified mail, return receipt signed and dated by respondent, attached to proof of Service prior to filing with court. Declaration of service by mail will also be completed.	10 th day after date of mailing
Service by Publication CCP 415.50 Available where other party cannot be served by any reasonable method with due diligence.	Application and Order for Publication of Summons must be submitted to the court. Upon proper review, the court can order Summons published in newspaper most likely to give actual notice.	28 th day after the first day of publication Gov. Code 6064

ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400 and 17406) (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____ STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	
REQUEST FOR HEARING AND APPLICATION TO SET ASIDE VOLUNTARY DECLARATION OF PATERNITY	CASE NUMBER: _____

1. TO (name): Petitioner Respondent
 Local Child Support Agency Other (specify): _____

2. A hearing on this application will be held as follows: (To find out how to get a hearing date, see *Information Sheet for Completing Request for Hearing and Application to Set Aside Voluntary Declaration of Paternity* (form FL-281).)

a. Date:	Time:	Dept.:	Div.:	Rm.:
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b. Address of court: same as noted above other (specify): _____

ORDER	
3. <input type="checkbox"/> Time for <input type="checkbox"/> service <input type="checkbox"/> hearing is shortened. Service must be on or before (date): _____	
4. Any responsive declaration must be served on or before (date): _____	
Date: _____	_____ JUDICIAL OFFICER

5. On (date): petitioner respondent other parent signed a voluntary declaration of paternity stating that they are the parents of (child's name): _____ . A copy of the voluntary declaration of paternity is attached not attached (if not attached, explain why): _____

6. The local child support agency is providing services for the child named above (specify county): _____

7. I request that genetic tests be ordered and the voluntary declaration of paternity be set aside.

8. Grounds for this request are (check the boxes that apply, and explain in item 12 on page 2):

- a. mistake of fact or law, inadvertence, surprise, or excusable neglect
- b. fraud or perjury
- c. other (specify): _____

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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9. This request is initiated by the local child support agency based on a conflict between a voluntary declaration of paternity and a judgment of paternity, or a conflict between two or more voluntary declarations of paternity (*specify*):
10. There is a judgment or an order for paternity, child support, visitation, or custody entered on (*date*):
 based on the voluntary declaration of paternity. I have complied with the time limits for filing this request to set aside (*check one*):
- a. Request brought within six months after the entry of the order or judgment of paternity, based on mistake of fact or law, inadvertence, surprise, or excusable neglect.
 - b. Request brought within one year after the date fraud or perjury was or should have been discovered.
 - c. Request brought as quickly as possible.
11. There is no judgment or order issued by a court or an administrative agency for paternity, child support, visitation, or custody.
- a. There is an action pending for child support, visitation, or custody in (*specify county*): _____ County
 (*Attach copies of the papers served on you or by you, if available.*)
 - b. There is no pending action for child support, visitation, or custody.
12. **The facts in support of this request are (*specify*):**
 (*See the Information Sheet (form FL-281) for instructions on how to complete this section.*)

Contained in the attached declaration.

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)

NOTICE FOR CASES INVOLVING A LOCAL CHILD SUPPORT AGENCY

This case may be referred to a court commissioner for hearing. By law, court commissioners do not have the authority to issue final orders and judgments in contested cases unless they are acting as temporary judges. The court commissioner in your case will act as a temporary judge unless, *before the hearing*, you or any other party objects to the commissioner acting as a temporary judge. The court commissioner may still hear your case to make findings and a recommended order. If you do not like the recommended order, you must object to it within 10 court days; otherwise, the recommended order will become a final order of the court. If you object to the recommended order, a judge will make a temporary order and set a new hearing.

NOTICE TO CLERK: This *Request for Hearing and Application to Set Aside Voluntary Declaration of Paternity* must be filed even if no court file concerning these parties currently exists.

ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code §§ 17400, 17406) <i>(Name and Address):</i> TELEPHONE NO.: _____ FAX NO.: _____ ATTORNEY FOR <i>(Name):</i> _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	
NOTICE OF MOTION FOR JUDICIAL REVIEW OF LICENSE DENIAL	CASE NUMBER: _____

See reverse for instructions.

1. On *(date):* _____ the local child support agency of *(specify county):* _____ denied a release form that would enable me to obtain the following license *(specify):* _____

Name and address of licensing agency: _____

2. I seek a judicial review of the local child support agency's denial on the following grounds *(check all that apply):*

- a. There is no order for me to pay child support in this action.

