

**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, Co-chairs
Ruth K. McCreight, Senior Attorney, 415-865-7666,
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DATE: September 8, 2006

SUBJECT: Child Support: Forms to Facilitate Court Access (adopt form FL-478;
approve forms FL-478-INFO and FL-643; revise forms FL-360, FL-600,
and FL-632; revoke form FL-690) (Action Required)

Issue Statement

The proposed new and revised forms would facilitate access to the courts for self-represented litigants and improve administration of title IV-D child support cases. These forms would enable self-represented litigants to properly request a set-aside of a health insurance assignment order, allow the local child support agency to use a currently existing form to request a set-aside of a support order, and provide a summary sheet for an obligor's income in a motion to set aside a presumed income child support order contained in a judgment. The revised forms would also make language regarding parentage gender neutral and direct support payments to be sent to the new State Disbursement Unit, which is part of the California Child Support Automation System created to comply with federal law.

Recommendation

The Family and Juvenile Law Advisory Committee recommends that the Judicial Council, effective January 1, 2007:

1. Adopt form FL-478 *Request and Notice of Hearing Regarding Health Insurance Assignment*;
2. Approve form FL-478-INFO *Information Sheet and Instructions for Request and Notice of Hearing Regarding Health Insurance Assignment*;
3. Approve form FL-643 *Declaration of Obligor's Income During Judgment Period—Presumed Income Set-Aside Request*;
4. Revise form FL-360 *Request for Hearing and Application to Set Aside Support Order Under Family Code Section 3691*;

5. Revise form FL-600 *Summons and Complaint or Supplemental Complaint Regarding Parental Obligations*;
6. Revise form FL-632 *Notice Regarding Payment of Support*; and
7. Revoke form FL-690 *Stipulation and Order*.

The proposed forms are attached at pages 5–20.

Rationale for Recommendation

Acceptance of this recommendation would facilitate access to the courts and improve administration of title IV-D child support cases by providing readily accessible and understandable forms for self-represented litigants and consistent information to the court on which to base its orders.

Proposed new form *Request and Notice of Hearing Regarding Health Insurance Assignment* (form FL-478) would enable a parent whose employer was ordered to provide health insurance coverage for the children to request that the order be set aside, as allowed by Family Code section 3765. The proposed new form is mandatory to provide statewide consistency and uniformity and to assist self-represented litigants by having one form containing all the statutory grounds to which they can be directed when they need to seek relief from a health insurance assignment. New optional form *Information Sheet and Instructions for Request and Notice of Hearing Regarding Health Insurance Assignment* (form FL-478-INFO) provides instructions for persons filling out form FL-478.

Proposed new optional form *Declaration of Obligor's Income During Judgment Period—Presumed Income Set-Aside Request* (form FL-643) would enable a parent paying support, a parent receiving support, or a representative of the local child support agency, in a motion to set aside a presumed income order contained in a judgment, to summarize what the parent's actual income was during the time periods at issue, as authorized by Family Code section 17432.

Request for Hearing and Application to Set Aside Support Order Under Family Code Section 3691 (form FL-360) would be revised from the current format in which only a party can use the form to request a hearing and apply for a set-aside of a support order. The revisions would permit either a party or the local child support agency to file the application. Check boxes would be added at items 1 and 2 to indicate to whom the application is addressed and to designate the party ordered to pay support.

Summons and Complaint or Supplemental Complaint Regarding Parental Obligations (form FL-600) would be revised to make the designation of the parents gender neutral. Current item 3 states that it should be completed if support is being requested but paternity was not put at issue and includes the marital presumption at item 3b as one of the possible reasons. Item 3b would be revised to more accurately reflect that the legal

reason parentage is not being put at issue is due to a finding in a family law judgment that the children are children of the marriage.

Notice Regarding Payment of Support (form FL-632) would be revised to add check boxes at item 2 for specificity about the types of services the local child support agency is providing and to add a new item 3 to indicate to whom the child support payments should be sent. More detail would be added at items 4 and 5 regarding the abstract or notice of support judgment that was recorded and to specify that income withholding payments are to be sent to the State Disbursement Unit, which is part of the California Child Support Automation System. Check boxes would be added to state where support and arrears payments that are made other than by income withholding should be sent.

Stipulation and Order (form FL-690) would be revoked as it follows the procedures in effect before the enactment of Assembly Bill 1058 (stats. 1996, ch. 957). Form FL-690 is now redundant due to form FL-625, which follows post-AB 1058 procedures and is also titled *Stipulation and Order*.

Consistent with the recommendation of the Judicial Council's Access and Fairness Advisory Committee that a notice about requesting accommodations for deaf and hearing-impaired individuals be included on all forms where an appearance is required by the responding party, "Request for Accommodations" instructions are included in new form FL-478. These instructions are also included in the revisions to form FL-360.

Alternative Actions Considered

The Family and Juvenile Law Advisory Committee considered taking no action, but the lack of readily accessible and understandable forms impedes access to the courts. This proposal includes revisions to a form to comply with a federal mandate regarding the payment of child support through a centralized point, the new State Disbursement Unit, which is part of the California Child Support Automation System. Given these considerations, the committee rejected the option of taking no action.

Comments From Interested Parties

The invitation to comment on the proposal was circulated from April 24, 2006, through June 23, 2006, to the standard mailing list for family and juvenile law proposals, as well as the regular rules and forms mailing list. This distribution list includes judges, court administrators, attorneys, social workers, probation officers, mediators, and other family and juvenile law professionals. In addition, this proposal was sent to child support commissioners, family law facilitators, court clerks, the California Department of Child Support Services (DCSS) and Child Support Directors Association (CSDA) forms committee, and title IV-D program directors.

The 14 comments received were mainly suggestions to improve the forms' format and clarity. Five commentators agreed with the proposal, and nine agreed with the proposal if modified. The comments were generally very positive, and the committee incorporated a

number of suggestions to improve the forms. The *Information Sheet and Instructions for Request and Notice of Hearing Regarding Health Insurance Assignment* (form FL-478-INFO) was revised to encompass the wide range of local court procedures for obtaining a hearing date. Based on a comment from the DCSS/CSDA forms committee, statutory language in the *Summons and Complaint or Supplemental Complaint Regarding Parental Obligations* (form FL-600), regarding the “father” named in the declaration of paternity, was made gender neutral. Form FL-600 was also revised to make it clear that the court retains jurisdiction to enter a child support order at a future date on the filing of a motion, even if the initial judgment was solely for parentage and medical support.

One commentator requested that form FL-600 be modified to indicate that the local child support agency would seek medical support from one or both parents. However, the Department of Child Support Services has traditionally taken the position that under current federal directions, agencies are only authorized under title IV-D to seek medical insurance from the obligor. Policy discussions on this issue at the federal level are ongoing and on clarification or a change of policy, form FL-600 can be modified. It should be noted that the *Judgment Regarding Parental Obligations* (form FL-630) does provide the court the option of ordering either parent to provide health insurance. Another commentator asked that a revision to form FL-600, requiring notice within 10 days of any substantial change in child care costs, be considered. As such a change may impose workload issues on the Department of Child Support Services, the issue can be considered for possible future change on consultation with stakeholders and circulated for comment if appropriate.

