

**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: Administrative Office of the Courts
Deborah Brown, Managing Attorney, 415-865-7667,
deborah.brown@jud.ca.gov
Susan R. McMullan, Senior Attorney, 415-865-7990,
susan.mcmullan@jud.ca.gov

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SUBJECT: Miscellaneous Technical Changes to the California Rules of Court and
Judicial Council Forms (amend Cal. Rules of Court, rules 2.111, 3.300,
3.512, 3.816, 3.823, 3.867, 3.924, 3.1203, 4.151, 5.475, 8.112, 10.48,
10.780, and 10.951; revise forms CIV-010, CR-110/JV-790, DE 350/GC-
100, DISC-001, EJ-001, FL-342(A), FL-692, FL-935, JV-180, JV-505,
MC-300, SUBP-025, and WG-003) (Action Required)

Issue Statement

Various Judicial Council advisory committee members, court personnel, members of the public, and Administrative Office of the Courts (AOC) staff have identified errors in rules and forms resulting from inadvertent omissions, typographical errors, language inconsistencies, or changes in the rule name and numbering system. It is therefore necessary to make technical changes to the rules and forms noted below.

Recommendation

AOC staff recommend that the Judicial Council make the following changes to the California Rules of Court and Judicial Council forms, effective January 1, 2008:

1. Amend rule 2.111(9) to correct an outdated reference to Government Code section 72055;
2. Amend rule 3.300(h)(1)(E) to correct a rule reference from 367 to 3.350;
3. Amend rule 3.512(a) to correct a rule reference from 1511(a) to 3.511(a);

4. Amend rules 3.816(b)(1) and 3.924(b)(1) to correctly reference renumbered provisions in canon 6 of the Code of Judicial Ethics;
5. Amend rule 3.823(b)(3)(A) and (b)(3)(B) to correct references to renumbered sections of the Code of Civil Procedure;
6. Amend rule 3.867, Advisory Committee Comment, to correct “participants” to “participant” in two instances;
7. Amend rule 3.1203(a) to correct “seeing” to “seeking”;
8. Amend rule 4.151, Advisory Committee Comment, to delete the unintended repetition of the words “in every case”;
9. Amend rule 5.475 to correct a Welfare and Institutions Code reference from 364.4 to 362.4;
10. Amend rule 8.112(d)(3) to correct a rule reference from 8.490(j) to 8.490(k);
11. Amend rule 10.48(f) to correct “appoints” to “appoint”;
12. Amend rule 10.780 to correct a reference from title 2 to title 3;
13. Amend rule 10.951(b) to correct “deposition” to “disposition”;
14. Revise form CIV-010 to correct typographical errors and a form reference from FJ-100 to FL-935;
15. Revise forms CR-110/JV-790 and EJ-001 to reflect Senate Bill 644, which provides that only the last four digits of a social security number or driver’s license number be included on an abstract of judgment;
16. Revise form DE 350/GC-100 to correct a form reference from 982(a)(27) to CIV-010 and to correctly reflect amendments to Probate Code sections 3600–3613;
17. Revise form DISC-001, section 5, to correct references to renumbered forms;
18. Revise form FL-342(A) to correct the reference on page 1, items 2(a) and 2(d)(3) to change from “mother” and “father” to “petitioner/plaintiff” and “respondent/defendant”;

19. Revise form FL-692 to correct the Family Code section reference from 7406 to 17406;
20. Revise form FL-935 to correct a form reference from 982(a)(27) to CIV-010;
21. Revise form JV-180, item 8 to correct a Welfare and Institutions Code section reference from 380 to 386;
22. Revise form JV-505 to correct the page reference for notice to the alleged parent of the child from 3 to 4;
23. Revise form MC-300, item 5, to correct gender reference from “her” to “him”; and revise the last sentence in the declaration of emancipation to correct “emancipation” to “emancipated”;
24. Revise form SUBP-025 to correct a Code of Civil Procedure section reference from 202.510 to 2020.510; and
25. Revise form WG-003 to correct references from “the family support division of your district attorney’s office” and “the district attorney” to “the local child support agency.”

The text of the amended rules is attached at pages 4–9. The revised forms are attached at pages 10–51.

Rationale for Recommendation

The changes to these rules and forms are technical in nature and necessary to correct inadvertent omissions, typographical errors, language inconsistencies, and changes in the rule name and numbering system.

Alternative Actions Considered

The proposed actions are necessary for proper organization and accuracy. No alternative actions were considered.

Comments From Interested Parties

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

Implementation Requirements and Costs

The proposed revisions will result in standard reproduction costs.

Attachments

Rules 2.111, 3.300, 3.512, 3.816, 3. 823, 3.867, 3.924, 3.1203, 4.151, 5,475, 8.112, 10.48, 10.780, and 10.951 of the California Rules of Court are amended, effective January 1, 2008, to read:

1 **Rule 2.111. Format of first page**

2
3 The first page of each paper must be in the following form:

4
5 (1)–(8) * * *

6
7 (9) On the complaint, petition, or application filed in a limited civil case, below
8 the character of the action or proceeding, the amount demanded in the
9 complaint, petition, or application, stated as follows: “Amount demanded
10 exceeds \$10,000” or “Amount demanded does not exceed \$10,000,” as
11 required by Government Code section ~~72055~~ 70613.

12
13 (10)–(11) * * *

14
15
16 **Rule 3.300. Related cases**

17
18 (a)–(g) * * *

19
20 (h) **Judicial action**

21
22 (1) *Related cases pending in one superior court*

23
24 If all the related cases have been filed in one superior court, the court,
25 on notice to all parties, may order that the cases, including probate and
26 family law cases, be related and may assign them to a single judge or
27 department. In a superior court where there is a master calendar, the
28 presiding judge may order the cases related. In a court in which cases
29 are assigned to a single judge or department, cases may be ordered
30 related as follows:

31
32 (A)–(D) * * *

33
34 (E) If the procedures for relating pending cases under this rule do not
35 apply, the procedures under Code of Civil Procedure section 1048
36 and rule ~~367~~ 3.350 must be followed to consolidate cases pending
37 in the same superior court.

38
39 (2)–(3) * * *

40
41 (i)–(k) * * *

1 **Rule 3.512. Electronic submission of documents to the Chair of the Judicial**
2 **Council**

3
4 **(a) Documents that may be submitted electronically**

5
6 Any paper listed in rule ~~4.511(a)~~3.511(a) may be submitted electronically to
7 coordination@jud.ca.gov.

