

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, 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.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=FAM§ion
 Num=4007.5

	R/PLAINTIFF:			CASE NUMBE	R:
RESPONDENT/DEFENDANT:					
OTHER PAI	RENT/PARTY:				
	CHILD SUPPORT	INFORMATION	N AND ORDER A	TTACHMENT	
то	Findings and Order After He	earing (form FI	L-340)		DRAFT
	Judgment (form FL-180)	• •	ment (form FL-2	(50)	Not approved by
	Restraining Order After Hea		•		the Judicial Council
	Other (specify):	3 (, ()	,	
THE COURT II	SED THE FOLLOWING INFORMATION	N IN DETERM	INING THE AMO	NINT OF CHIL	D CURRORT.
	ntout of a computer calculation and find				
belov		iirigs is attacriet	a and incorporate	a in this order	ioi ali required items not illied out
2. Incor		Gross mo	onthly Ne	t monthly	Receiving
 a. E	each parent's monthly income is as follo		•	ncome ,	TANF/CalWORKS
	Petitioner/plain	tiff: \$	\$		
	Respondent/defenda		\$		
	Other parent/pa		\$		
b. In	nputation of income. The court finds tha		Petitioner/plaintif		espondent/defendant
			Other parent/par	ty has the o	capacity to earn:
\$	per and	has based the	support order up	on this imputed	d income.
3. Child	dren of this relationship				
a. _N	lumber of children who are the subjects	of the support	order (specify):		
b. д	pproximate percentage of time spent w	rith petitioner/pl	aintiff:	%	
		spondent/defe		%	
		Other parent/		%	
4. Hard	ships				
Hards	ships for the following have been allowe			011	
		Petitioner/ <u>plaintiff</u>	Respondent/ <u>defendant</u>	Other parent/ party	Approximate ending time for the hardship
a. [Other minor children:	\$	\$	\$	
b. [Extraordinary medical expenses:	\$	\$	\$	
с. [Catastrophic losses:	\$	\$	\$	
THE COURT O	RDERS				
5. Low	-income adjustment				
а. 🗀	The low-income adjustment applie	es.			
b. [The low-income adjustment does	not apply becau	use (specify reas	ons):	
	d support				
a. B a	ase child support		. —	., .	
(n		ndent/defendan			must pay child support beginning
	<i>late):</i> and continuing until ge 19, or reaches age 18 and is not a fu				ries, dies, is emancipated, reaches irst_as follows:
	-	-			
<u>Cl</u>	hild's name Da	te of birth	<u>Monthly</u>	<u>amount</u>	Payable to (name):
P:	ayable on the 1st of the month	One-ha	lf on the 1st and	one-half on the	e 15th of the month
1 6	other (specify):		511 110 151 4114	ono nan on the	. Total of the month
	Galler (apcony).				

THIS IS A COURT ORDER.

	PETITIONER/PLAINTIFF:			CASE NUMBER:	
RES	SPONDENT/DEFENDANT:				
	OTHER PARENT/PARTY:				
THE	COURT FURTHER ORDERS				
6. b.	Mandatory additional child support				
	(1) Child-care costs related to employment or reasonab	ly necessar	y job traini	ing	
	(a) Petitioner/plaintiff must pay:	% of total	or \square	\$ per month	child-care costs.
	(b) Respondent/defendant must pay:	% of total	or \square	\$ per month	child-care costs.
	(c) Other parent/party must pay:	% of total	or \square	\$ 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 child	dren			
	(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 specia	al needs of	the childre	n	
	(a) Petitioner/plaintiff must pay:	% of total		\$	per month.
	(b) Respondent/defendant must pay:	% of total		\$	per month.
	(c) Other parent/party must pay: (d) Costs to be paid as follows (specify):	% of total	or	\$	per month.
	(2) Travel expenses for visitation				
	(a) Petitioner/plaintiff must pay:	% of total		\$	per month.
	(b) Respondent/defendant must pay:	% of total		\$	per month.
	(c) Other parent/party must pay:(d) Costs to be paid as follows (specify):	% of total	or	\$	per month.
e.	Non-Guideline Order This order does not meet the child support guideline se	ot forth in E	amily Code	a saction 1055 Non C	Luideline Child Support
	Findings Attachment (form FL-342(A)) is attached.		arrilly Code	e section 4000. <i>Non-</i> G	uldeline Child Support
		T ₋			
			otal child	support per month: \$	\$
7. H	ealth-care expenses				
a.	. Health insurance coverage for the minor children of the partie	es must be	maintained	d by the	
	petitioner/plaintiff respondent/defendant				easonable cost through
	their respective places of employment or self-employment. Bo				
	and reimbursement of any health-care claims. The parent orc coverage for the child after the child attains the age when the				
	under the insurance contract, if the child is incapable of self-s				
disabling injury, illness, or condition and is chiefly dependent upon the parent providing health insurance for support and					
	maintenance.				
b.	b. Health insurance is not available to the petitioner/plaintiff respondent/defendant other parent/party				
at a reasonable cost at this time.					
C.	c. The party providing coverage must assign the right of reimbursement to the other party.				
	arnings assignment				
	An earnings assignment order is issued. Note: The payor of child support is responsible for the payment of support directly to the				
re	recipient until support payments are deducted from the payor's wages and for payment of any support not paid by the assignment.				

	FL-342
PETITIONER/PLAINTIFF:	CASE NUMBER:
RESPONDENT/DEFENDANT:	
OTHER PARENT/PARTY:	
9. In the event that there is a contract between a party receiving support and a private chi support must pay the fee charged by the private child support collector. This fee must namount of past due support nor may it exceed 50 percent of any fee charged by the pri judgment created by this provision is in favor of the private child support collector and the private child support collector.	not exceed 33 1/3 percent of the total ivate child support collector. The money
10. Employment search order (Family Code § 4505) Petitioner/plaintiff Respondent/defendant Other parent/part following terms and conditions:	ty is ordered to seek employment with the
11. Other orders (specify):	
 Notices Notice of Rights and Responsibilities (Health-Care Costs and Reimbursement Proce a Child Support Order (form FL-192) must be attached and is incorporated into this 	
b. If this form is attached to Restraining Order After Hearing (form DV-130), the supporemain in effect after the restraining orders issued on form DV-130 end.	ort orders issued on this form (form FL-342)
13. Child Support Case Registry Form Both parties must complete and file with the court a Child Support Case Registry Form this order. Thereafter, the parties must notify the court of any change in the information filing an updated form.	
NOTICE: Any party required to pay child support must pay interest on overdue amo	ounts at the legal rate, which is currently

