



JUDICIAL COUNCIL OF CALIFORNIA

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REPORT TO THE JUDICIAL COUNCIL

For business meeting on September 24, 2019

Title

Rules and Forms: Technical Changes
Required by Sunsetting of Family Code
section 4007.5

Rules, Forms, Standards, or Statutes Affected

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

Recommended by

Family and Juvenile Law Advisory
Committee
Hon. Jerilyn L. Borack, Cochair
Hon. Mark A. Juhas, Cochair

Agenda Item Type

Action Required

Effective Date

January 1, 2020

Date of Report

September 6, 2019

Contact

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Executive Summary

Family Code section 4007.5, which currently provides that any money judgment or order for child support is automatically suspended and set to zero (\$0.00) when an obligor is incarcerated or involuntarily institutionalized for more than 90 consecutive days, is due to sunset January 1, 2020. Legislation was proposed this session to remove the sunset date and make the measure permanent. However, the bill¹ unexpectedly lost support and is now inactive, meaning that this statute will expire as of January 1, 2020. The Family and Juvenile Law Advisory Committee recommends making the necessary corrections to certain forms to avoid causing confusion for court users, clerks, and judicial officers.

¹ Assem. Bill 1091 (Jones-Sawyer),

https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200AB1091.

Recommendation

The Family and Juvenile Law Advisory Committee recommends that the Judicial Council, effective January 1, 2020:

1. Revise the following forms to remove references to relief currently available to child support obligors under Family Code section 4007.5, which will sunset effective January 1, 2020:
 - *Child Support Information and Order Attachment* (form FL-342),
 - *Stipulation to Establish or Modify Child Support and Order* (form FL-350),
 - *Application to Determine Arrears* (form FL-490),
 - *Judgment Regarding Parental Obligations* (form FL-530),
 - *Stipulation and Order* (form FL-625),
 - *Judgment Regarding Parental Obligations* (form FL-630),
 - *Findings and Recommendation of Commissioner* (form FL-665),
 - *Request for Determination of Support Arrears or Adjustment of Child Support Arrears Due to Incarceration or Involuntary Institutionalization* (form FL-676),
 - *Information Sheet: Request for Determination of Support Arrears or Adjustment of Child Support Arrears Due to Incarceration or Involuntary Institutionalization* (form FL-676-INFO),
 - *Order After Hearing* (form FL-687),
 - *Short Form Order After Hearing* (form FL-688), and
 - *Minutes and Order or Judgment* (form FL-692).
2. Make additional, minor technical changes to forms FL-342, FL-350, FL-490, FL-530, FL-625, FL-676, and FL-676-INFO as detailed below.

The revised forms are attached at pages 5–35.

Relevant Previous Council Action

Effective July 1, 2011, the Judicial Council revised forms FL-530, FL-615, FL-625, FL-630, FL-665, FL-676, FL-676-INFO, FL-687, and FL-692 in response to Senate Bill 1355 (Wright; Stats. 2010, ch. 495), which enacted Family Code section 4007.5² (see Link A) and provided a process for formerly incarcerated or involuntarily institutionalized obligors to petition the court for forgiveness of child support arrears that accrued during their incarceration or involuntary institutionalization. Section 4007.5 contained a sunset date and expired accordingly on June 30, 2015.

Effective January 1, 2017, the Judicial Council revised 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 in response to Assembly Bill 610 (Jones-Sawyer; Stats. 2015, ch. 629), which enacted a new

² All further statutory references are to the Family Code.

version of section 4007.5 that revived and expanded the relief previously available to child support obligors.

Analysis/Rationale

Removing references to section 4007.5

The changes to these forms are technical in nature and necessary to remove references to section 4007.5, which unexpectedly will sunset and be repealed effective January 1, 2020. Ten forms for child support orders or judgments reference this provision: FL-342, FL-350, FL-530, FL-615,³ FL-625, FL-630, FL-665, FL-687, FL-688, and FL-692. Specifically, these forms all contain the following verbiage:

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.

The committee recommends removing this paragraph from these forms.