8
9 **(b)–(f) * * ***

10
11
12 **Rule 3.816. Disqualification for conflict of interest**

13
14 **(a) * * ***

15
16 **(b) Disclosures by arbitrator**

17
18 In addition to any other disclosure required by law, no later than five days
19 before the deadline for parties to file a motion for disqualification of the
20 arbitrator under Code of Civil Procedure section 170.6 or, if the arbitrator is
21 not aware of his or her appointment or of a matter subject to disclosure at
22 that time, as soon as practicable thereafter, an arbitrator must disclose to the
23 parties:

24
25 (1) Any matter subject to disclosure under subdivisions (D)~~(2)(f)~~(5)(a) and
26 (D)~~(2)(g)~~(5)(b) of canon 6 of the Code of Judicial Ethics; and

27
28 (2) * * *

29
30 **(c)–(d) * * ***

31
32
33 **Rule 3.823. Rules of evidence at arbitration hearing**

34
35 **(a) * * ***

36
37 **(b) Application of civil rules of evidence**

38
39 The rules of evidence governing civil cases apply to the conduct of the
40 arbitration hearing, except:

41
42 (1)–(2) * * *

1 (3) *Depositions*

2
3 (A) The deposition of any witness may be offered by any party and
4 must be received in evidence, subject to objections available
5 under Code of Civil Procedure section ~~2025(g)~~ 2025.410,
6 notwithstanding that the deponent is not “unavailable as a
7 witness” within the meaning of Evidence Code section 240 and
8 no exceptional circumstances exist, if:

9
10 (i)–(ii) * * *

11
12 (B) The opposing party, upon receiving the notice, may subpoena the
13 deponent and, at the discretion of the arbitrator, either the
14 deposition may be excluded from evidence or the deposition may
15 be admitted and the deponent may be further cross-examined by
16 the subpoenaing party. These limitations are not applicable to a
17 deposition admissible under the terms of Code of Civil Procedure
18 section ~~2025(u)~~ 2025.620.

19
20 (c)–(d) * * *

21
22
23 **Rule 3.867. Confidentiality of complaint procedures, information, and**
24 **records**

25
26 (a)–(e) * * *

27
28 **Advisory Committee Comment**

29
30 See Evidence Code sections 1115 and 1119 concerning the scope and types of mediation
31 communications protected by mediation confidentiality.

32
33 **Subdivision (b).** Private meetings, or “caucuses,” between a mediator and subgroups of
34 participants are common in court-connected mediations, and it is frequently understood that these
35 communications will not be disclosed to other participants in the mediation. (See Cal. Rules of
36 Court, rule 3.854(c).) It is important to protect the confidentiality of these communications in rule
37 3.865 complaint procedures, so that one participants in the mediation does not learn what another
38 participants discussed in confidence with the mediator.

39
40 **Subdivisions (c)–(e).** The provisions of (c)–(e) that authorize the disclosure of information and
41 records related to rule 3.865 complaint procedures do not create any new exceptions to mediation
42 confidentiality. Information and records about rule 3.865 complaint procedures that would reveal
43 mediation communications should only be publicly disclosed consistent with the statutes and case
44 law governing mediation confidentiality.

1 Evidence Code sections 915 and 1040 establish procedures and criteria for deciding whether
2 information acquired in confidence by a public employee in the course of his or her duty is
3 subject to disclosure. These sections may be applicable or helpful in determining whether the
4 disclosure of information or records acquired by judicial officers, court staff, and other persons
5 while receiving, investigating, or resolving complaints under rule 3.865 is required by law or
6 should be authorized in the discretion of the presiding judge.
7

8
9 **Rule 3.924. Certification and disclosure by referee**

10
11 **(a) * * ***

12
13 **(b) Disclosure by referee**

14
15 In addition to any other disclosure required by law, no later than five days
16 before the deadline for parties to file a motion for disqualification of the
17 referee under Code of Civil Procedure section 170.6 or, if the referee is not
18 aware of his or her appointment or of a matter subject to disclosure at that
19 time, as soon as practicable thereafter, a referee must disclose to the parties:
20

21 (1) Any matter subject to disclosure under subdivisions ~~(D)(2)(f)~~(5)(a) and
22 ~~(D)(2)(g)~~(5)(b) of canon 6 of the Code of Judicial Ethics; and

23
24 (2) * * *
25
26

27 **Rule 3.1203. Time of notice to other parties**

28
29 **(a) Time of notice**

30
31 A party seeking an ex parte order must notify all parties no later than 10:00
32 a.m. the court day before the ex parte appearance, absent a showing of
33 exceptional circumstances that justify a shorter time for notice.
34

35 **(b) * * ***

1 **Rule 4.151. Motion for change of venue**

2
3 (a)–(b) * * *

4
5 **Advisory Committee Comment**

6
7 Rule 4.151(b) is not intended to imply that the court should attempt to impanel a jury in every
8 case before granting a change of venue ~~in every case~~.

9
10
11 **Rule 5.475. Custody and visitation orders following termination of a juvenile**
12 **court proceeding or probate court guardianship proceeding (Fam.**
13 **Code, § 3105; Welf. & Inst. Code, § ~~364.4~~ 362.4; Prob. Code, § 1602)**

14
15 (a)–(c) * * *

16
17
18 **Rule 8.112. Petition for writ of supersedeas**

19
20 (a)–(c) * * *

21
22 (d) **Issuing the writ**

23
24 (1)–(2) * * *

25
26 (3) The court must notify the superior court, under rule 8.490(j)(k), of any
27 writ or temporary stay that it issues.

28
29
30 **Rule 10.48. Court Executives Advisory Committee**

31
32 (a)–(e) * * *

33
34 (f) **Chair and vice-chair**

35
36 The Chief Justice may appoints the chair and vice-chair of the committee for
37 up to a two-year term from the current membership of the Court Executives
38 Advisory Committee.

1 **Rule 10.780. Administration of alternative dispute resolution (ADR)**
2 **programs**

3
4 The rules in this chapter concern alternative dispute resolution (ADR) programs
5 administered by the trial courts. General provisions concerning ADR are located in
6 title 23, division 8.
7

8
9 **Rule 10.951. Duties of supervising judge of the criminal division**

10
11 **(a) * * ***

12
13 **(b) Arraignments, pretrial motions, and readiness conferences**

14
15 The presiding judge, supervising judge, or other designated judge must
16 conduct arraignments, hear and determine any pretrial motions, preside over
17 readiness conferences, and, where not inconsistent with law, assist in the
18 ~~deposition~~ disposition of cases without trial.
19

20 **(c)–(d) * * ***

ATTORNEY (Name, State Bar number, and address): <hr/> TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	
APPLICATION AND ORDER FOR APPOINTMENT OF GUARDIAN AD LITEM—CIVIL <input type="checkbox"/> EX PARTE	CASE NUMBER:
NOTE: This form is for use in civil proceedings in which a party is a minor, an incapacitated person, or a person for whom a conservator has been appointed. A party who seeks the appointment of a guardian ad litem in a family law or juvenile proceeding should use form FL-935. A party who seeks the appointment of a guardian ad litem in a probate proceeding should use form DE-350/GC-100. An individual cannot act as a guardian ad litem unless he or she is represented by an attorney or is an attorney.	