АТТ	ORN	EY OR PARTY WITHOUT ATTORNEY: STATE BAR NO:		FOR COURT USE ONLY
NAM	ME:			
FIR	M NA	ME:		
STF	REET	ADDRESS:		
CIT	Y:	STATE: ZIP CODE:		
TEL	.EPH0	ONE NO.: FAX NO.:		
E-M	IAIL A	ADDRESS:		DRAFT
АТТ	ORN	EY FOR (name):		Not approved by
SU	PEF	RIOR COURT OF CALIFORNIA, COUNTY OF		the Judicial Council
ST	REE	T ADDRESS:		the Judicial Council
MA	AILING	G ADDRESS:		
CIT	Y ANI	D ZIP CODE:		
		NCH NAME:		
		PETITIONER/PLAINTIFF:		
F		PONDENT/DEFENDANT:		
	(OTHER PARENT/PARTY:		
		STIPULATION TO ESTABLISH OR MODIFY	C	ASE NUMBER:
		CHILD SUPPORT AND ORDER		
1.	a.	Mother's net monthly disposable income: \$		
		Father's net monthly disposable income: \$		
	b.	A printout of a computer calculation of the parents' financial circumsta	ances is atta	ached.
2.		Percentage of time each parent has primary responsibility for the childre		
3.	а.			cause of (specify):
-		That do not be some experienced by the method.	111011111 500	adds of (openly).
		The hardship will last until (date):		
	b.		r month bed	cause of (specify):
		The hardship will last until (date):		
4.	The	e amount of child support payable by <i>(name)</i> :		, referred to as "the parent ordered to
			month.	,
5.	P4,	We agree to guideline support.		
6.		The guideline amount should be rebutted because of the following:		
	 а.	-	nonth: the a	agreement is in the best interest of the
	u.	children; the needs of the children will be adequately met by the agree		
		be unjust or inappropriate in this case.		, 11
	b.	Other rebutting factors (specify):		
7.	The	e parent ordered to pay support must pay child support as follows beginning	ı (date):	
		BASIC CHILD SUPPORT	, ()	
		Child's name Monthly amount	<u>Pay</u>	<u>rable to (name):</u>
		Total: \$ payable on the first of the month	other (spec	ify)·
	b.	In addition, the parent ordered to pay support must pay the following		,
	٥.		•	on (date):
			v incurana	
		, , , , , , , , , , , , , , , , , , , ,	y ilisuranci	
		to (name): (3) per month for special educational or other nee	ads of the c	on (date):
		to (name):	cus or the c	
		(4) other (specify):		on (date):
	C.	Total monthly child support payable by the parent ordered to pay suppo	rt will har ¢	
	٥.	payable on the first of the month other (specify):	nt will bc. ψ	
8.	a.	Health insurance will be maintained by (specify name):		
		The parent ordered to provide health insurance must seek continuation of		
		when the child is no longer considered eligible for coverage as a depender		
		incapable of self-sustaining employment because of a physically or menta		g injury, iliness, or condition and is chiefly
		dependent upon the parent providing health insurance for support and mai	ппенансе.	Page 1 of 2

PETITIONER/PLAINTIFF:	CASE NUMBER:
RESPONDENT/DEFENDANT:	
OTHER PARENT/PARTY:	
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 ha arrangements to ensure payment (specify):	ve made the following alternative
10. In the event that there is a contract between a party receiving support and a private ch pay support must pay the fee charged by the private child support collector. This fee m amount in arrears nor may it exceed 50 percent of any fee charged by the private child created by this provision is in favor of the private child support collector and the party relationship.	ust not exceed 33 1/3 percent of the total support collector. The money judgment
11. Travel expenses for visitation will be shared: Mother: % Father	er: %
12. We agree that we will promptly inform each other of any change of residence or name, address, and telephone number.	employment, including the employer's
13. Other (specify):	
14. We agree that we are fully informed of our rights under the California child support guid	delines.
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	e is pending.
b. has been assigned or an application for public assistance is pending in <i>(coul</i>	
If you checked b, an attorney for the local child support agency must sign below, joining	g in this agreement.
Date:	
	ATTORNEY FOR LOCAL CHILD SUPPORT AGENCY)
Notice: If the amount agreed to is less than the guideline amount, no change of circumstates a principle of circumstates and a second of circumstates and a second of circumstates.	
the support order to a higher amount. If the order is above the guideline, a change of circu order. This form must be signed by the court to be effective.	mistances will be required to modify this
Date:	
Duto.	
Date: (TYPE OR PRINT NAME)	(SIGNATURE OF PETITIONER)
Date.	
(TYPE OR PRINT NAME)	(SIGNATURE OF RESPONDENT)
Date:	
(TYPE OR PRINT NAME)	(SIGNATURE OF OTHER PARENT)
Date:	
Date: (TYPE OR PRINT NAME) (SIG	NATURE OF ATTORNEY FOR PETITIONER)
Date: (TYPE OR PRINT NAME)	NATURE OF ATTORNET FOR FEITHONER)
(TYPE OR PRINT NAME) (SIG	
Date: (SIG	IATURE OF ATTORNEY FOR RESPONDENT)
THE COURT ORDERS	ATURE OF ATTORNEY FOR OTHER PARENT)
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 furt	in item 6. ner order of the court, or until the child
The galdeline dring dappert amount in terms by the lactore diates	in item 6. ner order of the court, or until the child to an unmarried child who has attained the
b. Items 7 through 13 are ordered. All child support payments must continue until furt marries, dies, is emancipated, or reaches age 18. The duty of support continues as age of 18 years, is a full-time high school student, and resides with a parent, until t attains the age of 19 years, whichever first occurs. Except as modified by this stipu	in item 6. her order of the court, or until the child to an unmarried child who has attained the he time the child completes the 12th grade or
b. Items 7 through 13 are ordered. All child support payments must continue until furt marries, dies, is emancipated, or reaches age 18. The duty of support continues as age of 18 years, is a full-time high school student, and resides with a parent, until t attains the age of 19 years, whichever first occurs. Except as modified by this stipu made in this action will remain in effect.	in item 6. her order of the court, or until the child to an unmarried child who has attained the he time the child completes the 12th grade or
b. Items 7 through 13 are ordered. All child support payments must continue until furt marries, dies, is emancipated, or reaches age 18. The duty of support continues as age of 18 years, is a full-time high school student, and resides with a parent, until t attains the age of 19 years, whichever first occurs. Except as modified by this stipu	in item 6. her order of the court, or until the child to an unmarried child who has attained the he time the child completes the 12th grade or

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.

