



Uncontested (Stipulated) Parentage Judgment Forms Packet

This packet contains the forms necessary to create an agreement between you and the party so that you may submit a judgment to the court for filing.

Please complete these fillable forms or print out and complete in black or dark blue ink.

These forms are meant as a guide, not as a substitute for legal advice. For further information, please contact your local Self-Help Center, look online at www.courts.ca.gov, or contact a private attorney.

**Superior Court of California,
County of Los Angeles**

Fillable Judgment Forms Completion Worksheet Directions

You may use these forms if the following are true for your case:

- You and the other parent must agree on all issues of the case for example who will have custody and/or visitation of the children.
- You and the other parent are the parents of the child(ren) in the case.
- Either:
 - A response was filed by Respondent OR
 - A general appearance was made by Respondent on the Appearance, Stipulation and Waivers form (FL-130) as indicated in section 1(a) of that form.
- Both you and the other parent or partner agree to sign the Judgment.

Superior Court of California
County of Los Angeles
Judgment Completion Sheet

Are you Petitioner or Respondent?

Petitioner

Respondent

Petitioner's Information:

Name (First Middle Last):

Telephone Number:

Street Address:

City, State, Zip Code:

Respondent's Information:

Name (First Middle Last):

Telephone Number:

Street Address:

City, State, Zip Code:

What courthouse was your case filed?

Case Number:

Case Name (Last Name vs Last Name):

Date of Service of Summons/Petition or the date respondent appeared:

Please list the minor child(ren) from the relationship with the other party:

1.Name (First Middle Last):

Date of Birth (mm/dd/yyyy):

2.Name (First Middle Last):

Date of Birth (mm/dd/yyyy):

3.Name (First Middle Last):

Date of Birth (mm/dd/yyyy):

4.Name (First Middle Last):

Date of Birth (mm/dd/yyyy):

Do you have a restraining order between you and the other party that is still in place (not expired or ended)?

Yes

No

What is the case number on the restraining order?

How many pages is it?

When does it expire?

Department Number:

Room Number:

Judicial Officer's name:

Do you have an existing court order for Child Support?

Yes

No

Is the existing order in this case or in a separate Child

Support Services Department (CSSD) case?

This case

CSSD Case

If a CSSD case, what is the case number?

County of case:

Custody/Visitation: Is there an existing Order or a Mediation Agreement?

Yes

No

What agreement about Legal Custody did you and the other parent make?

What agreement about Physical Custody did you and the other parent make?

Does the Petitioner or Respondent have visitation?

Yes

No

Petitioner

Respondent

For the specifics about visitation, please refer to the agreement you and the other party have and fill out the FL-341 form and any applicable attachments for example FL-341(A), FL-341(B), FL-341(C), FL-341(D), or FL-341(E).

Did you and the other party agree to a Child Support order?

Yes

No

If you agreed to a dollar amount, please fill out the following:


Who will pay the amount agreed to?

Petitioner


Respondent

What is the start date of Child Support?


- | | |
|--|--|
| Date: _____

(TYPE OR PRINT NAME) | 


(SIGNATURE OF PETITIONER) |
| Date: _____

(TYPE OR PRINT NAME) | 

(SIGNATURE OF RESPONDENT) |
| Date: _____

(TYPE OR PRINT NAME) | 

(SIGNATURE OF ATTORNEY FOR PETITIONER) |
| Date: _____

(TYPE OR PRINT NAME) | 

(SIGNATURE OF ATTORNEY FOR RESPONDENT) |

PARTY WITHOUT ATTORNEY OR ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT:	
DECLARATION FOR DEFAULT OR UNCONTESTED JUDGMENT	CASE NUMBER:

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

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

Date:

(TYPE OR PRINT NAME)	 (SIGNATURE OF DECLARANT)
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PETITIONER:
RESPONDENT:

CASE NUMBER:

ADVISEMENT AND WAIVER OF RIGHTS RE: DETERMINATION OF PARENTAL RELATIONSHIP

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

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

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

INTERPRETER'S DECLARATION

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

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF INTERPRETER)

PETITIONER:
RESPONDENT:

CASE NUMBER:

ADVISEMENT AND WAIVER OF RIGHTS RE: DETERMINATION OF PARENTAL RELATIONSHIP

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

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

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

INTERPRETER'S DECLARATION

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

Date:

(TYPE OR PRINT NAME)






(SIGNATURE OF INTERPRETER)