1. Applicant (name): _____ is
 - a. the parent of (name):
 - b. the guardian of (name):
 - c. the conservator of (name):
 - d. a party to the suit.
 - e. the minor to be represented (if the minor is 14 years of age or older).
 - f. another interested person (specify capacity):

2. This application seeks the appointment of the following person as guardian ad litem (state name, address, and telephone number):

3. The guardian ad litem is to represent the interests of the following person (state name, address, and telephone number):

4. The person to be represented is:
 - a. a minor (date of birth):
 - b. an incompetent person.
 - c. a person for whom a conservator has been appointed.
5. The court should appoint a guardian ad litem because:
 - a. the person named in item 3 has a cause or causes of action on which suit should be brought (describe):

Continued on Attachment 5a.

ATTORNEY OR PERSON WITHOUT ATTORNEY (Name, State Bar number, and address):

Recording requested by and return to:

TELEPHONE NO.: FAX NO. (Optional):

E-MAIL ADDRESS (Optional):

ATTORNEY FOR JUDGMENT CREDITOR ASSIGNEE OF RECORD

SUPERIOR COURT OF CALIFORNIA, COUNTY OF

STREET ADDRESS:
MAILING ADDRESS:
CITY AND ZIP CODE:
BRANCH NAME:

FOR RECORDER'S USE ONLY

CASE NUMBER:

CASE NAME:

FOR COURT USE ONLY

ORDER FOR RESTITUTION AND ABSTRACT OF JUDGMENT
(Penal Code, §§ 1202.4(f), 1203.1(l), 1214; Welfare and Institutions Code, § 730.6(h) and (i))

ORDER FOR RESTITUTION

1. a. On (date): _____ defendant (name): _____
was convicted of a crime that entitles the victim to restitution.
- b. On (date): _____ child (name): _____
was found to be a person described in Welfare and Institutions Code section 602, which entitles the victim to restitution. Wardship is terminated.
- c. Parents or guardians jointly and severally liable (name each): _____
- d. Co-offenders found jointly and severally liable (name each): _____
2. Evidence was presented that the victim named below suffered losses as a result of defendant's/child's conduct. Defendant/child was informed of his or her right to a judicial determination of the amount of restitution and
 - a. a hearing was conducted.
 - b. stipulated to the amount of restitution to be ordered.
 - c. waived a hearing.
3. **THE COURT ORDERS** defendant/child to pay restitution to
 - a. the victim (name): _____ in the amount of: \$ _____
 - b. the State Victim Compensation Board, to reimburse payments to the victim from the Restitution Fund, in the amount of: \$ _____
 - c. plus interest at 10 percent per year from the date of loss or sentencing
 - d. plus attorney fees and collection costs in the sum of \$ _____
 - e. plus an administrative fee at 10 percent of the restitution owed (Pen. Code, § 1203.1(l))
4. The amount of restitution includes
 - a. value of property stolen or damaged
 - b. medical expenses
 - c. lost wages or profits
 - (1) incurred by victim due to injury
 - (2) of victim's parent(s) or guardian(s) (if victim is a child) incurred while caring for the injured child
 - (3) incurred by victim due to time spent as a witness or in assisting police or prosecution
 - (4) of victim's parent(s) or guardian(s) (if victim is a child) due to time spent as a witness or in assisting police or prosecution
 - d. noneconomic losses (felony violations of Pen. Code, § 288 only)
 - e. other (specify): _____

Date: _____ JUDICIAL OFFICER _____

VICTIM TO RECEIVE CERTIFIED COPY FOR FILING WITH COUNTY RECORDER

CASE NAME: _____	CASE NUMBER: _____
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NOTICE TO VICTIMS

PENAL CODE SECTION 1214 PROVIDES THAT ONCE A DOLLAR AMOUNT OF RESTITUTION HAS BEEN ORDERED, THE ORDER IS THEN ENFORCEABLE AS IF IT WERE A CIVIL JUDGMENT. ALTHOUGH THE CLERK OF THE COURT IS NOT ALLOWED TO GIVE LEGAL ADVICE, YOU ARE ENTITLED TO ALL RESOURCES AVAILABLE UNDER THE LAW TO OBTAIN OTHER INFORMATION TO ASSIST IN ENFORCING THE ORDER.

THIS ORDER DOES NOT EXPIRE UNDER PENAL CODE SECTION 1214(d).

THE VICTIM SHALL FILE A SATISFACTION OF JUDGMENT WITH THE COURT WHENEVER AN ORDER TO PAY RESTITUTION IS SATISFIED, PURSUANT TO PENAL CODE SECTION 1214(d).

APPLICATION FOR ABSTRACT OF JUDGMENT

5. The judgment creditor assignee of record other (*specify*):
applies for an abstract of judgment and represents the following:

a. Judgment debtor's

Name and last known address

- | | |
|---|----------------------------------|
| b. <input type="checkbox"/> Driver's license no. [last 4 digits] and state: | <input type="checkbox"/> Unknown |
| c. <input type="checkbox"/> Social security no. [last 4 digits]: | <input type="checkbox"/> Unknown |
| d. <input type="checkbox"/> Date of birth: | <input type="checkbox"/> Unknown |

Date: _____

(TYPE OR PRINT NAME)



(SIGNATURE OF APPLICANT OR ATTORNEY)

ON INFORMATION AND BELIEF

ABSTRACT OF JUDGMENT

6. I certify that the following is a true and correct judgment entered in this action.
7. Judgment creditor (*name*):
 whose address or whose attorney's address appears on this form above the court's name.
8. Judgment debtor (*full name as it appears in judgment*):
9. Judgment entered on (*date*):
10. Total amount of judgment as entered or last renewed: \$
11. A stay of enforcement was ordered on _____ and is effective until _____.
 A stay of enforcement was not ordered.

[SEAL]

This abstract of judgment issued on (*date*):

Clerk, by _____, Deputy

NOTICE TO COUNTY RECORDER

THIS ORDER IS ENFORCEABLE AS IF IT WERE A CIVIL JUDGMENT, PURSUANT TO PENAL CODE SECTION 1202.4(l) AND (m), PENAL CODE SECTION 1214, AND WELFARE AND INSTITUTIONS CODE SECTION 730.6(i) AND (r), AND FUNCTIONS AS AN ABSTRACT OF JUDGMENT.

