

**JUDICIAL COUNCIL OF CALIFORNIA
ADMINISTRATIVE OFFICE OF THE COURTS**

455 Golden Gate Avenue
San Francisco, California 94102-3688

Report

TO: Members of the Judicial Council

FROM: Family and Juvenile Law Advisory Committee
Hon. Jerilyn L. Borack and Hon. Susan D. Huguenor, Cochairs
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DATE: March 6, 2008

SUBJECT: Child Support Withholding: Revise Income Withholding for
Support and Related Instructions (revise forms FL-195/OMB No.
0970-0154 and FL-196/OMB No. 0970-0154, DV-160, FL-342, FL-350,
FL-391, FL-393, FL-450, FL-615, FL-625, FL-630, FL-665, FL-684, and
FL-687) (Action Required)

Issue Statement

In order to comply with the requirements of the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) (Pub.L. No. 104-193), the Legislature amended Family Code section 5208 to require, effective January 1, 2000, that the federal form *Order/Notice to Withhold Income for Child Support* (OMB No. 0970-0154) be used as the earnings assignment order in any action in which child or family support is ordered.¹ The form was adopted by the Judicial Council on December 2, 1999, and with the form renumbering effective January 1, 2003, it became FL-195. (FL-196 contains instructions for FL-195.) The federal Office of Management and Budget revised the form in 2007, as it does periodically, and federal mandates require that the revised version of the form be used in California. These most recent revisions include renaming the form to *Income Withholding for Support*.

Recommendation

The Family and Juvenile Law Advisory Committee recommends that the Judicial Council make the following changes to Judicial Council forms, effective July 1, 2008:

¹ PRWORA requires that states transmit orders and notices for income withholding to employers using uniform formats prescribed by the Secretary of Health and Human Services. 42 U.S.C.S. § 666(b)(6)(A)(ii). A copy of 42 U.S.C.S. § 666(b) is attached for reference at pp. 46–48; a copy of Family Code section 5208 is attached at p. 49.

1. Revise *Income Withholding for Support* (FL-195/OMB. No. 0970-0154) in order to comply with Family Code section 5208 and federal law;
2. Revise *Income Withholding for Support—Instructions* (FL-196/OMB No. 0970-1054) in order to comply with Family Code section 5208 and federal law; and
3. Insert the new name of FL-195 where it is referenced in the following forms:
 - a. DV-160, *Child Support Order—Order of Protection (Domestic Violence Prevention)*
 - b. FL-342, *Child Support Information and Order Attachment*;
 - c. FL-350, *Stipulation to Establish or Modify Child Support and Order*;
 - d. FL-391, *Information Sheet—Simplified Way to Change Child, Spousal or Family Support*;
 - e. FL-393, *Information Sheet—How to Oppose a Request to Change Child, Spousal or Family Support*;
 - f. FL-450, *Request for Hearing Regarding Earnings Assignment (Family Law—Governmental—UIFSA)*
 - g. FL-615, *Stipulation for Judgment or Supplemental Judgment Regarding Parental Obligations and Judgment (Governmental)*;
 - h. FL-625, *Stipulation and Order (Governmental)*;
 - i. FL-630, *Judgment Regarding Parental Obligations (Governmental)*;
 - j. FL-665, *Findings and Recommendation of Commissioner (Governmental)*;
 - k. FL-684, *Request for Order and Supporting Declaration (Governmental)*; and
 - l. FL-687, *Order After Hearing (Governmental)*.

The revised federal form and its instructions, as well as the revised forms that reference FL-195, are attached at pages 4–45.

Rationale for Recommendation

In 1996, the PRWORA instituted welfare reform, which included a requirement that the Office of Child Support Enforcement (OCSE) develop a standardized form to collect child support payments from an obligor’s employer. Family Code section 5208 was amended in 1999 to comply with this federal mandate and require that all child or family support orders be issued on an *Order/Notice to Withhold Income for Child Support* (FL-195/OMB No. 0970-0154) (which has since been renamed *Income Withholding for Support*.)

In 2006, OCSE convened a workgroup comprised of representatives from state and tribal child support agencies, courts and tribunals, the American Payroll Association, private and public sector employers, and private collection agencies to review the form and make any necessary revisions. (The form was last revised in 2004, and the revised form was subsequently adopted by the Judicial Council effective January 1, 2005.) The workgroup

recommended several changes, which were circulated for comment to state child support directors and to the public. The workgroup reviewed the comments and incorporated many of the recommended changes. The revisions include changing the name of the form and the order in which certain information or questions appear, making both the language and format of the form more readable, and adding the address of OCSE's Web site. A blank space was added at the right side of the form to accommodate court stamps, and additional fields were added to provide contact information in the event further information was needed. The revised form was issued on October 26, 2007, and became effective immediately.

Significant amounts of federal funding for both welfare and child support programs are contingent on compliance with federal child support program regulations, and thus it is important that state forms and procedures comply with these regulations. The federal government requires that the form be adopted without any local changes to either content or format. The form should be revised by the Judicial Council so that it can be published and made easily available along with the other Judicial Council forms, as it is a heavily used form.

Alternative Actions Considered

Because the recommended revision of *Income Withholding for Support* (FL-195/OMB No. 0970-0154) and *Income Withholding for Support—Instructions* (FL-196/OMB No. 0970-0154) is necessary to comply with federal requirements, no alternative actions were considered.

Comments From Interested Parties

The Family and Juvenile Law Advisory Committee did not circulate FL-195 or FL-196 for comment because these forms must be implemented exactly as approved by the Office of Management and Budget, without any local changes. The federal revision process included review of the forms and recommendations for changes by the U.S. Government Accountability Office, meetings of the workgroup convened by OCSE to incorporate the changes and get input from stakeholders, a public comment period, and approval by the Office of Management and Budget.

Implementation Requirements and Costs

Following established procedures, a camera-ready copy of the form will be delivered to the courts and to the commercial Judicial Council publisher. The courts will make copies available to the public. In addition, a copy of the form will be posted on the California Courts Web site. Courts will incur no costs besides the normal costs they incur in providing forms.

Attachments

allowable employer's fees.

For EFT/EDI instructions, contact the EFT/EDI office at the website listed below. **If paying by check, make check payable to:** _____ **Include this Remittance Identifier with payment:** _____ **Send check to:** _____

FIPS code (If necessary): _____

Signature (if required by State or Tribal law): _____

Print Name: _____

Title of Issuing Official: _____

If checked, you are required to provide a copy of this form to the employee/obligor. If the employee/obligor works in a State or for a Tribe that is different from the State or Tribe that issued this order, a copy must be provided to the employee/obligor even if the box is not checked.

ADDITIONAL INFORMATION FOR EMPLOYERS AND OTHER INCOME WITHHOLDERS

State-specific information may be viewed on the OCSE Employer Services website located at:
<http://www.acf.hhs.gov/programs/cse/newhire/employer/contacts/contacts.htm>

Priority: Withholding for support has priority over any other legal process under State law (or Tribal law if applicable) against the same income. If a Federal tax levy is in effect, please notify the contact person listed below.

Combining Payments: You may combine withheld amounts from more than one employee/obligor's income in a single payment to each agency/party requesting withholding. You must, however, separately identify the portion of the single payment that is attributable to each employee/obligor.

Reporting the Pay Date: You must report the pay date when sending the payment. The pay date is the date on which the amount was withheld from the employee/obligor's wages. You must comply with the law of the State (or Tribal law if applicable) of the employee/obligor's principal place of employment with respect to the time periods within which you must implement the withholding and forward the support payments.

Employee/Obligor with Multiple Support Withholdings: If there is more than one Order/Notice against this employee/obligor and you are unable to fully honor all support Orders/Notices due to federal, State, or Tribal withholding limits, you must follow the State or Tribal law/procedure of the employee/obligor's principal place of employment. You must honor all Orders/Notices to the greatest extent possible, giving priority to current support before payment of any past-due support.

Lump Sum Payments: You may be required to report and withhold from lump sum payments such as bonuses, commissions, or severance pay. Contact the agency or person listed below to determine if you are required to withhold or if you have any questions about lump sum payments.

Liability: If you have any doubts about the validity of the Order/Notice, contact the agency or person listed below. If you fail to withhold income as the Order/Notice directs, you are liable for both the accumulated amount you should have withheld from the employee/obligor's income and any other penalties set by State or Tribal law/procedure.

Anti-discrimination: You are subject to a fine determined under State or Tribal law for discharging an employee/obligor from employment, refusing to employ, or taking disciplinary action against an employee/obligor because of a child support withholding. _____

Withholding Limits: You may not withhold more than the lesser of: 1) the amounts allowed by the Federal Consumer Credit Protection Act (CCPA) (15 U.S.C. 1673(b)); or 2) the amounts allowed by the State or Tribe of the employee/obligor's principal place of employment. Disposable income is the net income left after making mandatory deductions such as: State, Federal, local taxes, Social Security taxes, statutory pension contributions and Medicare taxes. The Federal limit is 50% of the disposable income if the obligor is supporting another family and 60% of the disposable income if the obligor is not supporting another family. However, that 50% limit is increased to 55% and that 60% limit is increased to 65% if the arrears are greater than 12 weeks. If permitted by the State, you may deduct a fee for administrative costs. The support amount and the fee may not exceed the limit indicated in this section.

Employee/Obligor's Name: _____ Case Identifier: _____
Order Identifier: _____ Employer's Name: _____

Arrears greater than 12 weeks? If the *Order Information* does not indicate whether the arrears are greater than 12 weeks, then the employer should calculate the CCPA limit using the lower percentage.

For Tribal orders, you may not withhold more than the amounts allowed under the law of the issuing Tribe. For Tribal employers who receive a State order, you may not withhold more than the lesser of the limit set by the law of the jurisdiction in which the employer is located or the maximum amount permitted under section 303(d) of the CCPA (15 U.S.C. 1673 (b)).

Depending upon applicable State law, you may need to take into consideration the amounts paid for health care premiums in determining disposable income and applying appropriate withholding limits.