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

2. Name:
Name:
are the parents of the following children:

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

<p>Date: _____ (TYPE OR PRINT NAME)</p> <p>Date: _____ (TYPE OR PRINT NAME)</p> <p>Date: _____ (TYPE OR PRINT NAME)</p> <p>Date: _____ (TYPE OR PRINT NAME)</p> <p>Date: _____ (TYPE OR PRINT NAME)</p>	<p> _____ (SIGNATURE OF PETITIONER)</p> <p> _____ (SIGNATURE OF RESPONDENT)</p> <p> _____ (SIGNATURE OF ATTORNEY FOR PETITIONER)</p> <p> _____ (SIGNATURE OF ATTORNEY FOR RESPONDENT)</p> <p> _____ (SIGNATURE OF OTHER PARTY OR ATTORNEY)</p>
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PARTY WITHOUT ATTORNEY OR ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT:	
JUDGMENT	CASE NUMBER:

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

3. THE COURT FINDS

Name:

Name:

Name:

are the parents of the following children:

Child's name

Date of birth

4. THE COURT ORDERS

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

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

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

☐ Continued on Attachment 5h.

6. Number of pages attached: _____

Date: _____

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

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

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

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

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

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

7. ☐ **Visitation (Parenting Time)**

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

(1) ☐ **Weekends starting(date):**

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

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

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

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

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

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

THIS IS A COURT ORDER.

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

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

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

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

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

will have supervised visitation (parenting time) with the minor children according to the schedule set forth on page 1.

(You must attach *Supervised Visitation Order* (form FL-341(A).)

9. ☐ Transportation for visitation (parenting time)

a. The children must be driven only by a licensed and insured driver. The car or truck must have legal child restraint devices.

b. ☐ Transportation **to** begin the visits will be provided by the ☐ petitioner ☐ respondent
☐ other (*specify*): _____

c. ☐ Transportation **from** the visits will be provided by the ☐ petitioner ☐ respondent
☐ other (specify): _____

d. The exchange point at the beginning of the visit will be at (address):

e. ☐ The exchange point at the end of the visit will be at (address):

f. ☐ During the exchanges, the party driving the children will wait in the car and the other party will wait in his or her home (or exchange location) while the children go between the car and the home (or exchange location).

g. ☐ Other (specify):

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

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

a. ☐ the state of California.

b. ☐ the following counties (specify):

c. ☐ other places (specify):

FL-341 [Rev. July 1, 2016]

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

PETITIONER/PLAINTIFF:
RESPONDENT/DEFENDANT:
OTHER PARENT/PARTY:

CASE NUMBER:

SUPERVISED VISITATION ORDER**Attachment to Child Custody and Visitation (Parenting Time) Order Attachment (form FL-341)**

1. Evidence has been presented in support of a request that the contact of ☐ Petitioner ☐ Respondent ☐ Other Parent/Party with the child(ren) be supervised based upon allegations of
- ☐ abduction of child(ren) ☐ physical abuse ☐ drug abuse ☐ neglect
☐ sexual abuse ☐ domestic violence ☐ alcohol abuse ☐ other (*specify*):
- ☐ Petitioner ☐ Respondent ☐ Other Parent/Party disputes these allegations and the court reserves the findings on these issues pending further investigation and hearing or trial.
2. The court finds, under Family Code section 3100, that the best interest of the child(ren) requires that visitation by ☐ Petitioner ☐ Respondent ☐ Other Parent/Party must, until further order of the court, be limited to contact supervised by the person(s) set forth in item 6 below pending further investigation and hearing or trial.

THE COURT MAKES THE FOLLOWING ORDERS**3. CHILD(REN) TO BE SUPERVISED**

Child's Name Birth Date Age Sex

4. TYPE

- a. ☐ Supervised visitation b. ☐ Supervised exchange only

5. SUPERVISED VISITATION PROVIDER

- a. ☐ Professional (individual provider or supervised visitation center) b. ☐ Nonprofessional

6. AUTHORIZED PROVIDER

Name Address Telephone

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

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

8. PAYMENT RESPONSIBILITY Petitioner: % Respondent: % Other Parent/Party: %

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

10. THE COURT FURTHER ORDERS

Date:

JUDICIAL OFFICER

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PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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CHILDREN'S HOLIDAY SCHEDULE ATTACHMENT

TO ☐ Petition ☐ Response ☐ Request for Order ☐ Responsive Declaration to Request for Order
☐ Stipulation and Order for Custody and/or Visitation of Children ☐ Findings and Order After Hearing or Judgment
☐ Visitation Order—Juvenile ☐ Other (specify):

1. **Holiday parenting.** The following table shows the holiday parenting schedules. Write "Petitioner," "Respondent," "Other Parent," or "Other Party" to specify each parent's (or party's) years—odd or even numbered years or both ("every year")—and under "Times," specify the starting and ending days and times.

Note: Unless specifically ordered, a child's holiday schedule order has priority over the regular parenting time.