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
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
ESTATE OF (<i>Name</i>): <input type="checkbox"/> DECEDENT <input type="checkbox"/> CONSERVATEE <input type="checkbox"/> MINOR	
PETITION FOR APPOINTMENT OF GUARDIAN AD LITEM—PROBATE <input type="checkbox"/> EX PARTE	CASE NUMBER:
<p>NOTE: This form is for use in proceedings under the Probate Code, except a request for court approval of (1) the compromise of a minor's disputed claim, (2) the compromise of an action to which a minor or a person with a disability is a party, or (3) disposition of the proceeds of a judgment in favor of a minor or person with a disability. (See Prob. Code, §§ 3600–3613.) A person seeking the appointment of a guardian ad litem in a civil proceeding should use form CIV-010. A person seeking the appointment of a guardian ad litem in a family law proceeding should use form FL-935. A person may not act as a guardian ad litem unless he or she is an attorney or is represented by an attorney. A guardian ad litem is NOT the same as a guardian of the person or estate of a minor.</p>	

1. Petitioner (*name*): _____ is
- personal representative of the estate of:
 - guardian of:
 - conservator of:
 - trustee of:
 - other interested person (*specify capacity*):
2. This petition seeks the appointment of the following person as guardian ad litem (*state name, address, and telephone number*):
3. The guardian ad litem is to represent the interests of the following person (*state name, address, and telephone number*):
4. The person to be represented is
- a minor (*date of birth*):
 - a person with a disability (within the meaning of Prob. Code, § 3603).
 - an unborn person.
 - an unascertained person.
 - a person whose identity or address is unknown.
 - a designated class of persons who are not ascertained or are not in being.
5. Appointment of a guardian ad litem arises out of issues regarding
- the execution of a disclaimer under Probate Code section 277 (*specify details in Attachment 5a*).
 - the representation of the interests of a spouse alleged to lack legal capacity (Probate Code, §§ 3112 and 3140) (*specify details in Attachment 5b*).
 - the consent to modification or termination of trust (Probate Code, § 15405) (*specify details in Attachment 5c*).
 - the approval and settlement of claims against a deceased settlor (Probate Code, § 19029) (*specify details in Attachment 5d*).
 - the representation of a minor, incapacitated person, or other person identified in Probate Code section 1003(a) in a proceeding under the Probate Code (Probate Code, § 1003(a)) (*specify details in Attachment 5e*).
 - other (*specify in Attachment 5f*).

- (2) **INCIDENT** means (*insert your definition here or on a separate, attached sheet labeled "Sec. 4(a)(2)"*):

(b) YOU OR ANYONE ACTING ON YOUR BEHALF

includes you, your agents, your employees, your insurance companies, their agents, their employees, your attorneys, your accountants, your investigators, and anyone else acting on your behalf.

(c) **PERSON** includes a natural person, firm, association, organization, partnership, business, trust, limited liability company, corporation, or public entity.

(d) **DOCUMENT** means a writing, as defined in Evidence Code section 250, and includes the original or a copy of handwriting, typewriting, printing, photostats, photographs, electronically stored information, and every other means of recording upon any tangible thing and form of communicating or representation, including letters, words, pictures, sounds, or symbols, or combinations of them.

(e) **HEALTH CARE PROVIDER** includes any **PERSON** referred to in Code of Civil Procedure section 667.7(e)(3).

(f) **ADDRESS** means the street address, including the city, state, and zip code.

Sec. 5. Interrogatories

The following interrogatories have been approved by the Judicial Council under Code of Civil Procedure section 2033.710:

CONTENTS

1.0 Identity of Persons Answering These Interrogatories
2.0 General Background Information—Individual
3.0 General Background Information—Business Entity
4.0 Insurance
5.0 <i>[Reserved]</i>
6.0 Physical, Mental, or Emotional Injuries
7.0 Property Damage
8.0 Loss of Income or Earning Capacity
9.0 Other Damages
10.0 Medical History
11.0 Other Claims and Previous Claims
12.0 Investigation—General
13.0 Investigation—Surveillance
14.0 Statutory or Regulatory Violations
15.0 Denials and Special or Affirmative Defenses
16.0 Defendant's Contentions Personal Injury
17.0 Responses to Request for Admissions
18.0 <i>[Reserved]</i>
19.0 <i>[Reserved]</i>
20.0 How the Incident Occurred—Motor Vehicle
25.0 <i>[Reserved]</i>
30.0 <i>[Reserved]</i>
40.0 <i>[Reserved]</i>
50.0 Contract
60.0 <i>[Reserved]</i>
70.0 Unlawful Detainer <i>[See separate form DISC-003]</i>
101.0 Economic Litigation <i>[See separate form DISC-004]</i>
200.0 Employment Law <i>[See separate form DISC-002]</i>
Family Law <i>[See separate form FL-145]</i>

1.0 Identity of Persons Answering These Interrogatories

- 1.1 State the name, **ADDRESS**, telephone number, and relationship to you of each **PERSON** who prepared or assisted in the preparation of the responses to these interrogatories. (*Do not identify anyone who simply typed or reproduced the responses.*)

2.0 General Background Information—individual

- 2.1 State:
- your name;
 - every name you have used in the past; and
 - the dates you used each name.
- 2.2 State the date and place of your birth.
- 2.3 At the time of the **INCIDENT**, did you have a driver's license? If so state:
- the state or other issuing entity;
 - the license number and type;
 - the date of issuance; and
 - all restrictions.
- 2.4 At the time of the **INCIDENT**, did you have any other permit or license for the operation of a motor vehicle? If so, state:
- the state or other issuing entity;
 - the license number and type;
 - the date of issuance; and
 - all restrictions.
- 2.5 State:
- your present residence **ADDRESS**;
 - your residence **ADDRESSES** for the past five years; and
 - the dates you lived at each **ADDRESS**.
- 2.6 State:
- the name, **ADDRESS**, and telephone number of your present employer or place of self-employment; and
 - the name, **ADDRESS**, dates of employment, job title, and nature of work for each employer or self-employment you have had from five years before the **INCIDENT** until today.
- 2.7 State:
- the name and **ADDRESS** of each school or other academic or vocational institution you have attended, beginning with high school;
 - the dates you attended;
 - the highest grade level you have completed; and
 - the degrees received.
- 2.8 Have you ever been convicted of a felony? If so, for each conviction state:
- the city and state where you were convicted;
 - the date of conviction;
 - the offense; and
 - the court and case number.
- 2.9 Can you speak English with ease? If not, what language and dialect do you normally use?
- 2.10 Can you read and write English with ease? If not, what language and dialect do you normally use?