Additional Information:

NOTIFICATION OF TERMINATION OF EMPLOYMENT: You must promptly notify the Child Support Enforcement agency and/or the person listed below by returning this form to the correspondence address if:

- This person has never worked for this employer.
- This person no longer works for this employer.

Please provide the following information for the terminated employee:

Termination date: _____ Last known phone number: _____

Last known home address: _____

Date final payment made to the State Disbursement Unit or Tribal CSE agency: _____

Final payment amount: _____ New employer's name: _____

New employer's address:

CONTACT INFORMATION

To employer: If the employer/income withholder has any questions, contact _____
_____ by phone at _____, by fax at _____, by email or website at: _____.

Send termination notice and other correspondence to:

To employee/obligor: If the employee/obligor has questions, contact _____
_____ by phone at _____, by fax _____, by email or website at _____

INCOME WITHHOLDING FOR SUPPORT - Instructions

The Income Withholding for Support (IWO) is a standardized form used for income withholding in Tribal, intrastate, interstate, and non-governmental cases. When completing the form, include the following information:

Please note:

- For the purpose of these instructions, "State" is defined as a State or Territory.
- A blank box has been placed in the shaded box on the front page midway down under the Custodial Party (3c) field for court stamps, bar codes or other information.

- 1a. Income Withholding Order/Notice for Support (IWO) or Amended IWO. Check a box to indicate whether this is an original IWO or an amended IWO. If field 1a is checked, 1b should be left blank.
- 1b. One-Time Order/Notice - Lump Sum Payment. Check the box when the IWO is used to attach a one-time, lump sum payment. When this box is checked, enter the amount in field 14, One-Time Lump Sum Payment, in the *Order Information* section. When attaching a lump sum payment, leave fields 5a through 13d blank. If field 1b is checked, 1a should be left blank. This is a one-time collection of a lump sum payment. If there are additional lump sum payments to be attached, additional IWOs should be used to collect each lump sum payment.
- 1c. Termination of the IWO. Check the box when the income withholding has terminated. Complete all applicable identifying information to aid the employer in terminating the correct IWO.
- 1d. Date this form is completed and/or signed.
- 1e. State or Tribal Child Support Enforcement Agency, Court, Attorney, Private Individual/Entity (Check one). Check the appropriate box to indicate which entity is sending the IWO. **Note:** If the employer/income withholder receives this document from someone other than a State or Tribal CSE agency or a court, a copy of the underlying order that contains a provision authorizing income withholding must be attached. Or if under State law an attorney in that State, or if under Tribal law a Tribal legal representative, may issue an income withholding order, the attorney or Tribal legal representative must include a copy of the State or Tribal law authorizing the attorney or Tribal legal representative to issue an IWO.
- 1f. Name of State or Tribe sending this form. This must be a governmental entity of the State or a Tribal organization authorized by a Tribal government to operate a CSE program. If you are a Tribe submitting this form on behalf of another Tribe, complete line 1h.
- 1g. Case Identifier. This is a unique identifier assigned to a case. In a State CSE case this is the identifier that is reported to the Federal Case Registry (FCR). For Tribes this would be either the FCR Identifier or other applicable identifier.
- 1h. Name of the city, county or district sending this form. This must be a governmental entity of the State. Name of the Tribe authorized by a Tribal government to operate a CSE program for which this form is being sent. (Leave blank if a Tribe is not submitting this form on behalf of another Tribe).
- 1i. Order Identifier. This is a specific identifier designated by the issuing entity to identify the order. It could be a court number, docket number, or other issuer's identifier. This is an optional field.
- 1j. Name of the private individual/entity or Non IV-D Tribal CSE organization.

Fields 2 and 3 refer to the employee/obligor's employer, and case identification.

- 2a. Employer/income withholder's name.
- 2b. Employer/income withholder's mailing address, city, and state. (This may differ from the employee/obligor's work site).
- 2c. Employer/income withholder's nine-digit Federal Employer Identification Number (if available).

- 3a. Employee/obligor's last name, first name, and middle initial.
- 3b. Employee/obligor's Social Security Number (if known).
- 3c. Custodial party/obligee's last name, first name, and middle initial.
- 3 d, f, h, j, l, and n. Child's last name, first name, and middle initial. (Note: If there are more than six children for this IWO, list additional children's names and birth dates in field 31 (Additional Information).
- 3 e, g, i, k, m, and o. Child's birth date.

ORDER INFORMATION - Fields 4 through 13 refer to the dollar amount to withhold for a specific kind of support (taken directly from the support order) per specific time period.

4. Name of the State or Tribe that issued the order.
- 5a-b. Current child support dollar amount to be withheld for payment per time period that corresponds to that amount (such as per week, month, etc.).
- 6a-b. Past-due child support dollar amount to be withheld for payment per time period that corresponds to that amount.
- 6c. Check the appropriate box if arrears are greater than 12 weeks. (Yes/No)
- 7a-b. Current cash medical support dollar amount to be withheld for payment per time period that corresponds to that amount.
- 8a-b. Past-due cash medical support dollar amount to be withheld for payment per time period that corresponds to that amount.
- 9a-b. Current spousal support (alimony) dollar amount to be withheld for payment per time period that corresponds to that amount.
- 10a-b. Past-due spousal support (alimony) dollar amount to be withheld for payment per time period that corresponds to that amount.
- 11a-c. Miscellaneous obligations dollar amount to be withheld for payment per period that corresponds to that amount. Specify the obligation in field 11c.
- 12a. Total amount of deductions in fields 5a, 6a, 7a, 8a, 9a, 10a, and 11a.
- 12b. Time period that corresponds to the amount in 12a.

AMOUNTS TO WITHHOLD - Fields 13a through 13d refer to the dollar amount to be withheld for this IWO for a specific pay cycle.

- 13a. Total amount an employer should withhold if the employee/obligor is paid weekly.
- 13b. Total amount an employer should withhold if the employee/obligor is paid every two weeks.
- 13c. Total amount an employer should withhold if the employee/obligor is paid twice a month.
- 13d. Total amount an employer should withhold if the employee/obligor is paid once a month.
14. Amount to be withheld when the IWO is used to attach a one-time lump sum payment. This field should be used in conjunction with field 1b. When attaching a lump sum payment, leave fields 5a-13d blank.

REMITTANCE INFORMATION

15. Name of the State or Tribe sending this document.
16. Number of days after the effective date noted in which withholding must begin according to the State or Tribal laws/procedures for the employee/obligor's principal place of employment.
17. The effective date of the income withholding order.
18. Number of working days within which an employer/income withholder must remit amounts withheld pursuant to the State or Tribal laws/procedures of the principal place of employment.
19. Document Tracking Identifier. Unique identifier assigned by the entity for this specific document. This is an optional field used to identify the document.
20. The percentage of disposable income that may be withheld from the employee/obligor's paycheck. For State orders, the employer/income withholder may not withhold more than the lesser of: 1) the amounts allowed by the Federal Consumer Credit Protection Act (15 U.S.C. § 1673(b)); or 2) the amounts allowed by the State of the employee/obligor's principal place of employment.

For Tribal orders, the employer/income withholder may not withhold more than the amounts allowed under the law of the issuing Tribe. For Tribal employers who receive a State order, the employer/income withholder may not withhold more than the limit set by the law of the jurisdiction in which the employer is located or the maximum amount permitted under section 303(d) of the Federal Consumer Credit Protection Act (15 U.S.C. §1673 (b)).

21. Payee name. Name of State Disbursement Unit (SDU), individual, tribunal/court, or Tribal CSE agency specified in the underlying support order to which payments are required to be sent. This form must include the payment location specified by the entity authorized under State or Tribal law to issue an income withholding order. Federal law requires payments made by income withholding to be sent to the SDU except for payments for cases in which the initial child support order was entered before January 1, 1994 or payments in Tribal CSE cases.
22. Remittance Identifier. This field is required. The employer must use this identifier when remitting payments so the State or Tribe can identify and apply the payment correctly. This identifier may be the case identifier, order identifier, or other identifier designated by the State or Tribe.
23. Address of the SDU, individual, tribunal/court, or Tribal CSE agency to which payments are required to be sent. (Federal law requires payments made by income withholding to be sent to the SDU except for payments for cases in which the initial child support order was entered before January 1, 1994 or payments in Tribal CSE cases).
24. Include the Federal Information Processing Standards (FIPS) code if necessary.
25. Signature (if required by State or Tribal law) of the official authorizing this IWO.
26. Name of the official authorizing this IWO.
27. Title of the official authorizing this IWO.
28. Check this box if the State or Tribal law requires the employer to provide a copy of the IWO to the employee/obligor.

ADDITIONAL INFORMATION FOR EMPLOYERS AND OTHER INCOME WITHHOLDERS

The following fields refer to Federal, State, or Tribal laws that apply to issuing an IWO to an employer/income withholder. Any Federal, State- or Tribal-specific information may be included in the spaces provided.

29. Liability: Additional information on the penalty and/or citation for an employer who fails to comply with the IWO. The State or Tribal law/procedures of the employee/obligor's principal place of employment govern the penalty.
30. Anti-discrimination: Additional information on the penalty and/or citation to an employer who discharges, refuses

to employ, or disciplines an employee/obligor as a result of the IWO. The State or Tribal law/procedures of the employee/obligor's principal place of employment govern the penalty.

- 31. Additional Information: Any additional information, e.g., fees the employer may charge for income withholding or children's names and DOBs on this IWO if there are more than six children.

NOTIFICATION OF TERMINATION OF EMPLOYMENT SECTION

Header Information should be printed on the last page of the IWO for identification purposes when the employer returns the Notification of Termination of Employment Section. These fields include: 3a- Employee/obligor's Name, 1g – Case Identifier, 2a – Employer's Name, and 1i – Order Identifier, if provided.

The employer must complete this section when the employee/obligor's employment is terminated or if the obligor has Never worked for the employer.