- b. I am not the person ordered to pay child support in this action.

- c. I am in compliance with the order to pay child support in this action.

- d. I am in compliance with payments on the schedule for payment of arrearages or reimbursement.

- e. 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)

3. A hearing on this motion will be held as follows:

Date:	Time:	Room:
Address:		

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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This motion should be filed with a hearing scheduled as soon as possible after your local child support agency review.

INSTRUCTIONS

1. Complete the application on the reverse. Contact the clerk of the court for a hearing date, time, and place. Insert the information in box 3 on the reverse.
2. File the original *Notice of Motion for Judicial Review of License Denial* (form FL-670) with the court and keep two copies, because you will need them later.
3. Serve a copy of this form on the local child support agency which has certified your name for nonpayment of child support not later than seven days after the filing in court. Service of the papers may be made by (a) personal delivery OR (b) mailing the papers by first-class mail, postage prepaid, to the last known address of the other party. Anyone at least 18 years of age EXCEPT A PARTY may personally serve or mail the papers. Be sure whoever serves the papers fills out and signs the proof of service below.

PROOF OF SERVICE

4. At the time of service I was at least 18 years of age and not a party to this legal proceeding.
5. I served a copy of the *Notice of Motion for Judicial Review of License Denial* (form FL-670) in the manner shown below.
6. Manner of service on **LOCAL CHILD SUPPORT AGENCY**
 - a. **Personal service.** I personally delivered these papers to the local child support agency as follows:
 - (1) Local child support agency (*name*):
 - (2) Address where served:
 - (3) Date delivered:
 - (4) Time delivered:
 - b. **First-class mail.** I deposited these papers with the United States Postal Service, in a sealed envelope with postage fully prepaid. I am a resident of or employed in the county where the notice was mailed. The envelope was addressed and mailed as follows:
 - (1) Local child support agency (*name*):
 - (2) Address on envelope:
 - (3) Date mailed:
 - (4) Place of mailing (*city, state*):

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 WHO SERVED THE NOTICE)

GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406) OR ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	
REQUEST FOR TELEPHONE APPEARANCE	CASE NUMBER:
HEARING DATE: _____ TIME: _____ DEPT., ROOM, OR DIVISION: _____	

See Information Sheet—Request for Telephone Appearance (form FL-679-INFO) for deadlines for filing this request, filing any opposition, and service.

1. I, (name): _____, am the petitioner/plaintiff
 respondent/defendant other parent attorney for (name): _____
 local child support agency (LCSA) representative other (specify): _____ in this case.

If there are domestic violence or other confidentiality issues in this case and you do not want your home or work phone number made publicly available, provide another phone number in item 2 below. You will need to participate from this phone number, unless other options are available under local rules or procedures. Check with your court clerk.

2. I ask the court to allow me _____ to appear from telephone number () set on (date) _____ (time) _____ in Department _____ of the above-named court.
3. I would like the court to consider the following information in making its decision whether to allow a telephone appearance (check all that apply). (Note: The court can still deny your request, even though boxes are checked.)
- a. I live or work outside the state of California in (specify location): _____
 - b. I live in _____ County in California, which is _____ miles from the above courthouse where the hearing is set.
 - c. I am disabled.
 - d. I am asking not to appear personally because of domestic violence.
 - e. I will be incarcerated or confined in (specify): _____ prison, jail, or other institution at the time of the hearing.
 - f. The LCSA makes this request on behalf of _____ (insert reason for request at g)
 - g. Other (specify): _____
4. a. I have filed this request at least **12 court days** before the hearing and have served or will serve all parties (the local child support agency and other parent) and attorneys, if any, with this form by personal delivery, fax, express mail, or other reasonable means to ensure delivery by the close of the **next court day** after filing this form.
- b. If there are financial issues to be decided, a current *Income and Expense Declaration* (form FL-150) or a *Financial Statement (Simplified)* (form FL-155) has been filed and served on all parties along with the request or response to the hearing. (Read page 2 of form FL-155 to determine which form to use.)
- c. I have complied with all requirements of the local rules of court for other supporting proof.
5. I agree to be responsible for the costs and arrangements of this telephone appearance if required by the court. If this telephone appearance request is made by a LCSA on behalf of a party, parent, or witness, that person may be responsible for costs of the telephone appearance as may be required by the court.
6. 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: _____