Holidays	Times (from when to when) (Unless noted below, all single-day holidays start at ____ a.m. and end at ____ p.m.)	Every Year Petitioner/ Respondent/ Other Parent/Party	Even Numbered Years Petitioner/ Respondent/ Other Parent/Party	Odd Numbered Years Petitioner/ Respondent/ Other Parent/Party
December 31 (New Year's Eve)				
January 1 (New Year's Day)				
Martin Luther King's Birthday (weekend)				
February 12 (Lincoln's Birthday)				
President's Day (Weekend)				
President's Week Recess, first half				
President's Week Recess, second half				
Spring Break, first half				
Spring Break, second half				
Mother's Day				
Memorial Day (weekend)				
Father's Day				
July 4th				
Summer Break:				
Labor Day (weekend)				
Columbus Day (weekend)				
Halloween				
November 11 (Veterans Day)				
Thanksgiving Day				
Thanksgiving weekend				
December/January School Break				
Child's birthday (date):				
Child's birthday (date):				
Child's birthday (date):				
Mother's birthday (date):				
Father's birthday (date):				
Other Parent's/Party's birthday (date):				
Breaks for year-round schools:				

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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1. Holiday parenting (continued)

Other Holidays	Times (from when to when) <i>(Unless noted below, all single-day holidays start at ____ a.m. and end at ____ p.m.)</i>	Every Year <i>Petitioner/ Respondent/ Other Parent/Party</i>	Even Numbered Years <i>Petitioner/ Respondent/ Other Parent/Party</i>	Odd Numbered Years <i>Petitioner/ Respondent/ Other Parent/Party</i>

- ☐ Any three-day weekend not specified in item 1 will be spent with the parent or party who would normally have that weekend.
☐ Other (specify):

2. Vacations

The ☐ Petitioner ☐ Respondent ☐ Other Parent/Party:

- a. May take vacation with the children of up to (specify number): days weeks the following number of times per year (specify):
- b. Must notify the other parent or party in writing of vacation plans a minimum of (specify number): days in advance and provide the other parent or party with a basic itinerary that includes dates of leaving and returning, destinations, flight information, and telephone numbers for emergency purposes.
 - (1) ☐ The other parent or party has (number): days to respond if there is a problem with the vacation schedule.
 - (2) ☐ If the parties cannot agree on the vacation plans (check all that apply):
 - (A) ☐ They must confer to try to resolve any disagreement before filing for a court hearing.
 - (B) ☐ In even-numbered years, the parties will follow the suggestions of ☐ Petitioner ☐ Respondent ☐ Other Parent/Party for resolving the disagreement.
 - (C) ☐ In odd-numbered years, the parties will follow the suggestions of ☐ Petitioner ☐ Respondent ☐ Other Parent/Party for resolving the disagreement.
 - (D) ☐ Other (specify):
- c. ☐ This vacation may be outside the state of California.
- d. ☐ Any vacation outside ☐ California ☐ the United States requires prior written consent of the other parent or a court order.
- e. ☐ Other (specify):

CASE NUMBER:

PETITIONER:
RESPONDENT:
OTHER PARENT/PARTY:

ADDITIONAL PROVISIONS—PHYSICAL CUSTODY ATTACHMENT

TO ☐ Petition ☐ Response ☐ Request for Order ☐ Responsive Declaration to Request for Order
☐ Stipulation and Order for Custody and/or Visitation of Children ☐ Findings and Order After Hearing or Judgment
☐ Custody Order—Juvenile—Final Judgment ☐ Other (specify):

The additional provisions to physical custody apply to (specify parties): ☐ Petitioner ☐ Respondent ☐ Other Parent/Party

1. ☐ **Notification of parties' current address.** ☐ Petitioner ☐ Respondent ☐ Other Parent/Party

must notify all parties within (specify number): _____ days of any change in his or her

a. address for ☐ residence ☐ mailing ☐ work ☐ e-mail

b. telephone/message number at ☐ home ☐ cell phone ☐ work ☐ the children's schools

The parties may not use such information for the purpose of harassing, annoying, or disturbing the peace of the other or invading the other's privacy. No residence or work address is needed if a party has an address with the State of California's Safe at Home confidential address program.

2. ☐ **Notification of proposed move of child.** Each party must notify the other (specify number): _____ days before any planned change in residence of the children. The notification must state, to the extent known, the planned address of the children, including the county and state of the new residence. The notification must be sent by certified mail, return receipt requested.

3. ☐ **Child care.**

a. ☐ The children must not be left alone without age-appropriate supervision.

b. ☐ The parties must let each other know the name, address, and phone number of the children's regular child-care providers.

4. ☐ **Right of first option of child care.** In the event any party requires child care for (specify number): _____ hours or more while the children are in his or her custody, the other party or parties must be given first opportunity, with as much prior notice as possible, to care for the children before other arrangements are made. Unless specifically agreed or ordered by the court, this order does not include regular child care needed when a party is working.