				1 L-430
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:			CASE NUMBER:	
		DETERMINE ARREARS st for Order (form FL-300		
Child supportUnreimbursed exOther (specify):	Spousal or partner supports Spousal or supports Sp	support Family s	support Medical s	upport
1. I ask that the amount of past	due support payments (arrears	b) be decided in this case.		
	nt apply): yment History (FL-420). Attachment (FL-421).			
a. I have already paid b. The children for who	om support is to be paid were li	f the support ordered. Proof iving with me full time for the eir support during that perio	of payment is attached. e period from d. I am attaching a detailed do	
unreimbursed	d the other parent for payment childcare expense medic ve made on these bills.)		ent with an itemized statemen of all bills being claimed and	
5. I am asking the other particles and Expense I	person to pay attorney Declaration (form FL-150) is att			
6. Facts in support of the relief	requested are (specify):			
contained in the attach		O clife and a land of the control of		
I declare under penalty of perjury Date:	/ under the laws of the State of	California that the foregoin	g is true and correct. DRA Not appro the Judicia	oved by
(TYPE OR PRIN	IT NAME)	<u>*</u>	(SIGNATURE OF DECLARANT)	
·	·	Petitioner/P Other Parer	Plaintiff Respondent/Def	endant
	NOTICE: This form must be a	attached to Request for Or	rder (FL-300)	

NOT A COURT ORDER

Page _____of ____

GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406):	FOR COURT USE ONLY
TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS:	
ATTORNEY FOR (name):	DRAFT
SUPERIOR COURT OF CALIFORNIA, COUNTY OF	Not approved by
STREET ADDRESS:	the Judicial Council
MAILING ADDRESS: CITY AND ZIP CODE:	
BRANCH NAME:	
PETITIONER/PLAINTIFF:	
RESPONDENT/DEFENDANT:	
OTHER PARENT/PARTY:	
OTHER FARENT/FARTT.	
JUDGMENT REGARDING PARENTAL OBLIGATIONS (UIFSA)	CASE NUMBER:
AMENDED SUPPLEMENTAL	
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	
Petition (UIFSA) (form FL-520) with the court clerk within 30 days of the	
(UIFSA) (form FL-510) and Uniform Support Petition (form OMB 0970-00 may get one from the local child support agency, the court clerk, or the	
facilitator will help you fill out the forms. To file the <i>Response</i> , follow th	
sheet attached to that form.	р. соодин со несод на шес на селение
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 responde	out/defendentather nement/out :
3. This order is based on presumed income for the parent ordered to pay support u	ent/defendant other parent/party.
Attached is a computer printout showing the parents' income and percentage of the parents' income and p	
The printout, which shows the calculation of child support payable, will become the	
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 ite	m 6b.
	e 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.

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	CASE NUMBER:
(b) The parent ordered to pay support must pay reasonable uninsured health on one-half or % or (specify amount	per month of the costs. bursement Unit child-care provider. th-care costs for the children, as follows: per month of the costs.
(2) Other (specify):	oursement Unit health-care provider.
(3) For a total of: \$ payable on the: day o beginning (date):	f each month
(4) The low-income adjustment applies The low-income adjustment does not apply because (specify reasons):	
coverage for the children, if available at no or reasonable cost, and keep the availability of the coverage (the cost is presumed to be reasonable if it does a child); (2) if health insurance is not available, provide coverage when it bed local child support agency's request, complete and return a health insurance agency all information and forms necessary to obtain health-care services for payment or reimbursement to the other parent or caretaker who incurs costs (6) assign any rights to reimbursement to the other parent or caretaker who children. The parent ordered to provide health insurance must seek continua attains the age when the child is no longer considered eligible for coverage a if the child is incapable of self-sustaining employment because of a physical condition and is chiefly dependent upon the parent providing health insurance. The parent ordered to pay support must pay child support for the past periods.	t (1) provide and maintain health insurance local child support agency informed of the not exceed 5 percent of gross income to add omes available; (3) within 20 days of the e form; (4) provide to the local child support of the children; (5) present any claim to secure for health-care services for the children; and incurs costs for health-care services for the ation of coverage for the child after the child as a dependent under the insurance contract, by or mentally disabling injury, illness, or the for support and maintenance.
Name of child Date of birth Period o	<u>ff support</u> Amount
(1) Other (specify):	

RESP	PETITIONER/PLAINTIFF: PONDENT/DEFENDANT: OTHER PARENT/PARTY:			CASE NUMBER:	
6. d. e. f.	beginning (date): (3) Interest accrues on the en No provision of this judgment operate collect interest and penalties as allow	es to limit any right red by law. All payn	to collect the principal nents ordered are sub	day of each month each installment as it becomes due. (total amount of unpaid support) or to charge eject to modification. Explain Disbursement Unit at the address listed belo	
	pay support must pay the fee charged amount of past due support nor may judgment created by this provision is If "The parent ordered to pay support" The parents must notify the local child	etween a party reced by the private chil it exceed 50 percer in favor of the privations is checked in a support agency in lities and Informatic	d support collector. The of any fee charged ate child support collectem 6c, a health insumiting within 10 days	rivate child support collector, the party ordered his fee must not exceed 33 1/3 percent of the by the private child support collector. The more ctor and the party receiving support, jointly. Trance coverage assignment must issue. It is of any change in residence or employment. It is a Child Support Order (form FL-192) is attact	total ney
Date:				JUDICIAL OFFICER	
Numb	er of pages attached:		SIGNAT	URE FOLLOWS LAST ATTACHMENT	
App Date	roved as conforming to court order.				
(SIGNA	TURE OF ATTORNEY FOR THE PARENT ORDERED T	O PAY SUPPORT)			

GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406):	FOR COURT USE ONLY	
TELEPHONE NO.: E-MAIL ADDRESS: ATTORNEY FOR (name): SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS:	DRAFT Not approved by the Judicial Council	
MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	the Judicial Journal	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:		
STIPULATION AND ORDER	CASE NUMBER:	
 This matter proceeded as follows: By written stipulation without court appearance. By court hearing, appearances as follows:	t/defendant other parent/party.	
 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 children. The printout, which shows the calculation of child support payable,		
NOTICE: Any party required to pay child support must pay interest on overdue amount 10 percent per year.	ounts at the legal rate, which is currently	

Form Adopted for Alternative Mandatory Use Instead of Form FL-692 Judicial Council of California FL-625 [Rev. January 1, 2020]

Р	ETITIONER/PLAINTIFF:		CASE NUMBER:					
RESP	ONDENT/DEFENDANT:							
0	THER PARENT/PARTY:							
3. d.	3. d. The parent ordered to pay support must pay current child support as follows:							
	Name of child	Date of birth	Monthly support amount					
								
