



JUDICIAL COUNCIL OF CALIFORNIA

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REPORT TO THE JUDICIAL COUNCIL

For business meeting on October 27–28, 2016

Title

Child Support: Statutory Relief for
Incarcerated or Involuntarily Institutionalized
Obligors

Agenda Item Type

Action Required

Effective Date

January 1, 2017

Rules, Forms, Standards, or Statutes Affected

Forms FL-342, FL-350, FL-490, FL-530,
FL-615, FL-625, FL-630, FL-665, FL-676,
FL-676-INFO, FL-687, FL-688, and FL-692

Date of Report

October 17, 2016

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Recommended by

Family and Juvenile Law Advisory
Committee

Hon. Jerilyn L. Borack, Cochair

Hon. Mark A. Juhas, Cochair

Executive Summary

The Family and Juvenile Law Advisory Committee recommends revising eight forms to remove outdated language, which became effective on July 1, 2011 under Senate Bill 1355 and sunsetted on June 30, 2015, regarding suspension of child support orders for obligors who are incarcerated or involuntarily institutionalized. In addition, the committee recommends implementing the mandates of Assembly Bill 610, which became effective October 8, 2015, by revising the same eight forms and an additional five forms to incorporate current provisions regarding temporary suspension of child support obligations by operation of law for incarcerated and involuntarily institutionalized obligors (unless certain exceptions apply). These proposed form revisions also provide guidance regarding the adjustment of arrears for a suspended support order, the procedure to object to the local child support agency's adjustment, and the information needed by the court to consider and approve a request to adjust arrears.

Recommendation

The Family and Juvenile Law Advisory Committee recommends that the Judicial Council, effective January 1, 2017, revise:

1. The following 10 forms to add a notification, in plain language, regarding the temporary suspension of the obligor's duty to pay child support while incarcerated or involuntarily institutionalized:
 - FL-342, *Child Support Information and Order Attachment*
 - FL-350, *Stipulation to Establish or Modify Child Support and Order*
 - FL-530, *Judgment Regarding Parental Obligations*
 - FL-615, *Stipulation for Judgment or Supplemental Judgment Regarding Parental Obligations and Judgment*
 - FL-625, *Stipulation and Order*
 - FL-630, *Judgment Regarding Parental Obligations*
 - FL-665, *Findings and Recommendation of Commissioner*
 - FL-687, *Order After Hearing*
 - FL-688, *Short Form Order After Hearing*
 - FL-692, *Minutes and Order or Judgment*
2. Form FL-490, *Application to Determine Arrears*, to request the adjustment of arrears due to incarceration or involuntarily institutionalization in cases in which the local child support agency is not providing services;
3. Form FL-676, *Request for Judicial Determination of Support Arrearages or Adjustment of Arrearages Due to Incarceration or Involuntary Institutionalization*, to clarify that a request for adjustment of arrears due to incarceration or involuntary institutionalization applies only to child support orders issued or modified on or after October 8, 2015; and
4. Form FL-676-INFO, *Information Sheet for Request for Judicial Determination of Support Arrearages or Adjustment of Arrearages Due to Incarceration or Involuntary Institutionalization*, to update and clarify instructions.

The revised forms are attached at pages 7–42.

Previous Council Action

Effective July 1, 1997, the Judicial Council adopted form FL-676, *Request for Judicial Determination of Support Arrearages*, to implement legislation that created California's current Child Support Commissioner and Family Law Facilitator Program.

Effective January 1, 2010, the Judicial Council revised forms FL-530, FL-615, FL-625, FL-630, FL-665, FL-687, and FL-692 to implement changes to the Family Code made by Assembly Bill

2781 (Leno; Stats. 2006, ch. 797). Those changes require every child support order to include (1) a separate money judgment against a child support obligor for the fee of a private child support collector, and (2) a provision for continued health insurance coverage for disabled adult children.

Effective July 1, 2011, the Judicial Council revised the above-noted forms, as well as FL-676 and FL-676-INFO, in response to SB 1355 (Wright; Stats. 2010, ch. 495), which provided a process for formerly incarcerated or involuntarily institutionalized obligors to petition the court for forgiveness of child support arrears accrued during the period of incarceration or involuntary institutionalization.

Rationale for Recommendation

Family Code section 4007.5 addresses the temporary suspension of child support orders while the obligor is incarcerated or involuntarily institutionalized. SB 1355 originally added this section to the Family Code, which provided for temporary suspension of child support orders being enforced by the local child support agency during incarceration or involuntary institutionalization, and authorized obligors once released to petition the court for adjustment of arrears accrued during incarceration or involuntary institutionalization. When SB 1355 sunsetted on June 30, 2015, obligors lost the ability to petition the court for such an adjustment of arrears.

AB 610 (Jones-Sawyer; Stats. 2015, ch. 629) went into effect October 8, 2015, replacing the language of Family Code section 4007.5 with a new provision authorizing the temporary suspension of child support orders by operation of law when an obligor is incarcerated or involuntarily institutionalized for any period exceeding 90 days, unless (1) the obligor has the means to pay support, or (2) the obligor was incarcerated or involuntarily institutionalized for failure to pay child support or for an offense constituting domestic violence against the supported party or child. The statute applies to all child support orders and provides that the child support order will resume on the first day of the first full month following the obligor's release from confinement, in the same amount as previously ordered.

Under AB 610, Family Code section 4007.5 provides the local child support agency with authority to administratively adjust child support account balances for formerly incarcerated or involuntarily institutionalized obligors, requires the agency to give notice of the arrears adjustment, and provides the obligor and the obligee with the opportunity to object. If either party objects, the agency is required to file a motion asking the court to adjust the arrears. When the local child support agency is not involved in a case, the legislation permits the obligor or obligee to petition the court to set child support and determine arrears. These provisions address the significant arrears that accrue when an obligor is incarcerated or institutionalized, which can affect the performance of California's child support program and have a negative impact on the obligor's ability, once released, to productively reenter society and reconnect with his or her children.

The requirements for relief under the former SB 1355 program and the current AB 610 program are identical. They each provide that child support orders are suspended for any period exceeding 90 days in which the person ordered to pay support is incarcerated or involuntarily institutionalized, with identical exceptions (obligor's incarceration or involuntarily institutionalization was due to domestic violence against the supported person or child or for failure to pay support). The main differences are the process for adjustment of arrears, as described above, and that the SB 1355 program applies only to child support orders being enforced by the local child support agency whereas the AB 610 program applies to all child support orders. AB 610 does not address orders made or modified during the "gap" period between the sunset of SB 1355 on June 30, 2015, and the initiation of the AB 610 program on October 8, 2015.

To comply with the statutory sunset provision of SB 1355 and with the provisions of AB 610, forms FL-350, FL-530, FL-615, FL-625, FL-630, FL-665, FL-687, and FL-692 need to be revised to replace the current provision regarding determination of support arrearages or adjustment of arrearages due to incarceration or involuntary institutionalization with a new provision designed to incorporate the terms of AB 610. The committee also recommends revising forms FL-342 and FL-688 to add this same new provision.

Forms FL-676 and FL-676-INFO also need to be revised to reflect the AB 610 changes in the process for adjusting arrears. In addition, to reflect the broader application of the arrears process under AB 610, form FL-490, *Application to Determine Arrears*, which is for use in cases in which the local child support agency is not providing services, needs to be revised so that it can be used to request adjustment to child support arrears.

Comments, Alternatives Considered, and Policy Implications

Comments

This proposal circulated for comment as part of the spring 2016 invitation-to-comment cycle—from April 15, 2016, to June 14, 2016—to the standard mailing list for family and juvenile law proposals. Included on the list were appellate presiding justices, appellate court administrators, trial court presiding judges, trial court executive officers, judges, court administrators and clerks, attorneys, family law facilitators and self-help center staff, legal services attorneys, social workers, probation officers, Court Appointed Special Advocate (CASA) programs, and other juvenile and family law professionals. The proposal was also sent to the Department of Child Support Services, the Child Support Directors Association (CSDA) Legal Practices Committee and Forms Subcommittee chairs, and child support commissioners.

A total of nine comments were received; of those, three agreed with the proposal and six agreed if modified. No opposition to the proposal was received. Commentators included the California Department of Child Support Services, the Child Support Directors Association, the Executive Committee of the Family Law Section of the State Bar of California, the Orange County Bar Association, the State Bar of California Executive Committee of the Family Law Section and Standing Committee on the Delivery of Legal Services, and the Superior Courts of Los Angeles,

Orange, Riverside, and San Diego Counties. A chart with all comments received and the committee's responses is attached at pages 43–62.

The commentators provided thoughtful and helpful suggestions for improving the proposed form revisions, many of which the committee recommends incorporating. The commentators also provided valuable responses to the specific questions posed by the invitation to comment.

Of the superior courts that commented, two agreed with the proposal and two agreed if modified. The committee recommends incorporating many of the courts' suggestions, including revisions to clarify the exceptions to the temporary suspension of child support and changes to form captions to make them consistent.

The committee also recommends incorporating many of the revisions to the standard notification language suggested by CSDA and the California Department of Child Support Services. CSDA emphasized the importance of using easy-to-understand language to benefit self-represented litigants and also suggested concise revisions to minimize printing costs for courts.

CSDA also suggested extensive citations to Family Code section 4007.5. In the interests of promoting plain language, brevity, and shorter forms, the committee recommends declining this suggestion.

The committee also recommends incorporating a suggestion of the State Bar of California, Standing Committee on the Delivery of Legal Services, to clarify the meaning of "arrears."

Alternatives

In addition to the alternatives considered in response to the public comments, the committee considered developing a new Judicial Council form for use by the local child support agency to ask the court to adjust the arrears when one of the parties objects to the proposed administrative action. The committee also considered revising form FL-680, *Notice of Motion (Governmental)*, to add an option for the local child support agency to inform the court that an objection was made to the request to adjust arrears. The committee concluded that both these options would generate unnecessary costs for courts. It also considered postponing or declining to recommend any form revisions in light of the fiscal situation faced by courts. The committee, however, decided to recommend the revisions to facilitate court implementation of the recent legislation.

Implementation Requirements, Costs, and Operational Impacts

Expected costs and implementation requirements are limited to training, the implementation of case management system codes, and the production of new forms. No other implementation requirements or operational impacts are expected.

Relevant Strategic Plan Goals and Operational Plan Objectives

By improving litigants' access to child support enforcement and understanding of their rights regarding the impact of incarceration or involuntary institutionalization on child support orders, this proposal supports Goal I, Access, Fairness, and Diversity. By amending, revising, and creating rules and forms to allow courts to implement statutory requirements, it supports Goal III, Modernization of Management and Administration (Goal III.A).

Attachments and Links

1. Forms FL-342, FL-350, FL-490, FL-530, FL-615, FL-625, FL-630, FL-665, FL-676, FL-676-INFO, FL-687, FL-688, FL-692, at pages 7–42
2. Chart of comments, at pages 43–62
3. Link A: Assembly Bill 610,
http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201520160AB610

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	CAE NUMBER:
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CHILD SUPPORT INFORMATION AND ORDER ATTACHMENT

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

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

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

2. ☐ **Income**
- | | <u>Gross monthly income</u> | <u>Net monthly income</u> | <u>Receiving TANF/CalWORKS</u> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|---------------------------|--------------------------------|
| a. Each parent's monthly income is as follows: | | | |
| Petitioner/plaintiff: \$ | \$ | \$ | <input type="text"/> |
| Respondent/defendant: \$ | \$ | \$ | <input type="text"/> |
| Other parent/party: \$ | \$ | \$ | <input type="text"/> |
| b. Imputation of income. The court finds that the <input type="checkbox"/> petitioner/plaintiff <input type="checkbox"/> respondent/defendant <input type="checkbox"/> 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:

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

THE COURT ORDERS

5. ☐ **Low-income adjustment**

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

6. ☐ **Child support**

- a. **Base child support**

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

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

Page 1 of 3

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) ☐ Petitioner/plaintiff must pay: % of total or ☐ \$ per month child-care costs.
- (b) ☐ Respondent/defendant must pay: % of total or ☐ \$ per month child-care costs.
- (c) ☐ Other parent/party must pay: % of total or ☐ \$ per month child-care costs.
- (d) ☐ Costs to be paid as follows (*specify*):

c. **Mandatory additional child support**

- (2) Reasonable uninsured health-care costs for the children
- (a) ☐ Petitioner/plaintiff must pay: % of total or ☐ \$ per month.
- (b) ☐ Respondent/defendant must pay: % of total or ☐ \$ per month.
- (c) ☐ Other parent/party must pay: % of total or ☐ \$ per month.
- (d) ☐ Costs to be paid as follows (*specify*):

d. ☐ **Additional child support**

- (1) ☐ Costs related to the educational or other special needs of the children
- (a) ☐ Petitioner/plaintiff must pay: % of total or ☐ \$ per month.
- (b) ☐ Respondent/defendant must pay: % of total or ☐ \$ per month.
- (c) ☐ Other parent/party must pay: % of total or ☐ \$ per month.
- (d) ☐ Costs to be paid as follows (*specify*):
- (2) ☐ Travel expenses for visitation
- (a) ☐ Petitioner/plaintiff must pay: % of total or ☐ \$ per month.
- (b) ☐ Respondent/defendant must pay: % of total or ☐ \$ per month.
- (c) ☐ Other parent/party must pay: % of total or ☐ \$ per month.
- (d) ☐ Costs to be paid as follows (*specify*):

e. ☐ **Non-Guideline Order**

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

Total child support per month: \$

f. **Child Support Order Suspension**

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

7. **Health-care expenses**

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

THIS IS A COURT ORDER.