A chart summarizing the comments and responses is attached at pages 21–35.

Implementation Requirements and Costs

Courts will incur standard reproduction costs.

Attachments

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 Draft 11 09/10/06 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:	
REQUEST AND NOTICE OF HEARING REGARDING HEALTH INSURANCE ASSIGNMENT	CASE NUMBER:

NOTICE: If you object to the *Application and Order for Health Insurance Coverage* (form FL-470) or *National Medical Support Notice* (form OMB-0970-0222), complete and file this form with the court clerk to request a hearing. This form may not be used to modify your current child support amount. (See "Information Sheet on Changing a Child Support Order" on page 2 of form FL-192.)

1. A hearing on this application will be held as follows (see instructions for getting a hearing date on form FL-478-INFO):

a.

Date:	Time:	<input type="checkbox"/> Dept.:	<input type="checkbox"/> Div.:	<input type="checkbox"/> Room:
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b. The address of the court is same as above other (specify):

2. I request that service of the *Application and Order for Health Insurance Coverage* (form FL-470) or *National Medical Support Notice* (form OMB-0970-0222) be quashed (set aside) because:
- a. I am not the obligor named in the *Application and Order for Health Insurance Coverage* or *National Medical Support Notice*.
 - b. Health insurance coverage is not available at a reasonable cost.
 - c. The health insurance premium plus the monthly payment in any earnings assignment order are more than half of my total net income each month from all sources.
 - d. The following children (name): _____ are emancipated.
 - e. I was not notified at least 15 days before the date of filing of the application that a health insurance coverage assignment was being sought.
 - f. No order to maintain health insurance has been issued.
 - g. Health insurance coverage is or will be provided for the children, but not through a parent's job-related coverage (explain): _____
 - h. The employer's choice of coverage is inappropriate (explain): _____
 - i. Other (specify): _____

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

Date: _____

 (TYPE OR PRINT NAME OF PERSON REQUESTING HEARING) ▶ _____
 (SIGNATURE OF PERSON REQUESTING HEARING)

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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NOTICE FOR CASES INVOLVING A LOCAL CHILD SUPPORT AGENCY

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

CLERK'S CERTIFICATE OF MAILING

I certify that I am not a party to this action and that a true copy of the *Request and Notice of Hearing Regarding Health Insurance Assignment* (form FL-478) 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

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



Request for Accommodations

Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least five days before the proceeding. Contact the clerk's office or go to www.courtinfo.ca.gov/forms for *Request for Accommodations by Persons With Disabilities and Response* (form MC-410). (Civil Code, § 54.8)

INFORMATION SHEET AND INSTRUCTIONS FOR REQUEST AND NOTICE OF HEARING REGARDING HEALTH INSURANCE ASSIGNMENT

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

Please follow these instructions to complete the *Request and Notice of Hearing Regarding Health Insurance Assignment* (form FL-478) 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 and Notice of Hearing* form and its attachments with the court clerk **within 15 days** after the date your employer gave you a copy of *Application and Order for Health Insurance Coverage* (form FL-470) or *National Medical Support Notice* (form OMB-0970-0222). The address of the court clerk is the same as the one shown for the superior court on the health insurance coverage assignment order. If the local child support agency is not involved in your case, 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 and ask the court to waive the fees. 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.

THIS FORM MUST BE FILLED OUT IN TYPE OR PRINTED 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 should contact the court clerk's office to ask about procedures for getting a hearing date for this motion.

Item 2. Check this box if you want the court to stop the local child support agency or the other parent from collecting a health insurance premium from your wages or earnings. If you check this box, you must check at least one of the boxes beneath it.

- a. Check this box if you are not the person required to pay health insurance premiums in the *Application and Order for Health Insurance Coverage* or *National Medical Support Notice*.
- b. Check this box if you believe that health insurance coverage is not available at a reasonable cost.
- c. Check this box if you believe the health insurance premium plus the monthly payment in any earnings withholding order are more than half of your total net income each month from all sources.
- d. Check this box if you believe the children have reached the legal age of emancipation. Fill in the children's names.
- e. Check this box if you were not notified at least 15 days before the date of filing of the application that a health insurance coverage assignment was being sought.
- f. Check this box if the court has not ordered you to maintain health insurance.
- g. Check this box if you have provided or will provide health insurance for the children, but not through your job-related coverage. This can mean that the other parent or family member is providing, or the child has access to other insurance. Note that governmental medical assistance programs such as MediCal or Healthy Families may not satisfy your obligation to provide health insurance. If you need further information, see your county's family law facilitator or local child support agency.
- h. Check this box if you believe that your employer's choice of coverage is inappropriate and explain why.
- i. Check this box if you have some other reason that this order should not be enforced and explain why.

You must date this *Request and Notice of Hearing Regarding Health Insurance Assignment*, type or print your name, and sign the form under penalty of perjury. When you sign this form, you are stating that the information you have provided is true and correct. You must also complete the certificate of mailing on page 2 of the form by printing the name and address of the other parties or the attorneys for the other parties in brackets and providing the clerk with a stamped envelope addressed to each of the parties or attorneys for parties. Do not date or sign page 2 of the form. The court clerk will explain to you how to get a court date.

You must file your request within 15 days of receiving the *Application and Order for Health Insurance Coverage* or *National Medical Support Notice* from your employer, unless there's been a change of circumstances and you are using the form to change an ongoing health insurance assignment. 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 15-day period.

If you need additional assistance with this form, contact an attorney or the family law facilitator in your county. The 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 this form to request a hearing only if you object to the *Application and Order for Health Insurance Coverage* (form FL-470) or *National Medical Support Notice* (form OMB-0970-0222). This form will *not* modify your current support amount. (See "Information Sheet on Changing a Child Support Order" on page 2 of form FL-192.)

ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY <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 11 09/10/06 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:	
DECLARATION OF OBLIGOR'S INCOME DURING JUDGMENT PERIOD— PRESUMED INCOME SET-ASIDE REQUEST	CASE NUMBER: _____

I, *(name):* _____ declare that:

1. I am the obligor (parent required to pay support).
 a representative of the local child support agency providing support services in this matter.
 other *(specify):* _____

2. On *(date):* _____ a *Judgment Regarding Parental Obligations* (form FL-630) was entered using presumed income.

3. Information concerning the obligor's income and other factors relevant to calculating the correct support for the time periods in the judgment follow:

<u>Time Period</u>	<u>Average Monthly Income</u>	<u>Obligor's % Of Time With Children (if known)</u>	<u>Monthly Guideline Support Requested</u>	<u>Source of Income Information</u>
<u>Month/Year (start and end)</u>				
a. _____	\$ _____	_____	\$ _____	_____
b. _____	\$ _____	_____	\$ _____	_____
c. _____	\$ _____	_____	\$ _____	_____
d. _____	\$ _____	_____	\$ _____	_____
e. _____	\$ _____	_____	\$ _____	_____
f. _____	\$ _____	_____	\$ _____	_____
g. _____	\$ _____	_____	\$ _____	_____
h. _____	\$ _____	_____	\$ _____	_____
i. _____	\$ _____	_____	\$ _____	_____