	(1) Mandatory additional child support.							
	(a) The parent ordered to pay support must p	pay additional monthly support fo	or reasonable child-care costs, as follows:					
	One-half or	% or (specify amount):	per month of the costs.					
	Payments must be made to the O	ther parent State Disbu	rsement Unit child-care provider.					
	(b) The parent ordered to pay support must p	oay 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 o	ther parent State Disbu	rsement Unit health-care provider.					
	(2) Other (specify):							
	(3) For a total of: \$ payable	e 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	d by operation of law.					
e.	The parent ordered to pay support	he parent receiving support (1)	must provide and maintain health insurance					
C.	coverage for the children if available at no or	,	•					
	availability of the coverage (the cost is presu							
	a child); (2) if health insurance is not available	e, provide coverage when it bec	omes available; (3) within 20 days of the local					
	child support agency's request, complete and							
	all information and forms necessary to obtain							
	payment or reimbursement to the other pare (6) assign any rights to reimbursement to the							
	children. The parent ordered to provide healt							
	attains the age when the child is no longer co							
	if the child is incapable of self-sustaining em							
_	condition and is chiefly dependent upon the	· · · · · · · · · · · · · · · · · · ·						
f.	The parent ordered to pay support owes sup	poπ arrears as follows, as of (da	·					
	.,	Spousal support: \$	Family support: \$					
	(2) Interest is not included and is not waive							
	(3) Payable: \$ on the:	day of each m	onth					
	beginning (date):							
	(4) Interest accrues on the entire principal	balance owing and not on each i	installment as it becomes due.					

PETITIONER/PLAINTIFF:	CASE NUMBER:				
RESPONDENT/DEFENDANT:					
OTHER PARENT/PARTY:					
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 mad (specify address):	de to the State Disbursement Unit at the address listed below				
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.				
 The parents must notify the local child support agency in writing m. The Notice of Rights and Responsibilities (Health-Care Costs and Changing a Child Support Order (form FL-192) is attached. 	· · · · · · · · · · · · · · · · · · ·				
n. The following person (the "other parent/party") is added as	s a party to this action <i>(name):</i>				
O. Other (specify):					
Date:	S				
(TYPE OR PRINT NAME)	(SIGNATURE OF ATTORNEY FOR LOCAL CHILD SUPPORT AGENCY)				
Date:					
(TYPE OR PRINT NAME)	(SIGNATURE OF PETITIONER)				
Date:					
24.0.	X				
[TYPE OR PRINT NAME)	(a) (a)				
[TT 2 OKT WITE)	(SIGNATURE OF ATTORNEY FOR PETITIONER)				
Date:	ν.				
(TYPE OR PRINT NAME)	(SIGNATURE OF RESPONDENT)				
Date:					
(TYPE OR PRINT NAME)	(SIGNATURE OF ATTORNEY FOR RESPONDENT)				
	(SIGNATURE OF ATTORNET FOR RESPONDENT)				

PETITIONER/PLAINTIFF:			OAGE NUMBER		
RESPONDENT/DEFENDANT:			CASE NUMBER:		
OTHER PARENT/PARTY:					
Date:					
Date.					
(TYPE OR PRINT NAME)		•	(SIGNATURE OF OTHER PARENT)		
(TIPE OR PRINT INAME)					
Date:		K .			
(TYPE OR PRINT NAME)		(SIGNAT	TURE OF ATTORNEY FOR OTHER PARENT)		
	ORDI	ER			
4. THE COURT SO ORDERS.					
Date:					
Number of pages attached:			JUDICIAL OFFICER		
		SIGNATURE FOLL	SIGNATURE FOLLOWS LAST ATTACHMENT		
DECLARATION OF PERSON PROVIDING IN read or understand this Stipulation and Order b		ANSLATION: The par	ty/parties indicated below is/are unable to		
read of differstatio this Supulation and Order b	ecause .				
(Insert name)	's primary	(Insert name) 's primary		
language is (specify):		language is ((specify):		
and the party has has not rea	d the form	and the party	has has not read the form		
stipulation translated into this language.		stipulation translate	ed into this language.		
Leartify under penalty of perjury under the laws	of the State of Califor	rnia that I am compata	nt to interpret or translate in the primary		
I certify under penalty of perjury under the laws language indicated above and that I have, to th					
Stipulation and Order in the party's primary lan					
understood by that party before it was signed.		. ,			
Date:		Date:			
(TYPE OR PRINT NAME)			(TYPE OR PRINT NAME)		
(SIGNATURE)			(SIGNATURE)		
(SIGNATORE)			(OIOIT/IIOIL)		

GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406):	FOR COURT USE ONLY
TELEPHONE NO.: FAX NO.:	
E-MAIL ADDRESS:	DRAFT
SUPERIOR COURT OF CALIFORNIA, COUNTY OF	Not approved by
STREET ADDRESS:	the Judicial Council
MAILING ADDRESS: CITY AND ZIP CODE:	
BRANCH NAME:	
PETITIONER/PLAINTIFF:	
RESPONDENT/DEFENDANT:	
OTHER PARENT/PARTY:	
JUDGMENT REGARDING PARENTAL OBLIGATIONS	CASE NUMBER:
SUPPLEMENTAL SUPPLEMENTAL	
 a. NOTICE: THIS IS A PROPOSED AMENDED PROPOSED JUDGE Parental Obligations will be entered by the court and will become legally bind Answer to Complaint or Supplemental Complaint Regarding Parental Obligate the court clerk within 30 days of the date you were served with the Summons Complaint Regarding Parental Obligations (Governmental) (form FL-600). If y from the local child support agency's office, the court clerk, or the family law help you fill out the forms. To file the answer, follow the procedures listed in b. NOTICE: THIS IS A JUDGMENT. It is now legally binding. This matter proceeded as follows: Judgment entered under Family Code section 17430. By court hearing, appearances as follows: Dept.: Judicial officer: 	ions (Governmental) (form FL-610) with and Complaint or Supplemental ou need form FL-610, you may get one facilitator. The family law facilitator will
(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 responded a This order is based on presumed income for the parent ordered to pay support up at tached is a computer printout showing the parents' incomes and percentage of the printout, which shows the calculation of child support payable, will become the stacked documents (specify):	time each parent spends with the children.
THE COURT ORDERS 6. a. Petitioner/plaintiff Respondent/defendant Other parent/party item 6b below. b. The parent ordered to pay support must pay current child support as follows: Name of child Date of birth	are the parents of the children named in 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.