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	CASE NUMBER:
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7. b. ☐ Health insurance is not available to the ☐ petitioner/plaintiff ☐ respondent/defendant ☐ other parent/party at a reasonable cost at this time.

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

8. **Earnings assignment**

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

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

10. ☐ **Employment search order (Family Code § 4505)**

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

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

12. **Notices**

a. *Notice of Rights and Responsibilities (Health-Care Costs and Reimbursement Procedures) and Information Sheet on Changing a Child Support Order* (form FL-192) must be attached and is incorporated into this order.

b. If this form is attached to *Restraining Order After Hearing* (form DV-130), the support orders issued on this form (form FL-342) remain in effect after the restraining orders issued on form DV-130 end.

13. **Child Support Case Registry Form**

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

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

THIS IS A COURT ORDER.

ATTORNEY OR PARTY WITHOUT ATTORNEY: _____ STATE BAR NO.: _____ NAME: _____ FIRM NAME: _____ STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____ TELEPHONE NO.: _____ FAX NO.: _____ E-MAIL ADDRESS: _____ ATTORNEY FOR (name): _____	FOR COURT USE ONLY DRAFT NOT APPROVED BY THE JUDICIAL COUNCIL
SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____ STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
PETITIONER/PLAINTIFF: _____ RESPONDENT/DEFENDANT: _____ OTHER PARENT/PARTY: _____	
STIPULATION TO ESTABLISH OR MODIFY CHILD SUPPORT AND ORDER	CASE NUMBER: _____

1. a. ☐ Mother's net monthly disposable income: \$
☐ Father's net monthly disposable income: \$
-OR-
- b. ☐ A printout of a computer calculation of the parents' financial circumstances is attached.
2. ☐ Percentage of time each parent has primary responsibility for the children: Mother: _____ % Father: _____ %
3. a. ☐ A hardship is being experienced by the mother: \$ _____ per month because of (specify): _____
The hardship will last until (date): _____
- b. ☐ A hardship is being experienced by the father: \$ _____ per month because of (specify): _____
The hardship will last until (date): _____
4. The amount of child support payable by (name): _____, referred to as "the parent ordered to pay support," as calculated under the guideline is: \$ _____ per month.
5. ☐ We agree to guideline support.
6. ☐ The guideline amount should be rebutted because of the following:
- a. ☐ We agree to child support in the amount of \$ _____ per month; the agreement is in the best interest of the children; the needs of the children will be adequately met by the agreed amount; and application of the guideline would be unjust or inappropriate in this case.
- b. ☐ Other rebutting factors (specify): _____
7. The parent ordered to pay support must pay child support as follows beginning (date): _____
- a. BASIC CHILD SUPPORT
- | <u>Child's name</u> | <u>Monthly amount</u> | <u>Payable to (name):</u> |
|----------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------|
| Total: \$ _____ payable <input type="checkbox"/> on the first of the month <input type="checkbox"/> other (specify): _____ | | |
- b. ☐ In addition, the parent ordered to pay support must pay the following:
- (1) ☐ \$ _____ per month for child care costs to (name): _____ on (date): _____
- (2) ☐ \$ _____ per month for health-care costs not covered by insurance to (name): _____ on (date): _____
- (3) ☐ \$ _____ per month for special educational or other needs of the children to (name): _____ on (date): _____
- (4) ☐ other (specify): _____
- c. **Total monthly child support** payable by the parent ordered to pay support will be: \$ _____ payable ☐ on the first of the month ☐ other (specify): _____
- d. When a person who has been ordered to pay child support is in jail or prison or is involuntarily institutionalized for any period of more than 90 days in a row, the child support order is temporarily stopped. However, the child support order will not be stopped if the person who owes support has the financial ability to pay that support while in jail, prison, or an institution. It will also not be stopped if the reason the person is in jail, prison, or an institution is because the person didn't pay court ordered child support or committed domestic violence against the supported person or child. The child support order starts again on the first day of the month after the person is released from jail, prison, or an institution.

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	CASE NUMBER:
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8. a. Health insurance will be maintained by (*specify name*):

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. ☐ A health insurance coverage assignment will issue if health insurance is available through employment or other group plan or otherwise is available at reasonable cost. Both parents are ordered to cooperate in the presentation, collection, and reimbursement of any medical claims.

c. Any health expenses not paid by insurance will be shared: Mother: % Father: %

9. a. An earnings assignment order is issued.

- b. ☐ We agree that service of the earnings assignment be stayed because we have made the following alternative arrangements to ensure payment (*specify*):

10. 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 in arrears 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.

11. ☐ Travel expenses for visitation will be shared: Mother: % Father: %

12. ☐ We agree that we will promptly inform each other of any change of residence or employment, including the employer's name, address, and telephone number.

13. ☐ Other (*specify*):

14. We agree that we are fully informed of our rights under the California child support guidelines.

15. We make this agreement freely without coercion or duress.

16. The right to support

a. ☐ has not been assigned to any county, and no application for public assistance is pending.

b. ☐ has been assigned or an application for public assistance is pending in (*county name*):

If you checked b., an attorney for the local child support agency must sign below, joining in this agreement.

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF ATTORNEY FOR LOCAL CHILD SUPPORT AGENCY)

Notice: If the amount agreed to is less than the guideline amount, no change of circumstances need be shown to obtain a change in the support order to a higher amount. If the order is above the guideline, a change of circumstances will be required to modify this order. This form must be signed by the court to be effective.

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)

(TYPE OR PRINT NAME)

(SIGNATURE OF ATTORNEY FOR RESPONDENT)

THE COURT ORDERS

17. a. ☐ The guideline child support amount in item 4 is rebutted by the factors stated in item 6.

- b. Items 7 through 13 are ordered. All child support payments must continue until further order of the court, or until the child marries, dies, is emancipated, or reaches age 18. The duty of support continues as to an unmarried child who has attained the age of 18 years, is a full-time high school student, and resides with a parent, until the time the child completes the 12th grade or attains the age of 19 years, whichever first occurs. Except as modified by this stipulation, all provisions of any previous orders made in this action will remain in effect.

Date:

JUDGE OF THE SUPERIOR COURT

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 can be a large added amount.

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

CASE NUMBER:

APPLICATION TO DETERMINE ARREARS

Attachment to Request for Order (form FL-300)

- ☐ Child support ☐ Spousal or partner support ☐ Family support ☐ Medical support
☐ Unreimbursed expenses ☐ Unreimbursed medical expenses
☐ Other (specify):

1. I ask that the amount of past due support payments (arrears) be decided in this case.
2. I have attached (check all that apply):
a. ☐ a Declaration of Payment History (FL-420)
b. ☐ a Payment History Attachment (FL-421)
c. ☐ Other (specify):
3. ☐ I ask that the amount of past due support payments (arrears) be decided in this case.
a. ☐ I have already paid ☐ some ☐ all of the support ordered. Proof of payment is attached.
b. ☐ The children for whom support is to be paid were living with me full time for the period from _____ to: _____. I provided all of their support during that period. I am attaching a detailed declaration explaining these facts and supporting documentation, including any proof that the children were living with me.
c. ☐ Suspended due to jail, prison, or an Institution (juvenile facility or mental health facility). (Family Code, § 4007.5)
(1) I was incarcerated or involuntarily institutionalized for the following periods for more than 90 days in a row during _____ which I did not have the financial ability to pay child support. (Attach any proof of your incarceration or involuntary institutionalization.)
a. Date(s) incarceration or involuntary institutionalization began: _____
b. Date(s) incarceration or involuntary institutionalization ended: _____
(2) The reason that I was in jail, prison, or an institution (juvenile facility or mental health facility) was not because I failed to pay court ordered child support or committed domestic violence against the supported person or child.
(3) My child support order was made or changed by the court on or after October 8, 2015.
d. ☐ Other (specify):
4. ☐ I have previously asked the other parent for payment and provided the other parent with an itemized statement of the unreimbursed ☐ childcare expense ☐ medical expense. (Attach copies of all bills being claimed and proof of any payments that you have made on these bills.)
5. ☐ I am asking the other person to pay a. ☐ Attorney Fees b. ☐ Costs.
Income and Expense Declaration (form FL-150) is attached.
6. Facts in support of the relief requested are (specify):
☐ contained in the attached declaration.

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

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

- ☐ Petitioner/Plaintiff ☐ Respondent/Defendant
☐ Attorney ☐ Other (specify):

NOTICE: This form must be attached to Request for Order (FL-300)**NOT A COURT ORDER****APPLICATION TO DETERMINE ARREARS**

GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406): TELEPHONE NO.: _____ FAX NO.: _____ E-MAIL ADDRESS: _____ ATTORNEY FOR (name): _____	FOR COURT USE ONLY <div style="font-size: 1.2em; font-weight: bold; margin: 10px 0;">DRAFT</div> <div style="font-weight: bold; margin: 10px 0;">NOT APPROVED BY THE JUDICIAL COUNCIL</div>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	CASE NUMBER: _____
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	
JUDGMENT REGARDING PARENTAL OBLIGATIONS (UIFSA) <div style="display: flex; justify-content: space-around; align-items: center;"> <input type="checkbox"/> AMENDED <input type="checkbox"/> SUPPLEMENTAL </div>	

1. a. ☐ **NOTICE: THIS IS A PROPOSED JUDGMENT.** This *Judgment Regarding Parental Obligations (UIFSA)* will be entered by the court and will become legally binding unless you fill out and file the *Response to Uniform Support Petition (UIFSA)* (form FL-520) with the court clerk within 30 days of the date you were served with the *Summons (UIFSA)* (form FL-510) and *Uniform Support Petition* (form OMB 0970-0085). If you need a *Response* form, you may get one from the local child support agency, the court clerk, or the family law facilitator. The family law facilitator will help you fill out the forms. To file the *Response*, follow the procedures listed in the information sheet attached to that form.
- b. ☐ **NOTICE: THIS IS A JUDGMENT.** It is now legally binding.
2. **THIS MATTER PROCEEDED AS FOLLOWS:**
 - a. ☐ Judgment entered under Family Code section 5002.
 - b. ☐ By court hearing, appearances as follows:

(1) Date: _____	Dept: _____	Judicial Officer: _____
(2) <input type="checkbox"/> Petitioner/plaintiff present	<input type="checkbox"/> Attorney present (name): _____	
(3) <input type="checkbox"/> Respondent/defendant present	<input type="checkbox"/> Attorney present (name): _____	
(4) <input type="checkbox"/> Other parent/party present	<input type="checkbox"/> Attorney present (name): _____	
(5) Local child support agency (Family Code, §§ 17400, 17406) by (name): _____		
(6) <input type="checkbox"/> Other (specify): _____		
 - c. The parent ordered to pay support is the ☐ petitioner/plaintiff ☐ respondent/defendant ☐ other parent/party.
3. ☐ This order is based on presumed income for the parent ordered to pay support under Family Code section 5002.
4. ☐ Attached is a computer printout showing the parents' income and percentage of time each parent spends with the children. The printout, which shows the calculation of child support payable, will become the court's findings.
5. ☐ This order is based on the attached documents (specify): _____
6. **THE COURT ORDERS:**
 - a. The parent ordered to pay support ☐ is the parent of the children named in item 6b.
☐ has previously been determined to be the parent of the children named in item 6b.
 - b. The parent ordered to pay support must pay current child support as follows:

<u>Name of child</u>	<u>Date of birth</u>	<u>Monthly support amount</u>
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NOTICE: Any party required to pay child support must pay interest on overdue amounts at the legal rate, which is currently 10 percent per year.

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

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

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

(5) Any support ordered will continue until further order of court, unless terminated by operation of law.