Please provide the following contact information to the employer:

- 32. Name of the contact person for the employer to call for information regarding the IWO.
- 33. Phone number of the contact person.
- 34. Fax number of the contact person.
- 35. Email or website address of the contact person/agency.
- 36. Correspondence address. This is the address to which the employer should return the termination notice. It is also the address that the employer should use to correspond with the issuing entity.

Please provide the following contact information to the employee/obligor:

- 37. Name of the contact person for the employee/obligor to call for information.
- 38. Phone number of the contact person.
- 39. Fax number of the contact person.
- 40. Email or website address of the contact person/agency.

If the employer is a Federal government agency, the following instructions apply:

- The IWO should be sent to the address listed on the document, *Federal Agencies- Addresses for Income Withholding Purposes*, on the Office of Child Support Enforcement (OCSE) website at <http://www.acf.hhs.gov/programs/cse/newhire/ndnh/ndnh.htm>.
- Sufficient information must be provided for the employee/obligor to be identified. It is recommended that the following information be provided if known and if applicable:
 - (1) full name of the employee/obligor; (2) date of birth; (3) employment number, Department of Veterans Affairs claim number, or Federal retirement claim number; (4) component of the government entity for which the employee/obligor works, and the official duty station or worksite; and (5) status of the employee, e.g., employee, former employee, or retired employee.
- The Federal government agency may withhold from a variety of incomes and forms of payment, including voluntary separation incentive payments (buy-out payments), incentive pay, and cash awards. For a more complete list, see 5 Code of Federal Regulations (CFR) 581.103.

The Paperwork Reduction Act of 1995

This information collection is conducted in accordance with 45 CFR 303.100 of the Child Support Enforcement Program. Standard forms are designed to provide uniformity and standardization for interstate case processing. Public reporting burden for this collection of information is estimated to average one hour per

response. The responses to this collection are mandatory in accordance with 45 CFR 303.7. This information is subject to State and Federal confidentiality requirements; however, the information will be filed with the tribunal and/or agency in the responding State and may, depending on State law, be disclosed to other parties.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Case Number: _____

DV-160

**Child Support Order—
Order of Protection**

This form is attached to DV-130, Item 10.

① Protected person's name: _____ Mother Father _____

② Restrained person's name: _____ Mother Father _____

The court used the information below to calculate child support.

③ A printout of a computer calculation is attached. (Skip to ⑦ if the printout is attached, and do not complete ④ or ⑥.)

④ **Monthly income**

	Gross income	Net income	Capable of earning	TANF/CalWORKS
Person listed in ①	\$ _____	\$ _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Person listed in ②	\$ _____	\$ _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

⑤ **Children of parents listed in ① and ②:**

a. Number of children covered by this order: _____

b. Those children spend _____ % of time with person in ① and _____ % with person in ②

⑥ **Hardships** considered by the court:

Person in ① Person in ② Explain or attach explanation

a. Support for other minor children in the home \$ _____ \$ _____ _____

b. Extraordinary medical expenses \$ _____ \$ _____ _____

c. Catastrophic losses \$ _____ \$ _____ _____

d. Other (specify): _____

⑦ The **total guideline calculation** for all children (not including additional support) is \$ _____

⑧ A **Non-Guideline Order** is appropriate instead of the guideline calculation in ⑦. This order is different from the statewide child support guideline set forth in Family Code section 4055.

⑨ **Other findings:** _____

The Court Orders:

⑩ **Low-Income Adjustment**

a. The low-income adjustment applies.

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

This is a Court Order.

Your name: _____

11 A **Non-Guideline Order** of \$ _____ per month is ordered instead of the guideline calculation in 7. This order does not meet the child support guideline set forth in Family Code section 4055. **Form FL-342(A) (Non-Guideline Child Support Findings Attachment)** is attached.

12 **Basic child support**

a. Person in 1 Person in 2 will pay child support for:

Child's name	Date of birth	Monthly amount	Payable to:
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

b. Additional children are listed on a separate page.

c. Starting (date): _____ support must be paid to:

- person in 1 person in 2 local child support agency Other: _____
- By the 1st of each month
- 50% on the 1st and 50% on the 15th of each month
- By earnings assignment order (order to withhold income)
- Other (specify): _____

13 **Additional child support**

(Write the specific amount. If the specific amount is not available, enter a percentage. The local child support agency can collect only fixed dollar amounts, not percentages.)

a. **Costs**

Person listed in 1 Person listed in 2 Other arrangements:

<input type="checkbox"/> Child-care expenses	\$ _____ or _____ %	\$ _____ or _____ %	_____
<input type="checkbox"/> Children's uninsured health-care expenses	\$ _____ or _____ %	\$ _____ or _____ %	_____
<input type="checkbox"/> Children's educational/other special needs	\$ _____ or _____ %	\$ _____ or _____ %	_____
<input type="checkbox"/> Travel expenses for visitation	\$ _____ or _____ %	\$ _____ or _____ %	_____
<input type="checkbox"/> Other (specify): _____	\$ _____ or _____ %	\$ _____ or _____ %	_____

b. Starting (date): _____ these support payments must be paid to:

- person in 1 person in 2 local child support agency Other: _____
- By the 1st of each month
- 50% on the 1st and 50% on the 15th of each month
- By earnings assignment order (order to withhold income)
- Other (specify): _____

All payments to the local child support agency must be made to:

This is a Court Order.

**Child Support Order—
Order of Protection
(Domestic Violence Prevention)**



Your name: _____

- 14** **Total Child Support Order**
- a. Total basic child support is \$ _____/month.
- b. Total additional child support is \$ _____/month (and/or the percentages listed in **13**).
- c. **Total Child Support Order**
(basic and additional child support) is \$ _____/month, payable as listed in **12** and **13**.

Notice:

If you are late in paying child support, interest on overdue amounts will add up at the legal rate, which is currently 10% per year.

This support order will continue until:

- There is a different court order *or*
- The child marries, dies, turns 19, or is emancipated *or*
- The child turns 18 and is not a full-time high school student.

- 15** **Health-care expenses**
- a. Person in **1** Person in **2** will provide and keep health insurance for the children if it is available at no or reasonable cost through work or a group plan, including group plans available through self-employment. Both parents will cooperate to complete health-care claims as stated on **page 5** (Notice of Rights and Responsibilities: Health-Care Costs and Reimbursement Procedures). Parents may have peaceful written contact with each other in order to complete insurance claims.
- b. No health insurance is available to person in **1** person in **2** at a reasonable cost now.
- c. The parent with insurance will give the right of reimbursement to the other parent.
- d. Other (*specify*): _____

- 16** **Earnings Assignment Order (Order to Withhold Income)**
- a. A form **FL-195/OMB No. 0970-0154, Income Withholding for Support**, will be issued.
Note: The parent paying child support must pay support to the other parent until support payments are deducted from the paying parent's wages, and must pay any support owed that is not covered by the earnings assignment.
- b. If the parent paying support is more than _____ days late in making a payment, the earnings assignment order will be served.
- c. There will be a **Qualified Medical Child Support Order** payable to:
 person in **1** person in **2**

- 17** **Employment Search Order**
- Person in **1** Person in **2** is ordered to seek employment as stated in the attachment as follows:

- 18** **Other orders**

This is a Court Order.



Case Number:

Your name: _____

- 19 These **required attachments** are attached and are a part of this order:
Notice of Rights and Responsibilities: Health-Care Costs and Reimbursement Procedures (pages 5 and 6)
Information Sheet on Changing a Child Support Order (pages 7 and 8)

20 **Notice Regarding Child Support Case Registry**

If there is a case open in the local child support agency, the parents must notify the local child support agency in writing within 10 days of any change in residence or employment.

If there is no open case in the local child support agency, both parties must complete and file with the court form FL-191, *Child Support Case Registry Form*, 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.

This is a Court Order.



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

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

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

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

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

5. Disputed charges. If you dispute a charge, you may file a motion in court to resolve the dispute, but only if you pay that charge before filing your motion. If you claim that the other party has failed to

reimburse you for a payment, or the other party has failed to make a payment to the provider after proper notice has been given, you may file a motion in court to resolve the dispute. The court will presume that if uninsured costs have been paid, those costs were reasonable. The court may award attorney fees and costs against a party who has been unreasonable.

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

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

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

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

Si usted tiene una orden de manutención de menores que disponga la devolución de costos incurridos por servicios de salud para menores y costos no cubiertos por el seguro médico, la ley dice lo siguiente:

1. Aviso. Se debe dar al otro padre una factura detallada relacionando los costos cobrados por servicios de salud que no estén cubiertos por seguro médico. Esta factura se le debe dar al otro padre con antelación razonable y no más tarde de 30 días después de haber recibido dichos cobros de pago.

2. Comprobante de pago total. Si usted ya pagó todos los costos de salud correspondientes a individuos no asegurados, deberá: (1) proporcionar al otro padre el comprobante de haber pagado y (2) pedirle al otro padre que le pague la porción de los costos que al otro padre le corresponda, según la orden del tribunal.

3. Comprobante de pago parcial. Si sólo pagó su porción de los costos no cubiertos por el seguro, debe: (1) darle al otro padre un comprobante indicando que ya pagó dicha porción, (2) pedir al otro padre que pague directamente al proveedor de servicios médicos la parte de los costos que al otro padre le corresponda y (3) darle al otro padre la información necesaria para que pague la factura.

4. Pago que le corresponde al padre notificado. Si usted recibe notificación del otro padre indicando costos incurridos por servicios de salud para individuos sin seguro, deberá pagar la porción que le corresponde a usted dentro del plazo ordenado por el tribunal, o si el tribunal no especifica un plazo, usted deberá pagar dichos costos, ya sea, (1) a más tardar en 30 días, desde la fecha en que recibió la notificación sobre los costos por pagar, (2) según un horario de pagos fijado por el proveedor de servicios de salud, (3) según un horario acordado por escrito entre usted y el otro padre o (4) según el horario adoptado por el tribunal.

5. Cuando se disputan los costos. Si usted disputa un costo, puede presentar al tribunal una moción (o pedimento) para resolver la disputa. Sólo podrá hacer esto, si paga el costo antes de presentar la moción.