 (TYPE OR PRINT NAME)



 (SIGNATURE)

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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ADVISEMENT REGARDING TELEPHONE APPEARANCE

1. I know that I can personally appear at this hearing, and I give up that right. I agree to be duly sworn upon request by the court clerk, holding up my right hand and agreeing under penalty of perjury under the laws of the State of California to tell the truth and nothing but the truth.
2. I will provide my driver's license number, social security number, or other information to verify my identity when asked by the court staff or conference call provider.
3. I understand that the court may not have videoconferencing capabilities. I understand and assume the risk that I may not be able to personally see or inspect the pleadings, documents, or evidence; the witnesses' facial reactions, demeanors, or hand gestures; or other visual or nonverbal aspects of the hearing.
4. I understand that if I do not make the proper arrangements for a telephone appearance as set out in local rules or in directions provided by the court, the matter may proceed without my personal or telephone appearance and the court may decide my case based on the documents I filed for this hearing.
5. I understand that the court, in its discretion, may decide to terminate the telephone appearance if it determines during the hearing that a personal appearance would materially assist in the determination of the proceedings. Other reasons for terminating the telephone appearance could include my not being available at the calendar call, delay, questions about credibility, disruption, noise, misconduct, a communication problem, a technical problem, and other problems.
6. I understand that the court may decide at any time to require my personal appearance and continue my hearing.
7. I assume the risks of cost, time, delay, repeated telephone calls, technical failure, a wrong number, and other problems that could arise out of this telephone appearance. I understand that if problems occur, the matter may proceed without my personal or telephone appearance and the court may decide my case based on the documents I filed for this hearing.
8. I understand that if I need to present documents, present witnesses, cross-examine witnesses, or provide information that is not available at the hearing, it is my responsibility to ask the court to continue the hearing. The court may decide to grant or deny my request. I understand that any arguments or supporting proof should be served and filed on time before the hearing so that the court, the local child support agency, and the other parent have an opportunity to know about my case.
9. I understand that the court may require me to make all arrangements for the telephone appearance at my own expense.
10. I understand that if I have low income or no income, I may apply for a waiver of any filing fees and a possible waiver of conference call vendor fees. If the court makes collect calls for telephone appearances and so orders me, I will be available to receive a collect call from the court at the date and time specified. The telephone number will not be one that is blocked from receiving collect calls. If there are domestic violence or other confidentiality issues in the case and I do not wish my home or work phone number to be made publicly available, I may provide a number other than my home and work numbers at which the court can call me collect. I understand that I can check with the local court clerk or local rules of court regarding any additional local procedures that may be available to protect my confidentiality.
11. If there are financial issues to be decided, I understand that it is my responsibility to timely file with the court and serve on the local child support agency and the other parent all necessary and appropriate pleadings and documents, including:
 - a. *Income and Expense Declaration* (form FL-150) or *Financial Statement (Simplified)* (form FL-155), whichever is appropriate.
 - b. My pay stubs from the last two months or other proof of income.
 - c. The proposed guideline support calculation (optional unless required by local court rule).

This case may be referred to a court commissioner for hearing. By law, court commissioners do not have the authority to issue final orders and judgments in contested cases unless they are acting as temporary judges. The court commissioner in your case will act as a temporary judge unless, *before the hearing*, you or any other party objects to the commissioner's acting as a temporary judge. If you or the other party objects, the court commissioner may still hear your case to make findings and a recommended order to a judge. If you do not like the recommended order, you must object to it within **10 court days** in writing (use *Notice of Objection (Governmental)* (form FL-666)); otherwise, the recommended order will become a final order of the court. If you object to the recommended order, a judge will make a temporary order and set a new hearing.

I have read the Advisement Regarding Telephone Appearance section of this form and I understand that the terms apply to me. If the LCSA is making this request, it verifies this advisement was provided to the party, parent, or witness, and that person indicated that he or she understands that the terms apply to him or her.