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

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

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

<u>Name of child</u>	<u>Date of birth</u>	<u>Period of support</u>	<u>Amount</u>
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PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	CASE NUMBER:
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6. d. (1) ☐ Other (*specify*):
- (2) ☐ For a total of: \$ _____ payable: \$ _____ on the: _____ day of each month
beginning (*date*):
- (3) ☐ Interest accrues on the entire principal balance owing and not on each installment as it becomes due.
- e. No provision of this judgment operates to limit any right to collect the principal (total amount of unpaid support) or to charge and collect interest and penalties as allowed by law. All payments ordered are subject to modification.
- f. All payments, unless specified in item 6b(1) above, must be made to the State Disbursement Unit at the address listed below (*specify address*):
- g. **An earnings assignment order is issued.**
- h. 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.
- i. If "The parent ordered to pay support" box is checked in item 6c, a health insurance coverage assignment must issue.
- j. The parents must notify the local child support agency in writing within 10 days of any change in residence or employment.
- k. The *Notice of Rights and Responsibilities* and *Information Sheet on Changing a Child Support Order* (form FL-192) is attached.
- l. ☐ The court further orders (*specify*):

Date:

Number of pages attached: _____

JUDICIAL OFFICER

☐ SIGNATURE FOLLOWS LAST ATTACHMENT

Approved as conforming to court order.

Date:

(SIGNATURE OF ATTORNEY FOR THE PARENT ORDERED TO PAY SUPPORT)

GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406): <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> TELEPHONE NO.: E-MAIL ADDRESS: ATTORNEY FOR (name): </div> <div style="width: 45%;"> FAX NO.: </div> </div>	FOR COURT USE ONLY <div style="font-size: 1.2em; font-weight: bold; margin: 10px 0;">DRAFT</div> <div style="font-weight: bold; margin: 10px 0;">NOT APPROVED BY THE JUDICIAL COUNCIL</div>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	CASE NUMBER:
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: <div style="border: 1px solid black; padding: 2px; display: inline-block;">OTHER PARENT/PARTY:</div>	
STIPULATION FOR <input type="checkbox"/> JUDGMENT <input type="checkbox"/> SUPPLEMENTAL JUDGMENT REGARDING PARENTAL OBLIGATIONS AND JUDGMENT	

1. This matter proceeded as follows:

a. ☐ By written stipulation without court appearance.

b. ☐ By court hearing, appearances as follows:

- | | | |
|--------------------------------------------------------------------------|---------------------------------------------------|-------------------|
| (1) Date: | Dept: | Judicial Officer: |
| (2) <input type="checkbox"/> Petitioner/plaintiff present | <input type="checkbox"/> Attorney present (name): | |
| (3) <input type="checkbox"/> Respondent/defendant present | <input type="checkbox"/> Attorney present (name): | |
| (4) <input type="checkbox"/> Other parent/party present | <input type="checkbox"/> Attorney present (name): | |
| (5) Local child support agency (Family Code, §§ 17400, 17406) by (name): | | |
| (6) <input type="checkbox"/> Other (specify): | | |

c. The parent ordered to pay support is the ☐ petitioner/plaintiff ☐ respondent/defendant

☐ other parent/party.

2. ☐ This order is based on the attached documents (specify):

3. The parties agree that:

a. The parent ordered to pay support has read and understands the *Advisement and Waiver of Rights for Stipulation* on page 5 of this form. The parent ordered to pay support gives up these rights and freely agrees that a judgment may be entered in accordance with this stipulation.

b. The amount of support payable by the party ordered to pay support as calculated under the guideline is: \$ _____ per month.

☐ We agree to guideline support.

☐ The guideline amount should be rebutted because of the following:

- (1) ☐ We have been fully informed of the guideline amount of support; we agree voluntarily to child support in the amount of \$ _____ per month; the agreement is in the best interest of the children; the needs of the children will be met adequately by the agreed amount; the children are not receiving public assistance; no application for public assistance is pending; and application of the guideline would be unjust and inappropriate in this case. We understand that if the order is below the guideline, no change of circumstances need be shown for the court to raise this order to the guideline amount. If the order is above the guideline, a change of circumstances will be required to modify this order.
- (2) ☐ Other rebutting factors (specify):

c. ☐ The computer printout attached shows the parents' incomes and percentage of time each parent spends with the children. The printout, which shows the calculation of child support payable, will become the court's findings.

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

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	CASE NUMBER:
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3. d. ☐ Petitioner/plaintiff ☐ Respondent/defendant ☐ Other parent/party are the parents of the children named in item 3e below.

e. The parent ordered to pay support must pay current child support as follows:

Name of child	Date of birth	Monthly support amount
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(1) ☐ Mandatory additional child support.

(a) The parent ordered to pay support must pay additional monthly support for reasonable child-care costs, as follows:

one-half or ☐ % or ☐ (specify amount): \$ _____ per month of the costs.

Payments must be made to the ☐ other parent ☐ State Disbursement Unit ☐ child-care provider.

(b) The parent ordered to pay support must pay reasonable uninsured health-care costs for the children, as follows:

one-half or ☐ % or ☐ (specify amount): \$ _____ per month of the costs.

Payments must be made to the ☐ other parent ☐ State Disbursement Unit ☐ health-care provider.

(2) ☐ Other (specify):

(3) ☐ For a total of: \$ _____ payable on the: _____ day of each month

beginning (date):

(4) ☐ The low-income adjustment applies.

☐ The low-income adjustment does not apply because (specify reasons):

(5) Any support ordered will continue until further order of court, unless terminated by operation of law.

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

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

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	CASE NUMBER:
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3. g. ☐ The parent ordered to pay support must pay child support for the past periods and in the amounts set forth below.
- | <u>Name of child</u> | <u>Date of birth</u> | <u>Period of support</u> | <u>Amount</u> |
|----------------------|----------------------|--------------------------|---------------|
|----------------------|----------------------|--------------------------|---------------|

(1) ☐ Other (specify):

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

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

- h. If this is a judgment on a *Supplemental Complaint*, it does not modify or supersede any prior judgment or order for support or arrearages, unless specifically provided.
- i. No provision of this judgment may operate to limit any right to collect the principal (total amount of unpaid support) or to charge and collect interest and penalties as allowed by law. All payments ordered are subject to modification.
- j. All payments, unless specified in item 3e(1) above, must be made to the State Disbursement Unit at the address listed below (specify address):

k. **An earnings assignment order is issued.**

- l. 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.
- m. If "The parent ordered to pay support" box is checked in item 3f, a health insurance coverage assignment must issue.
- n. The parents must notify the local child support agency in writing within 10 days of any change in residence or employment.
- o. The *Notice of Rights and Responsibilities (Health-Care Costs and Reimbursement Procedures)* and *Information Sheet on Changing a Child Support Order* (form FL-192) is attached.

p. ☐ The following person (the "other parent/party") is added as a party to this action (name):

q. ☐ Other (specify):

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	CASE NUMBER:
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Date:			
	(TYPE OR PRINT NAME)		(SIGNATURE OF ATTORNEY FOR LOCAL CHILD SUPPORT AGENCY)
Date:			
	(TYPE OR PRINT NAME)		(SIGNATURE OF PETITIONER)
Date:			
	(TYPE OR PRINT NAME)		(SIGNATURE OF ATTORNEY FOR PETITIONER)
Date:			
	(TYPE OR PRINT NAME)		(SIGNATURE OF RESPONDENT)
Date:			
	(TYPE OR PRINT NAME)		(SIGNATURE OF ATTORNEY FOR RESPONDENT)
Date:			
	(TYPE OR PRINT NAME)		(SIGNATURE OF OTHER PARENT)
Date:			
	(TYPE OR PRINT NAME)		(SIGNATURE OF ATTORNEY FOR OTHER PARENT)

JUDGMENT

4. THE COURT SO ORDERS.

Date:		_____ JUDICIAL OFFICER
Number of pages attached: _____	<input type="checkbox"/>	SIGNATURE FOLLOWS LAST ATTACHMENT

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	CASE NUMBER:
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ADVISEMENT AND WAIVER OF RIGHTS FOR STIPULATION

- | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>1. RIGHT TO BE REPRESENTED BY A LAWYER. I understand that I have the right to be represented by a lawyer of my choice at my expense. If I cannot afford a lawyer to represent me, I can ask the court to appoint one to represent me free of charge only if I dispute that I am the parent of the children named in this action and only on the issue of parentage. I understand that the attorney for the local child support agency does not represent me.</p> <p>2. RIGHT TO A TRIAL. I understand that I have a right to have a judicial officer (1) determine if I am the parent of the children named in the stipulation, (2) decide how much child support I must pay, and (3) decide how much I owe for arrearages (unpaid support).</p> <p>3. RIGHT TO CONFRONT AND CROSS-EXAMINE WITNESSES. I understand that in a trial any allegations made against me must be proved. At the trial I may be present with a lawyer when witnesses testify, and I may ask them questions. I may also present evidence and witnesses.</p> <p>4. RIGHT TO HAVE PARENTAGE TESTS WHERE THE LAW PERMITS. I understand that, where the law permits, I have the right to have the court order parentage tests. The court will decide on the tests. The court could order that I pay none, some, or all of the costs of the tests.</p> | <p>5. ADMISSION AND WAIVER OF RIGHTS. I understand that by agreeing to the terms of this stipulation, I am admitting that I am the parent of the children named in the stipulation and I am giving up the rights stated above.</p> <p>6. WHERE THE STIPULATION INCLUDES CHILD SUPPORT.</p> <p>a. I understand that I will have the duty to obey the support order for the children named in the stipulation until the order is changed by the court or ended by law.</p> <p>b. I also understand that the court will order any support payments to be paid directly from my wages or other earnings and sent to the local child support agency if one is assigned to collect the support.</p> <p>c. I have been advised of the amount of guideline child support and how the proposed child support amount was determined.</p> <p>7. WHERE THE STIPULATION INCLUDES A PROVISION FOR HEALTH INSURANCE. I understand that I must keep health insurance coverage for the minor children if insurance is available or becomes available to me at no or reasonable cost. A health insurance coverage assignment/<i>National Medical Support Notice</i> may be ordered to get health insurance for my children.</p> | <p>8. I agree to the terms of this stipulation freely and voluntarily.</p> <p>9. I understand that the local child support agency is required by state law to enforce the duty of support.</p> <p>10. I UNDERSTAND THAT IF I WILLFULLY FAIL TO SUPPORT MY CHILDREN, CRIMINAL PROCEEDINGS MAY BE INITIATED AGAINST ME.</p> <p>11. COLLECTION OF SUPPORT. I understand that any support I owe may be collected from any of my property. This collection may be made by intercepting money owed to me by the state or federal government (such as tax refunds, unemployment and disability benefits, and lottery winnings), by taking property I own, by placing a lien on my property, or by any other lawful means.</p> <p>12. IF I AM REPRESENTED BY AN ATTORNEY, MY ATTORNEY HAS READ AND EXPLAINED TO ME THE TERMS OF THE STIPULATION AND THIS ADVISEMENT AND WAIVER OF RIGHTS, AND I UNDERSTAND THESE TERMS.</p> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

☐ I have read and understand the *Advisement and Waiver of Rights for Stipulation*; or

☐ Attached is a translation of this *Advisement and Waiver of Rights for Stipulation* in (specify language):

☐ I understand the translation.

Date:

Date:

 (TYPE OR PRINT NAME)

 (PARTY'S SIGNATURE)

 (TYPE OR PRINT NAME)

 (PARTY'S SIGNATURE)

DECLARATION OF PERSON PROVIDING INTERPRETATION/TRANSLATION: The party/parties indicated below is/are unable to read or understand this *Stipulation for Judgment or Supplemental Judgment Regarding Parental Obligations and Judgment* because

☐ (Insert name): _____'s primary language is (specify): _____

☐ (Insert name): _____'s primary language is (specify): _____

and he or she ☐ has ☐ has not read the form stipulation translated into this language.

and he or she ☐ has ☐ has not read the form stipulation translated into this language.

I certify under penalty of perjury under the laws of the State of California that I am competent to interpret or translate in the primary language indicated above and that I have, to the best of my ability, read to, interpreted for, or translated for the above-named party the *Stipulation for Judgment or Supplemental Judgment Regarding Parental Obligations and Judgment* in the party's primary language. The above-named party said he or she understood the terms of this *Stipulation for Judgment or Supplemental Judgment Regarding Parental Obligations and Judgment* before signing it.

Date:

Date:

 (TYPE OR PRINT NAME)

 (SIGNATURE)

 (TYPE OR PRINT NAME)

 (SIGNATURE)

GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406): TELEPHONE NO.: _____ FAX NO.: _____ E-MAIL ADDRESS: _____ ATTORNEY FOR (name): _____	FOR COURT USE ONLY DRAFT NOT APPROVED BY THE JUDICIAL COUNCIL
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	
STIPULATION AND ORDER	CASE NUMBER:

1. This matter proceeded as follows:

- a. ☐ By written stipulation without court appearance.
- b. ☐ By court hearing, appearances as follows:
- (1) Date: _____ Dept: _____ Judicial Officer: _____
- (2) ☐ Petitioner/plaintiff present ☐ Attorney present (name): _____
- (3) ☐ Respondent/defendant present ☐ Attorney present (name): _____
- (4) ☐ Other parent/party present ☐ Attorney present (name): _____
- (5) Local child support agency (Family Code, §§ 17400, 17406) by (name): _____
- (6) ☐ Other (specify): _____

c. The parent ordered to pay support is the ☐ petitioner/plaintiff ☐ respondent/defendant ☐ other parent/party.