5. ☐ **Canceled visitation (parenting time).**

a. ☐ If the noncustodial party fails to arrive at the appointed time and fails to notify the custodial party that he or she will be late, then the custodial party need wait for only (specify number): _____ minutes before considering the visitation (parenting time) canceled.

b. ☐ If the noncustodial party is unable to exercise visitation (parenting time) on a given occasion, he or she must notify the custodial party (specify):

☐ at the earliest possible opportunity.

☐ Other (specify):

c. ☐ If the children are ill and unable to participate in the scheduled visitation (parenting time), the custodial party must give the noncustodial party (specify):

☐ as much notice as possible.

☐ A doctor's excuse.

☐ Other (specify):

6. ☐ **Phone contact between parties and children.**

a. ☐ The children may have telephone access to the parties ☐ and the parties may have telephone access to the children at reasonable times, for reasonable durations.

b. ☐ The custodial parent must make the child available for the following scheduled telephone contact (specify child's telephone contact with each party):

c. ☐ No party or any other third party may listen to, monitor, or interfere with the calls.

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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7. ☐ **No negative comments.** The parties will not make or allow others to make negative comments about each other or about their past or present relationships, family, or friends within hearing distance of the children.
8. ☐ **Discussion of court proceedings with children.** Other than age-appropriate discussion of the parenting plan and the children's role in mediation or other court proceedings, the parties will not discuss with the children any court proceedings relating to custody or visitation (parenting time).
9. ☐ **No use of children as messengers.** The parties will communicate directly with each other on matters concerning the children and may not use the children as messengers between them.
10. ☐ **Alcohol or substance abuse.** The ☐ petitioner ☐ respondent ☐ other parent/party may not consume alcoholic beverages, narcotics, or restricted dangerous drugs (except by prescription) within (*specify number*): _____ hours before or during periods of time with the children ☐ and may not permit any third party to do so in the presence of the children.
11. ☐ **No exposure to cigarette or medical marijuana smoke.** The parties will not expose the children to secondhand cigarette or medical marijuana smoke.
12. ☐ **No interference with schedule of any party without that party's consent.** The parties will not schedule activities for the children during the other party's scheduled visitation (parenting time) without the other party's prior agreement.
13. ☐ **Third-party contact.**
- a. ☐ The children will have no contact with (*specify name*): _____
- b. ☐ The children must not be left alone in the presence of (*specify name*): _____
14. ☐ **Children's clothing and belongings.**
- a. ☐ Each party will maintain clothing for the children so that the children do not have to make the exchanges with additional clothing.
- b. ☐ The children will be returned to the other party with the clothing and other belongings they had when they arrived.
15. ☐ **Log book.** The parties will maintain a "log book" and make sure that the book is sent with the children between their homes. Using businesslike notes (no personal comments), parties will record information related to the health, education, and welfare issues that arise during the time the children are with them.
16. ☐ **Terms and conditions of order may be changed.** The terms and conditions of this order may be added to or changed as the needs of the children and parties change. Such changes will be in writing, dated and signed by the parties; each party will retain a copy. If the parties want a change to be a court order, it must be filed with the court in the form of a court document.
17. ☐ **Other (*specify*):** _____

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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JOINT LEGAL CUSTODY ATTACHMENT

TO ☐ Petition ☐ Response ☐ Request for Order ☐ Responsive Declaration to Request for Order
☐ Stipulation and Order for Custody and/or Visitation of Children ☐ Findings and Order After Hearing or Judgment
☐ Custody Order—Juvenile—Final Judgment ☐ Other (*specify*):


NOTICE! In exercising joint legal custody, the parties may act alone, as long as the action does not conflict with any orders about the physical custody of the children. **Use this form only if you want to ask the court to make orders specifying when the consent of both parties is required to exercise legal control of the children and the consequences for failing to obtain mutual consent.**