Si su reclamo consiste en que la otra parte no le ha pagado a usted por un costo, o que no le ha pagado al proveedor de servicios de salud después de la notificación apropiada, usted puede presentar una moción ante el tribunal para resolver la disputa. El tribunal asumirá que si los costos ya se han pagado, dichos costos han sido razonables. Si una persona se comporta de una manera que no sea razonable, el tribunal puede imponerle que pague honorarios de abogado.

6. Cobertura de seguro por orden de tribunal. Si un padre tiene seguro de salud por orden del tribunal, ese seguro se usará todo el tiempo, siempre que esté disponible para cubrir los costos de servicios de salud.

a. Responsabilidad de comprobar. La responsabilidad de comprobar ante el tribunal que la cobertura de servicios de salud es inadecuada para los menores recae sobre la parte que reclama que es inadecuada.

b. Costos de cobertura adicional. Si uno de los padres compra un seguro de salud adicional al que haya sido ordenado por el tribunal, tal padre deberá pagar todo el costo de la cobertura adicional. Y si uno de los padres usa una manera alterna para cubrir gastos médicos que cuestan más que la cobertura dispuesta por el tribunal, dicho padre tendrá que pagar la diferencia.

7. Proveedor preferido para servicios de salud. Si la orden del tribunal especifica un proveedor preferido para servicios de salud, dicho proveedor deberá usarse siempre, según los términos de la póliza del seguro de salud. Si una de las partes decide usar un proveedor que no sea el preferido e incurre costos que podrían haber sido cubiertos por el proveedor preferido si se hubieran utilizado sus servicios, dicha parte asumirá la responsabilidad de cubrir los costos incurridos.

General information. The court has just made a child support order in your case. This order will remain the same unless a party to the action requests that the support be changed (modified). An order for child support can be modified only by filing a motion to change child support and serving each party involved in your case. If both parents and the local child support agency (if it is involved) agree on a new child support amount, you can complete, have all parties sign, and file with the court a *Stipulation to Establish or Modify Child Support and Order* (form FL-350) or *Stipulation and Order (Governmental)* (form FL-625).

When a child support order may be modified. The court takes several things into account when ordering the payment of child support. First, the number of children is considered. Next, the net incomes of both parents are determined, along with the percentage of time each parent has physical custody of the children. The court considers both parties' tax filing status and may consider hardships, such as a child of another relationship. An existing order for child support may be modified when the net income of one of the parents changes significantly, the parenting schedule changes significantly, or a new child is born.

Examples

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

How to Change a Child Support Order

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

What forms do I need?

If you are asking the court to change a child support order open with the local child support agency, you must fill out one of these forms:

- FL-680, *Notice of Motion (Governmental)* or FL-683 *Order to Show Cause (Governmental)* and
- FL-684, *Request for Order and Supporting Declaration (Governmental)*

If you are asking the court to change a child support order that is **not** open with the local child support agency, you must fill out one of these forms:

- FL-301, *Notice of Motion* or FL-300, *Order to Show Cause* and
- FL-310, *Application for Order and Supporting Declaration* or
- FL-390, *Notice of Motion and Motion for Simplified Modification of Order for Child, Spousal, or Family Support*

You must also fill out one of these forms:

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

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

Talk to the family law facilitator at your court.

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

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

- Form FW-001, *Application for Waiver of Court Fees and Costs*
- Form FW-003, *Order on Application for Waiver of Court Fees and costs*

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

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

The server must also serve blank copies of these forms:

- FL-320, *Responsive Declaration to Order to Show Cause or Notice of Motion* and FL-150, *Income and Expense Declaration*, or
- FL-155, *Financial Statement (Simplified)*

Then the server fills out and signs a *Proof of Service* (form FL-330 or FL-335). Take this form to the clerk and file it.

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

- FL-340, *Findings and Order After Hearing* and
- FL-342, *Child Support Information and Order Attachment*

Need help?

Contact the family law facilitator in your county or call your county's bar association and ask for an experienced family lawyer.

Información general

El tribunal acaba de dar una orden judicial sobre manutención de menores en esta causa. Esta orden permanecerá en efecto, a menos que alguna de las partes de la causa pida que se modifique. Sólo se puede modificar una orden de manutención de menores si se presenta ante el tribunal una moción (o pedimento) de modificación de manutención y si se da una copia de dicha moción a las partes interesadas en la causa. Si ambos padres llegan a un común acuerdo sobre una suma y si la agencia local que vigila la manutención de menores también acepta el acuerdo (si dicha agencia participa), se puede llenar y hacer que cada una de las partes firme una *Estipulación para Establecer o Modificar una Orden de Manutención de Menores* (formulario FL-350) o llenar y hacer que cada una de las partes firme una *Estipulación y Orden (Documento gubernamental)* (formulario FL-625).

¿Cuándo se puede modificar una orden de manutención de menores?

El juez toma varios factores en consideración cuando emite una orden judicial sobre el pago de manutención de menores. Primero, considera, el número de hijos. Luego, determina los ingresos de ambos padres y el porcentaje del tiempo que cada padre asume la custodia física de los hijos. El tribunal estudia el estado tributario (pago de impuestos) de ambas partes y puede tener en cuenta factores de dificultad económica, tales como la existencia de hijos de otra relación. Se puede modificar la orden de manutención de menores si ocurre un cambio considerable en los ingresos netos de uno de los padres, un cambio considerable en el tiempo que los menores pasan con cada uno de los padres, o cuando nace un nuevo hijo.

Ejemplos:

Si a usted se le ha ordenado pagar \$500 mensuales de manutención de menores y luego pierde su empleo, continuará debiendo \$500 mensuales. Además usted deberá el 10% de intereses de la suma de manutención adeudada, a menos que presente una moción pidiendo que se modifique y se reduzca la suma de manutención y que el tribunal ordene dicha reducción.

Si usted está recibiendo \$300 mensuales por manutención de menores provenientes del otro padre y los ingresos de ese padre aumentan considerablemente, usted continuará recibiendo \$300 mensuales, a menos que usted presente una moción para modificar la orden y que el tribunal ordene el aumento de la suma de manutención de menores.

Si paga manutención de menores basándose en que pasa un 30% de tiempo asumiendo la custodia parcial de sus hijos y después de varios meses, resulta que en efecto pasa el 50% del tiempo a cargo de la custodia física de sus hijos, en dado caso, podrá presentar una moción pidiendo que se reduzca la suma de manutención.

Cómo modificar una orden existente de manutención de hijos menores

Para modificar una orden de manutención de hijos menores usted debe presentar documentos ante el tribunal. Recuerde: Usted tiene la obligación de cumplir la orden judicial existente.

¿Qué formularios necesita?

Si está pidiendo que el tribunal modifique una orden de manutención cuyo caso está abierto en la agencia local que vigila la manutención de menores, deberá llenar los siguientes formularios:

- FL-680 Aviso de petición (Gubernamental) o FL-683 Orden de motivos justificativos (Gubernamental) y
- FL-684 Solicitud de orden y declaración de respaldo

Si está pidiendo que el tribunal modifique una orden de manutención cuyo caso **no** está abierto en la agencia local que vigila la manutención de menores, deberá llenar los siguientes formularios:

- FL-301 Aviso de petición o FL-300 Orden de motivos justificativos y
- FL-310 Solicitud para una orden y declaración de respaldo (Derecho de familia -Paternidad uniforme) o
- FL-390 Aviso de petición y petición simplificada de modificación de orden de manutención de hijos menores, de cónyuge o de familia

También deberá llenar uno de los siguientes formularios:

- FL-150 Declaración de ingresos y gastos o FL-155 Declaración sobre finanzas (Simplificada)

¿Qué puedo hacer si no sé qué formulario llenar?

Hable con el asesor legal del tribunal de familia.

Después de llenar los formularios, radíquelos en el tribunal y pida una audiencia ante el tribunal. Escriba la fecha de su audiencia en su formulario. En la secretaría le pedirán que pague la cuota de radicación. Si no tiene los medios para pagar la cuota, llene también los siguientes formularios:

- Formulario 982(a)(17) Solicitud de exención de cuotas y costos judiciales
- Formulario 982(a)(18) Orden de exoneración de cuotas y costos judiciales

Usted tiene que hacer la "entrega legal" de los formularios de

modificación al otro padre. Si la agencia local que vigila la manutención de hijos menores participa en la causa, entregue también los documentos a esa agencia.

Esto significa que una persona de no menos de 18 años (**y que no sea usted mismo**) debe entregar copias de los formularios por lo menos **16 días hábiles del tribunal** antes de la audiencia. Se deben añadir **5 días calendarios** más si la entrega se hace por correo postal dentro de California (véase Código Civil de Procedimientos, sección 1005 para ver otras situaciones). Los **días hábiles del tribunal** son los días cuando el tribunal está funcionando, de lunes a viernes, exceptuando los días feriados. Los **días calendarios** son todos los días de la semana, incluyendo los fines de semana y los días feriados. Para obtener mayor información, visite: www.courtinfo.ca.gov/selfhelp/courtcalendars

La persona que haga entrega de la copia de los documentos deberá entregar copias de los siguientes formularios:

- FL-320 Declaración de respuesta y FL-150 Declaración de ingresos y gastos, o
- FL-155 Declaración de finanzas (Simplificada)

La persona que hace la entrega entonces llena y firma el comprobante de entrega (formularios FL-330 o FL-335). Luego, usted lleva este documento a la secretaría del tribunal para radicarlo.

Vaya a su audiencia ante el tribunal y pida al juez que modifique la manutención.

Lleve consigo sus formularios más recientes de declaración de impuestos federales de los últimos dos años y sus talones de pago de los últimos dos meses. El juez estudiará la información presentada, escuchará a ambos padres y emitirá una orden. Después de la audiencia usted debe llenar los formularios:

- FL-340 Conclusiones y orden después de la audiencia y
- FL-342 Documento adjunto con información sobre manutención de menores y orden judicial.

¿Necesita ayuda?