2. ☐ This order is based on the attached documents (specify): _____

3. The parties agree that

- a. All orders previously made in this action remain in full force and effect except as specifically modified below.
- b. The amount of support payable by the parent ordered to pay support as calculated under the guideline is: \$ _____ per month.

☐ We agree to guideline support.

☐ The guideline amount should be rebutted because of the following:

- (1) ☐ We have been fully informed of the guideline amount of support; we agree voluntarily to child support of: \$ _____ per month; the agreement is in the best interest of the children; the needs of the children will be met adequately by the agreed amount; the children are not receiving public assistance; no application for public assistance is pending; and application of the guideline would be unjust and inappropriate in this case. We understand that if the order is below the guideline, no change of circumstances need be shown for the court to raise this order to the guideline amount. If the order is above the guideline, a change of circumstances will be required to modify this order.
- (2) ☐ Other rebutting factors (specify): _____

- c. ☐ The attached computer printout shows the parents' incomes and percentage of time each parent spends with the children. The printout, which shows the calculation of child support payable, will become the court's findings.

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

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	CASE NUMBER:
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3. d. ☐ The parent ordered to pay support must pay current child support as follows:

<u>Name of child</u>	<u>Date of birth</u>	<u>Monthly support amount</u>
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- (1) ☐ Mandatory additional child support.
- (a) The parent ordered to pay support must pay additional monthly support for reasonable child-care costs, as follows:
- one-half or ☐ % or ☐ (specify amount): \$ per month of the costs.
- Payments must be made to the ☐ other parent ☐ State Disbursement Unit ☐ child-care provider.
- (b) The parent ordered to pay support must pay reasonable uninsured health-care costs for the children, as follows:
- one-half or ☐ % or ☐ (specify amount): \$ per month of the costs.
- Payments must be made to the ☐ other parent ☐ State Disbursement Unit ☐ health-care provider.
- (2) ☐ Other (specify):

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

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



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

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	CASE NUMBER:
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3. f. ☐ The parent ordered to pay support owes support arrears as follows, as of (date):
- (1) ☐ Child support: \$ ☐ Spousal support: \$ ☐ Family support: \$
 - (2) ☐ Interest is not included and is not waived.
 - (3) ☐ Payable: \$ on the: day of each month beginning (date):
 - (4) ☐ Interest accrues on the entire principal balance owing and not on each installment as it becomes due.
- g. No provision of this judgment may operate to limit any right to collect the principal (total amount of unpaid support) or to charge and collect interest and penalties as allowed by law. All payments ordered are subject to modification.
- h. All payments, unless specified in item 3d(1) above, must be made to the State Disbursement Unit at the address listed below (specify address):
- i. **An Income Withholding for Support (form FL-195/OMB No. 0970-0154) will issue.**
- j. 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.
- k. If "The parent ordered to pay support" box is checked in item 3e, a health insurance coverage assignment must issue.
- l. The parents must notify the local child support agency in writing within 10 days of any change in residence or employment.
- m. The *Notice of Rights and Responsibilities (Health-Care Costs and Reimbursement Procedures)* and *Information Sheet on Changing a Child Support Order* (form FL-192) is attached.
- n. ☐ The following person (the "other parent/party") is added as a party to this action (name):
- o. ☐ Other (specify):

Date: <hr style="border: 0; border-top: 1px solid black;"/> (TYPE OR PRINT NAME)		<hr style="border: 0; border-top: 1px solid black;"/> (SIGNATURE OF ATTORNEY FOR LOCAL CHILD SUPPORT AGENCY)
Date: <hr style="border: 0; border-top: 1px solid black;"/> (TYPE OR PRINT NAME)		<hr style="border: 0; border-top: 1px solid black;"/> (SIGNATURE OF PETITIONER)
Date: <hr style="border: 0; border-top: 1px solid black;"/> (TYPE OR PRINT NAME)		<hr style="border: 0; border-top: 1px solid black;"/> (SIGNATURE OF ATTORNEY FOR PETITIONER)
Date: <hr style="border: 0; border-top: 1px solid black;"/> (TYPE OR PRINT NAME)		<hr style="border: 0; border-top: 1px solid black;"/> (SIGNATURE OF RESPONDENT)
Date: <hr style="border: 0; border-top: 1px solid black;"/> (TYPE OR PRINT NAME)		<hr style="border: 0; border-top: 1px solid black;"/> (SIGNATURE OF ATTORNEY FOR RESPONDENT)

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	CASE NUMBER:
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Date: _____ _____ (TYPE OR PRINT NAME)	 _____ (SIGNATURE OF OTHER PARENT)
Date: _____ _____ (TYPE OR PRINT NAME)	 _____ (SIGNATURE OF ATTORNEY FOR OTHER PARENT)

ORDER



4. THE COURT SO ORDERS.

Date: _____ Number of pages attached: _____	_____ JUDICIAL OFFICER <input type="checkbox"/> SIGNATURE FOLLOWS LAST ATTACHMENT
------------------------------------------------	-----------------------------------------------------------------------------------------

DECLARATION OF PERSON PROVIDING INTERPRETATION/TRANSLATION: The party/parties indicated below is/are unable to read or understand this *Stipulation and Order* because

<input type="checkbox"/> (Insert name) 's primary language is (<i>specify</i>): and he or she <input type="checkbox"/> has <input type="checkbox"/> has not read the form stipulation translated into this language.	<input type="checkbox"/> (Insert name) 's primary language is (<i>specify</i>): and he or she <input type="checkbox"/> has <input type="checkbox"/> has not read the form stipulation translated into this language.
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

I certify under penalty of perjury under the laws of the State of California that I am competent to interpret or translate in the primary language indicated above and that I have, to the best of my ability, read to, interpreted for, or translated for the above-named party the *Stipulation and Order* in the party's primary language. The above-named party said he or she understood the terms of this *Stipulation and Order* before signing it.

Date: _____ _____ (TYPE OR PRINT NAME)  _____ (SIGNATURE)	Date: _____ _____ (TYPE OR PRINT NAME)  _____ (SIGNATURE)
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GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406): TELEPHONE NO.: _____ FAX NO.: _____ E-MAIL ADDRESS: _____ ATTORNEY FOR (name): _____	FOR COURT USE ONLY DRAFT NOT APPROVED BY THE JUDICIAL COUNCIL
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	CASE NUMBER: _____
PETITIONER/PLAINTIFF: _____ RESPONDENT/DEFENDANT: _____ OTHER PARENT/PARTY: _____	
JUDGMENT REGARDING PARENTAL OBLIGATIONS <input type="checkbox"/> _____ AMENDED <input type="checkbox"/> _____ SUPPLEMENTAL	

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

THE COURT ORDERS

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

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

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

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

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

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

- d. ☐ The parent ordered to pay support must pay child support for the past periods and in the amounts set forth below:
- | Name of child | Date of birth | Period of support | Amount |
|---------------|---------------|-------------------|--------|
|---------------|---------------|-------------------|--------|

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARENT:	CASE NUMBER:
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6. d. (1) ☐ Other (specify):

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

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

e. If this is a judgment on a *Supplemental Complaint*, it does not modify or supersede any prior judgment or order for support or arrearage, unless specifically provided.

f. No provision of this judgment can operate to limit any right to collect the principal (total amount of unpaid support) or to charge and collect interest and penalties as allowed by law. All payments ordered are subject to modification.

g. All payments, unless specified in item 6b(1) above, must be made to the State Disbursement Unit at the address listed below (specify address):

h. **An earnings assignment order is issued.**

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

j. If "The parent ordered to pay support" box is checked in item 6c, a health insurance coverage assignment must issue.

k. The parents must notify the local child support agency in writing within 10 days of any change in residence or employment.

l. The form *Notice of Rights and Responsibilities (Health-Care Costs and Reimbursement Procedures)* and *Information Sheet on Changing a Child Support Order* (form FL-192) is attached.

m. ☐ The following person (the "other parent/party") is added as a party to this action (name):

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

Date: _____

Number of pages attached: _____

Approved as conforming to court order.

Date: _____

(SIGNATURE OF ATTORNEY FOR THE PARENT ORDERED TO PAY SUPPORT)

JUDICIAL OFFICER

☐ SIGNATURE FOLLOWS LAST ATTACHMENT

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO.: _____ E-MAIL ADDRESS: _____ ATTORNEY FOR (name): _____	FOR COURT USE ONLY DRAFT NOT APPROVED BY THE JUDICIAL COUNCIL
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	CASE NUMBER:
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	
FINDINGS AND RECOMMENDATION OF COMMISSIONER	

1. Name (specify): _____ objected to Commissioner (name): _____
 hearing this matter as a temporary judge.
2. **THIS MATTER PROCEEDED AS FOLLOWS**
 - a. ☐ By court hearing, appearances as follows:
 (1) Date: _____ Dept.: _____ Judicial officer: _____
 (2) ☐ Petitioner/plaintiff present ☐ Attorney present (name): _____
 (3) ☐ Respondent/defendant present ☐ Attorney present (name): _____
 (4) ☐ Other parent/party present ☐ Attorney present (name): _____
 (5) Local child support agency attorney (Family Code, §§ 17400, 17406) by (name): _____
 (6) ☐ Other (specify): _____
 - b. The parent ordered to pay support is the ☐ petitioner/plaintiff ☐ respondent/defendant ☐ other parent/party.
3. ☐ Attached is a computer printout showing the parents' income and percentage of time each parent spends with the child(ren).
 The printout, which shows the calculation of child support payable, will become the court's findings.
4. ☐ This recommended order is based on the attached documents (specify): _____

5. **THE COMMISSIONER RECOMMENDS THE FOLLOWING**

- a. All orders previously made in this action remain in full force and effect except as modified below.
- b. (Name of parent): ☐ mother ☐ father
 (Name of parent): ☐ mother ☐ father
 are the parents of the children listed below.
- c. The parent ordered to pay support must pay current child support as follows:

<u>Name of child</u>	<u>Date of birth</u>	<u>Monthly support amount</u>
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- (1) ☐ Mandatory additional child support
 - (a) The parent ordered to pay support must pay additional monthly support for reasonable child-care costs, as follows:
☐ one-half or ☐ % or ☐ (specify amount): \$ _____ per month of the costs.
 Payments must be made to the ☐ other parent ☐ State Disbursement Unit ☐ child-care provider.
 - (b) The parent ordered to pay support must pay reasonable uninsured health-care costs for the children, as follows:
☐ one-half or ☐ % or ☐ (specify amount): \$ _____ per month of the costs.
 Payments must be made to the ☐ other parent ☐ State Disbursement Unit ☐ health-care provider.

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

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	CASE NUMBER:
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5. c. (2) ☐ Other (specify):

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

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

(5) Any support ordered will continue until further order of court, unless terminated by operation of law.

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

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

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

Name of child	Date of birth	Period of support	Amount

(1) ☐ Other (specify):

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

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

f. ☐ The parent ordered to pay support owes support arrears as follows, as of (date):

(1) ☐ Child support: \$ ☐ Spousal support: \$ ☐ Family support: \$

(2) ☐ Interest is not included and is not waived.