Additionally, three other forms used in connection with requesting a court hearing to determine support arrears—FL-490, FL-676, and FL-676-INFO—include language regarding the relief available under section 4007.5. The committee recommends that this language and references to the statute be removed from the support arrears forms.

Other technical changes

As mentioned above, the committee also recommends other minor technical changes to certain forms, including:

- Add a checkbox for “Judgment (form FL-250)” to page 1 of form FL-342;
- Add signature lines for “Other Parent” and “Attorney for Other Parent” to page 2 of form FL-350 and change the signature line for “Judge” to “Judicial Officer” because this form can also be approved by a child support commissioner⁴;

³ A concurrent report, *Family Law: Changes to Parentage Rules and Forms* (19-218) <https://jcc.legistar.com/View.ashx?M=F&ID=7662630&GUID=570350BB-E594-4332-94B4-DC0AA70AC436>, recommends further revisions to form FL-615 and includes the revisions proposed herein. Thus, form FL-615 is not a part of this proposal.

⁴ While the committee recognizes that this form currently uses the gendered terms “mother” and “father,” revising this form to be gender inclusive would require substantive changes and the committee believes public comment should be sought before such revisions are made.

- Revise the checkbox for “Attorney” to “Other Parent/Party” on form FL-490 as a party, not an attorney, would sign this form;
- Correct references to renumbered statutes on form FL-530, from section 4921 to 5700.307 and section 5002 to 17404.1;
- Revise the interpreter declaration on page 4 of form FL-625 to be gender inclusive; and
- Change the titles of forms FL-676 and FL-676-INFO to remove references to the relief that will no longer be available, specifically removing “or Adjustment of Child Support Arrears Due to Incarceration or Involuntary Institutionalization.”

Policy implications

This proposal has no major implications to any policies. It aligns with the Judicial Council’s policy to keep forms consistent with related statutes.

Comments

These proposals were not circulated for public comment because they are noncontroversial, involve technical revisions, and are therefore within the Judicial Council’s purview to adopt without circulation. (See Cal. Rules of Court, rule 10.22(d)(2).)

Alternatives considered

The alternative not to make changes to the forms was not considered because the changes remove references to relief currently available under section 4007.5, which will sunset effective January 1, 2020.

Fiscal and Operational Impacts

Operational impacts are expected to be minor. The proposed revisions may result in reproduction costs if courts provide hard copies of any of the forms recommended for revision. Because the proposed changes are technical corrections, case management systems are unlikely to need updating to implement them.

Attachments and Links

1. Forms FL-342, FL-350, FL-490, FL-530, FL-625, FL-630, FL-665, FL-676, FL-676-INFO, FL-687, FL-688, and FL-692, at pages 5–35
2. Link A: Fam. Code, § 4007.5,
https://leginfo.ca.gov/faces/codes_displaySection.xhtml?lawCode=FAM§ionNum=4007.5

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

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

DRAFT
Not approved by
the Judicial Council

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.

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

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

- (1) Child-care costs related to employment or reasonably necessary job training
- | | | | | | | |
|---|---|----------|----|-----------------------------|-----------|-------------------|
| (a) <input type="checkbox"/> Petitioner/plaintiff must pay: | % | of total | or | <input type="checkbox"/> \$ | per month | child-care costs. |
| (b) <input type="checkbox"/> Respondent/defendant must pay: | % | of total | or | <input type="checkbox"/> \$ | per month | child-care costs. |
| (c) <input type="checkbox"/> Other parent/party must pay: | % | of total | or | <input type="checkbox"/> \$ | per month | child-care costs. |
- (d) ☐ Costs to be paid as follows (*specify*):