4. Additional evidence regarding the obligor's actual income is attached. *(Black out your social security number from any papers, such as pay stubs, that you attach.)*

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

Date:

_____ ▶ _____
 (TYPE OR PRINT NAME) (SIGNATURE OF DECLARANT)

ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY <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 10 09/10/06 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:	
REQUEST FOR HEARING AND APPLICATION TO SET ASIDE SUPPORT ORDER UNDER FAMILY CODE SECTION 3691	CASE NUMBER: _____

1. To petitioner *(specify name):* _____ respondent *(specify name):* _____
 local child support agency other parent *(specify name):* _____
 other *(specify):* _____

A hearing on this application will be held as follows:

a. Date:	Time:	Dept.:	Div.:	Room:
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b. The address of the court where the hearing will be held is same as above other *(specify):* _____

2. An order was entered in this case on *(date):* _____ requiring petitioner *(specify name):* _____
 respondent *(specify name):* _____ other parent *(specify name):* _____

to pay support. I request that the order be set aside.

3. Grounds for this request are *(check all that apply):*
 a. Fraud
 b. Perjury
 c. Lack of notice

4. I have complied with the time limits for filing this request to set aside the order *(check one):*
 a. Request brought within six months after the date I discovered or reasonably should have discovered the fraud.
 b. Request brought within six months after the date I discovered or reasonably should have discovered the perjury.
 c. Request brought within six months after the date:
 (1) I obtained or reasonably should have obtained notice of the support order **or**
 (2) my income and assets were subject to attachment under the support order.

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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5. FACTS IN SUPPORT of relief requested are (*specify*):

Contained in the attached declaration.

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

Date:

_____  _____
 (TYPE OR PRINT NAME) (SIGNATURE OF DECLARANT)

NOTICE FOR CASES INVOLVING A LOCAL CHILD SUPPORT AGENCY

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



Request for Accommodations

Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least five days before the proceeding. Contact the clerk's office or go to www.courtinfo.ca.gov/forms for *Request for Accommodations by Persons With Disabilities and Response* (form MC-410). (Civil Code, § 54.8)

GOVERNMENTAL AGENCY (under Family Code, §§ 17400 and 17406): TELEPHONE NO.: _____ FAX NO.: _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY Draft 10 09/10/06 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:	
SUMMONS AND <input type="checkbox"/> COMPLAINT <input type="checkbox"/> SUPPLEMENTAL COMPLAINT <input type="checkbox"/> AMENDED COMPLAINT REGARDING PARENTAL OBLIGATIONS	CASE NUMBER: _____

TO (name):

The local child support agency has filed this lawsuit against you. This lawsuit says you and the other parent are the parents of each child named in this *Complaint* and that the obligor may be required to pay child support. The attached proposed *Judgment Regarding Parental Obligations* (form FL-630) names you and the other parent as parents of each child listed below and, if there is an amount stated in item 6 of the proposed *Judgment*, orders the obligor to pay support for these children. If you disagree with the proposed *Judgment*, you must file the attached **Answer** (form FL-610) form with the court clerk **within 30 days of the date that you were served with this Complaint. If you do not file an Answer, the proposed Judgment will become a final determination that you are the parent and responsible for support. If you are required to pay child support, the payments may be taken from your pay or other property without further notice.** See the attached statement of your rights and responsibilities for more information.

La agencia local que vigila la manutención de menores ha registrado la presente demanda contra usted. Esta demanda dice que usted y el otro padre son los padres de los hijos nombrados aqui y que el obligado deberd pagar manutención de menores. El propuesto FALLO RESPECTO A OBLIGACIONES PATERNAS (Gubernamental) (formulario FL-630) los nombra a usted y al otro padre como padres de cada uno de los hijos que figuran a continuación y, si se incluye Una suma en el inciso 6, obliga al obligado a pagar manutención por estos hijos. Si no estd de acuerdo con el FALLO propuesto, deberá registrar el formulario de RESPUESTA que se adjunta, presentándolo al actuario del tribunal dentro de 30 días después de haber recibido notificación de esta DEMANDA. Si usted no registra Una RESPUESTA, el FALLO propuesto tomará efecto con Una determinación final de paternidad. Si se le está exigiendo que pague manutenciñn de menores, los pagos podrdn ser deducidos de su salario o de otras pertenencias suyas sin necesidad de mandarle ninguna otra notificación. Para mayor información, vea la declaración anexa respecto a los derechos y responsabilidades que tiene.

1. The local child support agency is asking the court to issue judgment or orders for the following children:

Name	Date of Birth	Establish Parentage	Establish Support	Modify Order	Beginning Date
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Additional children are listed on a page (labeled Attachment 1) attached to this *Complaint*.

	Notice to person served: You are served 1. <input type="checkbox"/> as an individual defendant/respondent. 2. <input type="checkbox"/> on behalf of a minor child or children. 3. <input type="checkbox"/> other (specify): _____ Date: _____ Clerk, by _____, Deputy
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PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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4. a. Some or all of the children named in item 1 are receiving or have received public assistance from the following counties (specify):
- b. Date public assistance first paid:
5. Other (specify):

THE LOCAL CHILD SUPPORT AGENCY REQUESTS THAT:

6. The court determine that the persons listed in item 2 are the parents of the children listed in item 1 for whom the "Establish Parentage" boxes have been checked.
7. Based on the California support guideline, the court order the obligor to pay:
- a. \$ _____ current monthly child support based on the obligor's known income of \$ _____ per month, and, if applicable, the obligee's known income of \$ _____ per month.
- b. \$ _____ current monthly child support based on the obligor's presumed income, as provided by law.
- c. \$ _____ additional monthly child support for the following reasons (specify):
- d. The court issue appropriate orders for sharing the costs of child care and/or uninsured health care (specify):
- e. Other (specify):
8. The court order the obligor to provide health insurance for each child named in item 1, if available at no or reasonable cost; to keep the local child support agency informed of the availability of the coverage; to complete and return, within 20 days of the local child support agency's request, a health insurance form and that a *National Medical Support Notice* be issued. If health insurance is not available at no or reasonable cost, that the court orders obligor to provide coverage when it becomes available. **NOTICE:** The obligor's employer or other person providing health insurance will be ordered to enroll the children in an appropriate health insurance plan if the obligor is found to be the parent.
9. A wage and earnings assignment be issued.
10. The court order the parents to advise the local child support agency within 10 days in writing of any change in residence or employment.
11. The court order the obligor to make all payments to (specify):
12. The other parent be added as a party to this case.
13. Number of pages attached: _____

NOTICE

- **Child support:** The court will make orders for the support of the children upon request and submission of financial forms by the requesting party.
- If you want legal advice, contact a lawyer immediately.
- **A Statement of Rights and Responsibilities is attached to this document. Please read it carefully.**