1. The parties (*specify*): ☐ Petitioner ☐ Respondent ☐ Other Parent/Party will have joint legal custody of the children.
2. In exercising joint legal custody, the parties will share in the responsibility and discuss in good faith matters concerning the health, education, and welfare of the children. The parties must discuss and consent in making decisions on the following matters:
 - a. ☐ Enrollment in or leaving a particular private or public school or daycare center
 - b. ☐ Beginning or ending of psychiatric, psychological, or other mental health counseling or therapy
 - c. ☐ Participation in extracurricular activities
 - d. ☐ Selection of a doctor, dentist, or other health professional (except in emergency situations)
 - e. ☐ Participation in particular religious activities or institutions
 - f. ☐ Out-of-country or out-of-state travel
 - g. ☐ Other (*specify*):
3. **If a party does not obtain the consent of the other party to those items in 2, which are granted as court orders:**
 - a. He or she may be subject to civil or criminal penalties.
 - b. The court may change the legal and physical custody of the minor children.
 - c. ☐ Other consequences (*specify*):
4. ☐ **Special decision making designation and access to children's records**
 - a. The ☐ petitioner ☐ respondent ☐ other parent/party will be responsible for making decisions regarding the following issues (*specify*):
 - b. Both the custodial and noncustodial parent have the right to access records and information about their minor children (including medical, dental, and school records) and consult with professionals who are providing services to the children.
5. ☐ **Health-care notification.**
 - a. ☐ Each party must notify the other of the name and address of each health practitioner who examines or treats the children; such notification must be made within (*specify number*): _____ days of the first treatment or examination.
 - b. ☐ Each party is authorized to take any and all actions necessary to protect the health and welfare of the children, including but not limited to consent to emergency surgical procedures or treatment. The party authorizing such emergency treatment must notify the other party as soon as possible of the emergency situation and of all procedures or treatment administered to the children.
 - c. ☐ The parties are required to administer any prescribed medications for the children.
6. ☐ **School notification.** Each party will be designated as a person the children's school will contact in the event of an emergency.
7. ☐ **Name.** The parties will not change the last name of the children or have a different name used on the children's medical, school, or other records without the written consent of the other party.
8. ☐ **Other (*specify*):**

PETITIONER/PLAINTIFF:
RESPONDENT/DEFENDANT:
OTHER PARENT/PARTY:

CASE NUMBER:

CHILD SUPPORT INFORMATION AND ORDER ATTACHMENT

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

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

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

2. ☐ **Income**
- a. Each parent's monthly income is as follows:
- | | Gross monthly
<u>income</u> | Net monthly
<u>income</u> | Receiving
<u>TANF/CalWORKS</u> |
|--------------------------|--------------------------------|------------------------------|-----------------------------------|
| Petitioner/plaintiff: \$ | | \$ | <input type="checkbox"/> |
| Respondent/defendant: \$ | | \$ | <input type="checkbox"/> |
| Other parent/party: \$ | | \$ | <input type="checkbox"/> |
- b. Imputation of income. The court finds that the ☐ Petitioner/plaintiff ☐ Respondent/defendant
☐ Other parent/party has the capacity to earn:
- \$ _____ per _____ and has based the support order upon this imputed income.

3. ☐ **Children of this relationship**

- a. Number of children who are the subjects of the support order (specify): _____
- b. Approximate percentage of time spent with petitioner/plaintiff: _____ %
Respondent/defendant: _____ %
Other parent/party: _____ %

4. ☐ **Hardships**

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

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

THE COURT ORDERS5. ☐ **Low-income adjustment**

- a. ☐ The low-income adjustment applies.
- b. ☐ The low-income adjustment does not apply because (specify reasons): _____

6. ☐ **Child support**a. **Base child support**

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

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

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

THIS IS A COURT ORDER.

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

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

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

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

c. **Mandatory additional child support**

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

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

d. ☐ **Additional child support**

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

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

(2) ☐ Travel expenses for visitation

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

e. ☐ **Non-Guideline Order**

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



Total child support per month: \$

7. Health-care expenses

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

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

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

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

8. Earnings assignment

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

THIS IS A COURT ORDER.

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

10. ☐ **Employment search order (Family Code § 4505)**
☐ Petitioner/plaintiff ☐ Respondent/defendant ☐ Other parent/party is ordered to seek employment with the following terms and conditions:

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

12. Notices

- a. *Notice of Rights and Responsibilities (Health-Care Costs and Reimbursement Procedures) and Information Sheet on Changing a Child Support Order* ([form FL-192](#)) must be attached and is incorporated into this order.
- b. If this form is attached to *Restraining Order After Hearing* ([form DV130](#)), the support orders issued on this form (form FL-342) remain in effect after the restraining orders issued on form DV-130 end.

13. Child Support Case Registry Form

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

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

THIS IS A COURT ORDER.

NOTICE OF RIGHTS AND RESPONSIBILITIES

Health-Care Costs and Reimbursement Procedures

If you have a child support order that includes a provision for the reimbursement of a portion of the child's or children's health-care costs and those costs are not paid by insurance, the **law says**:

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

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

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

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

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

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

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

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

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

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

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

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

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

Information About Child Support for Incarcerated or Detained Parents

1. Child support. Under current California law, child support ordered or changed after December 31, 2020, automatically stops if the parent who has to pay

- is confined against their will for more than 90 days in a row in jail, prison, juvenile detention, a mental health facility, or other institution.

2. Exceptions. Child support does not automatically stop if the parent who has to pay

- is confined for
 - domestic violence against the other parent or child, or
 - failing to pay a child support order; or
- has money available to pay child support.

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

4. Past confinement. If your child support order was entered or modified between October 8, 2015, and December 31, 2019, and you were confined against your will for more than 90 days in a row during the same time frame, you may also qualify for relief. See item 5 for how to obtain more information.