- 2.11 At the time of the **INCIDENT** were you acting as an agent or employee for any **PERSON**? If so, state:
- the name, **ADDRESS**, and telephone number of that **PERSON**; and
 - a description of your duties.
- 2.12 At the time of the **INCIDENT** did you or any other person have any physical, emotional, or mental disability or condition that may have contributed to the occurrence of the **INCIDENT**? If so, for each person state:
- the name, **ADDRESS**, and telephone number;
 - the nature of the disability or condition; and
 - the manner in which the disability or condition contributed to the occurrence of the **INCIDENT**.
- 2.13 Within 24 hours before the **INCIDENT** did you or any person involved in the **INCIDENT** use or take any of the following substances: alcoholic beverage, marijuana, or other drug or medication of any kind (prescription or not)? If so, for each person state:
- the name, **ADDRESS**, and telephone number;
 - the nature or description of each substance;
 - the quantity of each substance used or taken;
 - the date and time of day when each substance was used or taken;
 - the **ADDRESS** where each substance was used or taken;
 - the name, **ADDRESS**, and telephone number of each person who was present when each substance was used or taken; and
 - the name, **ADDRESS**, and telephone number of any **HEALTH CARE PROVIDER** who prescribed or furnished the substance and the condition for which it was prescribed or furnished.

3.0 General Background Information—Business Entity

- 3.1 Are you a corporation? If so, state:
- the name stated in the current articles of incorporation;
 - all other names used by the corporation during the past 10 years and the dates each was used;
 - the date and place of incorporation;
 - the **ADDRESS** of the principal place of business; and
 - whether you are qualified to do business in California.
- 3.2 Are you a partnership? If so, state:
- the current partnership name;
 - all other names used by the partnership during the past 10 years and the dates each was used;
 - whether you are a limited partnership and, if so, under the laws of what jurisdiction;
 - the name and **ADDRESS** of each general partner; and
 - the **ADDRESS** of the principal place of business.
- 3.3 Are you a limited liability company? If so, state:
- the name stated in the current articles of organization;
 - all other names used by the company during the past 10 years and the date each was used;
 - the date and place of filing of the articles of organization;
 - the **ADDRESS** of the principal place of business; and
 - whether you are qualified to do business in California.

- 3.4 Are you a joint venture? If so, state:
- the current joint venture name;
 - all other names used by the joint venture during the past 10 years and the dates each was used;
 - the name and **ADDRESS** of each joint venturer; and
 - the **ADDRESS** of the principal place of business.
- 3.5 Are you an unincorporated association? If so, state:
- the current unincorporated association name;
 - all other names used by the unincorporated association during the past 10 years and the dates each was used; and
 - the **ADDRESS** of the principal place of business.
- 3.6 Have you done business under a fictitious name during the past 10 years? If so, for each fictitious name state:
- the name;
 - the dates each was used;
 - the state and county of each fictitious name filing; and
 - the **ADDRESS** of the principal place of business.
- 3.7 Within the past five years has any public entity registered or licensed your business? If so, for each license or registration:
- identify the license or registration;
 - state the name of the public entity; and
 - state the dates of issuance and expiration.

4.0 Insurance

- 4.1 At the time of the **INCIDENT**, was there in effect any policy of insurance through which you were or might be insured in any manner (for example, primary, pro-rata, or excess liability coverage or medical expense coverage) for the damages, claims, or actions that have arisen out of the **INCIDENT**? If so, for each policy state:
- the kind of coverage;
 - the name and **ADDRESS** of the insurance company;
 - the name, **ADDRESS**, and telephone number of each named insured;
 - the policy number;
 - the limits of coverage for each type of coverage contained in the policy;
 - whether any reservation of rights or controversy or coverage dispute exists between you and the insurance company; and
 - the name, **ADDRESS**, and telephone number of the custodian of the policy.
- 4.2 Are you self-insured under any statute for the damages, claims, or actions that have arisen out of the **INCIDENT**? If so, specify the statute.

5.0 [Reserved]

6.0 Physical, Mental, or Emotional Injuries

- 6.1 Do you attribute any physical, mental, or emotional injuries to the **INCIDENT**? (If your answer is "no," do not answer interrogatories 6.2 through 6.7).
- 6.2 Identify each injury you attribute to the **INCIDENT** and the area of your body affected.

6.3 Do you still have any complaints that you attribute to the **INCIDENT**? If so, for each complaint state:

- (a) a description;
- (b) whether the complaint is subsiding, remaining the same, or becoming worse; and
- (c) the frequency and duration.

6.4 Did you receive any consultation or examination (except from expert witnesses covered by Code of Civil Procedure sections 2034.210–2034.310) or treatment from a **HEALTH CARE PROVIDER** for any injury you attribute to the **INCIDENT**? If so, for each **HEALTH CARE PROVIDER** state:

- (a) the name, **ADDRESS**, and telephone number;
- (b) the type of consultation, examination, or treatment provided;
- (c) the dates you received consultation, examination, or treatment; and
- (d) the charges to date.

6.5 Have you taken any medication, prescribed or not, as a result of injuries that you attribute to the **INCIDENT**? If so, for each medication state:

- (a) the name;
- (b) the **PERSON** who prescribed or furnished it;
- (c) the date it was prescribed or furnished;
- (d) the dates you began and stopped taking it; and
- (e) the cost to date.

6.6 Are there any other medical services necessitated by the injuries that you attribute to the **INCIDENT** that were not previously listed (for example, ambulance, nursing, prosthetics)? If so, for each service state:

- (a) the nature;
- (b) the date;
- (c) the cost; and
- (d) the name, **ADDRESS**, and telephone number of each provider.

6.7 Has any **HEALTH CARE PROVIDER** advised that you may require future or additional treatment for any injuries that you attribute to the **INCIDENT**? If so, for each injury state:

- (a) the name and **ADDRESS** of each **HEALTH CARE PROVIDER**;
- (b) the complaints for which the treatment was advised; and
- (c) the nature, duration, and estimated cost of the treatment.

7.0 Property Damage

7.1 Do you attribute any loss of or damage to a vehicle or other property to the **INCIDENT**? If so, for each item of property:

- (a) describe the property;
- (b) describe the nature and location of the damage to the property;

- (c) state the amount of damage you are claiming for each item of property and how the amount was calculated; and
- (d) if the property was sold, state the name, **ADDRESS**, and telephone number of the seller, the date of sale, and the sale price.

7.2 Has a written estimate or evaluation been made for any item of property referred to in your answer to the preceding interrogatory? If so, for each estimate or evaluation state:

- (a) the name, **ADDRESS**, and telephone number of the **PERSON** who prepared it and the date prepared;
- (b) the name, **ADDRESS**, and telephone number of each **PERSON** who has a copy of it; and
- (c) the amount of damage stated.

7.3 Has any item of property referred to in your answer to interrogatory 7.1 been repaired? If so, for each item state:

- (a) the date repaired;
- (b) a description of the repair;
- (c) the repair cost;
- (d) the name, **ADDRESS**, and telephone number of the **PERSON** who repaired it;
- (e) the name, **ADDRESS**, and telephone number of the **PERSON** who paid for the repair.

8.0 Loss of Income or Earning Capacity

8.1 Do you attribute any loss of income or earning capacity to the **INCIDENT**? (If your answer is "no," do not answer interrogatories 8.2 through 8.8).