c. **Mandatory additional child support**

- (2) Reasonable uninsured health-care costs for the children
- | | | | | | |
|---|---|----------|----|-----------------------------|------------|
| (a) <input type="checkbox"/> Petitioner/plaintiff must pay: | % | of total | or | <input type="checkbox"/> \$ | per month. |
| (b) <input type="checkbox"/> Respondent/defendant must pay: | % | of total | or | <input type="checkbox"/> \$ | per month. |
| (c) <input type="checkbox"/> Other parent/party must pay: | % | of total | or | <input type="checkbox"/> \$ | per month. |
- (d) ☐ 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) <input type="checkbox"/> Petitioner/plaintiff must pay: | % | of total | or | <input type="checkbox"/> \$ | per month. |
| (b) <input type="checkbox"/> Respondent/defendant must pay: | % | of total | or | <input type="checkbox"/> \$ | per month. |
| (c) <input type="checkbox"/> Other parent/party must pay: | % | of total | or | <input type="checkbox"/> \$ | per month. |
- (d) ☐ Costs to be paid as follows (*specify*):
- (2) ☐ Travel expenses for visitation
- | | | | | | |
|---|---|----------|----|-----------------------------|------------|
| (a) <input type="checkbox"/> Petitioner/plaintiff must pay: | % | of total | or | <input type="checkbox"/> \$ | per month. |
| (b) <input type="checkbox"/> Respondent/defendant must pay: | % | of total | or | <input type="checkbox"/> \$ | per month. |
| (c) <input type="checkbox"/> Other parent/party must pay: | % | of total | or | <input type="checkbox"/> \$ | per month. |
- (d) ☐ 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: \$
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7. **Health-care expenses**

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

8. **Earnings assignment**

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

THIS IS A COURT ORDER.

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

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

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

12. Notices

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

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PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	CASE NUMBER:
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8. b. 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: _____ <div style="text-align: center; font-size: small;">(TYPE OR PRINT NAME)</div>	<div style="text-align: center; font-size: small;">(SIGNATURE OF ATTORNEY FOR LOCAL CHILD SUPPORT AGENCY)</div>
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: _____ <div style="text-align: center; font-size: small;">(TYPE OR PRINT NAME)</div>	<div style="text-align: center; font-size: small;">(SIGNATURE OF PETITIONER)</div>
Date: _____ <div style="text-align: center; font-size: small;">(TYPE OR PRINT NAME)</div>	<div style="text-align: center; font-size: small;">(SIGNATURE OF RESPONDENT)</div>
Date: _____ <div style="text-align: center; font-size: small;">(TYPE OR PRINT NAME)</div>	<div style="text-align: center; font-size: small;">(SIGNATURE OF OTHER PARENT)</div>
Date: _____ <div style="text-align: center; font-size: small;">(TYPE OR PRINT NAME)</div>	<div style="text-align: center; font-size: small;">(SIGNATURE OF ATTORNEY FOR PETITIONER)</div>
Date: _____ <div style="text-align: center; font-size: small;">(TYPE OR PRINT NAME)</div>	<div style="text-align: center; font-size: small;">(SIGNATURE OF ATTORNEY FOR RESPONDENT)</div>
Date: _____ <div style="text-align: center; font-size: small;">(TYPE OR PRINT NAME)</div>	<div style="text-align: center; font-size: small;">(SIGNATURE OF ATTORNEY FOR OTHER PARENT)</div>

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: _____

	_____ <div style="font-size: small;">JUDICIAL OFFICER</div>
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 ARREARSAttachment 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. ☐ 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 ☐ attorney fees ☐ 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. **DRAFT**

Date:

**Not approved by
the Judicial Council**

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

- ☐ Petitioner/Plaintiff ☐ Respondent/Defendant
☐ Other Parent/Party ☐ Other (*specify*):

NOTICE: This form must be attached to *Request for Order* (FL-300)

NOT A COURT ORDER

Page ____ of ____

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:	
JUDGMENT REGARDING PARENTAL OBLIGATIONS (UIFSA) <input type="checkbox"/> _____ AMENDED <input type="checkbox"/> _____ SUPPLEMENTAL	CASE NUMBER:

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 17404.1.
 - 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.
3. ☐ This order is based on presumed income for the parent ordered to pay support under Family Code section 17404.1.
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. ☐ The 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:

Name of child
Date of birth
Monthly support amount

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

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

- 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
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- (1) ☐ Other (*specify*): _____

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*):

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

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.

e. ☐ The parent ordered to pay support ☐ The parent receiving support (1) must 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.