Consulte con el Asesor Legal del Tribunal de Familia de su condado o llame al colegio de abogados de su condado y pida un abogado con experiencia en el tribunal de familia.

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

Attachment to Findings and Order After Hearing Restraining Order After Hearing (CLETS)
 Judgment Other

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</u>	<u>Net monthly</u>	<u>Receiving</u>
a. Each parent's monthly income is as follows:	<u>income</u>	<u>income</u>	<u>TANF/CalWORKS</u>
petitioner/plaintiff:	\$	\$	<input type="text"/>
respondent/defendant:	\$	\$	<input type="text"/>
other parent:	\$	\$	<input type="text"/>

b. Imputation of income. The court finds that the petitioner/plaintiff respondent/defendant
 other parent 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 _____ %

4. **Hardships**

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

	<u>petitioner/ plaintiff</u>	<u>respondent/ defendant</u>	<u>other parent</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 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*): _____

b. **Mandatory additional child support**

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

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

THIS IS A COURT ORDER.

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

6. b. Mandatory additional child support (continued)

- (2) Reasonable uninsured health-care costs for the children
- | | | |
|--|---|------------|
| <input type="checkbox"/> Petitioner/plaintiff must pay: | % of total or <input type="checkbox"/> \$ | per month. |
| <input type="checkbox"/> Respondent/defendant must pay: | % of total or <input type="checkbox"/> \$ | per month. |
| <input type="checkbox"/> Other parent must pay: | % of total or <input type="checkbox"/> \$ | per month. |
| <input type="checkbox"/> Costs to be paid as follows (<i>specify</i>): | | |

c. Additional child support

- (1) Costs related to the educational or other special needs of the children
- | | | |
|--|---|------------|
| <input type="checkbox"/> Petitioner/plaintiff must pay: | % of total or <input type="checkbox"/> \$ | per month. |
| <input type="checkbox"/> Respondent/defendant must pay: | % of total or <input type="checkbox"/> \$ | per month. |
| <input type="checkbox"/> Other parent must pay: | % of total or <input type="checkbox"/> \$ | per month. |
| <input type="checkbox"/> Costs to be paid as follows (<i>specify</i>): | | |
- (2) Travel expenses for visitation
- | | | |
|--|---|------------|
| <input type="checkbox"/> Petitioner/plaintiff must pay: | % of total or <input type="checkbox"/> \$ | per month. |
| <input type="checkbox"/> Respondent/defendant must pay: | % of total or <input type="checkbox"/> \$ | per month. |
| <input type="checkbox"/> Other parent must pay: | % of total or <input type="checkbox"/> \$ | per month. |
| <input type="checkbox"/> Costs to be paid as follows (<i>specify</i>): | | |

Total child support per month: \$

7. Health-Care Expenses

- a. Health insurance coverage for the minor children of the parties must be maintained by the petitioner/plaintiff respondent/defendant other parent 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.
- b. Health insurance is not available to the petitioner/plaintiff respondent/defendant other parent 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 *Income Withholding for Support* (form FL-195) must issue. **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 any support not paid by the assignment.

9. Non-Guideline Order

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

10. Employment Search Order (Family Code, § 4505)

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

11. Other Orders (*specify*):

12. Required Attachments

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.

13. Child Support Case Registry Form

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

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

THIS IS A COURT ORDER.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY <p style="font-size: 1.2em; font-weight: bold;">Draft 1 022708 icb Not Approved by the Judicial Council</p>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	
STIPULATION TO ESTABLISH OR MODIFY CHILD SUPPORT AND ORDER	CASE NUMBER: _____

1. a. Mother's net monthly disposable income: \$ _____
 Father's net monthly disposable income: \$ _____
 -OR-
 b. A printout of a computer calculation of the parents' financial circumstances is attached.

2. Percentage of time each parent has primary responsibility for the children: Mother _____ % Father _____ %

3. a. A hardship is being experienced by the mother for: \$ _____ per month because of (specify): _____
 The hardship will last until (date): _____

b. A hardship is being experienced by the father for: \$ _____ per month because of (specify): _____
 The hardship will last until (date): _____

4. The amount of child support payable by (name): _____, referred to as the "obligor" below,
 as calculated under the guideline is: \$ _____ per month.

5. We agree to guideline support.

6. The guideline amount should be rebutted because of the following:
 a. We agree to child support in the amount of: \$ _____ per month; the agreement is in the best interest of the children; the needs of the children will be adequately met by the agreed amount; and application of the guideline would be unjust or inappropriate in this case.
 b. Other rebutting factors (specify): _____

7. Obligor must pay child support as follows beginning (date): _____

a. BASIC CHILD SUPPORT	<u>Child's name</u>	<u>Monthly amount</u>	<u>Payable to (name)</u>

Total: \$ _____ payable on the first of the month other (specify): _____

b. In addition obligor must pay the following:
 \$ _____ per month for child care costs to (name): _____ on (date): _____
 \$ _____ per month for health care costs not deducted from gross income to (name): _____ on (date): _____
 \$ _____ per month for special educational or other needs of the children to (name): _____ on (date): _____
 other (specify): _____

c. **Total monthly child support** payable by obligor will be: \$ _____
 payable on the first of the month other (specify): _____

PETITIONER/PLAINTIFF: _____ RESPONDENT/DEFENDANT:	CASE NUMBER: _____
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8. a. Health insurance will be maintained by *(specify name)*:
- b. A health insurance coverage assignment will issue if available through employment or other group plan or otherwise available at reasonable cost. Both parents are ordered to cooperate in the presentation, collection, and reimbursement of any medical claims.
- c. Any health expenses not paid by insurance will be shared: Mother % Father %
9. a. An *Income Withholding for Support* (form FL-195) will be 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. Travel expenses for visitation will be shared: Mother % Father %
11. 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.
12. Other *(specify)*:
13. We agree that we are fully informed of our rights under the California child support guidelines.
14. We make this agreement freely without coercion or duress.
15. The right to support
- a. has not been assigned to any county and no application for public assistance is pending.
- b. has been assigned or an application for public assistance is pending in *(county name)*:
If you checked b., an attorney for the local child support agency must sign below, joining in this agreement.

Date: _____

(TYPE OR PRINT NAME)	▶	(SIGNATURE OF ATTORNEY FOR LOCAL CHILD SUPPORT AGENCY)
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Notice: If the amount agreed to is less than the guideline amount, no change of circumstances need be shown to obtain a change in the support order to a higher amount. If the order is above the guideline, a change of circumstances will be required to modify this order. This form must be signed by the court to be effective.

Date: (TYPE OR PRINT NAME)	▶	(SIGNATURE OF PETITIONER)
Date: (TYPE OR PRINT NAME)	▶	(SIGNATURE OF RESPONDENT)
Date: (TYPE OR PRINT NAME)	▶	(SIGNATURE OF ATTORNEY FOR PETITIONER)
Date: (TYPE OR PRINT NAME)	▶	(SIGNATURE OF ATTORNEY FOR RESPONDENT)

THE COURT ORDERS

16. a. The guideline child support amount in item 4 is rebutted by the factors stated in item 6.
- b. Items 7 through 12 are ordered. All child support payments must continue until further order of the court, or until the child marries, dies, is emancipated, or reaches age 18. The duty of support continues as to an unmarried child who has attained the age of 18 years, is a full-time high school student, and resides with a parent, until the time the child completes the 12th grade or attains the age of 19 years, whichever first occurs. Except as modified by this stipulation, all provisions of any previous orders made in this action will remain in effect.

Date:	_____	JUDGE OF THE SUPERIOR COURT
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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. This can be a large added amount.

INFORMATION SHEET

SIMPLIFIED WAY TO CHANGE CHILD, SPOUSAL, OR FAMILY SUPPORT

New laws make it easier for a person to ask the court to raise or lower the amount paid for child, spousal, or family support.

How to Ask for a Change

1. Get copies of these forms:
 - *Notice of Motion and Motion for Simplified Modification of Order for Child, Spousal, or Family Support* (“*Notice of Motion*”) (form FL-390).
 - *Responsive Declaration to Motion for Simplified Modification for Child, Spousal, or Family Support* (form FL-392).
 - *Findings and Order After Hearing* (form FL-340) and *Child Support Information and Order Attachment* (form FL-342).
 - *Financial Statement (Simplified)* (form FL-155) or *Income and Expense Declaration* (form FL-150).

The court clerk’s office, the office of the family law facilitator, or the local child support agency can tell you where to get these forms. You can get them at the Judicial Council website: www.courtinfo.ca.gov
2. Fill out and sign the form *Notice of Motion*. **Check with your local court clerk’s office or the office of the family law facilitator to see if the forms must be typewritten.**
3. Fill out the form *Financial Statement (Simplified)*, if you are allowed to use the form. See the instructions on the back side of the form to see if you qualify; otherwise you must fill out the *Income and Expense Declaration*. You must attach copies of your most recent W-2 form(s) and three most recent paycheck stubs, to the form *Financial Statement (Simplified)* or the form *Income and Expense Declaration*.
4. You must schedule a hearing date with your court clerk’s office before filing and serving these papers. You must enter the hearing date in item 1 of the *Notice of Motion*.
5. Make at least three copies of these forms after you have completed them:
 - *Notice of Motion and Motion for Simplified Modification of Order for Child, Spousal, or Family Support* (form FL-390).
 - *Financial Statement (Simplified)* (form FL-155) or *Income and Expense Declaration* (form FL-150).
6. You must have one copy of each of the following papers served on the local child support agency **and on the other party**, if the other party is not the county:
 - Your *Notice of Motion and Motion for Simplified Modification of Order for Child, Spousal, or Family Support* (form FL-390).
 - Your *Financial Statement (Simplified)* (form FL-155) or *Income and Expense Declaration* (form FL-150).
 - A blank *Responsive Declaration to Motion for Simplified Modification of Order for Child, Spousal, or Family Support* (form FL-392).
 - A blank *Financial Statement (Simplified)* (form FL-155) or *Income and Expense Declaration* (form FL-150).
 - *Information Sheet—How to Oppose a Request to Change Child, Spousal, or Family Support* (form FL-393).