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)

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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PROOF OF SERVICE

1. At the time of service I was at least 18 years of age and not a party to the legal action.
2. My residence or business address is *(specify)*:
3. I served a copy of the foregoing *Request for Telephone Appearance (Governmental)* and all attachments as follows *(check a, b, or c for each person served)*:
 - a. **Personal delivery.** I personally delivered a copy and all attachments as follows:

(1) <input type="checkbox"/> Name of party or attorney served:	(2) <input type="checkbox"/> Name of local child support agency served:
(a) Address where delivered:	(a) Address where delivered:
(b) Date delivered:	(b) Date delivered:
(c) Time delivered:	(c) Time delivered:
 - b. **Mail.** I am a resident of or employed in the county where the mailing occurred.
 - (1) I enclosed a copy in an envelope and
 - (a) **deposited** the sealed envelope with the U.S. Postal Service with the postage fully prepaid.
 - (b) **placed** the envelope for collection and mailing on the date and at the place shown below, following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the U.S. Postal Service in a sealed envelope with postage fully prepaid.
 - (2) Name of party or attorney served:
 - (3) Name of local child support agency served:

(a) Address:	(a) Address:
(b) Date mailed:	(b) Date mailed:
(c) Place of mailing <i>(city and state)</i> :	(c) Place of mailing <i>(city and state)</i> :
 - (3) **Address Verification** *(please specify)*:
 - (a) I served a request to modify a child custody, visitation, or child support judgment or permanent order, which included an address verification declaration *(Declaration Regarding Address Verification—Postjudgment Request to Modify a Child Custody, Visitation, or Child Support Order (form FL-334) may be used for this purpose)*.
 - (b) The address for each individual identified in items 3a and 3b was
 - (i) verified by the California Child Support Enforcement System (CSE) as the current primary mailing address on file.
 - (ii) other *(specify)*:
- c. **Other** *(specify)*:

Additional page is attached.

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 WHO SERVED REQUEST)
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ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar number, and address</i>): <hr style="width: 10%; margin-left: 0;"/> TELEPHONE NO.: _____ FAX NO. (<i>Optional</i>): _____ E-MAIL ADDRESS (<i>Optional</i>): _____ ATTORNEY FOR (<i>Name</i>): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	
RESPONSE TO GOVERNMENTAL NOTICE OF MOTION OR ORDER TO SHOW CAUSE	
HEARING DATE: _____ TIME: _____ DEPT., ROOM, OR DIVISION: _____	CASE NUMBER: _____

1. **PARENTAGE**
 I do do not admit that I am the parent of all of the children.
 I admit that I am the parent of all of the children except (*specify*):

2. **CHILD SUPPORT**
 a. I consent to the order requested.
 b. I request the following child support order:

3. **HEALTH INSURANCE COVERAGE**
 a. I consent to the order requested.
 b. I request the following health insurance coverage order:

4. **FEES AND COSTS**
 I do do not consent to the order requested.

5. **PROPERTY RESTRAINT**
 I do do not consent to the order requested.

6. **OTHER**
 I do do not consent to the other orders requested.

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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7. **FACTS IN SUPPORT** of this response are:

contained in an attached declaration.

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

Date:

(TYPE OR PRINT NAME)		(SIGNATURE OF DECLARANT)
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PROOF OF SERVICE BY MAIL

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

3. I served a copy of this response by enclosing it in a sealed envelope with postage fully prepaid and depositing it in the U.S. mail as follows:

(a) Date of deposit:	(b) Place of deposit (<i>city and state</i>):
(c) Addressed as follows:	

4. I served this *Response*, which included an address verification declaration (*Declaration Regarding Address Verification—Postjudgment Request to Modify a Child Custody, Visitation, or Child Support Order* (form FL-334) may be used for this purpose.)

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

Date:

(TYPE OR PRINT NAME)		(SIGNATURE OF PERSON WHO SERVED RESPONSE)
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ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	
INCOME AND EXPENSE DECLARATION	CASE NUMBER:

1. Employment (Give information on your current job or, if you're unemployed, your most recent job.)

Attach copies of your pay stubs for last two months (black out social security numbers).

- a. Employer:
- b. Employer's address:
- c. Employer's phone number:
- d. Occupation:
- e. Date job started:
- f. If unemployed, date job ended:
- g. I work about _____ hours per week.
- h. I get paid \$ _____ gross (before taxes) per month per week per hour.

(If you have more than one job, attach an 8½-by-11-inch sheet of paper and list the same information as above for your other jobs. Write "Question 1—Other Jobs" at the top.)