RESF	ETITIONER/PLAINTIFF: PONDENT/DEFENDANT: OTHER PARENT/PARTY:		CASE NUMBER:	
6. b.	(1) Mandatory additional child sup (a) The parent ordered to pay supp One-half or Payments must be made to the (b) The parent ordered to pay supp One-half or Payments must be made to the (2) Other (specify):	oort must pay additional monthly sup % or (specify am to other parent State bort must pay reasonable uninsured l % or (specify an	ount): \$ per mor Disbursement Unit child-c nealth-care costs for the children, nount): \$ per mor	nth of the costs. are provider.
	(3) For a total of: \$ beginning (date):	payable on the:	lay of each month	
	(4) The low-income adjustment a The low-income adjustment of	applies. does not apply because <i>(specify reas</i>	ons):	
c.	availability of the coverage (the coa a child); (2) if health insurance is no local child support agency's request agency all information and forms no payment or reimbursement to the coasign any rights to reimburse children. The parent ordered to prattains the age when the child is not if the child is incapable of self-sustant condition and is chiefly dependent		t (1) must provide and maintain the local child support agency int does not exceed 5 percent of gross it becomes available; (3) within 20 rance form; (4) provide to the locates for the children; (5) present are costs for health-care services for who incurs costs for health-care ntinuation of coverage for the childrenge as a dependent under the in ysically or mentally disabling injursurance for support and maintena	formed of the as income to add 0 days of the all child support by claim to secure the children; and services for the dafter the child surance contract, y, illness, or nice.
u.	Name of child		eriod of support	Amount
	(1) Other (specify):			

RESF	PETITIONER/PLAINTIFF: PONDENT/DEFENDANT: DTHER PARENT/PARTY:			CASE NUMBER:		
6. d.	(2) For a total of: \$ pay beginning (date): (3) Interest accrues on the entire principal beginning to the en	able: \$	on the: and not on each ins	day of each month		
e. f.	If this is a judgment on a <i>Supplemental Complaint</i> , it does not modify or supersede any prior judgment or order for support or arrearage, unless specifically provided. No provision of this judgment can operate to limit any right to collect the principal (total amount of unpaid support) or to charge					
g.	and collect interest and penalties as allowed by law. All payments ordered are subject to modification.					
h. i.	An earnings assignment order is issued. In the event that there is a contract between a party pay support must pay the fee charged by the privat amount of past due support nor may it exceed 50 p judgment created by this provision is in favor of the	e child support ercent of any f private child s	t collector. This fee fee charged by the pure to the the pure to t	must not exceed 33 1/3 percent of the total private child support collector. The money d the party receiving support, jointly.		
j.	If "The parent ordered to pay support" box is check					
k.	The parents must notify the local child support age		•			
1.	I. 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.	m. The following person (the "other parent/party") is added as a party to this action (name):					
n.	The court further orders (specify):					
Date:						
				JUDICIAL OFFICER		
	er of pages attached: proved as conforming to court order. e:]	SIGNATURE FOLLO	DWS LAST ATTACHMENT		
(SIG	NATURE OF ATTORNEY FOR THE PARENT ORDERED TO PAY SUPPORT	-)				

	FL-003
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY
TELEPHONE NO.: FAX NO.:	
E-MAIL ADDRESS:	DRAFT
ATTORNEY FOR (name):	Not approved by
SUPERIOR COURT OF CALIFORNIA, COUNTY OF	the Judicial Council
STREET ADDRESS: MAILING ADDRESS:	the Judicial Gourien
CITY AND ZIP CODE:	
BRANCH NAME:	
PETITIONER/PLAINTIFF:	
RESPONDENT/DEFENDANT:	
OTHER PARENT/PARTY:	
	CASE NUMBER:
FINDINGS AND RECOMMENDATION OF COMMISSIONER	
1. Name (specify): objected to Commission	er (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:	
(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):	
 (4) Other parent/party present Attorney present (name): (5) Local child support agency attorney (Family Code, §§ 17400, 17406) by (name): 	na):
(6) Other (specify):	ic).
	ent/defendant other parent/party.
3. Attached is a computer printout showing the parents' income and percentage of The printout, which shows the calculation of child support payable, will become the	
4. This recommended order is based on the attached documents (specify):	Ç
5. THE COMMISSIONER RECOMMENDS THE FOLLOWING	
a. All orders previously made in this action remain in full force and effect except as m	odified below.
b. (Name of parent): mother father	
(Name of parent): mother father	r
are the parents of the children listed below.	
c. The parent ordered to pay support must pay current child support as follows:	
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 f	or 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 Disbu	ırsement Unit child-care provider.
(b) The parent ordered to pay support must pay reasonable uninsured health	n-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 Disbu	ursement Unit health-care provider.
NOTICE: Any party required to pay child support must pay interest on overdue amo	ounts at the legal rate, which is currently
10 percent per year.	Page 1 of 3

Form Adopted for Alternative Mandatory Use Instead of Form FL-692 Judicial Council of California FL-665 [Rev. January 1, 2020]

F	PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:					CASE NUMBER:	
5.	C.	(2)	Other (specify):				
		(3)	For a total of: \$ beginning (date):	payable on the:	day of	each month	
		(4)	The low-income adjustment The low-income adjustment	applies. does not apply because (spe	ecify reasons):		
		(5) Any	support ordered will continue t	until further order of court, unl	less terminated	by operation of law.	
	d.	cov ava a ch chil all pay (6) chil atta if th	ilability of the coverage (the co nild); (2) if health insurance is n d support agency's request, co information and forms necessa ment or reimbursement to the assign any rights to reimburse dren. The parent ordered to pr ins the age when the child is r	ble at no or reasonable cost, ast is presumed to be reasonal not available, provide coverage implete and return a health in any to obtain health-care servitother parent or caretaker who ment to the other parent or carovide health insurance must no longer considered eligible of taining employment because	and keep the load lobe if it does not entire when it beconsurance form; (ces for the child or incurs costs for the child aretaker who in seek continuation coverage as of a physically	st (1) provide and maintain health cal child support agency informed t exceed 5 percent of gross incomes available; (3) within 20 days of the control of the local child support of the child support of the child curs costs for health-care services for the child curs costs for health-care services on of coverage for the child after the dependent under the insurance or mentally disabling injury, illness for support and maintenance.	of the ne to add of the local rt agency ure dren; and a for the he child e contract,
	e.		e parent ordered to pay suppor me of child	t must pay child support for th <u>Date of birth</u>		and in the amounts set forth below of support Amou	
		(1)	Other (specify):				
		(2)	For a total of: \$ beginning (date):	payable: \$	on the:	day of each month	
		(3)	Interest accrues on the entire	e principal balance owing and	d not on each ir	stallment as it becomes due.	
	f.	☐ The	e parent ordered to pay suppor	t owes support arrears as foll	ows. as of <i>(dat</i>	e) <i>:</i>	
		(1)	Child support: \$	Spousal support: \$, (Family support: \$	
		(2)	Interest is not included and i	s not waived.			
		(3)	Payable: \$ beginning (date):	on the:	da	y of each month	
		(4)	_	e principal balance owing and	d not on each ir	stallment as it becomes due.	
	g.		sion of this judgment/order may			ipal (total amount of unpaid supported subject to modification.	ort) or to