For instructions on how to serve these papers properly, see the information box on the Proof of Service, found on the reverse of the *Notice of Motion* (form FL-390). Whoever serves the papers should fill out and must sign the Proof of Service.
7. Take the original of each of the completed forms to the court clerk’s office for filing. If you or your attorney have not filed any other papers in the case, you must do one or more of the following:
 - Pay a first appearance filing fee to the court clerk when you go to file these papers (you can find out what the amount of the fee is from the court clerk’s office or the office of the family law facilitator); or
 - Pay a fee to file this motion with the court clerk, even if you or your attorney have already filed papers in this case; or
 - Apply for a fee waiver. For more information on how to request a waiver of the filing fees, get the form *Information Sheet on Waiver of Court Fees and Costs* (form FW-001-INFO).

Using an Attorney

If you use this method to modify support, you may hire an attorney to represent you in court, or you may represent yourself. If you hire an attorney, you will have to pay the cost. The court will not provide you with a free attorney.

If the county is the other party, and if one of the parties is receiving welfare benefits, or if one of the parties has asked the local child support agency to enforce support, a representative from the local child support agency will be present at the hearing.

REMEMBER: The local child support agency does not represent any individual in this lawsuit, including the child, the child's mother, or the child's father.

Agreeing to Support Before the Hearing

A court hearing may not be necessary to modify the current support order, if you are able to reach an agreement with the other party. Note that if an agreement is reached with the other party, you must prepare an order and submit it to the court for the judge's signature and file the order with the court clerk's office. If one of the parties is receiving welfare benefits or the local child support agency is enforcing the support order, the local child support agency must sign the agreement before it is filed with the court.

Hearing

Even if neither the local child support agency nor the other party has filed a response to your *Notice of Motion*, the judge may still require a hearing. Make sure you bring with you a copy of your *Notice of Motion* (form FL-390), *Financial Statement (Simplified)* (form FL-155) or *Income and Expense Declaration* (form FL-150), your most recent federal and state income tax returns and W-2 form(s), and three most recent paycheck stubs. The other party has a right to see your financial information, and you have the right to see the other party's financial information.

Court Order

Once the judge makes a decision, you may be required to prepare the form *Findings and Order After Hearing* (form FL-340) with the *Child Support Information and Order Attachment* (form FL-342). If the support order has changed, you may be required to prepare a modified *Income Withholding for Support* (FL-195). You will not have to prepare these documents if the local child support agency is involved. If you have prepared these documents yourself, you must make sure that they are signed by the judge. Check with the court clerk's office or the office of the family law facilitator for the proper procedure. After the *Income Withholding for Support* (FL-195) is signed by the judge and filed, it must be served on the noncustodial parent's employer, on the other party, and on the local child support agency if the local child support agency is involved in the case.

INFORMATION SHEET

HOW TO OPPOSE A REQUEST TO CHANGE CHILD, SPOUSAL, OR FAMILY SUPPORT

What to Do

1. If you receive a *Notice of Motion and Motion for Simplified Modification of Order for Child, Spousal, or Family Support* (“*Notice of Motion*”) (form FL-390) from the other party or the local child support agency, you have one of two choices:

- Agree with the proposed changes; or
- File a response and go to the hearing.

2. You do not need to wait to go to court before modifying the support. If you agree with the changes sought (see item 2 on the front of the *Notice of Motion*), or if you agree that the order should be changed in some way, contact the party that served you so that an agreement should be reached. If an agreement is reached with the other party, an order must be prepared and submitted to the court for the judge’s signature and filed with the court clerk’s office. If one of the parties is receiving welfare benefits or the local child support agency is enforcing the support order, the local child support agency must sign the agreement before it is filed with the court. If you are able to reach an agreement with the other party and the order is filed with the court clerk’s office, you do not need to appear at the hearing. The hearing will simply be taken off calendar.

NOTICE: Unless you know the hearing has been taken off calendar, you should go to the hearing as scheduled to protect your rights. You might consider calling the court the day before the hearing to see if the hearing is still on calendar.

3. If you do not agree with the proposed changes, you must do the following:

- Complete the *Responsive Declaration to Motion for Simplified Modification of Order for Child, Spousal, or Family Support* (“*Response to Motion*”) (form FL-392). If a blank *Response to Motion* was not given to you when you received the *Notice of Motion*, the court clerk’s office, the office of the family law facilitator, or the local child support agency can tell you where one can be found. Or you can get one from the Judicial Council’s website: www.courtinfo.ca.gov. **NOTICE: Check with your local court clerk’s office or the office of the family law facilitator to see if the forms must be typewritten. Make at least three copies of the completed form.**
- Fill out the form *Financial Statement (Simplified)* (form FL-155), if you are allowed to use the form. See the instructions on the back side of the form to see if you qualify; otherwise, you must fill out the form *Income and Expense Declaration* (form FL-150). You must attach copies of your most recent W-2 form(s) and three most recent paycheck stubs to the form *Financial Statement (Simplified)* (form FL-155) or the form *Income and Expense Declaration* (form FL-150). Make at least three copies of the completed form.

4. You must have one copy of each of the following papers served on the local child support agency **and on the other party**, if the other party is not the local child support agency:

- Your *Responsive Declaration to Motion* (form FL-392).
- Your *Financial Statement (Simplified)* (form FL-155) or *Income and Expense Declaration* (form FL-150).

For instructions on how to serve these papers properly, see the information box on the Proof of Service, found on the reverse of the *Response to Motion* (form FL-392). Whoever serves the papers should fill out and must sign the Proof of Service. **NOTICE: Consult with the office of the family law facilitator or the local court rules to see if there are any other documents you will need to have served on the local child support agency and on the other party.**

5. Take the original of each of the completed forms to the court clerk's office for filing. If you or your attorney have not filed any other papers in the case, you must do one of two things:
- Pay a first appearance filing fee to the court clerk when you go to file these papers (you can find out what the amount of the fee is from the court clerk's office or the office of the family law facilitator); or
 - Apply for a fee waiver. For more information on how to request a waiver of the filing fees, get the form *Information Sheet on Waiver of Court Fees and Costs* (form FW-001-INFO).

NOTICE: The existing support order remains in effect and payments must be made according to its terms until any new order is made.

Using an Attorney

If you use this method to modify support, you may hire an attorney to represent you in court, or you may represent yourself. If you hire an attorney, you will have to pay the cost. The court will not provide you with a free attorney.

If the county is the other party, and if one of the parties is receiving welfare benefits, or if one of the parties has asked the local child support agency to enforce support, a representative from the local child support agency will be present at the hearing.

REMEMBER: The local child support agency does not represent any individual in this lawsuit, including the child, the child's mother, and the child's father.

Hearing

Make sure you bring with you a copy of your *Response to Motion* (form FL-392), *Financial Statement (Simplified)* (form FL-155) or *Income and Expense Declaration* (form FL-150), your most recent federal and state income tax returns and W-2 form(s), and three most recent pay check stubs. The other party has a right to see your financial information, and you have the right to see the other party's financial information.

Court Order

Whether you win or lose, once the judge makes a decision, you may be required to prepare the form *Findings and Order After Hearing* (form FL-340) and *Child Support Information and Order Attachment* (form FL-342). If the support order has changed, you may also be required to prepare a modified *Income Withholding for Support* (form FL-195). Usually, the party bringing the motion is supposed to prepare these papers. If that party does not, you must be ready to do it. You will not have to prepare these documents if the local child support agency is involved.

If you have prepared these documents yourself, you must make sure that they are signed by the judge. Check with the court clerk's office or the office of the family law facilitator for the proper procedure. After the *Income Withholding for Support* (form FL-195) is signed by the judge and filed, it must be served on the noncustodial parent's employer, on the other party, and on the local child support agency if it is involved in the case.

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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3. I request that the earnings assignment be modified because
- a. the total amount of arrearages claimed as owing is incorrect. *(Check one or more of the following reasons.)*
- (1) I did not receive credit for all of the payments I have made. *(Check (a), (b), or both.)*
- (a) I have attached my statement of the payment history, which includes a monthly breakdown of amounts ordered and amounts paid.
- (b) I made the following payments that were not credited *(for each payment, specify the date, the amount, and the name of the person or agency paid):*
- (2) Child support was terminated *(specify name of child, child's date of birth, date of termination, and reason support was terminated):*
- (3) Other *(specify):*
- b. the monthly payment specified in the earnings assignment is more than half of my total net income each month from all sources.
- c. the monthly arrearage payment stated in the earnings assignment creates an undue hardship because *(describe the hardship and state the amount you are able to pay on your arrearage):*

(NOTE: If you want to change the amount of money being deducted for arrearage because it creates a hardship, please attach a completed *Financial Statement (Simplified)* (form FL-155) or *Income and Expense Declaration* (form FL-150).)

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 OF PERSON REQUESTING HEARING)

▶

(SIGNATURE OF PERSON REQUESTING HEARING)

CLERK'S CERTIFICATE OF MAILING

I certify that I am not a party to this action and that a true copy of the *Request for Hearing Regarding Earnings Assignment* (form FL-450) was mailed, with postage fully prepaid, in a sealed envelope addressed as shown below, and that the request was mailed at *(place)*: _____ on *(date)*: _____

Date: _____ Clerk, by _____, Deputy

INFORMATION SHEET AND INSTRUCTIONS FOR REQUEST FOR HEARING REGARDING EARNINGS ASSIGNMENT

(Do not deliver this information sheet to the court clerk.)

Please follow these instructions to complete the *Request for Hearing Regarding Earnings Assignment* (form FL-450) if you do not have an attorney representing you. Your attorney, if you have one, should complete this form. You must file the completed *Request for Hearing* form and its attachments with the court clerk **within 10 days** after the date your employer gave you a copy of *Earnings Assignment Order for Spousal or Partner Support* (form FL-435) or an *Income Withholding for Support* (form FL-195/OMB0970-0154). The address of the court clerk is the same as the one shown for the superior court on the earnings assignment order. You may have to pay a filing fee. If you cannot afford to pay the filing fee, the court may waive it, but you will have to fill out some forms first. For more information about the filing fee and waiver of the filing fee, contact the court clerk or the family law facilitator in your county.