Date: _____

(TYPE OR PRINT NAME)
▶

(ATTORNEY FOR LOCAL CHILD SUPPORT AGENCY)

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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Hearing by Court Commissioner

This case may be referred to a court commissioner for hearing. By law, court commissioners do not have the authority to issue final orders and judgments in contested cases unless they are acting as temporary judges. The court commissioner in your case will act as a temporary judge unless, *before the hearing*, you or any other party objects to the commissioner acting as a temporary judge. You can object to the commissioner acting as a temporary judge in one of two ways: (1) by telling the commissioner in court, at the start of your hearing, that you object or (2) by delivering a written objection to the court clerk. You must object before the hearing in your case begins. You do not have to give a reason for your objection. The court commissioner may still hear your case to make findings and a recommended order. If you do not like the recommended order, you must object to it within 10 court days in writing (use *Notice of Objection* (form FL-666); otherwise, the recommended order will become a final order of the court). If you object to the recommended order, a judge will make a temporary order and set a new hearing.

Family Law Facilitator

Each superior court has a family law facilitator's office to provide education, information, and assistance to parents who have child support issues. The basic duties of the family law facilitator include:

- Providing educational materials;
- Distributing court forms;
- Providing assistance in completing forms;
- Preparing child support guideline calculations; and
- Providing referrals to the local child support agency, family court services, and other community agencies.

The family law facilitator is a neutral person whose services are available to any person who is NOT represented by an attorney. Both parties in the same case may receive assistance from the family law facilitator. There is no attorney-client privilege between the family law facilitator and any person assisted by the family law facilitator, and matters discussed with the family law facilitator are not confidential. No person can be represented by the family law facilitator.

STATEMENT OF RIGHTS AND RESPONSIBILITIES

NOTICE to the defendant/respondent: The proposed *Judgment Regarding Parental Obligations* will be entered against you unless you file your written *Answer to Complaint or Supplemental Complaint Regarding Parental Obligations* (form FL-610) with the court clerk within 30 days of the date you were served with the *Complaint*. The proposed *Judgment* will be entered whether or not you have a lawyer. If you were served with a form telling you the date of a court hearing, you should go to court on that date. An order may be entered without your input if you do not attend the hearing.

AVISO para el acusado: El FALLO propuesto entrará en efecto contra usted, a menos que dentro de 30 días desde cuando recibió notificación de la DEMANDA, usted registre por escrito una RESPUESTA A DEMANDA o DEMANDA SUPLEMENTAL RESPECTO A OBLIGACIONES PATERNAS (Gubernamental) (formulario 610). El FALLO propuesto entrará en efecto contra usted, tenga o no tenga usted un abogado. Si le dieron notificación con un formulario que especifica una fecha de audiencia, usted tiene que presentarse al tribunal en esa fecha. Si no asiste a la audiencia, una orden judicial podrá emitirse sin considerar su punto de vista.

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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NOTICE TO BOTH PARENTS

The local child support agency has sued both of you to determine whether you are the parents of the children listed and if one or both of you should be ordered to pay child support. The local child support agency does not represent any individual in this lawsuit, including either parent or the children. Carefully read this statement and the other papers that you received.

You have the right to be represented by a lawyer. If you dispute that you are the parent of the children listed in the *Complaint* and you do not have enough money for a lawyer, you may ask the court to appoint a lawyer to represent you on the issue of parentage.

Other information about court-appointed lawyers (specify):

A blank *Answer to Complaint or Supplemental Complaint Regarding Parental Obligations* (form FL-610) is included in the papers that were served on you. If you did not receive an *Answer* form or if you would like another copy, you may get one from the local child support agency, the court clerk's office, or the family law facilitator. The family law facilitator can assist you in filling out the *Answer* form. **You must file your *Answer* form with the court clerk within 30 days of the date you were served with the *Complaint* whether or not you obtain an attorney.**

Settling Out of Court

You may contact the local child support agency to try to work out a settlement agreement. However, you must still file an *Answer* form within 30 days. If you and the local child support agency can reach an agreement regarding the requests made in the *Complaint*, you may sign a settlement agreement called a **stipulation**. By signing a stipulation, you are agreeing to give up your rights explained in this statement, you are agreeing that you are the parent of the children listed in the *Complaint*, and you are agreeing to obey all of the terms of the stipulation. The stipulation will become a court order that you must obey.

Going to Court

If you file your *Answer form*, you have the right to a court hearing, to subpoena witnesses, to ask questions of any witness against you, and to present evidence on your behalf. Genetic tests may be performed if the defendant questions parentage of the children listed in the *Complaint*. If the defendant refuses to cooperate in the genetic testing process, the issue of parentage may be resolved against the defendant. The costs of the genetic testing may be charged to one of you.

Earnings Assignment

All orders for support must contain an earnings assignment. If you are obligated to pay support, this assignment will require your employer or other payor to deduct support payments from your salary or earnings and send the payments to the local child support agency. Your employer may also be required to enroll your children in a health insurance plan and deduct the cost from your salary or earnings.

Any amounts you owe may be collected from your property, whether or not you are current in your payments toward past due support. Collection may be made by taking money owed to you by the state or federal government (such as tax refunds, unemployment and disability benefits, and lottery winnings), by taking property you own, by placing a lien on your property, or by any other lawful means. You may be fined or imprisoned if you fail to pay support as ordered.

If the local child support agency does not know how much money the obligor (parent asked to pay support) earns, he or she is presumed to earn enough money to pay the amounts stated in item 6b of the proposed *Judgment Regarding Parental Obligations* (form FL-630).

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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Other Important Information

Both parents should tell the local child support agency everything they know about the other parent's earnings and assets.

The defendant is always a party to this action. If the other parent has requested or is receiving services from the local child support agency, that parent will become a party to the lawsuit filed by the local child support agency after the initial support order or medical support order is entered by the court. After the other parent has become a party to the lawsuit, either parent may then ask the court to decide issues concerning support, custody, visitation, and restraining orders (domestic violence). No other issues may be raised in this lawsuit. Either parent may go to court to modify the court order. The local child support agency cannot bring proceedings to establish or modify custody, visitation, or restraining orders.

After the other parent has become a party to the lawsuit, either parent may go to court to enforce the existing order against the other, but must first notify the local child support agency as required by law. The local child support agency is allowed 30 days to determine whether or not a parent will be permitted to proceed with the enforcement action against the other parent. The local child support agency may deny a parent permission to proceed if it is currently taking enforcement action or if the action by a parent would interfere with an investigation. If the local child support agency does not respond to the notice by the parent seeking enforcement within 30 days or if the local child support agency notifies the parent seeking enforcement that the enforcement action can proceed, the parent may then file the enforcement action as long as all support is paid through the local child support agency.

If the custodial person receives public assistance, the local child support agency may agree to settle any parentage or support issue in this lawsuit without providing advance notice to the custodial person. A child support agency may not settle any child support issue without the consent of any parent who is an applicant for child support services and who does not receive public assistance.