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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3. 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:			
	(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)

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 the party <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 the party <input type="checkbox"/> has <input type="checkbox"/> has not read the form stipulation translated into this language.
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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 that the terms of this *Stipulation and Order* were understood by that party before it was signed.

Date: _____ _____ (TYPE OR PRINT NAME)	▶	Date: _____ _____ (TYPE OR PRINT NAME)
_____ (SIGNATURE)	▶	_____ (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: _____	
JUDGMENT REGARDING PARENTAL OBLIGATIONS <input type="checkbox"/> _____ AMENDED <input type="checkbox"/> _____ SUPPLEMENTAL	CASE NUMBER: _____

1. a. **NOTICE: THIS IS A** ☐ **PROPOSED** ☐ **AMENDED PROPOSED JUDGMENT.** This *Judgment Regarding Parental Obligations* will be entered by the court and will become legally binding unless you fill out and file the *Answer to Complaint or Supplemental Complaint Regarding Parental Obligations (Governmental)* (form FL-610) with the court clerk within 30 days of the date you were served with the *Summons and Complaint or Supplemental Complaint Regarding Parental Obligations (Governmental)* (form FL-600). If you need form FL-610, you may get one from the local child support agency's office, the court clerk, or the family law facilitator. The family law facilitator will help you fill out the forms. To file the answer, follow the procedures listed in the attached instructions.
- b. ☐ **NOTICE: THIS IS A JUDGMENT.** It is now legally binding.
2. **This matter proceeded as follows:**
 - a. ☐ Judgment entered under Family Code section 17430.
 - b. ☐ By court hearing, appearances as follows:

(1) Date: _____	Dept.: _____	Judicial officer: _____
(2) <input type="checkbox"/> Petitioner/plaintiff present	<input type="checkbox"/> Attorney present (name): _____	
(3) <input type="checkbox"/> Respondent/defendant present	<input type="checkbox"/> Attorney present (name): _____	
(4) <input type="checkbox"/> Other parent/party present	<input type="checkbox"/> Attorney present (name): _____	
(5) Local child support agency attorney (Family Code, §§ 17400, 17406) (name): _____		
(6) <input type="checkbox"/> Other (specify): _____		
 - c. The parent ordered to pay support is the ☐ petitioner/plaintiff ☐ respondent/defendant ☐ other parent/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>
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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.

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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.

- c. ☐ The parent ordered to pay support ☐ The parent receiving support (1) must 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 |
|---------------|---------------|-------------------|--------|
|---------------|---------------|-------------------|--------|


(1) ☐ Other (specify):

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	CASE NUMBER:
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6. d. (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 (<i>Name, State Bar number, and address</i>): TELEPHONE NO.: _____ FAX NO.: _____ E-MAIL ADDRESS: _____ ATTORNEY FOR (<i>name</i>): _____	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:	
FINDINGS AND RECOMMENDATION OF COMMISSIONER	CASE NUMBER:

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) <input type="checkbox"/> Petitioner/plaintiff present	<input type="checkbox"/> Attorney present (<i>name</i>): _____	
(3) <input type="checkbox"/> Respondent/defendant present	<input type="checkbox"/> Attorney present (<i>name</i>): _____	
(4) <input type="checkbox"/> Other parent/party present	<input type="checkbox"/> Attorney present (<i>name</i>): _____	
(5) Local child support agency attorney (Family Code, §§ 17400, 17406) by (<i>name</i>): _____		
(6) <input type="checkbox"/> Other (<i>specify</i>): _____		
 - 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.

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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.

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:

<u>Name of child</u>	<u>Date of birth</u>	<u>Period of support</u>	<u>Amount</u>
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(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.

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.

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	CASE NUMBER:
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5. 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 SERVICE OR MAILING

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

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

a. Date:	Time:	Dept:	Div:	Room:
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b. The address of the court is ☐ same as noted above ☐ Other (specify):

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

- a. The local child support agency states that past due support payments (arrearages) 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 arrearages.
I am attaching my statement of the arrearages, which includes a monthly breakdown of amounts ordered and amounts paid.