(3) ☐ Payable: \$ on the: day of each month
beginning (date):

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

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	CASE NUMBER:
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- 5. g. No provision of this judgment/order may operate to limit any right to collect the principal (total amount of unpaid support) or to charge and collect interest and penalties as allowed by law. All payments ordered are subject to modification.
- h. All payments, unless specified in item 5c(1) above, must be made to the State Disbursement Unit at the address listed below (*specify address*):
- i. **An earnings assignment order is issued.**
- j. 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.
- k. If "The parent ordered to pay support" box is checked in item 5d, a health insurance coverage assignment must issue.
- l. The parents must notify the local child support agency in writing within 10 days of any change in residence or employment.
- m. 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.
- n. ☐ The following person (the "other parent/party") is added as a party to this action (*name*):
- o. ☐ The court further recommends (*specify*):

Date:

Number of pages attached: _____

 COMMISSIONER
☐ SIGNATURE FOLLOWS LAST ATTACHMENT

CLERK'S CERTIFICATE OF MAILING OR SERVICE

I certify that I am not a party to this cause and that

- 1. ☐ **Personal service.** A true copy of this *Findings and Recommendation of Commissioner* was handed to the ☐ petitioner/plaintiff ☐ respondent/defendant ☐ other parent/party at the hearing of this matter before the commissioner.
- 2. ☐ **Mail.** A true copy of this *Findings and Recommendation of Commissioner* was mailed first class, postage fully prepaid, in a sealed envelope addressed as shown below, and that the request was mailed
 at (*place*): _____ California,
 on (*date*): _____

Date: _____ Clerk, by _____, Deputy

☐ ☐ ☐ ☐
☐ ☐ ☐ ☐
☐ ☐ ☐ ☐
☐ ☐ ☐ ☐

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO.: _____ E-MAIL ADDRESS: _____ ATTORNEY FOR (name): _____	FOR COURT USE ONLY DRAFT NOT APPROVED BY THE JUDICIAL COUNCIL
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	
REQUEST FOR <input type="checkbox"/> DETERMINATION OF SUPPORT ARREARS <input type="checkbox"/> ADJUSTMENT OF CHILD SUPPORT ARREARS DUE TO INCARCERATION OR INVOLUNTARY INSTITUTIONALIZATION	CASE NUMBER:

NOTICE OF HEARING

1. A hearing on this application will be held as follows (see instructions on how to get a hearing date):

a. Date:	Time:	<input type="checkbox"/> Dept.:	<input type="checkbox"/> Div.:	<input type="checkbox"/> Room:
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b. Address of court: ☐ same as noted above ☐ other (specify):

2. The local child support agency is providing support enforcement services in this case.

3. ☐ **DETERMINATION OF SUPPORT ARREARS**

- a. The local child support agency states that past due support payments (arrears) are owed, as shown in the attached document.
- b. I disagree with the local child support agency's statement, and I request the court to make a determination of arrears.
I am attaching my statement of the arrears, which includes a monthly breakdown of amounts ordered and amounts paid.

4. ☐ **ADJUSTMENT OF CHILD SUPPORT ARREARS DUE TO INCARCERATION OR INVOLUNTARY INSTITUTIONALIZATION**

- a. I was incarcerated or involuntarily institutionalized for the following periods of time for more than 90 days in a row during which I did not have the financial ability to pay child support. (Attach any proof of your incarceration or involuntary institutionalization):
 - (1) Date(s) incarceration or involuntary institutionalization started:
 - (2) Date(s) of release:
- b. The reason that I was incarcerated or involuntarily institutionalized was not because I didn't pay the child support owed or because I committed domestic violence against the supported person or child.
- c. My child support order was made or changed on or after October 8, 2015.

5. ☐ Other (specify):

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

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	CASE NUMBER:
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☐ Number of pages attached: _____

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

Date:

(TYPE OR PRINT NAME)		(SIGNATURE)
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An adult *other than you* must complete the Proof of Service below.

PROOF OF SERVICE

1. At the time of service I was at least 18 years of age and not a party to the legal action.
2. My residence or business address is (*specify*):

3. I served a copy of the foregoing *Request for Determination of Support Arrears or Adjustment of Child Support Arrears Due to Incarceration or Involuntary Institutionalization* (form FL-676) and all attachments as follows (*check either a, b, or c for each party served*):
 - a. ☐ **Personal delivery.** I personally delivered a copy and all attachments as follows:

(1) <input type="checkbox"/> Name of party or attorney served:	(2) <input type="checkbox"/> Name of local child support agency served:
(a) Address where delivered:	(a) Address where delivered:
(b) Date delivered:	(b) Date delivered:
(c) Time delivered:	(c) Time delivered:
 - b. ☐ **Mail.** I am a resident of or employed in the county where the mailing occurred. I deposited this request with the U.S. Postal Service in a sealed envelope with postage fully prepaid. I used first-class mail. The envelope was addressed and mailed as follows:

(1) <input type="checkbox"/> Name of party or attorney served:	(2) <input type="checkbox"/> Name of local child support agency served:
(a) Address:	(a) Address:
(b) Date mailed:	(b) Date mailed:
(c) Place of mailing (<i>city and state</i>):	(c) Place of mailing (<i>city and state</i>):
 - (3) I served this motion/request, which included an address verification declaration (*Declaration Regarding Address Verification—Postjudgment Request to Modify a Child Custody, Visitation, or Child Support Order* (form FL-334) may be used for this purpose).

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

Date:

(TYPE OR PRINT NAME)		(SIGNATURE OF PERSON WHO SERVED REQUEST)
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INFORMATION SHEET: REQUEST FOR DETERMINATION OF SUPPORT ARREARS OR ADJUSTMENT OF CHILD SUPPORT ARREARS DUE TO INCARCERATION OR INVOLUNTARY INSTITUTIONALIZATION

Please follow these instructions to complete a *Request for Determination of Support Arrears or Adjustment of Child Support Arrears Due to Incarceration or Involuntary Institutionalization* (form FL-676). If you need free help completing form FL-676, you can contact the Family Law Facilitator's Office in your county. For more information on finding a family law facilitator, see the California Courts Online Self-Help Center at www.courts.ca.gov/selfhelp.

Form FL-676 should be used only if you disagree with the past due support payments (arrears) that the local child support agency says are owed or if an adjustment of child support arrears due to incarceration or institutionalization is needed and you cannot reach an agreement with the local child support agency. Child support includes the basic amount plus any additional amounts for child care costs related to employment, or training needed to get job skills and reasonable uninsured health care costs for the children. Form FL-676 cannot be used if you want to change your child support order.

When you have completed form FL-676, file the original and attachments with the court clerk. The court clerk's address is listed in the telephone directory under "County Government Offices" or online at www.courts.ca.gov/courts/find.htm. Keep three copies of the filed form and its attachments. Serve one copy on the local child support agency, one copy on the other parent, and keep the other for your records. (See *Information Sheet for Service of Process* (form FL-611).)

INSTRUCTIONS FOR COMPLETING FORM FL-676 (TYPE OR PRINT IN BLACK INK):

Front page, first box, top of form, left side: Print your name, address, and telephone number in this box.

Front page, second box, left side: Print your county's name and the court's address in the box. Use the same address for the court that is on your most recent support order or judgment. If you do not have a copy of your most recent support order or judgment, you can get one from either the court clerk or the local child support agency.

Front page, third box, left side: Print the names of the Petitioner/Plaintiff, Respondent/Defendant, and Other Parent/Party in this box. Use the same names listed in your most recent support order or judgment. If no name is listed for the Other Parent/Parent, leave that line blank.

Front page, first box, top of form, right side: Leave this box blank for the court's use.

Front page, second box, right side: Print your case number in this box. This number is also listed on your most recent support order or judgment.

Front page, fourth box, left side: Check the box to indicate whether you are asking for a determination of support arrears or adjustment of child support arrears due to incarceration or involuntary institutionalization. Check both boxes if you are asking for both a determination of arrears and an adjustment of child support arrears.

- 1.a.–b You must contact the court clerk's office and ask that a hearing date be set for this motion. The court clerk will give you the information you need to complete this section.
2. This section states that the local child support agency is handling your support case.
3. Check the box if you do not agree with the local child support agency's statement of past due support payments (arrears) and want the court to make a final determination.
- 3a. **This section requires you to attach the statement or other document from the local child support agency that tells the amount of support arrears owed.**
- 3b. **This section requires you to attach your own statement of the amount of support arrears owed.** Your statement must show a monthly breakdown of the amount of support ordered and the amount paid each month. You may use *Declaration of Payment History* (form FL-420) and *Payment History Attachment* (form FL-421) to complete your statement of arrears.
4. **Check if this applies.** Attach or bring to the court hearing proof of the dates of incarceration or involuntary institutionalization. If you have any evidence or documentation that you had no income or assets, in addition to your sworn statement on the form, please bring that to court with you.

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

Top of second page, box on left side: Print the names of Petitioner/Plaintiff, Respondent/Defendant, and Other Parent/Party in this box. Use the same names listed on the front page.

Top of second page, box on right side: Print your case number in this box. Use the same number as the one on the front page. Instructions for how to complete the Proof of Service section of the *Request* form are in the *Information Sheet for Service of Process* (form FL-611). The person who serves the request and its attachments must fill out this section of the form. **You cannot serve your own form FL-676.**

GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406): OR ATTORNEY OR PARTY WITHOUT ATTORNEY (name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO.: _____ E-MAIL ADDRESS: _____ ATTORNEY FOR (name): _____	FOR COURT USE ONLY <div style="font-size: 1.5em; font-weight: bold; margin: 10px 0;">DRAFT</div> <div style="font-weight: bold; margin: 10px 0;">NOT APPROVED BY THE JUDICIAL COUNCIL</div>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	
ORDER AFTER HEARING	CASE NUMBER:

1. **This matter proceeded as follows:** ☐ Uncontested ☐ By stipulation ☐ Contested
- a. Date: _____ Dept.: _____ Judicial officer: _____
- b. ☐ Petitioner/plaintiff present ☐ Attorney present (name): _____
- c. ☐ Respondent/defendant present ☐ Attorney present (name): _____
- d. ☐ Other parent/party present ☐ Attorney present (name): _____
- e. Local child support agency attorney (Family Code, §§ 17400, 17406) by (name): _____
- f. ☐ Other (specify): _____
- g. The parent ordered to pay support is the ☐ petitioner/plaintiff ☐ respondent/defendant ☐ other parent/party.
2. ☐ Attached is a computer printout showing the parents' income and percentage of time each parent spends with the children. The printout, which shows the calculation of child support payable, will become the court's findings.
3. ☐ This order is based on the attached documents (specify): _____

THE COURT ORDERS

4. a. All orders previously made in this action remain in full force and effect except as specifically modified below.
- b. The parent ordered to pay support is the parent of and must pay current child support for the following children:
- | Name of child | Date of birth | Monthly support amount |
|---------------|---------------|------------------------|
|---------------|---------------|------------------------|

- (1) ☐ Mandatory additional child support.
- (a) The parent ordered to pay support must pay additional monthly support for reasonable child-care costs, as follows:
- one-half or ☐ % or ☐ (specify amount): \$ _____ per month of the costs.
- Payments must be made to the ☐ other parent ☐ State Disbursement Unit ☐ child-care provider.
- (b) The parent ordered to pay support must pay reasonable uninsured health-care costs for the children, as follows:
- one-half or ☐ % or ☐ (specify amount): \$ _____ per month of the costs.
- Payments must be made to the ☐ other parent ☐ State Disbursement Unit ☐ health-care provider.

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

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	CASE NUMBER:
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4. b. (2) ☐ Other (*specify*):

(3) ☐ For a total of: \$ payable on the: day of each month
beginning (*date*):

(4) ☐ The low-income adjustment applies.
☐ The low-income adjustment does not apply because (*specify reasons*):

(5) Any support ordered will continue until further order of court, unless terminated by operation of law.

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

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

d. ☐ The parent ordered to pay support owes support arrears as follows, as of (*date*):

(1) ☐ Child support: \$ ☐ Spousal support: \$ ☐ Family support: \$

(2) ☐ Interest is not included and is not waived.

(3) ☐ Payable: \$ on the: day of each month
beginning (*date*):

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

e. No provision of this order may operate to limit any right to collect the principal (total amount of unpaid support) or to charge and collect interest and penalties as allowed by law. All payments ordered are subject to modification.

f. All payments, unless specified in item 4b(1) above, must be made to the State Disbursement Unit at the address listed below (*specify address*):

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	CASE NUMBER:
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4. g. **An earnings assignment order is issued.**

- h. 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.
- i. If "The parent ordered to pay support" box is checked in item 4c, a health insurance coverage assignment must issue.
- j. The parents must notify the local child support agency in writing within 10 days of any change in residence or employment.
- k. 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.
- l. ☐ The following person (the "other parent/party") is added as a party to this action (*name*):
- m. ☐ The court further orders (*specify*):

Date:

JUDICIAL OFFICER

Number of pages attached: _____

☐ SIGNATURE FOLLOWS LAST ATTACHMENT

Approved as conforming to court order.