	PETITIONER/PLAINTIFF:			CASE NUMBER:
F	RESPONDENT/DEFENDANT:			CASE NOWIDER.
	OTHER PARENT/PARTY:			
5.	h. All payments, unless specified in item 5 (specify address):	ic(1) above, must be ma	ade to the State Disb	ursement Unit at the address listed below
	i. An earnings assignment order is iss	ued.		
	pay support must pay the fee charged b	by the private child supp exceed 50 percent of ar	oort collector. This fee ny fee charged by the	child support collector, the party ordered to e must not exceed 33 1/3 percent of the total private child support collector. The money and the party receiving support, jointly.
	k. If "The parent ordered to pay support" I	box is checked in item 5	5d, a health insurance	e coverage assignment must issue.
	/. The parents must notify the local child s	support agency in writin	g within 10 days of a	ny change in residence or employment.
	m. The form Notice of Rights and Respons Changing a Child Support Order (form		osts and Reimburser	nent Procedures) and Information Sheet on
	n The following person (the "other o The court further recommends (s		as a party to this acti	on <i>(name</i>):
Da	ate:			
				COMMISSIONER
Nu	umber of pages attached:		SIGNATURE FOLL	OWS LAST ATTACHMENT
	CLERK	'S CERTIFICATE OF	SERVICE OR MA	AILING
I ce	certify that I am not a party to this cause and t	hat		
1.	Personal service. A true copy of this	s Findings and Recomn	nendation of Commis	sioner was handed to the
		spondent/defendant	other parent/p	
	at the hearing of this matter before the	•		
2.	Mail. A true copy of this Findings and sealed envelope addressed as shown			ailed first class, postage fully prepaid, in a
	at (place):		California	
	on (date):		California,	
	on (uato).			
Da	ate:	Clerk, by		, Deputy
1			l	
	_			
	_			
I				
ı		I		
	<u>—</u>	<u>-</u>		

PARTY WITHOUT ATTORNEY OR ATTORNEY (r	name, state bar number, and address):			FOR COURT USE ONLY
NAME:	STATE BAR NO.:			
FIRM NAME:				
STREET ADDRESS:				
CITY:	STATE:	ZIP CODE:		
TELEPHONE NO.:	FAX NO.:	211 0052.		
	FAX NO			DRAFT
E-MAIL ADDRESS:			No	t approved by
ATTORNEY FOR (name):				Judicial Council
SUPERIOR COURT OF CALIFORNIA	, COUNTY OF		trie .	Judiciai Couricii
STREET ADDRESS:	•			
MAILING ADDRESS:				
CITY AND ZIP CODE:				
BRANCH NAME:				
BIVANOTIVAME.				
PETITIONER/PLAINTIFF:				
RESPONDENT/DEFENDANT:				
OTHER PARENT:				
			CASE NUMBER:	
REQUEST FOR DETE	ERMINATION OF SUPPOR	RT ARREARS		
	NOTICE	OF HEARING		
1. A hearing on this application wi	Il he held as follows (see instr	uctions on how to ge	t a hearing date):	
7. 7 (Todaming of this application wi	in be field de fellewe (eee men	adione on now to go	ta maning data).	
a. Date:	Time:	Dept:	Div:	Room:
 b. The address of the court is 	same as noted above	Other (spe	cify):	
 The local child support agency is providing support enforcement services in this case. DETERMINATION OF SUPPORT ARREARS The local child support agency states that past due support payments (arrears) are owed, as shown in the attached document. I disagree with the local child support agency's statement, and I request the court to make a determination of arrears.				
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.				
Date:				
Date:				
		L		
(TYPE OR PRINT	NAME)		(SIGNATI	JRE)

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

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.

۷.	my residence of busin	ness address is (<i>specify).</i>		
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):				rm FL-676) and all attachments as follows
a. Personal delivery. I personally delivered a copy and all attachments as follows:				s follows:
	(1) Na	ame of party or attorney served:	(2) Nar	me of local child support agency served:
	(a)) Address where delivered:	(a)	Address where delivered:
	` ') Date delivered:	(b)	Date delivered:
	``	Time delivered:	(c)	Time delivered:
				curred. I deposited this request with the U.S. Postal is mail. The envelope was addressed and mailed
(1) Name of party or attorney served: (2) Name of local child			me of local child support agency served:	
	(a)) Address:	(a)	Address:
	(b)) Date mailed:	(b)	Date mailed:
	(c)	Place of mailing (city and state):	(c)	Place of mailing (city and state):
	Verifica			declaration (<i>Declaration Regarding Address</i> itation, or Child Support Order (form FL-334) may
Ιd	eclare under penalty o	f perjury under the laws of the State of Califo	ornia that the for	egoing is true and correct.
Da	ate:			
			•	
_	(TYPE	E OR PRINT NAME)	<u> </u>	(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 <u>Family Law Facilitator's</u> Office in your county. For more information on finding a family law facilitator, see the California Courts Online Self-Help Center at <u>www.courts.ca.gov/selfhelp</u>.

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.

<u>Front page, second box, left side:</u> 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.

<u>Front page, third box, left side:</u> 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.

<u>Front page, second box, right side:</u> 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.

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

<u>Top of second page, box on right side:</u> 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.**

DRAFT
Not approved by
the Judicial Council

Page 1 of 1

www.courts.ca.gov

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.: E-MAIL ADDRESS: ATTORNEY FOR (name):	DRAFT			
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	Not approved by the Judicial Council			
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:				
ORDER AFTER HEARING	CASE NUMBER:			
1. This matter proceeded as follows: a. Date: Dept.: Judicial office b. Petitioner/plaintiff present C. Respondent/defendant present d. Other parent/party present 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 				
(b) The parent ordered to pay support must pay reasonable uninsured health- One-half or % or (specify amount).	per month of the costs. rement Unit child-care provider. care costs for the children, as follows: per month of the costs. rement Unit health-care provider.			