4. Other (*specify*):

Number of pages attached:

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

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

Date:

▶

(TYPE OR PRINT NAME)

(SIGNATURE)

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	CASE NUMBER:
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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* (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:

<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> (TYPE OR PRINT NAME)	<div style="display: flex; align-items: center; justify-content: center;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> </div> (SIGNATURE OF PERSON WHO SERVED REQUEST)
--	--

INFORMATION SHEET: REQUEST FOR DETERMINATION OF SUPPORT ARREARS

Please follow these instructions to complete a *Request for Determination of Support Arrears* (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 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/find-my-court.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/Party, 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.

- 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.
- 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.

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.**

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the Judicial Council

GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406): OR
ATTORNEY OR PARTY WITHOUT ATTORNEY (name, State Bar number, and address):

FOR COURT USE ONLY

TELEPHONE NO.:

FAX NO.:

E-MAIL ADDRESS:

ATTORNEY FOR (name):

SUPERIOR COURT OF CALIFORNIA, COUNTY OF

STREET ADDRESS:

MAILING ADDRESS:

CITY AND ZIP CODE:

BRANCH NAME:

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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:

<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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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 (*specific reasons*):

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

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*):

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.

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	CASE NUMBER:
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4. 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;">DRAFT</div> <div style="font-size: 1.1em; font-weight: bold;">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. The parents must notify the local child support agency in writing within 10 days of any change in residence or employment.

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	CASE NUMBER:
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3. i. ☐ 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.

j. ☐ 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 DRAFT Not approved by the Judicial Council
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	
<input type="checkbox"/> MINUTES <input type="checkbox"/> ORDER <input type="checkbox"/> JUDGMENT <input type="checkbox"/> RECOMMENDED ORDER	CASE NUMBER:

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*): _____
 - c. ☐ Interpreter(s) present (*name*): _____ (specify language): _____
 for (*name*): _____
 - 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.
- | <u>Name of child</u> | <u>Date of birth</u> | <u>Monthly basic support amount</u> |
|----------------------|----------------------|-------------------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
- ☐ 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.

- FL-692 [Rev. January 1, 2020] **MINUTES AND ORDER OR JUDGMENT** Page 3 of 4
 (Governmental)
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PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	CASE NUMBER:
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21. All payments, unless specified in items 14b, c, and d above, must be made to the State Disbursement Unit at the address listed below (*specify address*):
22. **An earnings assignment order is issued.**
23. 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.
24. If "The parent ordered to pay support" box is checked in item 15, a health insurance coverage assignment must issue.
25. ☐ Job search. (*Specify name(s)*): _____ must seek employment for at least least (*specify number*): _____ jobs per week and report those job applications and results to the court and the local child support agency at the continuance date. These job applications are to be made in person, not by phone, fax, or e-mail.
26. ☐ For purposes of the licensing issue only, the parent ordered to pay support is found to be in compliance with the support order in this action. The local child support agency must issue a release of license(s).
27. ☐ Notwithstanding any noncompliance issues with the support order in this action, the court finds that the needs of the party ordered to pay support warrant a conditional release. The local child support agency must issue a release of license(s). Such release is effective only as long as the parent ordered to pay support complies with all payment terms of this order.
28. ☐ A warrant of attachment/bench warrant issues for (*specify name*):
- a. ☐ Bail is set in the amount of: \$
- b. ☐ Service is stayed until (*date*):
29. ☐ The court retains jurisdiction to make orders retroactive to (*date*):
30. ☐ The court reserves jurisdiction over ☐ all issues ☐ the issues of (*specify*):
31. The parents must notify the local child support agency in writing within 10 days of any change in residence or employment.
32. The *Notice of Rights and Responsibilities (Health-Care Costs and Reimbursement Procedures)* and *Information Sheet on Changing a Child Support Order* (form FL-192) are attached and incorporated.
33. ☐ The following person (the "other parent/party") is added as a party to this action (*name*):
34. ☐ The court further orders (*specify*):

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)
--

☐ Number of pages attached: _____

☐ Signature follows last attachment.