(TYPE OR PRINT IN INK)

Front page, first box, top of form, left side: Print your name, address, and telephone number in this box if they are not already there.

- Item 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.
- Item 2.** Check this box if you want the court to stop the local child support agency or the other parent from collecting any support from your earnings. If you check this box, you must check the box for either a, b, or c beneath it.
- a. Check this box if you are not the person required to pay support in the earnings assignment.
 - b. Check this box if you believe that there is "good cause" to recall the earnings assignment. **Note:** The court must find that all of the conditions listed in item 2b exist in order for good cause to apply.
 - c. Check this box if you and the other parent have a written agreement that allows you to pay the support another way. **You must attach a copy of the agreement**, which must be signed by both the other parent and a representative of the local child support agency if payments are made to a county office.
- Item 3.** Check this box if you want to change the earnings assignment. If you check this box, you must check the box for either a, b, or c beneath it.
- a. Check this box if the total arrearages listed in item 9 on the earnings assignment order are wrong. If you check this box, you must check one or more of (1), (2), and (3). You must attach the original of your statement of arrearages. Keep one copy for yourself.
 - (1) Check this box if you believe the amount of arrearages listed on the earnings assignment order does not give you credit for all the payments you have made. If you check this box, you must check one or both of the boxes beneath it.
 - (a) Check this box if you are attaching your own statement of arrearages. This statement must include a monthly listing of what you were ordered to pay and what you actually paid.
 - (b) Check this box if you wish to list any payments that you believe were not included in the arrearages amount. For each payment you must list the date you paid it, the amount paid, and the person or agency (such as the local child support agency) to whom you made the payment. Bring to the hearing proof of any payment that is in dispute.
 - (2) Check this box if the child support for any of the children in the case has been terminated (ended). If you check this box, you must list the following information for each child:
 - The name and birthdate of each child.
 - The date the child support order was terminated.
 - The reason child support was terminated.
 - (3) Check this box if there is another reason you believe the amount of arrearages is incorrect. You must explain the reasons in detail.
 - b. Check this box if the total monthly payment shown in item 1 of the earnings assignment order is more than half of your monthly net income.
 - c. Check this box if the total monthly payment shown in item 1 of the earnings assignment order causes you a serious hardship. You must write the reasons for the hardship in this space.

You must date this *Request for Hearing* form, print your name, and sign the form under penalty of perjury. You must also complete the certificate of mailing at the bottom of page 2 of the form by printing the name and address of the other parties in brackets and providing a stamped envelope addressed to each of the parties. When you sign this *Request for Hearing* form, you are stating that the information you have provided is true and correct. After you file the request, the court clerk will notify you by mail of the date, time, and location of the hearing.

You must file your request within 10 days of receiving the *Earnings Assignment Order for Spousal or Partner Support* or the *Income Withholding for Support* from your employer. You may file your request in person at the clerk's office or mail it to the clerk. In either event, it must be received by the clerk within the 10-day period.

If you need additional assistance with this form, contact an attorney or the family law facilitator in your county. Your family law facilitator can help you, for free, with any questions you have about the above information. For more information on finding a lawyer or family law facilitator, see the California Courts Online Self-Help Center at www.courtinfo.ca.gov/selfhelp/.

NOTICE: Use form FL-450 to request a hearing only if you object to the *Income Withholding for Support* (form FL-195/OMB0970-0154) or *Earnings Assignment Order for Spousal or Partner Support* (form FL-435). This form will not modify your current support amount. (See page 2 of form FL-192, *Information Sheet on Changing a Child Support Order*.)

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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3. d. Petitioner/Plaintiff Respondent/Defendant Other Parent are the parents of the children named in item 3e below.

e. Obligor must pay current child support as follows:

<u>Name</u>	<u>Date of birth</u>	<u>Monthly support amount</u>
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(1) Other (*specify*):

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

(3) The low-income adjustment applies.

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

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

f. Obligor must pay child support for the past periods and in the amounts set forth below.

<u>Name</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.

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

h. 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.

i. All payments must be made to (*name and address of agency*):

j. **An *Income Withholding for Support* (form FL-195) will issue.**

k. Obligor Obligee must (1) provide and maintain health insurance coverage for the children if it is available through employment or a group plan, or otherwise available at no or reasonable cost, and keep the local child support agency informed of the availability of the coverage; (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; (6) assign any rights to reimbursement to the other parent or caretaker who incurs costs for health-care services for the children. If the "Obligor" box is checked, a health insurance coverage assignment will issue.

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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3. *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.* Obligor must pay costs of: \$ _____ to (*specify*): _____ on the following terms and conditions (*specify*): _____
- o.* The following person (the “other parent”) is added as a party to this action under Family Code section 17404 (*name*): _____
- p.* 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)
Date: _____ (TYPE OR PRINT NAME)	▶	_____ (SIGNATURE OF OTHER PARENT)
Date: _____ (TYPE OR PRINT NAME)	▶	_____ (SIGNATURE OF ATTORNEY FOR OTHER PARENT)

JUDGMENT

4. **THE COURT SO ORDERS.**

Date: _____

JUDICIAL OFFICER

5. Number of pages attached: _____

SIGNATURE FOLLOWS LAST ATTACHMENT

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

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

- I have read and understand the *Advisement and Waiver of Rights for Stipulation*; or
- Attached is a translation of this *Advisement and Waiver of Rights for Stipulation* in (specify language):
- I understand the translation.

Date: _____

(TYPE OR PRINT NAME)
(PARTY'S SIGNATURE)

INTERPRETER'S DECLARATION: The above-named party is unable to read or understand this *Advisement and Waiver of Rights for Stipulation* because

- his or her primary language is (specify):
- other (specify):

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

Date: _____

(TYPE OR PRINT NAME OF INTERPRETER)
(INTERPRETER'S SIGNATURE)

GOVERNMENTAL AGENCY (under Family Code, §§ 17400,17406): TELEPHONE NO.: E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): FAX NO. (Optional):	FOR COURT USE ONLY Draft 1 022708 icb 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:	
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 present Attorney present (name): _____
 - (5) Local child support agency (Family Code, §§ 17400, 17406) by (name): _____
 - (6) Other (specify): _____
- c. The obligor (the parent ordered to pay support) is the petitioner/plaintiff respondent/defendant other parent.

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 obligor 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 guideline, no change of circumstances need be shown 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): _____

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

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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3. l. The following person (the "other parent") is added as a party to this action under Family Code section 17404 (*name*):

m. 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)

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: _____

 JUDICIAL OFFICER

5. Number of pages attached: _____ SIGNATURE FOLLOWS LAST ATTACHMENT

GOVERNMENTAL AGENCY (under Family Code, §§ 17400,17406): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY Draft 1 022708 icb 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:	
JUDGMENT REGARDING PARENTAL OBLIGATIONS <input type="checkbox"/> AMENDED <input type="checkbox"/> SUPPLEMENTAL	CASE NUMBER:

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

(1) Date: _____	Dept.: _____	Judicial officer: _____
(2) <input type="checkbox"/> Petitioner/plaintiff present	<input type="checkbox"/>	Attorney present (name): _____
(3) <input type="checkbox"/> Respondent/defendant present	<input type="checkbox"/>	Attorney present (name): _____
(4) <input type="checkbox"/> Other parent present	<input type="checkbox"/>	Attorney present (name): _____
(5) Local child support agency attorney (Family Code, §§ 17400,17406) (name): _____		
(6) <input type="checkbox"/> Other (specify): _____		
 - c. The obligor (the parent ordered to pay support) is the petitioner/plaintiff respondent/defendant other parent.
3. This order is based on presumed income for the obligor 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. The mother and father listed in the complaint are the parents of the children named in item 6b.
- b. Obligor must pay current child support as follows:

<u>Name</u>	<u>Date of birth</u>	<u>Monthly support amount</u>

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

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

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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6. b. (3) The low-income adjustment applies.
 The low-income adjustment does not apply because (*specify reasons*):

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

- c. Obligor must pay child support for the past periods and in the amounts set forth below:

<u>Name</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.

- d. 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.
- e. 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.
- f. All payments must be made to (*name and address of agency*):

g. **An Income Withholding for Support (form FL-195) will issue.**

h. Obligor Obligee must: (1) provide and maintain health insurance coverage for the children if it is available through employment or a group plan, or otherwise available at no or reasonable cost, and must keep the local child support agency office informed of the availability of the coverage; (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. If the "Obligor" box is checked, a health insurance coverage assignment will issue.