RES	PETITIONER/PLAINTIFF: SPONDENT/DEFENDANT: OTHER PARENT/PARTY:	CASE NUMBER:
4. b.	(2) Other (specify):	
	 (3) For a total of: \$ payable on the: day of eabeginning (date): (4) The low-income adjustment applies. The low-income adjustment does not apply because (specific reasons): 	ich month
c. d.	The parent ordered to pay support The parent receiving support must coverage for the children if available at no or reasonable cost, and keep the local availability of the coverage (the cost is presumed to be reasonable if it does not child); (2) if health insurance is not available, provide coverage when it becomes child support agency's request, complete and return a health insurance form; (4 all information and forms necessary to obtain health-care services for the children or reimbursement to the other parent or caretaker who incurs costs for health-care any rights to reimbursement to the other parent or caretaker who incurs costs for parent ordered to provide health insurance must seek continuation of coverage when the child is no longer considered eligible for coverage as a dependent unclincapable of self-sustaining employment because of a physically or mentally dischiefly dependent upon the parent providing health insurance for support and must be parent ordered to pay support owes support arrears as follows, as of (date). [1] Child support: \$ Spousal support: \$	(1) provide and maintain health insurance all child support agency informed of the exceed 5 percent of gross income to add a savailable; (3) within 20 days of the local provide to the local child support agency en; (5) present any claim to secure payment are services for the children; and (6) assign r health-care services for the children. The for the child after the child attains the age ler the insurance contract, if the child is abling injury, illness, or condition and is aintenance.
	 (2) Interest is not included and is not waived. (3) Payable: \$ on the: day of each r beginning (date): (4) Interest accrues on the entire principal balance owing and not on each result. 	
e.	No provision of this order may operate to limit any right to collect the principal (total a collect interest and penalties as allowed by law. All payments ordered are subject to	
f.	All payments, unless specified in item 4b(1) above, must be made to the State Disbur (specify address):	sement Unit at the address listed below
g.	An earnings assignment order is issued.	
h.	In the event that there is a contract between a party receiving support and a private of pay support must pay the fee charged by the private child support collector. This fee amount of past due support nor may it exceed 50 percent of any fee charged by the	must not exceed 33 1/3 percent of the total

judgment created by this provision is in favor of the private child support collector and the party receiving support, jointly.

PETITIONER/PLAINTIFF:		CASE NUMBER:	
RESPONDENT/DEFENDANT:			
OTHER PARENT/PARTY:			
4. i. If "The parent ordered to pay support" box is checked in	item 4c, a health insurance co	overage assignment must issue.	
j. The parents must notify the local child support agency in	writing within 10 days of any o	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.		
I The following person (the "other parent/party") is a	added as a party to this action	(name):	
m. The court further orders (specify):			
Date:			
		JUDICIAL OFFICER	
Number of pages attached:	SIGNATURE FOLI	LOWS LAST ATTACHMENT	
Approved as conforming to court order.]		
Date:			
(SIGNATURE OF ATTORNEY FOR THE PARENT ORDERS TO BAY OURSON			
(SIGNATURE OF ATTORNEY FOR THE PARENT ORDERED TO PAY SUPPORT)			

GOVERNME	ENTAL AGENCY (under Family Code, §§ 17400, 17406):	FOR COURT USE ONLY
L		
TELEPHONE	E NO.: FAX NO.:	
E-MAIL ADD		DDAET
ATTORNEY	FOR (name):	DRAFT
SUPERIO	DR COURT OF CALIFORNIA, COUNTY OF	Not approved by
	T ADDRESS: G ADDRESS:	the Judicial Council
	D ZIP CODE:	
BRA	ANCH NAME:	
PF-	TITIONER/PLAINTIFF:	
	NDENT/DEFENDANT:	
OTF	HER PARENT/PARTY:	
	SHORT FORM ORDER AFTER HEARING	CASE NUMBER:
1. This r	matter proceeded as follows: Uncontested By stipulatio	n Contested
а. р	Date: Dept: Judicial Officer:	
b. Г	Petitioner/plaintiff present Attorney present (name):	
c. [Respondent/defendant present Attorney present (name):	
d.	Other parent/party present Attorney present (name):	
е. д	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:	
		pay support in this proceeding.
b. [The parent ordered to pay support has no ability to pay support because <i>(spe</i>	
с. 🗀	The parent ordered to pay support has no ability to pay support because (specify).	
	cover the minor children in this action.	
3. THE (COURT ORDERS	
a. Al	Il orders previously made in this action will remain in full force and effect except as	s 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 d	ate.
d. [Current child support is modified to: \$ per month beginning	(date):
е.	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 separate	s from the children at issue in this case.
f	Any order to liquidate the support arrearage is suspended until further order of	of this court.
	the event that there is a contract between a party receiving support and a private	
	ay support must pay the fee charged by the private child support collector. This fee	
	nount of past due support nor may it exceed 50 percent of any fee charged by the dgment created by this provision is in favor of the private child support collector a	
-	ne parents must notify the local child support agency in writing within 10 days of a	

PETITIONER/PLAINTIFF:	CASE NUMBER:
RESPONDENT/DEFENDANT:	or of the matrix
OTHER PARENT/PARTY:	
3. i. The parent ordered to pay support is ordered to obtain hea becomes available at no or reasonable cost. The party ordered coverage for the child after the child attains the age when to dependent under the insurance contract, if the child is inca mentally disabling injury, illness or condition and is chiefly or	ered to provide health insurance must seek continuation of the child is no longer considered eligible for coverage as a pable of self-sustaining employment because of a physically or
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:
	540.
	JUDICIAL OFFICER

	1 L-032
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS:	FOR COURT USE ONLY
CITY AND ZIP CODE:	DRAFT
BRANCH NAME:	Not approved by
PETITIONER/PLAINTIFF:	the Judicial Council
RESPONDENT/DEFENDANT:	
OTHER PARENT/PARTY:	
ORDER JUDGMENT MINUTES 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 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	e Commissioner
Court reporter (name): Court clerk (name	p):
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 petition other parent/party present i. Other (specify): 	er/plaintiff respondent/defendant
2. This is a recommended order/judgment based on the objection of (specify name	e) <i>:</i>
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 ager	ncy petitioner/plaintiff
respondent/defendant other parent/party to	
Date: Time: Department:	
(specific issues): Petitioner/plaintiff Respondent/defendant Other parent/pa	arty is ordered to appear at that date and time
d The court takes the following matters under submission (specify):	.,
a The court takes the following matters under submission (specify).	
4. Order of examination The petitioner/plaintiff respondent/defendant other (specific was sworn and examined. Examination was held outside of court.	ify):
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.	admite denies perenters
7. Petitioner/plaintiff Respondent/defendant Other parent/party 8. The parents of the children named below in item 14a are (specify names):	admits denies parentage.