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

Your family law facilitator is available to help you with any questions you may have about the above information. You can reach your family law facilitator by telephone at:

or in person at:

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.

GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406):
 RECORDING REQUESTED BY AND WHEN RECORDED MAIL TO:

 TELEPHONE NO.: _____ FAX NO.: _____

**Draft 6
 07/11/06 icb
 Not approved by
 the Judicial Council**

FOR RECORDER'S USE ONLY

SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		FOR COURT USE ONLY
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:		
<input type="checkbox"/> NOTICE REGARDING PAYMENT OF SUPPORT <input type="checkbox"/> NOTICE OF ASSIGNED SUPPORT <input type="checkbox"/> SUBSTITUTION OF PAYEE		CASE NUMBER:

1. The obligor (the person paying support) in this proceeding is *(name and last known address)*:

2. a. The local child support agency is providing the following services *(check all that apply)*:
 - (1) Current support
 - (2) Support arrears
 - (3) Medical support
- b. The local child support agency is no longer providing the services under title IV-D of the Social Security Act.

3. The substituted payee is:
 - a. The local child support agency *(specify)*:
 - b. Other *(specify)*:

4. An abstract or notice of support judgment or support judgment was recorded as follows:

<u>County</u>	<u>Date of recording</u>	<u>Instrument number</u>	<u>Book number</u>	<u>Page number</u>
---------------	--------------------------	--------------------------	--------------------	--------------------

5. All payments must be made as follows *(check all that apply)*:
 - a. Income withholding payments must be directed to the State Disbursement Unit at *(specify address)*:
 - b. All current support payments other than income withholding payments must be sent to *(specify)*:
 - c. All arrears payments other than income withholding payments must be sent to *(specify)*:
 - d. Other *(specify)*:

THE SUBSTITUTED PAYEE MUST BE CONTACTED WHEN NOTICE TO A LIENHOLDER MAY OR MUST BE GIVEN.

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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6. An assignment of support rights by operation of law under Welfare and Institutions Code section 11477(a) has been made to the county of *(specify)*:
7. a. Each parent must notify the local child support agency in writing within 10 days of any change in residence or employment.
- b. Each parent must complete a *Child Support Case Registry Form* (FL-191) and deliver it to the court within 10 days of any change in residence or employment.

Date:

_____ _____
 (TYPE OR PRINT NAME) (SIGNATURE)

ACKNOWLEDGMENT
 (To be completed only when this form is recorded)

STATE OF CALIFORNIA
 COUNTY OF

On _____, before me,
 Notary Public, personally appeared:

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

 (SIGNATURE OF NOTARY)

(Seal)

GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406): 	TELEPHONE NO.: 	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT:		
STIPULATION AND ORDER		CASE NUMBER:

1. THIS MATTER PROCEEDED AS FOLLOWS:

- a. By written stipulation without court appearance.
- b. By court appearance as follows:
 Date: _____ Dept.: _____ Judicial officer: _____
 Plaintiff/Petitioner present in court Attorney present in court (name): _____
 Defendant/Respondent present in court Attorney present in court (name): _____
 Local child support agency attorney (Family Code §§ 17400, 17406) (name): _____
- c. The "obligor" for purposes of this order is Plaintiff/Petitioner Defendant/Respondent

2. THE PARTIES AGREE THAT

- a. All orders previously made in this action remain in full force and effect except as specifically modified below.
 - b. Obligor is the parent of and must pay child support for the following children:
- | <u>Name</u> | <u>Date of birth</u> | <u>Monthly support amount</u> |
|-------------|----------------------|-------------------------------|
|-------------|----------------------|-------------------------------|

- (1) For a total of \$ _____ payable on the: _____ day of each month beginning (date): _____
- (2) Other (specify): _____
- (3) Any support ordered continues until further order of court, unless terminated by operation of law.

- c. Obligor owes support arrears as follows, as of (date): _____
 Child support: \$ _____ Spousal support: \$ _____ Family support: \$ _____
 Interest is not included and is not waived.
 Payable \$ _____ on the _____ day of each month commencing (date): _____

d. No provision of this order can operate to limit any right to assess and collect interest and penalties as allowed by law. Interest accrues on the entire principal balance owing and not on installments as they become due. All liquidation payments are subject to modification. There may be no limitation on collection of principal, interest, and penalties without further notice, as allowed by law.

e. All payments must be made to (name and address of agency): _____

f. Obligor must provide health insurance coverage for the children as obligated by law; a Health Insurance Coverage Assignment will issue; and obligor must complete a form DHS-6110 and return it to the local child support agency within 20 days.

g. Both 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. The parents must notify the court of any change in the information submitted within 10 days of the change by filing an updated order.

h. An *Order/Notice to Withhold Income for Child Support* (form FL-195) must issue.

PETITIONER/PLAINTIFF:	CASE NUMBER:
RESPONDENT/DEFENDANT:	

i. The form *Notice of Rights and Responsibilities and Information Sheet on Changing a Child Support Order* (form FL-192) is attached.

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

Date: _____

 (TYPE OR PRINT NAME)  _____
 (SIGNATURE OF LOCAL CHILD SUPPORT AGENCY ATTORNEY)

Date: _____

 (TYPE OR PRINT NAME)  _____
 (SIGNATURE OF OBLIGEE)

Date: _____

 (TYPE OR PRINT NAME)  _____
 (SIGNATURE OF OBLIGOR)

Date: _____

 (TYPE OR PRINT NAME)  _____
 (SIGNATURE OF ATTORNEY FOR OBLIGOR)

ORDER

3. **THE COURT SO ORDERS.**

4. This order is based on the documents attached to this order.

Date: _____

 JUDICIAL OFFICER

5. Number of pages attached: Signature follows last attachment.

<p>NOTICE: Any party required to pay child support must pay interest on overdue amounts at the "legal" rate, which is currently 10 percent. This can be a large added amount.</p>
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SPR06-29

Child Support: Forms to Facilitate Court Access (adopt form FL-478; approve forms FL-478-INFO and FL-643; revise forms FL-360, FL-600, and FL-632; revoke form FL-690)

	Commentator	Position	Comment on behalf of group?	Comment	Committee Response
1.	Sandy Almansa Supervising Legal Clerk II Superior Court of Stanislaus County	A	Y	<i>No specific comment.</i>	No response required.
2.	Grace Andres Program Manager Superior Court of Solano County	A	N	<i>No specific comment.</i>	No response required.
3.	Leroy Davies Attorney at Law	AM	N	FL-600: form is not legal because it has text in a language other than English. Please refer to Civil Code of Procedure Section 185, which prohibits any judicial proceedings conducted or preserved in any language but English.	Code of Civil Procedure section 185 does not require that written forms be solely in English, as it authorizes translations of some court orders into languages other than English. Two of the notices in FL-600 are in both English and Spanish in order to protect the due process rights of Spanish speakers, who account for more than 12,000 visits each year as unrepresented litigants to the family law facilitator offices statewide.
4.	Tillie Fennessey Legal Secretary Superior Court of Merced County	AM	N	Modify Form FL-360: to include a Clerk’s Certificate of Mailing page along with an Information Sheet and Instructions, similar to Form FL-478.	It is not necessary to put a Clerk’s Certificate of Mailing on FL-360 as Family Code sections 3690 – 3693 (which contain the statutory grounds for relief in FL-360) do not provide that the Clerk is to mail the notice of motion. Litigants can check the self-help website www.courtinfo.ca.gov/selfhelp for assistance in completing forms.
5.	Janet Garcia Manager, Planning and Research Unit Superior Court of Los Angeles County	AM	N	FL-360: The upper left box specifying information regarding the person submitting the form should be changed. It should be corrected by placing	Agree to modify text to put “telephone” and “no.” on the same line.