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

j. 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.

k. The following person (the "other parent") is added as a party to this action under Family Code section 17404 (*name*):

l. Obligor must pay costs of: \$ _____

m. **The court further orders** (*specify*):

Date: _____

JUDICIAL OFFICER

7. Number of pages attached: _____

SIGNATURE FOLLOWS LAST ATTACHMENT

Approved as conforming to court order: Date: _____  (SIGNATURE OF ATTORNEY FOR OBLIGOR)

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar number, and address</i>): TELEPHONE NO.: _____ FAX NO. (<i>Optional</i>): _____ E-MAIL ADDRESS (<i>Optional</i>): _____ ATTORNEY FOR (<i>Name</i>): _____	FOR COURT USE ONLY Draft 1 022708 icb 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:	
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 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 obligor (the parent ordered to pay support) is the petitioner/plaintiff respondent/defendant other parent.
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. Obligor must pay current child support as follows:

<u>Name</u>	<u>Date of birth</u>	<u>Monthly support amount</u>
(1) <input type="checkbox"/> Other (<i>specify</i>): _____		
(2) <input type="checkbox"/> For a total of: \$ _____ payable on the: _____ day of each month beginning (<i>date</i>): _____		
(3) <input type="checkbox"/> The low-income adjustment applies. <input type="checkbox"/> The low-income adjustment does not apply because (<i>specify reasons</i>): _____		

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

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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5. c. (4) Any support ordered will continue until further order of court, unless terminated by operation of law.

d. Obligor must pay child support for past periods and in the amounts set forth below:

<u>Name</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.

e. Obligor 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.

f. 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.

g. All payments must be made to (*name and address of agency*):

h. **An Income Withholding for Support (form FL-195) must issue.**

i. Obligor Obligee must (1) provide and maintain health insurance coverage for the children if it is available through employment or a group plan, or otherwise available at no or reasonable cost, and must keep the local child support agency informed of the availability of the coverage; (2) if health insurance is not available, provide coverage when it becomes available; (3) within 20 days of the local child support agency 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; (6) assign any rights to reimbursement to the other parent or caretaker who incurs costs for health care services for the children. If the "Obligor" box is checked, 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 following person (the other parent) is added as a party to this action under Family Code section 17404 (*name*):

m. Obligor must pay costs of (*specify*):
to (*specify*):

n. The court further recommends (*specify*):

Date:

6. Number of pages attached: _____

COMMISSIONER

SIGNATURE FOLLOWS LAST ATTACHMENT

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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CLERK'S CERTIFICATE OF MAILING OR SERVICE

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

- Personal service.** A true copy of this *Findings and Recommendation of Commissioner* was handed to the petitioner/plaintiff respondent/defendant other parent at the hearing of this matter before the commissioner.
- 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

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PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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4. c. Obligor 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.
- d. 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.
- e. All payments must be made to *(name and address of agency)*:

f. **An Income Withholding for Support (form FL-195) must issue.**

- g. Obligor Obligee must (1) provide and maintain health insurance coverage for the children if it is available through employment or a group plan, or otherwise available at no or reasonable cost, and must keep the local child support agency informed of the availability of the coverage; (2) if health insurance is not available, provide coverage when it becomes available; (3) within 20 days of the local child support agency 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; (6) assign any rights to reimbursement to the other parent or caretaker who incurs costs for health-care services for the children. If the "Obligor" box is checked, a health insurance coverage assignment must issue.
- h. The parents must notify the local child support agency in writing within 10 days of any change in residence or employment.
- i. The *Notice of Rights and Responsibilities and Information Sheet on Changing a Child Support Order* (form FL-192) is attached.
- j. The following person (the "other parent") is added as a party to this action under Family Code section 17404 *(name)*:
- k. The court further orders *(specify)*:

Date: _____

5. Number of pages attached: _____

Approved as conforming to court order:

Date: _____

(SIGNATURE OF ATTORNEY FOR OBLIGOR)

 JUDICIAL OFFICER

SIGNATURE FOLLOWS LAST ATTACHMENT

42 USCS § 666

UNITED STATES CODE SERVICE
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*** CURRENT THROUGH P.L. 110-180, APPROVED 1/8/2008 ***

TITLE 42. THE PUBLIC HEALTH AND WELFARE
CHAPTER 7. SOCIAL SECURITY ACT
TITLE IV. GRANTS TO STATES FOR AID AND SERVICES TO NEEDY FAMILIES WITH
CHILDREN AND FOR CHILD-WELFARE SERVICES
PART D. CHILD SUPPORT AND ESTABLISHMENT OF PATERNITY

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42 USCS § 666

§ 666. Requirement of statutorily prescribed procedures to improve effectiveness of child support enforcement

(a)...

(b) The procedures referred to in subsection (a)(1)(A) (relating to the withholding from income of amounts payable as support) must provide for the following:

(1) In the case of each noncustodial parent against whom a support order is or has been issued or modified in the State, and is being enforced under the State plan, so much of such parent's wages (as defined by the State for purposes of this section) must be withheld, in accordance with the succeeding provisions of this subsection, as is necessary to comply with the order and provide for the payment of any fee to the employer which may be required under paragraph (6)(A), up to the maximum amount permitted under section 303(b) of the Consumer Credit Protection Act (15 U.S.C. 1673(b)) [15 USCS § 1673(b)]. If there are arrearages to be collected, amounts withheld to satisfy such arrearages, when added to the amounts withheld to pay current support and provide for the fee, may not exceed the limit permitted under such section 303(b) [15 USCS § 1673(b), but the State need not withhold up to the maximum amount permitted under such section in order to satisfy arrearages.

(2) Such withholding must be provided without the necessity of any application therefor in the case of a child (whether or not eligible for assistance under a State program funded under part A [42 USCS §§ 601 et seq.]) with respect to whom services are already being provided under the State plan under this part [42 USCS §§ 651 et seq.], and must be provided in accordance with this subsection on the basis of an application for services under the State plan in the case of any other child in whose behalf a support order has been issued or modified in the State. In either case such withholding must occur without the need for any amendment to the support order involved or for any further action (other than those actions required under this part [42 USCS §§ 651 et seq.]) by the court or other entity which issued such order.

(3) (A) The income of a noncustodial parent shall be subject to such withholding, regardless of whether support payments by such parent are in arrears, in the case of a support order being enforced under this part [42 USCS §§ 651 et seq.] that is issued or modified on or after the first day of the 25th month beginning after the date of the enactment of this paragraph [enacted Oct. 13, 1988], on the effective date of the order; except that such income shall not be subject to such withholding under this subparagraph in

any case where (i) one of the parties demonstrates, and the court (or administrative process) finds, that there is good cause not to require immediate income withholding, or (ii) a written agreement is reached between both parties which provides for an alternative arrangement.

(B) The income of a noncustodial parent shall become subject to such withholding, in the case of income not subject to withholding under subparagraph (A), on the date on which the payments which the noncustodial parent has failed to make under a support order are at least equal to the support payable for one month or, if earlier, and without regard to whether there is an arrearage, the earliest of--

(i) the date as of which the noncustodial parent requests that such withholding begin,
(ii) the date as of which the custodial parent requests that such withholding begin, if the State determines, in accordance with such procedures and standards as it may establish, that the request should be approved, or
(iii) such earlier date as the State may select.

(4) (A) Such withholding must be carried out in full compliance with all procedural due process requirements of the State, and the State must send notice to each noncustodial parent to whom paragraph (1) applies--

(i) that the withholding has commenced; and
(ii) of the procedures to follow if the noncustodial parent desires to contest such withholding on the grounds that the withholding or the amount withheld is improper due to a mistake of fact.

(B) The notice under subparagraph (A) of this paragraph shall include the information provided to the employer under paragraph (6)(A).

(5) Such withholding must be administered by the State through the State disbursement unit established pursuant to section 454B [42 USCS § 654b], in accordance with the requirements of section 454B [42 USCS § 654b].

(6) (A) (i) The employer of any noncustodial parent to whom paragraph (1) applies, upon being given notice as described in clause (ii), must be required to withhold from such noncustodial parent's income the amount specified by such notice (which may include a fee, established by the State, to be paid to the employer unless waived by such employer) and pay such amount (after deducting and retaining any portion thereof which represents the fee so established) to the State disbursement unit within 7 business days after the date the amount would (but for this subsection) have been paid or credited to the employee, for distribution in accordance with this part [42 USCS §§ 651 et seq.]. The employer shall withhold funds as directed in the notice, except that when an employer receives an income withholding order issued by another State, the employer shall apply the income withholding law of the State of the obligor's principal place of employment in determining--

(I) the employer's fee for processing an income withholding order;
(II) the maximum amount permitted to be withheld from the obligor's income;
(III) the time periods within which the employer must implement the income withholding order and forward the child support payment;
(IV) the priorities for withholding and allocating income withheld for multiple child support obligees; and
(V) any withholding terms or conditions not specified in the order.

An employer who complies with an income withholding notice that is regular on its face shall not be subject to civil liability to any individual or agency for conduct in compliance with the notice.

(ii) The notice given to the employer shall be in a standard format prescribed by the Secretary, and contain only such information as may be necessary for the employer to comply with the withholding order.

(iii) As used in this subparagraph, the term "business day" means a day on which State offices are open for regular business.

(B) Methods must be established by the State to simplify the withholding process for

employers to the greatest extent possible, including permitting any employer to combine all withheld amounts into a single payment to each appropriate agency or entity (with the portion thereof which is attributable to each individual employee being separately designated).

(C) The employer must be held liable to the State for any amount which such employer fails to withhold from income due an employee following receipt by such employer of proper notice under subparagraph (A), but such employer shall not be required to vary the normal pay and disbursement cycles in order to comply with this paragraph.

(D) Provision must be made for the imposition of a fine against any employer who--

(i) discharges from employment, refuses to employ, or takes disciplinary action against any noncustodial parent subject to income withholding required by this subsection because of the existence of such withholding and the obligations or additional obligations which it imposes upon the employer; or

(ii) fails to withhold support from income or to pay such amounts to the State disbursement unit in accordance with this subsection.

(7) Support collection under this subsection must be given priority over any other legal process under State law against the same income.

(8) For purposes of subsection (a) and this subsection, the term "income" means any periodic form of payment due to an individual, regardless of source, including wages, salaries, commissions, bonuses, worker's compensation, disability, payments pursuant to a pension or retirement program, and interest.

(9) The State must extend its withholding system under this subsection so that such system will include withholding from income derived within such State in cases where the applicable support orders were issued in other States, in order to assure that child support owed by noncustodial parents in such State or any other State will be collected without regard to the residence of the child for whom the support is payable or of such child's custodial parent.

(10) Provision must be made for terminating withholding.

(11) Procedures under which the agency administering the State plan approved under this part [42 USCS §§ 651 et seq.] may execute a withholding order without advance notice to the obligor, including issuing the withholding order through electronic means.

Cal Fam Code § 5208 (2007)

§ 5208. "Earnings assignment order for support"

(a) "Earnings assignment order for support" means an order that assigns to an obligee a portion of the earnings of a support obligor due or to become due in the future.

(b) Commencing January 1, 2000, all earnings assignment orders for support in any action in which child support or family support is ordered shall be issued on an "order/notice to withhold income for child support" mandated by Section 666 of Title 42 of the United States Code.