2. Age and education

- a. My age is (specify):
- b. I have completed high school or the equivalent: Yes No If no, highest grade completed (specify):
- c. Number of years of college completed (specify): Degree(s) obtained (specify):
- d. Number of years of graduate school completed (specify): Degree(s) obtained (specify):
- e. I have: professional/occupational license(s) (specify):
 vocational training (specify):

3. Tax information

- a. I last filed taxes for tax year (specify year):
- b. My tax filing status is single head of household married, filing separately
 married, filing jointly with (specify name):
- c. I file state tax returns in California other (specify state):
- d. I claim the following number of exemptions (including myself) on my taxes (specify):

4. Other party's income. I estimate the gross monthly income (before taxes) of the other party in this case at (specify): \$
 This estimate is based on (explain):

(If you need more space to answer any questions on this form, attach an 8½-by-11-inch sheet of paper and write the question number before your answer.) Number of pages attached: _____

I declare under penalty of perjury under the laws of the State of California that the information contained on all pages of this form and any attachments is true and correct.

Date:

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

PETITIONER/PLAINTIFF: _____ RESPONDENT/DEFENDANT: _____ OTHER PARENT/CLAIMANT: _____	CASE NUMBER: _____
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Attach copies of your pay stubs for the last two months and proof of any other income. Take a copy of your latest federal tax return to the court hearing. (Black out your social security number on the pay stub and tax return.)

5. **Income** (For average monthly, add up all the income you received in each category in the last 12 months and divide the total by 12.)
- | | Last month | Average monthly |
|--|------------|-----------------|
| a. Salary or wages (gross, before taxes) | \$ _____ | _____ |
| b. Overtime (gross, before taxes) | \$ _____ | _____ |
| c. Commissions or bonuses | \$ _____ | _____ |
| d. Public assistance (for example: TANF, SSI, GA/GR) <input type="checkbox"/> currently receiving | \$ _____ | _____ |
| e. Spousal support <input type="checkbox"/> from this marriage <input type="checkbox"/> from a different marriage | \$ _____ | _____ |
| f. Partner support <input type="checkbox"/> from this domestic partnership <input type="checkbox"/> from a different domestic partnership | \$ _____ | _____ |
| g. Pension/retirement fund payments | \$ _____ | _____ |
| h. Social security retirement (not SSI) | \$ _____ | _____ |
| i. Disability: <input type="checkbox"/> Social security (not SSI) <input type="checkbox"/> State disability (SDI) <input type="checkbox"/> Private insurance | \$ _____ | _____ |
| j. Unemployment compensation | \$ _____ | _____ |
| k. Workers' compensation | \$ _____ | _____ |
| l. Other (military BAQ, royalty payments, etc.) (specify): | \$ _____ | _____ |

6. **Investment income** (Attach a schedule showing gross receipts less cash expenses for each piece of property.)
- | | | |
|-------------------------------------|----------|-------|
| a. Dividends/interest | \$ _____ | _____ |
| b. Rental property income | \$ _____ | _____ |
| c. Trust income | \$ _____ | _____ |
| d. Other (specify): | \$ _____ | _____ |

7. **Income from self-employment, after business expenses for all businesses** \$ _____
- I am the owner/sole proprietor business partner other (specify): _____
- Number of years in this business (specify): _____
- Name of business (specify): _____
- Type of business (specify): _____

Attach a profit and loss statement for the last two years or a Schedule C from your last federal tax return. Black out your social security number. If you have more than one business, provide the information above for each of your businesses.

8. **Additional income.** I received one-time money (lottery winnings, inheritance, etc.) in the last 12 months (specify source and amount): _____

9. **Change in income.** My financial situation has changed significantly over the last 12 months because (specify): _____

10. **Deductions** Last month
- | | | |
|---|----------|--|
| a. Required union dues | \$ _____ | |
| b. Required retirement payments (not social security, FICA, 401(k), or IRA) | \$ _____ | |
| c. Medical, hospital, dental, and other health insurance premiums (total monthly amount) | \$ _____ | |
| d. Child support that I pay for children from other relationships | \$ _____ | |
| e. Spousal support that I pay by court order from a different marriage | \$ _____ | |
| f. Partner support that I pay by court order from a different domestic partnership | \$ _____ | |
| g. Necessary job-related expenses not reimbursed by my employer (attach explanation labeled "Question 10g") | \$ _____ | |

11. **Assets** Total
- | | | |
|---|----------|--|
| a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts | \$ _____ | |
| b. Stocks, bonds, and other assets I could easily sell | \$ _____ | |
| c. All other property, <input type="checkbox"/> real and <input type="checkbox"/> personal (estimate fair market value minus the debts you owe) | \$ _____ | |