8.2 State:

- (a) the nature of your work;
- (b) your job title at the time of the **INCIDENT**; and
- (c) the date your employment began.

8.3 State the last date before the **INCIDENT** that you worked for compensation.

8.4 State your monthly income at the time of the **INCIDENT** and how the amount was calculated.

8.5 State the date you returned to work at each place of employment following the **INCIDENT**.

8.6 State the dates you did not work and for which you lost income as a result of the **INCIDENT**.

8.7 State the total income you have lost to date as a result of the **INCIDENT** and how the amount was calculated.

8.8 Will you lose income in the future as a result of the **INCIDENT**? If so, state:

- (a) the facts upon which you base this contention;
- (b) an estimate of the amount;
- (c) an estimate of how long you will be unable to work; and
- (d) how the claim for future income is calculated.

9.0 Other Damages

9.1 Are there any other damages that you attribute to the **INCIDENT**? If so, for each item of damage state:

- (a) the nature;
- (b) the date it occurred;
- (c) the amount; and
- (d) the name, **ADDRESS**, and telephone number of each **PERSON** to whom an obligation was incurred.

9.2 Do any **DOCUMENTS** support the existence or amount of any item of damages claimed in interrogatory 9.1? If so, describe each document and state the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT**.

10.0 Medical History

10.1 At any time before the **INCIDENT** did you have complaints or injuries that involved the same part of your body claimed to have been injured in the **INCIDENT**? If so, for each state:

- (a) a description of the complaint or injury;
- (b) the dates it began and ended; and
- (c) the name, **ADDRESS**, and telephone number of each **HEALTH CARE PROVIDER** whom you consulted or who examined or treated you.

10.2 List all physical, mental, and emotional disabilities you had immediately before the **INCIDENT**. (*You may omit mental or emotional disabilities unless you attribute any mental or emotional injury to the **INCIDENT**.*)

10.3 At any time after the **INCIDENT**, did you sustain injuries of the kind for which you are now claiming damages? If so, for each incident giving rise to an injury state:

- (a) the date and the place it occurred;
- (b) the name, **ADDRESS**, and telephone number of any other **PERSON** involved;
- (c) the nature of any injuries you sustained;
- (d) the name, **ADDRESS**, and telephone number of each **HEALTH CARE PROVIDER** who you consulted or who examined or treated you; and
- (e) the nature of the treatment and its duration.

11.0 Other Claims and Previous Claims

11.1 Except for this action, in the past 10 years have you filed an action or made a written claim or demand for compensation for your personal injuries? If so, for each action, claim, or demand state:

- (a) the date, time, and place and location (closest street **ADDRESS** or intersection) of the **INCIDENT** giving rise to the action, claim, or demand;
- (b) the name, **ADDRESS**, and telephone number of each **PERSON** against whom the claim or demand was made or the action filed;

- (c) the court, names of the parties, and case number of any action filed;
- (d) the name, **ADDRESS**, and telephone number of any attorney representing you;
- (e) whether the claim or action has been resolved or is pending; and
- (f) a description of the injury.

11.2 In the past 10 years have you made a written claim or demand for workers' compensation benefits? If so, for each claim or demand state:

- (a) the date, time, and place of the **INCIDENT** giving rise to the claim;
- (b) the name, **ADDRESS**, and telephone number of your employer at the time of the injury;
- (c) the name, **ADDRESS**, and telephone number of the workers' compensation insurer and the claim number;
- (d) the period of time during which you received workers' compensation benefits;
- (e) a description of the injury;
- (f) the name, **ADDRESS**, and telephone number of any **HEALTH CARE PROVIDER** who provided services; and
- (g) the case number at the Workers' Compensation Appeals Board.

12.0 Investigation—General

12.1 State the name, **ADDRESS**, and telephone number of each individual:

- (a) who witnessed the **INCIDENT** or the events occurring immediately before or after the **INCIDENT**;
- (b) who made any statement at the scene of the **INCIDENT**;
- (c) who heard any statements made about the **INCIDENT** by any individual at the scene; and
- (d) who **YOU OR ANYONE ACTING ON YOUR BEHALF** claim has knowledge of the **INCIDENT** (except for expert witnesses covered by Code of Civil Procedure section 2034).

12.2 Have **YOU OR ANYONE ACTING ON YOUR BEHALF** interviewed any individual concerning the **INCIDENT**? If so, for each individual state:

- (a) the name, **ADDRESS**, and telephone number of the individual interviewed;
- (b) the date of the interview; and
- (c) the name, **ADDRESS**, and telephone number of the **PERSON** who conducted the interview.

12.3 Have **YOU OR ANYONE ACTING ON YOUR BEHALF** obtained a written or recorded statement from any individual concerning the **INCIDENT**? If so, for each statement state:

- (a) the name, **ADDRESS**, and telephone number of the individual from whom the statement was obtained;
- (b) the name, **ADDRESS**, and telephone number of the individual who obtained the statement;
- (c) the date the statement was obtained; and
- (d) the name, **ADDRESS**, and telephone number of each **PERSON** who has the original statement or a copy.

- 12.4 Do **YOU OR ANYONE ACTING ON YOUR BEHALF** know of any photographs, films, or videotapes depicting any place, object, or individual concerning the **INCIDENT** or plaintiff's injuries? If so, state:
- (a) the number of photographs or feet of film or videotape;
 - (b) the places, objects, or persons photographed, filmed, or videotaped;
 - (c) the date the photographs, films, or videotapes were taken;
 - (d) the name, **ADDRESS**, and telephone number of the individual taking the photographs, films, or videotapes; and
 - (e) the name, **ADDRESS**, and telephone number of each **PERSON** who has the original or a copy of the photographs, films, or videotapes.

- 12.5 Do **YOU OR ANYONE ACTING ON YOUR BEHALF** know of any diagram, reproduction, or model of any place or thing (except for items developed by expert witnesses covered by Code of Civil Procedure sections 2034.210–2034.310) concerning the **INCIDENT**? If so, for each item state:
- (a) the type (i.e., diagram, reproduction, or model);
 - (b) the subject matter; and
 - (c) the name, **ADDRESS**, and telephone number of each **PERSON** who has it.

- 12.6 Was a report made by any **PERSON** concerning the **INCIDENT**? If so, state:
- (a) the name, title, identification number, and employer of the **PERSON** who made the report;
 - (b) the date and type of report made;
 - (c) the name, **ADDRESS**, and telephone number of the **PERSON** for whom the report was made; and
 - (d) the name, **ADDRESS**, and telephone number of each **PERSON** who has the original or a copy of the report.

- 12.7 Have **YOU OR ANYONE ACTING ON YOUR BEHALF** inspected the scene of the **INCIDENT**? If so, for each inspection state:
- (a) the name, **ADDRESS**, and telephone number of the individual making the inspection (except for expert witnesses covered by Code of Civil Procedure sections 2034.210–2034.310); and
 - (b) the date of the inspection.