5. More info. For more information about child support and incarcerated parents, see [Family Code section 4007.5](#) or talk to the [family law facilitator](#) or [self-help center](#) in your county.

NOTICE OF RIGHTS AND RESPONSIBILITIES

Information Sheet on Changing a Child Support Order

General Info

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

Online Self-Help Guide

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

When a Child Support Order May Be Changed

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

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

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

Examples

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

How to Change a Child Support Order

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

What forms do I need?

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

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

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

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

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

Contact the [family law facilitator](#) or [self-help center](#) in your county.

After you fill out the forms, file them with the court clerk and ask for a hearing date. Write the hearing date on the form.

The clerk may ask you to pay a filing fee. If you cannot afford the fee, fill out these forms, too:

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

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

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

The server must also serve blank copies both of these forms:

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

Then the server fills out and signs a *Proof of Service* ([form FL-330](#) or [form FL-335](#)). Take this form, plus one copy, to the clerk and file it at least one week before your hearing.

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

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

Need help?

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

PETITIONER/PLAINTIFF:	CASE NUMBER:
RESPONDENT/DEFENDANT:	

NON-GUIDELINE CHILD SUPPORT FINDINGS ATTACHMENT

Attachment to ☐ Child Support Information and Order Attachment (form FL-342)
☐ Judgment (Family Law) (form FL-180) ☐ Other (specify):

The court makes the following findings required by Family Code sections 4056, 4057, and 4065:

1. STIPULATION TO NON-GUIDELINE ORDER

- ☐ The child support agreed to by the parties is ☐ below or ☐ above the statewide child support guidelines. The amount of support that would have been ordered under the guideline formula is: \$ _____ per month. The parties have been fully informed of their rights concerning child support. Neither party is acting out of duress or coercion. Neither party is receiving public assistance and no application for public assistance is pending. The needs of the children will be adequately met by this agreed-upon amount of child support. If the order is below the guideline, no change of circumstances will be required to modify this order. If the order is above the guideline, a change of circumstances will be required to modify this order.

OTHER REBUTTAL FACTORS

2. ☐ Support calculation

- a. The guideline amount of child support calculated is: \$ _____ per month payable by ☐ petitioner/plaintiff ☐ respondent/defendant
- b. The court finds by a preponderance of the evidence that rebuttal factors exist. The rebuttal factors result in an ☐ increase ☐ decrease in child support. The revised amount of support is: \$ _____ per month.
- c. The court finds the child support amount revised by these factors to be in the best interest of the child and that application of the formula would be unjust or inappropriate in this case. These changes remain in effect ☐ until (date): _____
☐ until further order
- d. **The factors are:**
 - (1) ☐ The sale of the family residence is deferred under Family Code section 3800, and the rental value of the family residence in which the children reside exceeds the mortgage payments, homeowners insurance, and property taxes by: \$ _____ per month. (Fam. Code, § 4057(b)(2).)
 - (2) ☐ The parent paying support has extraordinarily high income, and the amount determined under the guideline would exceed the needs of the child. (Fam. Code, § 4057(b)(3).)
 - (3) ☐ The ☐ petitioner/plaintiff ☐ respondent/defendant is not contributing to the needs of the children at a level commensurate with that party's custodial time. (Fam. Code, § 4057(b)(4).)
 - (4) ☐ Special circumstances exist in this case. The special circumstances are:
 - (i) ☐ The parents have different timesharing arrangements for different children. (Fam. Code, § 4057(b)(5) (A).)
 - (ii) ☐ The parents have substantially equal custody of the children and one parent has a much lower or higher percentage of income used for housing than the other parent. (Fam. Code, § 4057(b)(5)(B).)
 - (iii) ☐ The child has special medical or other needs that require support greater than the formula amount. These needs are (Fam. Code, § 4057(b)(5)(C)) (specify): _____
 - (iv) ☐ Other (Fam. Code, § 4057(b)(5)) (specify): _____

ATTACHMENT to FL-250 #5d and 5e

Attachment to Judgment for Paternity (FL-250) – Change of Name and Birth Certificate and Other Orders

The Court makes the following orders:

____ Change child's name and amend birth certificate to reflect the change

from: _____

to: _____

____ A finding of Non-Paternity
as to Co-Respondent: _____

____ A finding of Paternity
as to Co-Respondent: _____

____ Amend Birth Certificate to add:
Name of father: _____

Date of father's birth: _____

Place of father's birth: _____

____ Amend Birth Certificate to remove name of: _____
listed as father.

____ Amend Birth Certificate as follows: _____

____ Other Orders: _____

SHORT TITLE: VS	CASE NUMBER:
------------------------	--------------

ATTACHMENT (Number): _____

(This Attachment may be used with any Judicial Council form.)