Date:



(SIGNATURE OF ATTORNEY FOR THE PARENT ORDERED TO PAY SUPPORT)

GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406): <hr/> TELEPHONE NO.: _____ FAX NO.: _____ E-MAIL ADDRESS: _____ ATTORNEY FOR (name): _____	FOR COURT USE ONLY <div style="font-size: 1.2em; font-weight: bold; margin: 10px 0;">DRAFT</div> <div style="font-weight: bold; margin: 10px 0;">NOT APPROVED BY THE JUDICIAL COUNCIL</div>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	CASE NUMBER: _____
PETITIONER/PLAINTIFF: _____ RESPONDENT/DEFENDANT: _____ OTHER PARENT/PARTY: _____	
SHORT FORM ORDER AFTER HEARING	

1. **This matter proceeded as follows:** ☐ Uncontested ☐ By stipulation ☐ Contested

- a. Date: _____ Dept: _____ Judicial Officer: _____
- b. ☐ Petitioner/plaintiff present ☐ Attorney present (name): _____
- c. ☐ Respondent/defendant present ☐ Attorney present (name): _____
- d. ☐ Other parent/party present ☐ Attorney present (name): _____
- e. Attorney for local child support agency present under Family Code sections 17400 and 17406 by (name): _____
- f. ☐ Other (specify): _____

2. **THE COURT FINDS**, based upon the moving papers:

- a. (Name): _____ is the parent ordered to pay support in this proceeding.
- b. ☐ The parent ordered to pay support has no ability to pay support because (specify): _____
- c. ☐ Health insurance coverage at no or reasonable cost is currently not available to the parent ordered to pay support to cover the minor children in this action.

3. **THE COURT ORDERS**

- a. All orders previously made in this action will remain in full force and effect except as specifically modified below.
- b. ☐ This matter is continued to: _____ in Dept.: _____ for the following purposes only:
- c. ☐ The parent ordered to pay support is ordered to appear on the continuance date.
- d. ☐ Current child support is modified to: \$ _____ per month beginning (date): _____
- e. ☐ The court retains jurisdiction to order support retroactive to:
- (1) ☐ (Specify date): _____
 - (2) ☐ The date the parent ordered to pay support becomes employed or otherwise has the ability to pay support.
 - (3) ☐ The date the parent ordered to pay support abandons or separates from the children at issue in this case.
- f. ☐ Any order to liquidate the support arrearage is suspended until further order of this court.
- g. 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.
- h. When a person who has been ordered to pay child support is in jail or prison or is involuntarily institutionalized for any period of more than 90 days in a row, the child support order is temporarily stopped. However, the child support order will not be stopped if the person who owes support has the financial ability to pay that support while in jail, prison, or an institution. It will also not be stopped if the reason the person is in jail, prison, or an institution is because the person didn't pay court ordered child support or committed domestic violence against the supported person or child. The child support order starts again on the first day of the month after the person is released from jail, prison, or an institution.

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	CASE NUMBER:
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3. i. The parents must notify the local child support agency in writing within 10 days of any change in residence or employment.
- j. ☐ The parent ordered to pay support is ordered to obtain health insurance coverage for the children in this action if it becomes available at no or reasonable cost. The party 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.
- k. ☐ Other (*specify*):

4. Number of pages attached: _____

Approved as conforming to court order.

Date:



(SIGNATURE OF ATTORNEY FOR THE PARENT ORDERED TO PAY SUPPORT)

Date:

JUDICIAL OFFICER

SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	FOR COURT USE ONLY <div style="font-size: 1.2em; font-weight: bold; margin: 10px 0;">DRAFT</div> <div style="font-weight: bold; margin: 10px 0;">NOT APPROVED BY THE JUDICIAL COUNCIL</div>
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	CASE NUMBER:
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> MINUTES </div> <div> <input type="checkbox"/> ORDER </div> <div> <input type="checkbox"/> JUDGMENT </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input type="checkbox"/> RECOMMENDED ORDER </div> </div>	

This form may be used for preparation of court minutes and/or as an alternative to form FL-615, FL-625, FL-630, FL-665, or FL-687. If this form is prepared as both court minutes and an alternative to one of these forms, then the parties do not need to prepare any additional form of order.

1. **This matter proceeded as follows:** ☐ Uncontested ☐ By stipulation ☐ Contested
 - a. Date: _____ Time: _____ Department: _____
 - b. Judicial officer (*name*): _____ ☐ Judge pro Tempore ☐ Commissioner
 Court reporter (*name*): _____
 Court clerk (*name*): _____ Bailiff (*name*): _____
 - c. ☐ Interpreter(s) present (*name*): _____
 for (*name*): _____ (specify language): _____
 - d. ☐ Petitioner/plaintiff present ☐ Attorney present (*name*): _____
 - e. ☐ Respondent/defendant present ☐ Attorney present (*name*): _____
 - f. ☐ Other parent/party present ☐ Attorney present (*name*): _____
 - g. Attorney for local child support agency (*name*): _____
 - h. The parent ordered to pay support for purposes of this order is the ☐ petitioner/plaintiff ☐ respondent/defendant
 ☐ other parent/party present
 - i. ☐ Other (*specify*): _____
 2. ☐ This is a recommended order/judgment based on the objection of (*specify name*): _____
 3.
 - a. ☐ This matter is taken off calendar.
 - b. ☐ This entire matter is denied ☐ with ☐ without prejudice.
 - c. ☐ This matter is continued at the request of the ☐ local child support agency ☐ petitioner/plaintiff
 ☐ respondent/defendant ☐ other parent/party to
 Date: _____ Time: _____ Department: _____
 (*specific issues*): _____
 ☐ Petitioner/plaintiff ☐ Respondent/defendant ☐ Other parent/party is ordered to appear at that date and time.
 - d. ☐ The court takes the following matters under submission (*specify*): _____
 4. ☐ **Order of examination**
 The ☐ petitioner/plaintiff ☐ respondent/defendant ☐ other (*specify*): _____
 was sworn and examined.
☐ Examination was held outside of court.
 5. **Referrals**
 - a. ☐ The parties are referred to family court services or mediation.
 - b. ☐ Petitioner/plaintiff ☐ Respondent/defendant ☐ Other parent/party is referred to the family law facilitator.
 - c. ☐ Other (*specify*): _____
- THE COURT FINDS**
6. ☐ Petitioner/plaintiff ☐ Respondent/defendant ☐ Other parent/party ☐ was ☐ was not served regarding this matter.
 7. ☐ Petitioner/plaintiff ☐ Respondent/defendant ☐ Other parent/party ☐ admits ☐ denies parentage.
 8. ☐ The parents of the children named below in item 14a are (*specify names*): _____

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	CASE NUMBER:
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9. ☐ Petitioner/plaintiff ☐ Respondent/defendant ☐ Other parent/party has read, understands, and has signed the *Advisement and Waiver of Rights for Stipulation (Governmental)* (form FL-694). He or she gives up those rights and freely agrees that a judgment may be entered in accordance with these findings.
10. a. Guideline support amount: \$
- b. This order ☐ is ☐ is not based on the guideline.
- c. ☐ The attached *Guideline Findings Attachment (Governmental)* (form FL-693) is incorporated into these findings.
- d. ☐ A printout, which shows the calculation of child support payable, is attached and must become the court's findings.
- e. ☐ The child support agreed to by the parents is ☐ below ☐ above the statewide child support guideline.
- 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. The order is in the best interest of the children. If the order is below the guideline, no change of circumstance will be required for the court to modify this order. If the order is above the guideline, a change of circumstance will be required for the court to modify this order.
- f. ☐ The low-income adjustment applies.
- ☐ The low-income adjustment does not apply because (*specify reasons*): _____
11. ☐ Arrearages from (*specify date*): _____ through (*specify date*): _____
- are: \$ _____ ☐ including interest ☐ interest not computed and not waived.

THE COURT ORDERS

12. All orders previously made in this action must remain in full force and effect except as specifically modified below.
13. ☐ Genetic testing must be coordinated by the local child support agency.
- a. ☐ Respondent/defendant ☐ Petitioner/plaintiff ☐ Mother of the children
- ☐ Other (*specify*): _____
- and the minor children must each submit to genetic testing as directed by the local child support agency.
- b. ☐ The parent ordered to pay support must reimburse the local child support agency for genetic testing costs of: \$ _____
14. a. ☐ The parent ordered to pay support is the parent of the children listed below and must pay current child support for them.
- ☐ The court finds that there is sufficient evidence that the parent ordered to pay support is the parent of the children listed below and therefore there is sufficient evidence to enter a support order.
- | Name of child | Date of birth | Monthly basic support amount |
|---------------|---------------|------------------------------|
| | | |
| | | |
- ☐ Additional children are listed on an attached page.
- b. ☐ The parent ordered to pay support must pay additional support monthly for actual child-care costs of
- ☐ (*specify amount*): \$ _____ ☐ one-half ☐ (*specify percent*): _____ percent of said costs.
- Payments must be made to the ☐ State Disbursement Unit ☐ other party ☐ child-care provider.
- c. ☐ The parent ordered to pay support must pay reasonable uninsured health-care costs for the children of
- ☐ (*specify amount*): \$ _____ ☐ one-half ☐ (*specify percent*): _____ percent of said costs.
- Payments must be made to the ☐ State Disbursement Unit ☐ other party ☐ health-care provider.
- d. ☐ The parent ordered to pay support must pay additional support monthly for the following (*specify*):
- ☐ (*specify amount*): \$ _____ ☐ one-half ☐ (*specify percent*): _____ percent of said costs.
- Payments must be made to the ☐ State Disbursement Unit ☐ other party.
- e. ☐ Other (*specify*): _____

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

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

14. f. ☐ For a total of: \$ _____ payable on the: _____ day of each month
beginning (date): _____
- g. ☐ The low-income adjustment applies.
☐ The low-income adjustment does not apply because (specify reasons): _____
- h. Any support ordered will continue until further order of court, unless terminated by operation of law.
- i. When a person who has been ordered to pay child support is in jail or prison or is involuntarily institutionalized for any period of more than 90 days in a row, the child support order is temporarily stopped. However, the child support order will not be stopped if the person who owes support has the financial ability to pay that support while in jail, prison, or an institution. It will also not be stopped if the reason the person is in jail, prison, or an institution is because the person didn't pay court ordered child support or committed domestic violence against the supported person or child. The child support order starts again on the first day of the month after the person is released from jail, prison, or an institution.
15. ☐ The parent ordered to pay support ☐ The parent receiving support must (1) provide and maintain health insurance coverage for the children if available at no or reasonable cost and keep the local child support agency informed of the availability of the coverage (the cost is presumed to be reasonable if it does not exceed 5 percent of gross income to add a child); (2) if health insurance is not available, provide coverage when it becomes available; (3) within 20 days of the local child support agency's request, complete and return a health insurance form; (4) provide to the local child support agency all information and forms necessary to obtain health-care services for the children; (5) present any claim to secure payment or reimbursement to the other parent or caretaker who incurs costs for health-care services for the children; and (6) assign any rights to reimbursement to the other parent or caretaker who incurs costs for health-care services for the children. The parent ordered to provide health insurance must seek continuation of coverage for the child after the child attains the age when the child is no longer considered eligible for coverage as a dependent under the insurance contract, if the child is incapable of self-sustaining employment because of a physically or mentally disabling injury, illness, or condition and is chiefly dependent upon the parent providing health insurance for support and maintenance.
16. ☐ The parent ordered to pay support may claim the children for tax purposes as long as all child support payments are current as of the last day of the year for which the exemptions are claimed.
17. ☐ Petitioner/plaintiff ☐ Respondent/defendant ☐ Other parent/party must pay to ☐ petitioner/plaintiff
☐ respondent/defendant ☐ other parent/party
as ☐ spousal support ☐ family support \$ _____ per month, beginning (date): _____
☐ payable on the: _____ day of each month.
18. ☐ The parent ordered to pay support must pay child support for the following past periods and in the following amounts:
- | Name of child | Period of support | Amount |
|---------------|-------------------|--------|
| | | |
- a. ☐ Other (specify): _____
- b. ☐ For a total of: \$ _____ payable: \$ _____ on the: _____ day of each month
beginning (date): _____
- c. ☐ Interest accrues on the entire principal balance owing and not on each installment as it becomes due.
19. ☐ The parent ordered to pay support owes support arrears as follows, as of (date): _____
- a. ☐ Child support: \$ _____ ☐ Spousal support: \$ _____ ☐ Family support: \$ _____ ☐ Other: \$ _____
- b. ☐ Interest is not computed and is not waived.
- c. ☐ Payable: \$ _____ on the: _____ day of each month
beginning (date): _____
- d. ☐ Interest accrues on the entire principal balance owing and not on each installment as it becomes due.

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

☐ Signature follows last attachment.

Spring 16-16

Child Support: Statutory Relief for Incarcerated/Involuntarily Institutionalized Obligor

All comments are verbatim unless indicated by an asterisk (*).