SPR06-29

Child Support: Forms to Facilitate Court Access (adopt form FL-478; approve forms FL-478-INFO and FL-643; revise forms FL-360, FL-600, and FL-632; revoke form FL-690)

	Commentator	Position	Comment on behalf of group?	Comment	Committee Response
				“telephone” and “no.” on the same line.	
6.	David Gutknecht Principal Management Analyst Superior Court of Riverside County	A	Y	Riverside County Superior Court agrees that the new and revised forms will facilitate access to the courts for self-represented litigants	No response required.
7.	JoAnn Johnson Family Law Facilitator Superior Court of Ventura County	AM	Y	<p>FL-478: #2g is awkward. I am not sure self-represented litigants will understand. Suggest, “The children have health insurance available through <input type="checkbox"/> Other parent <input type="checkbox"/> Other insurance: Specify _____.</p> <p>FL-600: #10 = a. wage and earning assignment be <u>issued</u>.</p> <p>FL-632: #1 = (the judgment debtor) be changed to (person paying support) to be consistent with other forms.</p>	<p>Item 2g has to be broad enough to cover the scope of all the possible arrangements in non-governmental cases. The text was revised into plain language, and a space for the litigant to explain his or her circumstances was added at the end.</p> <p>Agree to modify text for clarity.</p> <p>Agree to modify text for consistency.</p>
8.	Kristy Johnson for Bill Malloy Chair, Child Support Directors Association Judicial Council Forms Subcommittee	AM	Y	<p><u>Request and Notice of Hearing Regarding Health Insurance Assignment (FL-478)</u></p> <ol style="list-style-type: none"> Add notice regarding commissioners (which is required by Family Code section 4251) below signature lines to be consistent with formatting of other forms that have the notice. Item #2g: add “(explain):” at the end of the sentence so the requestor can provide information about the other health insurance. 	<ol style="list-style-type: none"> Agree to modify text to add notice. Agree to modify text to add “(explain)”.

SPR06-29

Child Support: Forms to Facilitate Court Access (adopt form FL-478; approve forms FL-478-INFO and FL-643; revise forms FL-360, FL-600, and FL-632; revoke form FL-690)

	Commentator	Position	Comment on behalf of group?	Comment	Committee Response
				<p>3. The committee recommends taking the shading off the Request for Accommodations notice and instead putting a box around it. This will save toner – a significant issue for the larger counties - and be consistent with the other forms that have the notice.</p> <p><u>Information Sheet and Instructions for Request and Notice of Hearing Regarding Health Insurance Assignment (FL-478-INFO)</u></p> <p>1. Page 1, first paragraph: add “If the local child support agency is not involved in your case,” to the beginning of the sentence “You may have to pay a filing fee.” pursuant to the passage of AB 145.</p> <p>2. Item 2g add “and explain why” to be consistent with the other items.</p> <p>3. As written, the last sentence of paragraph 3 is inconsistent with the instructions for Item 1. a-b. The committee would like to revise as follows: ...the court clerk will notify you by mail of the date, time and location of the hearing <u>mail copies of it to each of the parties.</u></p> <p><u>Declaration of Obligor’s Income During Judgment Period – Presumed Income Set Aside Request (FL-643)</u></p> <p>1. Item 3 last column: remove “if other than</p>	<p>3. Agree to delete shading.</p> <p>1. Agree to modify text to reflect changes made by AB 145.</p> <p>2. Agree to modify text to provide some information on health insurance coverage and a referral to the Family Law Facilitator or the local child support agency.</p> <p>3. Agree to modify item 1a-b and the last sentence of paragraph 3 so that the instructions encompass the range of local court procedures for getting a hearing date.</p> <p>1. Agree to modify text to improve</p>

SPR06-29

Child Support: Forms to Facilitate Court Access (adopt form FL-478; approve forms FL-478-INFO and FL-643; revise forms FL-360, FL-600, and FL-632; revoke form FL-690)

	Commentator	Position	Comment on behalf of group?	Comment	Committee Response
				<p>guideline”; it may create confusion since unrepresented parties may not understand “guideline.” Also, it precludes the LCSA from putting the amount in since they can’t request anything other than guideline.</p> <p>2. Strike “family law” at the bottom, presumed income can only be used in governmental actions on an FL-600.</p> <p><u>Request for Hearing and Application to Set Aside Support Order (FL-360)</u></p> <p>1. Add “or governmental agency” at the top of the caption to be consistent with standard format of pleadings to be used by LCSAs</p> <p>2. Add notice regarding commissioners (which is required by Family Code section 4251) below signature lines to be consistent with formatting of other forms that have the notice.</p> <p>3. Remove CCP#473 from the statute citations at the bottom of the form because none of the 473 grounds apply to this action.</p> <p>4. The committee recommends taking the shading off the Request for Accommodations notice and instead putting a box around it. This will save toner – a significant issue for the larger counties - and be consistent with the other forms that have the notice.</p>	<p>clarity and usability.</p> <p>2. Agree to modify text to strike “family law” at the bottom of the form.</p> <p>1. Agree to modify caption for consistency, and to enable the local child support agency to use the form.</p> <p>2. Agree to modify text to add notice.</p> <p>3. Agree to delete Code of Civil Procedure section 473.</p> <p>4. Agree to delete shading.</p>

SPR06-29

Child Support: Forms to Facilitate Court Access (adopt form FL-478; approve forms FL-478-INFO and FL-643; revise forms FL-360, FL-600, and FL-632; revoke form FL-690)

	Commentator	Position	Comment on behalf of group?	Comment	Committee Response
				<p><u>Summons and Complaint or Supplemental Complaint Regarding Parental Obligations (FL-600)</u></p> <p>1. Revise items 2b and 2c as follows: 2b. <input type="checkbox"/> _____ (name) _____ is named as a parent of the children listed in item 1 in a declaration of paternity on file with the <input type="checkbox"/> local child support agency or the <input type="checkbox"/> county welfare department.</p> <p>2c. The obligor (the parent asked to pay support in this proceeding) is _____ (name) _____.</p> <p>This change achieves gender-neutrality, and simplifies the completion of the form.</p> <p>2. Revise item 3a to read: “There is a <i>Voluntary Declaration of Paternity</i> that has not been canceled and was signed by both parents for the following children (<i>specify</i>):” because, technically, the POP declarations are not filed with the State DCSS.</p> <p>3. Item 8 The committee strongly supports this change, as it makes it clear that support is always at issue and it is consistent with the marital dissolution papers. As written, it is susceptible to interpretation. Therefore, the committee recommends re-wording the item as follows: “In any future proceeding, the court</p>	<p>1. Agree to modify text for gender neutrality and simplicity.</p> <p>2. Family Code section 7571(f) provides that signed voluntary declarations of paternity are to be forwarded to the Department of Child Support Services, so the text has been modified accordingly.</p> <p>3. The language has been moved to the Notice box at the bottom of the page to make it clear that it applies on an ongoing basis.</p>