13.0 Investigation—Surveillance

- 13.1 Have **YOU OR ANYONE ACTING ON YOUR BEHALF** conducted surveillance of any individual involved in the **INCIDENT** or any party to this action? If so, for each surveillance state:
- (a) the name, **ADDRESS**, and telephone number of the individual or party;
 - (b) the time, date, and place of the surveillance;
 - (c) the name, **ADDRESS**, and telephone number of the individual who conducted the surveillance; and
 - (d) the name, **ADDRESS**, and telephone number of each **PERSON** who has the original or a copy of any surveillance photograph, film, or videotape.

- 13.2 Has a written report been prepared on the surveillance? If so, for each written report state:
- (a) the title;
 - (b) the date;
 - (c) the name, **ADDRESS**, and telephone number of the individual who prepared the report; and
 - (d) the name, **ADDRESS**, and telephone number of each **PERSON** who has the original or a copy.

14.0 Statutory or Regulatory Violations

- 14.1 Do **YOU OR ANYONE ACTING ON YOUR BEHALF** contend that any **PERSON** involved in the **INCIDENT** violated any statute, ordinance, or regulation and that the violation was a legal (proximate) cause of the **INCIDENT**? If so, identify the name, **ADDRESS**, and telephone number of each **PERSON** and the statute, ordinance, or regulation that was violated.
- 14.2 Was any **PERSON** cited or charged with a violation of any statute, ordinance, or regulation as a result of this **INCIDENT**? If so, for each **PERSON** state:
- (a) the name, **ADDRESS**, and telephone number of the **PERSON**;
 - (b) the statute, ordinance, or regulation allegedly violated;
 - (c) whether the **PERSON** entered a plea in response to the citation or charge and, if so, the plea entered; and
 - (d) the name and **ADDRESS** of the court or administrative agency, names of the parties, and case number.

15.0 Denials and Special or Affirmative Defenses

- 15.1 Identify each denial of a material allegation and each special or affirmative defense in your pleadings and for each:
- (a) state all facts upon which you base the denial or special or affirmative defense;
 - (b) state the names, **ADDRESSES**, and telephone numbers of all **PERSONS** who have knowledge of those facts; and
 - (c) identify all **DOCUMENTS** and other tangible things that support your denial or special or affirmative defense, and state the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT**.

16.0 Defendant's Contentions—Personal Injury

- 16.1 Do you contend that any **PERSON**, other than you or plaintiff, contributed to the occurrence of the **INCIDENT** or the injuries or damages claimed by plaintiff? If so, for each **PERSON**:
- (a) state the name, **ADDRESS**, and telephone number of the **PERSON**;
 - (b) state all facts upon which you base your contention;
 - (c) state the names, **ADDRESSES**, and telephone numbers of all **PERSONS** who have knowledge of the facts; and
 - (d) identify all **DOCUMENTS** and other tangible things that support your contention and state the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT** or thing.
- 16.2 Do you contend that plaintiff was not injured in the **INCIDENT**? If so:
- (a) state all facts upon which you base your contention;
 - (b) state the names, **ADDRESSES**, and telephone numbers of all **PERSONS** who have knowledge of the facts; and
 - (c) identify all **DOCUMENTS** and other tangible things that support your contention and state the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT** or thing.

- 16.3 Do you contend that the injuries or the extent of the injuries claimed by plaintiff as disclosed in discovery proceedings thus far in this case were not caused by the **INCIDENT**? If so, for each injury:
- identify it;
 - state all facts upon which you base your contention;
 - state the names, **ADDRESSES**, and telephone numbers of all **PERSONS** who have knowledge of the facts; and
 - identify all **DOCUMENTS** and other tangible things that support your contention and state the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT** or thing.
- 16.4 Do you contend that any of the services furnished by any **HEALTH CARE PROVIDER** claimed by plaintiff in discovery proceedings thus far in this case were not due to the **INCIDENT**? If so:
- identify each service;
 - state all facts upon which you base your contention;
 - state the names, **ADDRESSES**, and telephone numbers of all **PERSONS** who have knowledge of the facts; and
 - identify all **DOCUMENTS** and other tangible things that support your contention and state the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT** or thing.
- 16.5 Do you contend that any of the costs of services furnished by any **HEALTH CARE PROVIDER** claimed as damages by plaintiff in discovery proceedings thus far in this case were not necessary or unreasonable? If so:
- identify each cost;
 - state all facts upon which you base your contention;
 - state the names, **ADDRESSES**, and telephone numbers of all **PERSONS** who have knowledge of the facts; and
 - identify all **DOCUMENTS** and other tangible things that support your contention and state the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT** or thing.
- 16.6 Do you contend that any part of the loss of earnings or income claimed by plaintiff in discovery proceedings thus far in this case was unreasonable or was not caused by the **INCIDENT**? If so:
- identify each part of the loss;
 - state all facts upon which you base your contention;
 - state the names, **ADDRESSES**, and telephone numbers of all **PERSONS** who have knowledge of the facts; and
 - identify all **DOCUMENTS** and other tangible things that support your contention and state the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT** or thing.
- 16.7 Do you contend that any of the property damage claimed by plaintiff in discovery Proceedings thus far in this case was not caused by the **INCIDENT**? If so:
- identify each item of property damage;
 - state all facts upon which you base your contention;
 - state the names, **ADDRESSES**, and telephone numbers of all **PERSONS** who have knowledge of the facts; and
 - identify all **DOCUMENTS** and other tangible things that support your contention and state the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT** or thing.
- 16.8 Do you contend that any of the costs of repairing the property damage claimed by plaintiff in discovery proceedings thus far in this case were unreasonable? If so:
- identify each cost item;
 - state all facts upon which you base your contention;
 - state the names, **ADDRESSES**, and telephone numbers of all **PERSONS** who have knowledge of the facts; and
 - identify all **DOCUMENTS** and other tangible things that support your contention and state the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT** or thing.
- 16.9 Do **YOU OR ANYONE ACTING ON YOUR BEHALF** have any **DOCUMENT** (for example, insurance bureau index reports) concerning claims for personal injuries made before or after the **INCIDENT** by a plaintiff in this case? If so, for each plaintiff state:
- the source of each **DOCUMENT**;
 - the date each claim arose;
 - the nature of each claim; and
 - the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT**.
- 16.10 Do **YOU OR ANYONE ACTING ON YOUR BEHALF** have any **DOCUMENT** concerning the past or present physical, mental, or emotional condition of any plaintiff in this case from a **HEALTH CARE PROVIDER** not previously identified (except for expert witnesses covered by Code of Civil Procedure sections 2034.210–2034.310)? If so, for each plaintiff state:
- the name, **ADDRESS**, and telephone number of each **HEALTH CARE PROVIDER**;
 - a description of each **DOCUMENT**; and
 - the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT**.