ATTACHMENT TO JUDGMENT - SIGNATURE PAGE

- Both parties have read and understand the Judgment and agree to all the terms stated in the Judgment. The parties understand the Judgment is to be the final order of the court and the willful violation of the court's order may be contempt of court punishable by fine or imprisonment.
- This Judgment represents the agreement between the parties covering all matters in dispute except for those over which the parties have specifically reserved jurisdiction.
- Each of the parties shall, upon demand, execute and deliver all documents necessary to carry out the terms of this stipulation /agreement, and upon failure to do so, the court, upon appropriate application, may appoint the Clerk of the Superior Court as its commissioner to execute documents specified by court order (LASC Local Rule 3.213c).

This judgment may be signed by a Court Commissioner as a Judge Pro Tem.

THE FOREGOING IS AGREED TO BY BOTH PARTIES:

Date: _____

(PRINTED NAME OF PETITIONER)_____
(SIGNATURE OF PETITIONER)

Date: _____

(PRINTED NAME OF RESPONDENT)_____
(SIGNATURE OF RESPONDENT)

THIS ATTACHMENT TO JUDGMENT IS ORDERED INCORPORATED INTO AND MADE A PART OF THIS JUDGMENT AND THE PARTIES ARE ORDERED TO COMPLY WITH ALL OF THE TERMS.

(DATE)_____
(JUDGE/COMMISSIONER)

(If the item that this Attachment concerns is made under penalty of perjury, all statements in this Attachment are made under penalty of perjury.)

Page _____ of _____

(Add pages as required)

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 LOS ANGELES STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT:	
NOTICE OF ENTRY OF JUDGMENT	
CASE NUMBER:	

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

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

Date: _____ Clerk, by _____, Deputy

—NOTICE TO ATTORNEY OF RECORD OR PARTY WITHOUT ATTORNEY—

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


STATEMENT IN THIS BOX APPLIES ONLY TO JUDGMENT OF DISSOLUTION
Effective date of termination of marital or domestic partnership status (specify): WARNING: Neither party may remarry or enter into a new domestic partnership until the effective date of the termination of marital or domestic partnership status, as shown in this box.

CLERK'S CERTIFICATE OF MAILING

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

Date: _____ Clerk, by _____, Deputy

Name and address of petitioner or petitioner's attorney
 Name and address of respondent or respondent's attorney

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name,  Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	COURT PERSONNEL: STAMP DATE RECEIVED HERE DO NOT FILE
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
PETITIONER/PLAINTIFF: _____ RESPONDENT/DEFENDANT: _____ OTHER PARENT: _____	
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> CHILD SUPPORT CASE REGISTRY FORM <input type="checkbox"/> Mother <input type="checkbox"/> First form completed <input type="checkbox"/> Father <input type="checkbox"/> Change to previous information </div> <div style="border: 1px solid black; padding: 5px; width: 200px;"> CASE NUMBER: </div> </div>	

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

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

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

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

TYPE OR PRINT IN INK

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

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

Child's name

Date of birth

Social security number

- a.
- b.
- c.

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

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

5. Father's name:

6. Mother's name:

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

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

City, state, zip code:

City, state, zip code:

d. Mailing address:

d. Mailing address:

City, state, zip code:

City, state, zip code:

e. Driver's license number:

e. Driver's license number:

State:

State:

f. Telephone number:

f. Telephone number:

g. ☐ Employed ☐ Not employed ☐ Self-employed

g. ☐ Employed ☐ Not employed ☐ Self-employed

Employer's name:

Employer's name:

Street address:

Street address:

City, state, zip code:

City, state, zip code:

Telephone number:

Telephone number:

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

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

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

Date:



(TYPE OR PRINT NAME)

(SIGNATURE OF PERSON COMPLETING THIS FORM)

INFORMATION SHEET FOR CHILD SUPPORT CASE REGISTRY FORM

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

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

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

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

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

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

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

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

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

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

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

Instructions for numbered paragraphs:

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

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

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

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

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

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

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

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

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

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	COURT PERSONNEL: STAMP DATE RECEIVED HERE DO NOT FILE
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	
CHILD SUPPORT CASE REGISTRY FORM <input type="checkbox"/> Mother <input type="checkbox"/> First form completed <input type="checkbox"/> Father <input type="checkbox"/> Change to previous information	CASE NUMBER:

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

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

1. Support order information (*this information is on the court order you are filing or have received*).

- a. Date order filed:
- b. ☐ Initial child support or family support order ☐ Modification
- c. Total monthly base current child or family support amount ordered for children listed below, plus any monthly amount ordered payable on past-due support:
- | Child Support: | Family Support: | Spousal Support: |
|---|--|--|
| (1) <input type="checkbox"/> Current base child support: \$ <input type="checkbox"/> Reserved order <input type="checkbox"/> \$0 (zero) order | <input type="checkbox"/> Current base family support: \$ <input type="checkbox"/> Reserved order <input type="checkbox"/> \$0 (zero) order | <input type="checkbox"/> Current spousal support: \$ <input type="checkbox"/> Reserved order <input type="checkbox"/> \$0 (zero) order |
| (2) <input type="checkbox"/> Additional monthly support: \$ | <input type="checkbox"/> Additional monthly support: \$ | |
| (3) <input type="checkbox"/> Total past-due support: \$ | <input type="checkbox"/> Total past-due support: \$ | <input type="checkbox"/> Total past-due support: \$ |
| (4) <input type="checkbox"/> Payment on past-due support: \$ | <input type="checkbox"/> Payment on past-due support: \$ | <input type="checkbox"/> Payment on past-due support: \$ |
| (5) Wage withholding was <input type="checkbox"/> ordered <input type="checkbox"/> ordered but stayed until (date): | | |

2. Person required to pay child or family support (*name*):

Relationship to child (*specify*):

3. Person or agency to receive child or family support payments (*name*):

Relationship to child (*if applicable*):

TYPE OR PRINT IN INK

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

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

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

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

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

5. Father's name:

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

City, state, zip code:

d. Mailing address:

City, state, zip code:

e. Driver's license number:

State:

f. Telephone number:

g. ☐ Employed ☐ Not employed ☐ Self-employed

Employer's name:

Street address:

City, state, zip code:

Telephone number:

6. Mother's name:

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

City, state, zip code:

d. Mailing address:

City, state, zip code:

e. Driver's license number:

State:

f. Telephone number:

g. ☐ Employed ☐ Not employed ☐ Self-employed

Employer's name:

Street address:

City, state, zip code:

Telephone number:

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

a. The order protects: ☐ Father ☐ Mother ☐ Children

b. From: ☐ Father ☐ Mother

c. The restraining order expires on (date):

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

Date:



(TYPE OR PRINT NAME)

(SIGNATURE OF PERSON COMPLETING THIS FORM)

INFORMATION SHEET FOR CHILD SUPPORT CASE REGISTRY FORM

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

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

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

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

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

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

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

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

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

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

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

Instructions for numbered paragraphs:

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

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

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

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

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

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

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

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

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

Superior Court of California County of Los Angeles

INFORMATION: Directions for Filing a Parentage Stipulated Judgment

1. BOTH PARTIES MUST COMPLETE AND SIGN ALL DOCUMENTS WHERE NECESSARY
 - a. If one of the parties is receiving government cash assistance and CSSD (Child Support Services Department) is involved in enforcing your child support order through this divorce case, take the Judgment to a CSSD office for signature by a CSSD Staff Attorney.
2. Make an original and 3 copies of all documents in the Judgment packet and gather 3 large manila envelopes.
 - a. Address one large manila envelope to yourself at your address of record with the court and put the mailing address of your courthouse as the return address. Put 6 stamps on each envelope. If in doubt, you can weigh your forms packet to determine the postage.



- b. Address one large manila envelope to the other party at their address of record. For the return address, put your mailing address as the return address. Put 6 stamps on the envelope. If in doubt, you can weigh your judgment packet to determine the postage.



- c. Label the 3rd large envelope as: "Attention Family Law Clerk" and your case number. If you are filing by dropbox, you will use this envelope to drop all the documents at the Court's dropbox. You will not need any stamps on this envelope.



3. DROPBOX INSTRUCTIONS:

- a. Put the following in the large envelope labeled “Attention Family Law Clerk”:
 - i. Original Judgment (FL-250 and attachments), plus 3 copies
 - ii. Original FL-130 and FL-240, plus 2 copies
 - iii. Original FL-230, plus 2 copies
 - Original FL-235, plus 2 copies
 - Attach FL-235 (1 for Petitioner and 1 for Respondent) to the original FL-230 and each copy
 - iv. Original Notice of Entry of Judgment (FL-190), plus 2 copies
 - v. Original Income Withholding Order (FL-195) plus 2 copies (if applicable)
 - vi. Original Child Support Case Registry form (FL-191) (if applicable)
 - vii. The 2 large, stamped manila envelopes described above in Section 2a. & 2b. into the “ATTENTION FAMILY LAW CLERK” envelope.
- b. Drop the full “ATTENTION FAMILY LAW CLERK” envelope in the drop box at the appropriate courthouse (look at your forms for the address).

4. FILING WINDOW INSTRUCTIONS:

- a. As an alternate, you may take your forms, copies and the envelopes addressed to you and the other party to the Family Law Clerk’s office filing window at the appropriate courthouse. Stand in line to file your documents with the clerk at the counter.

5. KEEP A COPY:

- a. Keep the remaining copy at your home until you get the signed Judgment back from the court. Then you can throw it away. The Clerk’s office will mail back your copies using the envelopes you provided once your Judgment is signed by the Judge.

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