PETITIONER/PLAINTIFF:	CASE NUMBER:
RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	
9. Petitioner/plaintiff Respondent/defendant Other parent/party the Advisement and Waiver of Rights for Stipulation (Governmental) (form FL-694). He o agrees that a judgment may be entered in accordance with these findings.	has read, understands, and has signed or she gives up those rights and freely
10. a. Guideline support amount: \$	
b. This order is is not based on the guideline.	
C The attached <i>Guideline Findings Attachment (Governmental)</i> (form FL-693) is i	-
d. A printout, which shows the calculation of child support payable, is attached and e. The child support agreed to by the parents is below above	d must become the court's findings. the statewide child support guideline.
The amount of support that would have been ordered under the guideline formula in the support that would have been ordered under the guideline formula in the support that would have been ordered under the guideline formula in the support that would have been ordered under the guideline formula in the support that would have been ordered under the guideline formula in the support that would have been ordered under the guideline formula in the support that would have been ordered under the guideline formula in the support that would have been ordered under the guideline formula in the support that would have been ordered under the guideline formula in the support that would have been ordered under the guideline formula in the support that would have been ordered under the guideline formula in the support that would have been ordered under the guideline formula in the support of the support that would have been ordered under the guideline formula in the support of the s	ıla is: \$ per month. The
parties have been fully informed of their rights concerning child support. Neithe Neither party is receiving public assistance, and no application for public assist	
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 above the guideline, a change of circumstance will be required for the court to r	
f. The low-income adjustment applies.	nodily this order.
The low-income adjustment does not apply because (specify reasons):	
11. Arrearages from (specify date): through (specify date):	
are: \$ including interest interest not computed a	nd not waived.
THE COURT ORDERS	
12. All orders previously made in this action must remain in full force and effect except as sp	pecifically modified below
13. Genetic testing must be coordinated by the local child support agency.	defineally modified below.
a. Respondent/defendant Petitioner/plaintiff Mother of the children	n
Other (specify):	
and the minor children must each submit to genetic testing as directed by the	* * *
b The parent ordered to pay support must reimburse the local child support agen	
14. a. The parent ordered to pay support is the parent of the children listed below and	
The court finds that there is sufficient evidence that the parent ordered to listed below and therefore there is sufficient evidence to enter a support of the court finds that there is sufficient evidence to enter a support of the court finds that there is sufficient evidence that the parent ordered to	
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 actu	ual child-care costs of
(specify amount): \$ one-half (specify percent	t): percent of said costs.
Payments must be made to the State Disbursement Unit	other party children of
c. The parent ordered to pay support must pay reasonable uninsured health-care (specify amount): \$ one-half (specify percen	
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	· · · · — ·
(specify amount): \$ one-half (specify percent	t): 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 amo currently 10 percent per year.	unts at the legal rate, which is

PE	ETITIONER/PLAINTIFF:		CASE NUMBER:
RESPO	DNDENT/DEFENDANT:		
ОТ	HER PARENT/PARTY:		
14. f.	For a total of: \$ beginning (date):	payable on the:	day of each month
g.	The low-income adjustment applies.		
	The low-income adjustment does not ap	oply because (specify reasons):	
h.	Any support ordered will continue until further	order of court, unless terminated by	operation of law.
4= ==	<u> </u>		
15.	coverage for the children if available at no or ravailability of the coverage (the cost is presum child); (2) if health insurance is not available, put child support agency's request, complete and information and forms necessary to obtain hear reimbursement to the other parent or caretakerights to reimbursement to the other parent or ordered to provide health insurance must seel child is no longer considered eligible for cover self-sustaining employment because of a physupon the parent providing health insurance for	reasonable cost and keep the local of the dot of the dot of the provide coverage when it becomes a return a health insurance form; (4) patth-care services for the children; (5 or who incurs costs for health-care services for health continuation of coverage for the charge as a dependent under the insursically or mentally disabling injury, iller support and maintenance.	exceed 5 percent of gross income to add a available; (3) within 20 days of the local crovide to the local child support agency all 5) present any claim to secure payment or ervices for the children; and (6) assign any th-care services for the children. The parent hild after the child attains the age when the rance contract, if the child is incapable of ness, or condition and is chiefly dependent
16.	The parent ordered to pay support may claim		g as all child support payments are current
	as of the last day of the year for which the exe	•	
17.	Petitioner/plaintiff Respondent/defendar respondent/defendant other pare		st pay to petitioner/plaintiff
			, beginning <i>(date):</i>
	as spousal support family sup	day of each month.	, beginning (date).
	· ·	•	ariada and in the faller in a consumta.
18	The parent ordered to pay support must pay of Name of child	Period of support	eriods and in the following amounts: Amount
	Name of child	T chod 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 bala	ance owing and not on each installm	nent as it becomes due.
19.	The parent ordered to pay support owes supp	port arrears as follows, as of (date):	
a.	Child support: \$ Spousal sup		ort: \$ Other: \$
b.			ort. \$ Other. \$
	Interest is not computed and is not waived		
C.	Payable: \$	on the:	day of each month
d.	beginning (date): Interest accrues on the entire principal bal	ance owing and not on each installr	nent as it becomes due.
20. No	provision of this judgment can operate to limit ar	ny right to collect all sums owing in t	his matter as otherwise provided by law.

		FL-032	
	PETITIONER/PLAINTIFF:	CASE NUMBER:	
RI	ESPONDENT/DEFENDANT:		
	OTHER PARENT/PARTY:		
21.	All payments, unless specified in items 14b, c, and d above, must be made to the State below (specify address):	Disbursement Unit at the address listed	
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 pay support must pay the fee charged by the private child support collector. This fee mu amount of past due support nor may it exceed 50 percent of any fee charged by the privilegment created by this provision is in favor of the private child support collector and the	st not exceed 33 1/3 percent of the total vate child support collector. The money	
24.	If "The parent ordered to pay support" box is checked in item 15, a health insurance co	verage 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 are to be made as the continuance date. These job applications are to be made as the continuance date.	ations and results to the court and the local	
26.	For purposes of the licensing issue only, the parent ordered to pay support is four order in this action. The local child support agency must issue a release of license	nd to be in compliance with the support	
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 (specific	fy):	
	The parents must notify the local child support agency in writing within 10 days of any ch		
32.	The Notice of Rights and Responsibilities (Health-Care Costs and Reimbursement Proc Changing a Child Support Order (form FL-192) are attached and incorporated.	edures) and Information Sheet on	
33. 34.	The following person (the "other parent/party") is added as a party to this action (The court further orders (specify):	name):	
Apı	proved as conforming to court order.		
Da			
	•		
(SI	GNATURE OF ATTORNEY FOR THE PARENT ORDERED TO PAY SUPPORT)		
_	(SIGNATURE OF ATTORNEY FOR LOCAL CHILD SUPPORT AGENCY)	JUDICIAL OFFICER	
	Number of pages attached: Signature follo	ows last attachment.	