SPR06-29

Child Support: Forms to Facilitate Court Access (adopt form FL-478; approve forms FL-478-INFO and FL-643; revise forms FL-360, FL-600, and FL-632; revoke form FL-690)

	Commentator	Position	Comment on behalf of group?	Comment	Committee Response
				<p>makes orders for the support of the children upon request.”</p> <p>4. Revise the first sentence in item 9 to read: “The court order the obligor to provide health insurance for each child named in item 1, if available at no or reasonable cost, and that a National Medical Support Notice be issued.”</p> <p>5. At the end of the sentence in item 13, add “(if applicable)” to cover cases when the other parent would not ordinarily be added.</p> <p><u>Notice Regarding Payment of Support (FL-632)</u></p> <p>1. Remove the top and side lines from the Recorder’s box in the caption to allow for unobstructed space for the Recorder’s stamp.</p>	<p>4. Agree to modify text to delete language that the court order the obligor “and to complete the attached health insurance form and immediately return it to the office of the local child support agency at the address printed in the top left corner of page one,” since attaching a blank health insurance form to FL-600 unnecessarily clutters court files. Text has also been modified to add language requiring the obligor to complete and return the health insurance form to the local child support agency within 20 days of the request and revised to make item 9 consistent with language in FL-630, <i>Judgment Regarding Parental Obligations</i>.</p> <p>5. Agree to modify text to add a check box to cover such cases.</p> <p>1. Agree to modify text to be consistent with the Judicial Council style guide.</p> <p>2. Agree to modify text to accommodate the use of the State Disbursement Unit.</p>

SPR06-29

Child Support: Forms to Facilitate Court Access (adopt form FL-478; approve forms FL-478-INFO and FL-643; revise forms FL-360, FL-600, and FL-632; revoke form FL-690)

	Commentator	Position	Comment on behalf of group?	Comment	Committee Response
				<p>2. Revise item 5 to add “(check all that apply)” to accommodate the LCSA receiving the payment via the State Disbursement Unit.</p> <p>3. Add new item 5 as a heading for the lettered components under item 4: “All payments must be made as follows (check all that apply):” and revise new item 5a to read: “Income withholding payments must be directed to the SDU at (specify address):” These changes will accommodate the use of the State Disbursement Unit.</p> <p>4. Renumber old items 5 and 6 to be new items 6 and 7.</p>	<p>3. Agree to modify text to accommodate the use of the State Disbursement Unit.</p> <p>4. Agree to renumber item numbers.</p>
9.	Dennis Jones Court Executive Officer Superior Court of Sacramento County	AM	Y	<p>FL-600: Modify Box 3a, “A <i>Voluntary Declaration of Paternity</i> that has not been cancelled...” should be amended to read “...that has not been revoked...”</p> <p>Under sections 3b and 3c, the language implies that the case can only be from California by stating “in (specify) _____ county.” What about cases where the judgment was made in another state? We suggest some provision be made for those cases.</p>	<p>Use of the term “cancelled” is consistent with the Judicial Council’s policy to use plain language in court forms whenever possible.</p> <p>Agree to modify text in 3b and 3c to “(specify county and state)_____” to provide for judgments entered in another state.</p>
10.	Diana Landmann Court Manager Superior Court of San Joaquin County	AM	N	<p>FL-632, Should the address of the State Disbursement Unit be printed directly on the form under 4a?</p>	<p>The State Disbursement Unit has not identified its final address at this time. Once it is identified, the address may change from time to time, so it is better from a forms management perspective to not hardcode the address on the form.</p>

SPR06-29

Child Support: Forms to Facilitate Court Access (adopt form FL-478; approve forms FL-478-INFO and FL-643; revise forms FL-360, FL-600, and FL-632; revoke form FL-690)

	Commentator	Position	Comment on behalf of group?	Comment	Committee Response
11.	Ms. Joan McCoy Court Appointed Special Advocate CASA of Fresno and Madera Counties	A	N	<i>No specific comment.</i>	No response required.
12.	Mike Roddy Court Executive Officer Superior Court of San Diego County	AM	Y	<p>FL-478: Pg. 1, in the notice box at the top, change the wording to: “Notice: If you object to the Application and Order for Health Insurance Coverage (form FL-470) or the national Medical Support Notice (form OMB0970-0222), then fill out this form and file it with the court clerk. This form may not . . .”</p> <p>FL-478-(INFO): Item 1, a-b, change the wording to: “When you file this form with the court clerk, the clerk will set the date, time and department for hearing.”</p> <p>In the first full paragraph under 2i, change it to read “Once you have completed filling out the Request and Notice of Hearing Regarding Health Insurance Assignment, please date the form, print your name, and sign the form under penalty of perjury. You must also complete the certificate of mailing on page 2 of the form by printing the name and address of the other parties in the brackets provided. You will need to provide the clerk with a stamped envelope that has been addressed to each of the parties listed on this page. DO NOT DATE OR SIGN PAGE TWO OF THE FORM. The court clerk will sign the form when it is mailed in the pre-addressed stamped envelopes that you have provided.</p> <p>FL-360: Item 3. “Grounds for this request are (check all that apply):”</p>	<p>Agree to modify text for clarity.</p> <p>Item 1 a-b has been modified so that it encompasses the range of local court procedures for getting a hearing date.</p> <p>Agree to modify text to add instructions that litigants are not to sign or date page two, and that the clerk will sign it when it is ready to be mailed to the parties.</p> <p>Agree to modify the title of the form to</p>

SPR06-29

Child Support: Forms to Facilitate Court Access (adopt form FL-478; approve forms FL-478-INFO and FL-643; revise forms FL-360, FL-600, and FL-632; revoke form FL-690)