	Commentator	Position	Comment	Committee Response
1.	California Department of Child Support Services by Alisha A. Griffin, Director	AM	<p>Thank you for the opportunity to provide input, express our ideas, experiences and concerns with the incarcerated and involuntarily institutionalized obligor proposal.</p> <p>The California Department of Child Support Services (DCSS) concurs information about recent statutory changes is needed and best explained in plain language. Our experience with families is that ready access to clear and understandable information is important. It allows all parents to make informed decisions and to understand what choices and situations may potentially impact them. As many families cannot afford legal representation, the information available on mandatory court forms continues to fill a growing need particularly for low and moderate income families.</p> <p>Overall, the proposed changes effectively address the legislation that added new Family Code section 4007.5. However, DCSS is concerned some case participants will still misunderstand the scope of the relief available to obligors under this new Family Code provision. Based on our experience, DCSS respectfully recommends additional changes be made for clarity as specifically set forth below.</p> <ul style="list-style-type: none">• SPR 16-16 Page 3--Standard Notice Language <p>When a person who has a duty to pay child support is in jail or prison, or is placed in an institution (a juvenile facility or a mental health</p>	<ul style="list-style-type: none">• No response necessary.• The committee accepts aspects of the suggestion and has incorporated some elements of the suggested “Standard Notice Language.” However, to enhance the brevity and clarity of the notice provision, the

Spring 16-16

Child Support: Statutory Relief for Incarcerated/Involuntarily Institutionalized Obligor

All comments are verbatim unless indicated by an asterisk (*).

	Commentator	Position	Comment	Committee Response
			<p>facility) against his or her will, and is held for more than 90 days in a row, the duty to make child support payments is (temporarily stopped automatically). The duty to pay child support will NOT be stopped if the person who owes support still has the financial ability to pay that support even while in jail, prison, or an institution. The duty also continues if the reason the person is in jail, prison, or an institution is because he or she didn't pay the child support owed, or committed domestic violence against the person who was to receive the child support or against the supported child. It does not stop interest on any arrears already owed from growing.</p> <p>Once a person who has to pay support is released from jail, prison, or the institution, the duty to pay child support starts again on the first day of the month after the person is released. The person must then begin to pay child support in the same amount as before he or she was in jail, prison, or an institution. This law that allows the duty to pay child support payments to be temporarily stopped automatically while a person is in jail, prison, or an institution applies ONLY to people who have a child support order that was made or changed, on or after October 8, 2015 for periods AFTER their order was made or changed.</p> <p>• SPR 16-16 Page 4--FL-676 Revisions</p> <p>Add subdivision (c), to read: "My child support</p>	<p>committee has revised the proposed language and has condensed the second paragraph to make it the last sentence in the recommended notice provision:</p> <p>"When a person who has been ordered to pay child support is in jail, prison or involuntarily institutionalized, for any period of more than 90 days in a row, the child support order is temporarily stopped. However, the child support order will not be stopped if the person who owes support has the financial ability to pay that support while in jail, prison or an institution. It will also not be stopped if the reason the person is in jail, prison or an institution is because the person didn't pay court ordered child support, or committed domestic violence against the supported person or child. The child support order starts again on the first day of the month after the person is released from jail, prison or an institution."</p> <p>• The committee accepts the plain language suggestions and has incorporated elements of the suggested language. The committee</p>

Spring 16-16

Child Support: Statutory Relief for Incarcerated/Involuntarily Institutionalized Obligor

All comments are verbatim unless indicated by an asterisk (*).

	Commentator	Position	Comment	Committee Response
			<p>order was made or changed by the court on or after October 8, 2015 and this dispute is about periods AFTER this order was made or changed.</p> <ul style="list-style-type: none"> • SPR 16-16 Page 5--FL-490 Revisions <p>Revise Item 3.c(3) to read: "My child support order was made or changed by the court on or after October 8, 2015 and this dispute is about periods AFTER this order was made or changed.</p> <p>Finally, DCSS agrees a specialized form for local child support agency use is not necessary. The existing FL-680, <i>Notice of Motion</i> (Governmental), can be used for this purpose.</p>	<p>declines to include language about orders made on or after October 8, 2015 as all orders will necessarily be after that date.</p> <ul style="list-style-type: none"> • The proposed language in FL-490 conveys the essential information; in the interest of brevity and clarity, the committee declines to add the suggested language. • No response necessary
2.	Child Support Directors Association Judicial Council Forms Committee by Ronald Ladage, Chair	AM	<p>With the passage and implementation of the new Family Code section 4700.5, effective October 8, 2015, a revision of Judicial Council forms is required. Generally, our committee recommends that the code section (Family Code section 4007.5) be cited every time the new language is used. We believe the term "juvenile facility" is too vague, and suggest using the language "involuntarily institutionalized as defined by the statute" instead. Below please find the proposed language along with a list of the forms that must be changed.</p> <p>I. Suggested language regarding Family Code section 4007.5 for all forms:</p> <p>"As provided in Family Code Section</p>	<ul style="list-style-type: none"> • The committee declines to include a reference to Family Code section 4007.5 each time the new statute's language is included on relevant forms because the reference does not contribute to the forms' clarity or brevity. • Family Code section 4007.5(e)(1) uses the term "juvenile facility" within the definition of "incarcerated or involuntarily institutionalized," and therefore the committee has included this term on the forms. • The committee accepts aspects of the suggestion to provide the notification in plain language and has incorporated the suggested language with minor revisions to enhance the

Spring 16-16

Child Support: Statutory Relief for Incarcerated/Involuntarily Institutionalized Obligor

All comments are verbatim unless indicated by an asterisk (*).

	Commentator	Position	Comment	Committee Response
			<p>4007.5, when a person who has an order to pay child support is in jail, prison or involuntarily institutionalized, for any period of more than 90 days in a row, the child support order is temporarily stopped. However, the child support order will not be stopped if the person who owes support has the financial ability to pay that support while in jail, prison or an institution. It will also not be stopped if the reason the person is in jail, prison or an institution is because the person didn't pay court ordered child support, or committed domestic violence against the person who was to receive the child support or against the supported child. The child support order starts again on the first day of the month after the person is released from jail, prison or an institution."</p> <p>II. Justification for the language changes made above:</p> <p>The CSDA Judicial Council Forms Committee agrees that it is necessary to include language to incorporate the changes made to Family Code section 4007.5. The forms identified and the placement of this language in the forms is appropriate; however, we suggest the language above be used on all the forms where the language has been identified as required.</p> <p>Although the language proposed by the JCC</p>	<p>brevity and clarity of the notice provision, as follows:</p> <p>"When a person who has been ordered to pay child support is in jail, prison or involuntarily institutionalized, for any period of more than 90 days in a row, the child support order is temporarily stopped. However, the child support order will not be stopped if the person who owes the support has the financial ability to pay that support while in jail, prison or an institution. It will also not be stopped if the reason the person is in jail, prison or an institution is because the person didn't pay court ordered child support, or committed domestic violence against the supported person or child. The child support order starts again on the first day of the month after the person is released from jail, prison or an institution."</p>

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			<p>is easy to understand, it takes up a substantial amount of space on each of the forms. We have found that litigants often do not read past the first few sentences in any provision. We understand your effort and the need to simplify to make the language as easy to understand as possible; however, being concise would benefit the self-represented litigants as well as having a positive fiscal impact by having to utilize less additional pages for each form. Specifically we recommend starting the provision with a reference to the statutory citation (“As provided in Family Code section 4007.5”) because it gives a reference for litigants to find specific provisions that cannot be included on every form such as the sunset date and the statutory definition of specified words (i.e. “incarcerated or involuntary institutionalized”).</p> <p>It also distinguishes this language from the standard prison orders some individual courts include on each child support order. It is a common, but not uniform practice, for individual courts to include “standard orders” that indicate the circumstances (for that particular county court only) in which the child support obligation is suspended in various circumstances (i.e. when the party is receiving public assistance). Indicating that this particular clause is pursuant to the statute as codified under Family Code section 4007.5 will limit the amount of</p>	<ul style="list-style-type: none">• The committee declines, in the interests of promoting plain language, brevity and shorter forms, to add citations to Family Code section 4007.5. The code section is included in the title and it seems unlikely that litigants who do not read past the first few sentences are likely to read the Family Code instead.

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		<p>disparate practices among each the courts in different counties and assist in uniform treatment of litigants in every court.</p> <p>The committee believes that “a duty to pay child support” and “a court order to pay child support” are distinguishable as every person has a duty to support their child. This code section suspends a child support order not the duty owed to a child. We believe the statutory language as set out by the legislature should be used when it is clear and easily understood.</p> <p>We suggest the last sentence be removed as this provision will only appear on orders issued or modified after October 8, 2015 at this point in time.</p> <p>III. The Committee suggests the following revisions to the Child Support: Statutory Relief for Incarcerated/Involuntarily Institutionalized Obligor forms:</p> <p>a. <u>Form FL-342, Child Support Information and Order Attachment</u></p> <p>We recommend the proposed language above (item I.) be used in the same space as indicated by the DRAFT form.</p> <p>b. <u>Form FL-343</u>: Commentary: was the decision to not make changes to the Form FL-343 a purposeful determination that the</p>	<p>The committee has incorporated the proposed change.</p> <p>The committee has made the recommended change.</p> <p>a. The committee has made the recommended change with modifications as noted above.</p> <p>b. Family Code section 4007.5 is not applicable to family support orders, and therefore revisions to FL-343 are not needed.</p>

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			<p>FC 4007.5 does not apply to Family Support orders?</p> <p>c. <u>Form FL-350, Stipulation to Establish or Modify Child Support Order</u></p> <p>We recommend the proposed language above (item I.) be used in the same space as indicated by the DRAFT form.</p> <p>d. <u>Form FL-530, Judgment Regarding Parental Obligations (UIFSA)</u></p> <p>We recommend the proposed language above (item I.) be used in the same space as indicated by the DRAFT form.</p> <p>e. <u>Form FL-615, Stipulation for Judgment or Supplemental Judgment Regarding Parental Obligations and Judgment (Governmental)</u></p> <p>We recommend the proposed language above (item I.) be used in the same space as indicated by the DRAFT form.</p> <p>f. <u>Form FL-625, Stipulation and Order (Governmental)</u></p> <p>We recommend the proposed language above (item I.) be used in the same space as indicated by the DRAFT form.</p> <p>g. <u>Form FL-630, Judgment Regarding</u></p>	<p>c. The committee has made the recommended change with modifications as noted above.</p> <p>d. The committee has made the proposed change with modifications as noted above.</p> <p>e. The committee has made the proposed change with modifications as noted above.</p> <p>f. The committee has made the proposed change with modifications as noted above.</p> <p>g. The committee has made the proposed change</p>

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		<p><u>Parental Obligations (Governmental)</u></p> <p>We recommend the proposed language above (item I.) be used in the same space as indicated by the DRAFT form.</p> <p>h. <u>Form FL-665, Findings and Recommendation of Commissioner (Governmental)</u></p> <p>We recommend the proposed language above (item I.) be used in the same space as indicated by the DRAFT form.</p> <p>i. <u>Form FL-490, Application to Determine Arrearages</u></p> <p>We suggest Item 3.c. state: “Suspended because of prison, jail or institutionalization (Family Code section 4007.5)”</p> <p>For Item 3.c.(1), we suggest the following language: Insert “in a row” after “90 days”</p> <p>Insert “the financial ability” where it states “the ability”</p> <p>Insert “pay child support” for “pay support”</p> <p>For Item 3.c.(2), we suggest the following : Do not capitalize “NOT” because we</p>	<p>with modifications as noted above.</p> <p>h. The committee has made the proposed change with modifications as noted above.</p> <p>i. The committee has incorporated the suggested additions, with minor revisions, into the recommended changes for form FL-490. It does not think that adding the code section assists in plain language understanding of the form.</p> <p>The committee has made the proposed changes.</p> <p>The committee has made the proposed changes.</p> <p>The committee has made the proposed changes.</p> <p>The committee has made the proposed changes.</p>

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		believe this is condescending and inconsistent with other forms	
		Remove the language “(juvenile facility or mental health facility)” as it is vague and overbroad. The reference to the statute is more appropriate to allow litigants to see the definition in the statute.	The committee declines to remove the language “(juvenile facility or mental health facility)” because Family Code section 4007.5(e)(1) uses these terms within the definition of “incarcerated or involuntarily institutionalized,” and the terms are not overly vague or overbroad
		Insert “court ordered child support” where it says “child support”	The committee has incorporated the proposed changes.
		j. <u>Form FL-687, Order After Hearing (Governmental)</u>	j. The committee has incorporated the proposed changes with modifications as noted above.
		We recommend the proposed language above (item I.) be used in the same space as indicated by the DRAFT form.	
		k. <u>Form FL-692, Minutes and Order or Judgment (Governmental)</u>	k. The committee has incorporated the proposed changes with modifications as noted above.
		We recommend the proposed language above (item I.) be used in the same space as indicated by the DRAFT form.	
		l. <u>Form FL-342, Child Support Information and Order Attachment</u>	l. The committee has incorporated the proposed changes with modifications as noted above.
		We recommend the proposed language above (item I.) be used in the same space as	