PETITIONER/PLAINTIFF: _____ RESPONDENT/DEFENDANT: _____ OTHER PARENT/CLAIMANT: _____	CASE NUMBER: _____
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12. The following people live with me:

Name	Age	How the person is related to me? (ex: son)	That person's gross monthly income	Pays some of the household expenses?
a.				<input type="checkbox"/> Yes <input type="checkbox"/> No
b.				<input type="checkbox"/> Yes <input type="checkbox"/> No
c.				<input type="checkbox"/> Yes <input type="checkbox"/> No
d.				<input type="checkbox"/> Yes <input type="checkbox"/> No
e.				<input type="checkbox"/> Yes <input type="checkbox"/> No

13. Average monthly expenses Estimated expenses Actual expenses Proposed needs

- | | |
|---|--|
| <p>a. Home:</p> <p>(1) <input type="checkbox"/> Rent or <input type="checkbox"/> mortgage... \$ _____</p> <p style="padding-left: 20px;">If mortgage:</p> <p style="padding-left: 40px;">(a) average principal: \$ _____</p> <p style="padding-left: 40px;">(b) average interest: \$ _____</p> <p>(2) Real property taxes \$ _____</p> <p>(3) Homeowner's or renter's insurance (if not included above) \$ _____</p> <p>(4) Maintenance and repair \$ _____</p> <p>b. Health-care costs not paid by insurance... \$ _____</p> <p>c. Child care \$ _____</p> <p>d. Groceries and household supplies..... \$ _____</p> <p>e. Eating out..... \$ _____</p> <p>f. Utilities (gas, electric, water, trash) \$ _____</p> <p>g. Telephone, cell phone, and e-mail \$ _____</p> | <p>h. Laundry and cleaning \$ _____</p> <p>i. Clothes \$ _____</p> <p>j. Education \$ _____</p> <p>k. Entertainment, gifts, and vacation..... \$ _____</p> <p>l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.) \$ _____</p> <p>m. Insurance (life, accident, etc.; do not include auto, home, or health insurance)... \$ _____</p> <p>n. Savings and investments..... \$ _____</p> <p>o. Charitable contributions..... \$ _____</p> <p>p. Monthly payments listed in item 14 (itemize below in 14 and insert total here)... \$ _____</p> <p>q. Other (specify): \$ _____</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>r. TOTAL EXPENSES (a-q) (do not add in the amounts in a(1)(a) and (b)) \$ _____</p> </div> <p>s. Amount of expenses paid by others \$ _____</p> |
|---|--|

14. Installment payments and debts not listed above

Paid to	For	Amount	Balance	Date of last payment
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

15. Attorney fees (This is required if either party is requesting attorney fees.):

- a. To date, I have paid my attorney this amount for fees and costs (specify): \$ _____
- b. The source of this money was (specify): _____
- c. I still owe the following fees and costs to my attorney (specify total owed): \$ _____
- d. My attorney's hourly rate is (specify): \$ _____

I confirm this fee arrangement.

Date: _____

(TYPE OR PRINT NAME OF ATTORNEY)



(SIGNATURE OF ATTORNEY)

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	CASE NUMBER:
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CHILD SUPPORT INFORMATION

(NOTE: Fill out this page only if your case involves child support.)

16. Number of children

- a. I have *(specify number)*: _____ children under the age of 18 with the other parent in this case.
- b. The children spend _____ percent of their time with me and _____ percent of their time with the other parent.
(If you're not sure about percentage or it has not been agreed on, please describe your parenting schedule here.)

17. Children's health-care expenses

- a. I do I do not have health insurance available to me for the children through my job.
- b. Name of insurance company:
- c. Address of insurance company:
- d. The monthly cost for the **children's** health insurance is or would be *(specify)*: \$ _____
(Do not include the amount your employer pays.)