	Commentator	Position	Comment on behalf of group?	Comment	Committee Response
				include “d. [] Other _____”. Although the courts are bound to use the Judicial Council forms, litigants are not bound by the forms in making their request and it would be appropriate to allow the litigants to provide another ground on the form.	indicate that the request is made under Family Code section 3691. The original intent in developing this form was to provide a readily accessible form for these grounds only and not to create a generic set aside form.
13.	Mana Schcop BASF Family Law Section San Francisco Bar Association	A	N	<i>No specific comment.</i>	No response required.
14.	Rebecca Wightman Child Support Commissioner Unified Family Court, Dept. 416 Superior Court of San Francisco County	AM	N	<u>FL-478 (and related instructions) Request and Notice of Hearing Regarding Health Insurance Assignment</u> This form is a very good idea. Suggestions/comments: 2.d – “have been emancipated”: shouldn’t it be “are emancipated” or “have emancipated”? 2.g – I don’t think a promise “will be” (akin to a promise) is good enough... The phrase “otherwise provided health insurance coverage” is confusing, as many litigants appearing in my court assume that Healthy Families (a <i>subsidized</i> program) qualified, when it doesn’t. Also, when read in conjunction with the instructions, they imply that there must be agreement with the “other parent” in order to use some other health insurance plan, which is (1) not legally required, and (2) impractical in cases where the custodial person is not the other parent (e.g. relative, guardian, or foster care cases)	

SPR06-29

Child Support: Forms to Facilitate Court Access (adopt form FL-478; approve forms FL-478-INFO and FL-643; revise forms FL-360, FL-600, and FL-632; revoke form FL-690)

	Commentator	Position	Comment on behalf of group?	Comment	Committee Response
				<p><u>FL-643 Declaration of Obligor’s Income During Judgment Period...</u></p> <p>The biggest concern I have with this form (which is a good idea, by the way) is that there is no place on the form to indicate the source or basis of the income information that is being listed, i.e. where did this information come from? There should be a space and/or boxes, including an “other” box, listing certain sources, e.g. the income info. comes from EDD sources, W-2 stubs, social security printout, employer verification form, etc... The “other” box can be used for any other explanation, such as what the person earned when they lived together, etc.</p> <p>Note: Without any indication of the source, the court will have no way of assessing the reliability of the information, and anyone can simply fill in any type of numbers (from 0 to 10,000) without having to provide any other information... yet this form is being signed under penalty of perjury, with no indication whether the income information is from personal knowledge vs. information and belief. Technically, since it is a “declaration” you can have a situation where, e.g. the other parent and/or the child support agency lists numbers with no indication of the source of information, no personal knowledge, and it then becomes the “evidence”...</p> <p><u>FL 360, Request for Hearing and Application to Set Aside Support Order</u></p> <p>General comment (related to 2 – identity of individuals): Although I know space is a</p>	

SPR06-29

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				<p>consideration, it would be helpful – not just on this form, but on others as well – to have a blank line next to each “party” to put in a name (first/last or just last) because of the confusion that repeatedly occurs after cases have been consolidated. Often a petitioner in one case can end up being the respondent after there has been a consolidation.</p> <p>Also, although I agree that there are only three grounds listed in the Family Code section noted on the form, I have concern that by making this form mandatory, there is an implication that there are never any other grounds for set aside. There is case law that indicates otherwise, and a litigant should not be required to use this form if arguing something other than that particular Family Code section. I am not necessarily advocating an additional “other” box, just some clarification that this form is mandatory only when challenging under that particular Family Code section.</p> <p><u>FL-600 Summons and Complaint</u> General Comment Re: #1 and #6 (and related (Proposed) Judgment form) – It is inconsistent to have a check box alternative, e.g. where you do not check the establish parentage box, and then to have a pre-printed provision on the judgment form indicating that the Court orders/makes a Judgment that the individuals listed in #2 to be the parents of the kids listed in #1. If you are not seeking to establish parentage, then why is a judgment of parentage always being made (by virtue of the pre-printed provision)?</p>	

SPR06-29

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				<p>Further comment re: #1 and #3 and related Judgment form, and the inherent problem noted above: Example: Establish parentage box is not checked for child 2, and #3d is filled in with some “other” statement alluding to a presumption only for that child, for example (which is not evidence). If the case goes to default judgment, not only was the litigant told that DCSS was not seeking to establish parentage for that child, but the Judgment (by default) form absolutely creates a Judgment of Parentage for all of the children listed by virtue of the pre-printed language in the judgment form.</p> <p>#2.b. – This is confusing to me, especially 2.b.2 – as it was my understanding that POP declarations must be filed with DCSS, not County Welfare...</p> <p>#6 – Having only one box does not allow for the situation of multiple children where, e.g. DCSS is seeking only to establish parentage as to one child but not the other three, when taken into consideration that the judgment form creates a Judgment of Paternity for all children listed... (Same issue as above).</p>	

SPR06-29

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				<p>#8 – While I think there ought to always be some type of default declaration with actual evidence as to financial information to support the guideline requested, it currently isn't legally required in default cases - thus, it seems this <i>pre-printed</i> provision is inconsistent.</p> <p>#9 – I strongly urge that you put an option to check a box as to both parents (one box for each if needed as in previous forms) even at this stage of the proceedings: I note that the Federal study/report done on this issue actually contemplated that the custodial person (usually mother) was often in a better position to obtain the insurance. This would allow flexibility where both parents show up (e.g. at a default hearing or status conference, or other hearing where they agree to have a judgment entered, etc., and there would be no need to write up a text provision separately for the other parent.</p> <p>#11 – Please consider including a provision that the parties are required to notify within 10 days of any substantial change of child care costs as well. This is a continual problem in the courts – where custodial parents don't notify, childcare ceases, noncustodial parent does not know for years, and arguments are made that there is no retroactivity...</p>	

SPR06-29

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				<p>#13 – I do not understand why you changed the form so that there is no space to actually put the NAME of the other parent being added. I would suggest that you make it so that the name has to be put in (can be automatically populated) – especially when you consider that captions often get changed, parties often get confused, etc.</p> <p><u>FL-600, page 6</u>, last paragraph on the left hand side - I question whether it is legally correct to say the agency has the authority to settle parentage issues (vs. child support issues) without providing advance notice to the custodial parent when the CP is receiving public assistance, and I would recommend removing the parentage part from that paragraph. I would agree that CP's on aid do not necessarily need to be given advance notice about the settlement of child support issues (as the reimbursement belongs to the county), but the same is not true as to the important issue of parentage.</p> <p><u>FL-632</u> The Title Box/Caption of Document needs to have two boxes, one to indicate the substitution in (consistent with checking 2a in the body of the form), the other to indicate the substitution out (consistent with checking 2b in the body of the form).</p> <p>It is imperative that someone, be it a clerk, a parent, the Family Law Facilitator, an attorney, other employee or anyone else be able to tell at a glance</p>	

SPR06-29

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				<p>whether DCSS is stepping in or out of the case. While I realize that one can look somewhere in the body of the document itself to figure it out, many times the file itself is not available to “check”. More importantly, many court systems rely upon the Title of the Document only to place in their Register of Actions, and if it is not clearly marked at the top by the title, then it is a waste of time to search for the document to find out if DCSS is “involved” (in) or is no longer providing services (out). I can ask the agency if the issue happens to arise in court, but many times, the issue crops up elsewhere, e.g. case managers, Family Law Facilitators, etc. are looking at the Court screen/Register to determine the correct department to schedule a pro per motion (for example). Unless the Title/Caption reflects whether DCSS is in or out, cases sometimes get scheduled in the wrong place, and have to get transferred to another department.</p>	