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		<p>indicated by the DRAFT form.</p> <p>m. <u>Form FL-688, Short Form Order After Hearing (Governmental)</u></p> <p>For Item h., we recommend the proposed language above (item I.) be used in the same space as indicated by the DRAFT form.</p> <p>For Item k., we suggest that the judicial officer signature line be moved to the bottom of the page and the most possible space be available for free form or written text under “Other”.</p> <p>n. <u>Form FL-676, Request for Determination of Support Arrears or Adjustment of Child Support Arrears Due to Incarceration or Involuntary Institutionalization</u></p> <p>We believe Item 4.a. and 4.b. should not have check boxes as they are not optional – both must be satisfied for relief. This will assist the self-represented litigants as well as the judicial officer.</p> <p>For Item 4.a., we suggest adding “in a row” after “90 days”</p> <p>For Item 4.a., we suggest using the words “financial ability,” rather than “means”</p> <p>For Item 4.b., “NOT” should not be capitalized (for the same reasons as above)</p>	<p>m. The committee has incorporated the proposed changes with modifications as noted above.</p> <p>n. The committee has incorporated the proposed changes.</p> <p>The committee has incorporated the proposed changes.</p> <p>The committee has incorporated the proposed changes.</p> <p>The committee has incorporated the proposed changes.</p> <p>The committee has incorporated the proposed changes.</p>

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			<p>For Item 4.a.(1), we suggest the same exact language as used on FL-490 Item 3.c.(1)(a) (with the changes suggested above) for consistency, since Family Code 4007.5 does not distinguish between governmental and non-governmental child support cases.</p> <p>o. <u>Form FL-676- INFO, Information Sheet for Request for Determination of Support Arrears or Adjustment of Child Support Arrears due to Incarceration or Involuntary Institutionalization</u></p> <p>We suggest removing the sentence that was added to the second paragraph (“Child support includes...”) in order to save space. The new language is incomplete and not necessary to complete this particular form.</p> <p>For Item 3., we suggest writing: “Check this box if you don’t agree with the local child support agency’s statement of arrears and want the Court to make a final determination of arrears.”</p> <p>For Item 4., we suggest changing the language from “Complete all that apply” to “Check if applies.” We also suggest removing “If you check the box in item 4(a),” (because there will not be a box to check pursuant to the above recommendation).</p>	<p>The committee has incorporated the proposed changes with minor revisions.</p> <p>The committee has retained the sentence, “Child support includes...,” because it provides obligors and obligees with relevant information regarding the different components that can be included in a child support order.</p> <p>The committee has incorporated the suggested changes, with minor revisions, into the recommended language</p> <p>The committee has incorporated the proposed changes.</p>

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			<p>IV. The Committee response to the specified JCC question as to whether JCC should develop a specific form for the LCSA's motion for a court determination on suspension of child support:</p> <p>a. This Committee recommends that the JCC not develop a specific form for the LCSA motion to determine a suspension of child support pursuant to Family Code Section 4007.5. The Committee recommends that LCSA's simply use the FL-680 Notice of Motion (Governmental). The pre-existing form can be universally used by all LCSA's and is already within the CSE system. Use of this form would be more efficient and cost effective than creating a brand new form with such limited use. Additionally, a new form would not be incorporated into the CSE system in time to be used for motions that may need to be filed, as the new statute has been in place for over 8 months now. It would be more efficient to simply allow LCSA's to continue to use the interim process that they have developed than have to change to use a more limited single scope form. Use of the pre-existing form will only require an additional attachment from the LCSA- and drafts of such attachment have already been created and distributed by this Committee for evaluation and optional use by LCSA's.</p>	<ul style="list-style-type: none">• No response necessary.
3.	Orange County Bar Association Todd G. Friedland, President	A	Does the proposal appropriately address the stated purpose? YES	<ul style="list-style-type: none">• No response necessary.

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			<p>Are the proposed revisions and effective way to address the legislation that added new Family Code Section 4007.5? YES</p> <p>Should the Judicial Council develop a specific form for the local child support agency's motion for a court determination on suspension of child support, or is form L-680, Notice of Motion (Governmental) sufficient for this purpose? YES. THERE ARE POTENTIAL CIRCUMSTANCES WHEN THE LCSA WILL NOT BE ENFORCING AND THE NON-GOVERNMENTAL FORMS WOULD BE USED.</p> <p>What is the impact of this modification on low and moderate income persons? BY ALLOWING THE CHILD SUPPORT OBLIGATION TO BE SUSPENDED DURING INCARCERATION THE OBLIGEE MAY BE ELIGIBLE FOR PUBLIC ASSISTANCE TO DEFRAY THE LOSS OF CHILD SUPPORT. THIS IS BALANCED BY THE OBLIGOR NOT ACCRUING SIGNIFICANT ARREARS, AND ALSO SAVES COSTS FOR ALL INVOLVED. THERE IS SOME ISSUE WITH INCARCERATED PERSONS THAT HAVE AN INDEPENDENT SOURCE OF INCOME (SO ACTUALLY NO LOSS OF INCOME DURING INCARCERATION) BUT THE VAST MAJORITY OF OBLIGORS BENEFIT FROM THE SUSPENSION, THE OBLIGEE'S DO NOT HAVE TO TAKE TIME OFF WORK</p>	<ul style="list-style-type: none">• No response necessary.• No response necessary• No response necessary.

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	Commentator	Position	Comment	Committee Response
			OR FIND CHILDCARE TO ATTEND A COURT HEARING FOR THE SUSPENSION, AND THE LCSA CAN PERFORM THE ACCOUNTING OF AMOUNTS OWED UPON RELEASE.	
4.	State Bar of California Executive Committee of the Family Law Section	AM	<p>The Executive Committee of the Family Law Section of the State Bar (FLEXCOM) supports the changes to Judicial Council forms set out in this proposal based on the new version of Family Code section 4007.5, which was enacted last year (AB 610). With respect to the specific request for comments, FLEXCOM responds as follows:</p> <p>1. Does the proposal appropriately address the stated purpose?</p> <p>Yes, the proposal does address the stated purpose because the advisement adequately informs the reader of the rights and obligations created under the new law. We suggest the following additional language to be added to the advisement:</p> <p>a) Explain that the suspension takes effect by operation of law for further clarity. b) As to the government forms only, add language regarding the administrative review process and the right to object.</p> <p>2. Are the proposed revisions an effective way to address the legislation that added new Family Code section</p>	<ul style="list-style-type: none"> (a) The committee declines to include additional language that explains that the suspension “takes effect by operation of law” because that term is unfamiliar to many obligors and obligees, and the phrase “the child support order is temporarily stopped” adequately conveys that the obligor is not required to take action to temporarily suspend the support order. (b) The committee declines the suggestion as FL-676 and FL-676-INFO already include language about the local child support agency’s proposed adjustment of arrears and a checkbox that enables litigants to object to it.

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			<p>4007.5?</p> <p>Yes, the advisement is an effective way to address the new legislation as all the appropriate forms, such as orders and judgments, are changed to include the advisement.</p> <p>3. Should the Judicial Council develop a specific form for the local child support agency's motion for a court determination on suspension of child support, or is form FL-680, <i>Notice of Motion (Governmental)</i> sufficient for this purpose?</p> <p>A new form as described should not be developed. LSCA staff members are subject matter experts and can use the generic governmental Notice of Motion (FL-680) to a court determination on suspension of child support.</p> <p>4. What is the impact of this modification on low and moderate income persons?</p> <p>Since most of the incarcerated child support obligors that will fall under this legislation will be of low or moderate income, we see an advantage to having Judicial Council forms explaining their rights and obligations in plain language.</p>	<ul style="list-style-type: none"> No response necessary. No response necessary. No response necessary.
5.	State Bar of California Standing Committee on the Delivery of Legal Services	AM	<ul style="list-style-type: none"> <u>Does the proposal appropriately address the stated purpose?</u> 	<ul style="list-style-type: none"> No response necessary.

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			<p>Yes.</p> <ul style="list-style-type: none"> • <u>Are the proposed revisions an effective way to address the legislation that added new Family Code section 4007.5?</u> <p>Yes.</p> <ul style="list-style-type: none"> • <u>Should the Judicial Council develop a specific form for the local child support agency's motion for a court determination on suspension of child support, or is form FL-680, Notice of Motion (Governmental) sufficient for this purpose?</u> <p>SCDLS believes form FL-680, Notice of Motion (Governmental) is sufficient.</p> <ul style="list-style-type: none"> • <u>What is the impact of this modification on low and moderate-income persons?</u> <p>It ought to help low and moderate-income persons understand their rights, if not necessarily how to avail themselves of them.</p> <p>Additional Comments</p> <p>The first time "arrear" appears on a form, SCDLS suggests that the form read "past due support payments (arrear)", as on the proposed FL-490. The suggestion is simply to help individuals understand what 'arrear' are.</p>	<ul style="list-style-type: none"> • No response necessary. • No response necessary. • No response necessary. • The committee has incorporated the phrase on forms FL-490, FL-676 and FL-676-INFO.
6.	Superior Court of California, County of Los Angeles	AM	Suggested modification:	

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		<p>Throughout the proposal as well as on the page noted below, verbiage should be consistent:</p> <p>Page 12, items 3c.(2)...committed violence against the supported person or child should be amended to the person who was to receive the child support or against the supported child.</p> <p>Request for Specific Comments:</p> <p>Does the proposal appropriately address the stated purpose? Yes.</p> <p>Are the proposed revisions an effective way to address the legislation that added new Family Code section 4007.5? Yes.</p> <p>Should the Judicial Council develop a specific form for the local child support agency's motion for a court determination on suspension of child support, or is form FL-680, Notice of Motion (Governmental) sufficient for this purpose? No additional forms would be required.</p> <p>What is the impact of this modification on low and moderate income persons? It will have a positive impact on only persons not able to pay while incarcerated or institutionalized by being relieved from making payments by operation of law.</p>	<ul style="list-style-type: none"> • The committee accepts the suggestion and has incorporated them into the suggestions revisions. • No response necessary. • No response necessary. • No response necessary. • No response necessary.

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			<p>Would the proposal provide cost savings? If so please quantify. Unknown at this time.</p> <p>What would the implementation requirements be for courts—for example, training staff, revising processes and procedures, changing docket codes in case management systems? Implementation would require minimal training, the implementation of CMS codes and new forms.</p> <p>Would two months from Judicial Council approval of this proposal until its effective date provide sufficient time for implementation? Yes.</p> <p>How well would this proposal work in courts of different sizes? No difference for courts of different sizes.</p>	<ul style="list-style-type: none"> • No response necessary. • No response necessary. • No response necessary. • No response necessary.
7.	Superior Court of California, County of Orange Family and Juvenile Court Managers by Michelle Wang Program Coordinator Specialist	AM	<p>All of the form heading sections are inconsistent. Some forms list “Other” and others list “Other Parent” and some forms list “Other Party.” We recommend using “Other Party” for all forms to provide uniformity.</p> <p>The language that incorporates AB610 should have the paragraphs in reverse order. For example, page 8 section f, the second paragraph</p>	<ul style="list-style-type: none"> • The committee has adopted a convention of using “Other Parent/Party” and has incorporated that designation into the recommended revisions. • The committee declines to change the order of the paragraphs as the provision tracks Family Code section 4007.5(a) and (b)

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			should be the first and vice versa to flow better. The added language are applied throughout all of the revised forms so we recommend the same changes apply to all forms that have this new language.	
8.	Superior Court of California, County of Riverside by Marita Ford Senior Management Analyst	A	No additional comments.	No response necessary.
9.	Superior Court of California, County of San Diego by Mike Roddy Court Executive Officer	A	<p>FL-490: Item 3.c. delete “Jail, prison, or an institution (juvenile facility or mental health facility)” and make item 3.c.(1) item 3.c. Additionally, renumber 3.c.(2) and 3.c.(3) to 3.c.(1) and 3.c.(2) respectively.</p> <p>Q: Does the proposal appropriately address the stated purpose? Yes.</p> <p>Q: Are the proposed revisions an effective way to address the legislation that added new Family Code section 4007.5? Yes.</p> <p>Q: Should the Judicial Council develop a specific form for the local child support agency’s motion for a court determination on suspension of child support, or is form FL-680, Notice of Motion (Governmental) sufficient for this purposed? Form FL-680 is sufficient.</p> <p>Q: What is the impact of this modification on low and moderate income persons? Unable to determine.</p> <p>Q: Would the proposal provide cost savings?</p>	<ul style="list-style-type: none"> • The committee declines to make these suggested changes as the current language provides greater clarity. • No response necessary. • No response necessary. • No response necessary. • No response necessary. • No response necessary.

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			<p>None</p> <p>Q: What are implementations requirements for courts? Replacing existing forms</p> <p>Q: Would two months from JC approval of this proposal until its effective date provide sufficient time for implementation? Yes.</p>	<ul style="list-style-type: none">• No response necessary.• No response necessary.