18. Additional expenses for the children in this case

Amount per month

- a. Child care so I can work or get job training. \$ _____
- b. Children's health care not covered by insurance \$ _____
- c. Travel expenses for visitation \$ _____
- d. Children's educational or other special needs *(specify below)*: \$ _____

19. Special hardships. I ask the court to consider the following special financial circumstances

- (attach documentation of any item listed here, including court orders):*
- | | Amount per month | For how many months? |
|---|------------------|----------------------|
| a. Extraordinary health expenses not included in 18b. | \$ _____ | _____ |
| b. Major losses not covered by insurance (examples: fire, theft, other insured loss) | \$ _____ | _____ |
| c. (1) Expenses for my minor children who are from other relationships and are living with me | \$ _____ | _____ |
| (2) Names and ages of those children <i>(specify)</i> : | | |
| (3) Child support I receive for those children. | \$ _____ | |

The expenses listed in a, b, and c create an extreme financial hardship because *(explain)*:

20. Other information I want the court to know concerning support in my case *(specify)*:

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SONOMA 3055 Cleveland Avenue Santa Rosa, CA 95403	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SONOMA	
Plaintiff/Petitioner: Defendant/Respondent: Other Parent/Claimant:	
ORDER RE: TELEPHONIC COURT APPEARANCE	Case No.

The request for _____ to appear by telephone at the hearing set for:

Date: _____ Time: _____ in Department: _____ has been:

- GRANTED.** Call the CourtCall Telephonic Appearance Program at 888 882-6878 at least three (3) court days prior to the court hearing to set up the call. The cost for CourtCall is \$86.00. You will be asked to provide a credit card number. A late fee of \$30 will be charged if the request to the vendor is not made at least three days before the scheduled appearance (except in the instances listed in California Rules of Court 3.670 (j) (2)).

To waive the fees for CourtCall you must provide CourtCall with a copy of an Order Granting Fee Waiver [Judicial Council Form FW-003]. A copy of the Order Granting Fee Waiver can be faxed to 888 883-2946 or mailed to CourtCall, 6383 Arizona Circle, Los Angeles, California, 90045.

- DENIED.** Please be advised that if you do not appear personally at the hearing, the court may make orders based upon the information presented at the hearing.
- The hearing date of _____ **has been dropped.** The matter has been rescheduled for the date and time listed above.

IT IS SO ORDERED:

DATED:

 JUDICIAL OFFICER

- A copy of this order was given to the parties in open Court.

Local Form FL-011 Revised 6/08; 7/10; 10/11, 8/13, 1/14, 3/15	ORDER RE: TELEPHONIC COURT APPEARANCE	Local Rule 9.6
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<p>SUPERIOR COURT OF CALIFORNIA COUNTY OF YUBA 215 FIFTH STREET, SUITE 200 MARYSVILLE, CA 95901 (530) 749-7600</p>	<p style="text-align: center;"><i>FOR COURT USE ONLY</i></p>
<p>PLAINTIFF/PETITIONER: vs. DEFENDANT/RESPONDENT: OTHER PARTY:</p>	
<p>ORDER FOR TELEPHONIC COURT APPEARANCE</p>	<p>CASE NUMBER:</p>

IT IS HEREBY ORDERED that the hearing(s) scheduled for _____ at 8:30 a.m./1:30 p.m. is/are reset to _____ **on the same date** to accommodate a telephonic court appearance by conference call.

Plaintiff/Petitioner Defendant/Respondent is directed to call (530) 749-7685 to initiate the telephonic court appearance on _____ **promptly** at _____ a.m. p.m. Pacific Standard Time. Late calls will not be accepted. Any parties not approved for telephonic appearance is/are ordered to appear at 120 Fifth Street, Marysville, CA 95901.

Calls from cell phones will not be accepted, nor will collect calls.

Dated: October 1, 2015

DENNIS A. UMANZIO
Commissioner of the Superior Court

CERTIFICATE OF SERVICE BY MAIL

[CCP §1013a(4)]

I hereby certify that I am employed by Yuba County Superior Court. My business address is 215 Fifth Street, Marysville, California 95901. I am over 18 years of age and not a party to this cause.

I further certify that on this date, I placed this document in an envelope, sealed the envelope, and placed it in the central mail depository for collection and processing by the County of Yuba for delivery to the U.S. Postal Service, addressed as follows:

YUBA COUNTY DCSS
P.O. BOX 2069
MARYSVILLE, CA 95901

(Name and Address of Defendant)

(Name and Address of Other Parent)

I further certify that I served a copy of this document on the Yuba County Department of Child Support Services (DCSS) by placing a true copy thereof in the DCSS mail slot for daily pick up at the Yuba County Superior Court Annex, located at 120 Fifth Street, Marysville, California 95901.

Dated: October 1, 2015

H. Stephen Konishi
Clerk of the Superior Court

By: _____
Court Clerk