17.0 Responses to Request for Admissions

- 17.1 Is your response to each request for admission served with these interrogatories an unqualified admission? If not, for each response that is not an unqualified admission:
- state the number of the request;
 - state all facts upon which you base your response;
 - state the names, **ADDRESSES**, and telephone numbers of all **PERSONS** who have knowledge of those facts; and
 - identify all **DOCUMENTS** and other tangible things that support your response and state the name, **ADDRESS**, and telephone number of the **PERSON** who has each **DOCUMENT** or thing.

18.0 [Reserved]

19.0 [Reserved]

20.0 How the Incident Occurred—Motor Vehicle

- 20.1 State the date, time, and place of the **INCIDENT** (closest street **ADDRESS** or intersection).
- 20.2 For each vehicle involved in the **INCIDENT**, state:
- the year, make, model, and license number;
 - the name, **ADDRESS**, and telephone number of the driver;

- (c) the name, **ADDRESS**, and telephone number of each occupant other than the driver;
- (d) the name, **ADDRESS**, and telephone number of each registered owner;
- (e) the name, **ADDRESS**, and telephone number of each lessee;
- (f) the name, **ADDRESS**, and telephone number of each owner other than the registered owner or lien holder; and
- (g) the name of each owner who gave permission or consent to the driver to operate the vehicle.
- 20.3 State the **ADDRESS** and location where your trip began and the **ADDRESS** and location of your destination.
- 20.4 Describe the route that you followed from the beginning of your trip to the location of the **INCIDENT**, and state the location of each stop, other than routine traffic stops, during the trip leading up to the **INCIDENT**.
- 20.5 State the name of the street or roadway, the lane of travel, and the direction of travel of each vehicle involved in the **INCIDENT** for the 500 feet of travel before the **INCIDENT**.
- 20.6 Did the **INCIDENT** occur at an intersection? If so, describe all traffic control devices, signals, or signs at the intersection.
- 20.7 Was there a traffic signal facing you at the time of the **INCIDENT**? If so, state:
- (a) your location when you first saw it;
- (b) the color;
- (c) the number of seconds it had been that color; and
- (d) whether the color changed between the time you first saw it and the **INCIDENT**.
- 20.8 State how the **INCIDENT** occurred, giving the speed, direction, and location of each vehicle involved:
- (a) just before the **INCIDENT**;
- (b) at the time of the **INCIDENT**; and (c) just after the **INCIDENT**.
- 20.9 Do you have information that a malfunction or defect in a vehicle caused the **INCIDENT**? If so:
- (a) identify the vehicle;
- (b) identify each malfunction or defect;
- (c) state the name, **ADDRESS**, and telephone number of each **PERSON** who is a witness to or has information about each malfunction or defect; and
- (d) state the name, **ADDRESS**, and telephone number of each **PERSON** who has custody of each defective part.
- 20.10 Do you have information that any malfunction or defect in a vehicle contributed to the injuries sustained in the **INCIDENT**? If so:
- (a) identify the vehicle;
- (b) identify each malfunction or defect;
- (c) state the name, **ADDRESS**, and telephone number of each **PERSON** who is a witness to or has information about each malfunction or defect; and
- (d) state the name, **ADDRESS**, and telephone number of each **PERSON** who has custody of each defective part.
- 20.11 State the name, **ADDRESS**, and telephone number of each owner and each **PERSON** who has had possession since the **INCIDENT** of each vehicle involved in the **INCIDENT**.
- 25.0 [Reserved]**
- 30.0 [Reserved]**
- 40.0 [Reserved]**
- 50.0 Contract**
- 50.1 For each agreement alleged in the pleadings:
- (a) identify each **DOCUMENT** that is part of the agreement and for each state the name, **ADDRESS**, and telephone number of each **PERSON** who has the **DOCUMENT**;
- (b) state each part of the agreement not in writing, the name, **ADDRESS**, and telephone number of each **PERSON** agreeing to that provision, and the date that part of the agreement was made;
- (c) identify all **DOCUMENTS** that evidence any part of the agreement not in writing and for each state the name, **ADDRESS**, and telephone number of each **PERSON** who has the **DOCUMENT**;
- (d) identify all **DOCUMENTS** that are part of any modification to the agreement, and for each state the name, **ADDRESS**, and telephone number of each **PERSON** who has the **DOCUMENT**;
- (e) state each modification not in writing, the date, and the name, **ADDRESS**, and telephone number of each **PERSON** agreeing to the modification, and the date the modification was made;
- (f) identify all **DOCUMENTS** that evidence any modification of the agreement not in writing and for each state the name, **ADDRESS**, and telephone number of each **PERSON** who has the **DOCUMENT**.
- 50.2 Was there a breach of any agreement alleged in the pleadings? If so, for each breach describe and give the date of every act or omission that you claim is the breach of the agreement.
- 50.3 Was performance of any agreement alleged in the pleadings excused? If so, identify each agreement excused and state why performance was excused.
- 50.4 Was any agreement alleged in the pleadings terminated by mutual agreement, release, accord and satisfaction, or novation? If so, identify each agreement terminated, the date of termination, and the basis of the termination.
- 50.5 Is any agreement alleged in the pleadings unenforceable? If so, identify each unenforceable agreement and state why it is unenforceable.
- 50.6 Is any agreement alleged in the pleadings ambiguous? If so, identify each ambiguous agreement and state why it is ambiguous.
- 60.0 [Reserved]**

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, address, State Bar number, and telephone number):

Recording requested by and return to:

ATTORNEY FOR JUDGMENT CREDITOR ASSIGNEE OF RECORD

SUPERIOR COURT OF CALIFORNIA, COUNTY OF

FOR RECORDER'S USE ONLY

STREET ADDRESS:

MAILING ADDRESS:

CITY AND ZIP CODE:

BRANCH NAME:

PLAINTIFF:

CASE NUMBER:

DEFENDANT:

ABSTRACT OF JUDGMENT—CIVIL AND SMALL CLAIMS

Amended

FOR COURT USE ONLY

1. The judgment creditor assignee of record applies for an abstract of judgment and represents the following:

a. Judgment debtor's

Name and last known address

[Empty box for judgment debtor's name and address]

b. Driver's license no. [last 4 digits] and state:

Unknown

c. Social security no. [last 4 digits]:

Unknown

d. Summons or notice of entry of sister-state judgment was personally served or mailed to (name and address):

2. Information on additional judgment debtors is shown on page 2.

4. Information on additional judgment creditors is shown on page 2.

3. Judgment creditor (name and address):

5. Original abstract recorded in this county:

a. Date:

b. Instrument No.:

Date:

(TYPE OR PRINT NAME)



(SIGNATURE OF APPLICANT OR ATTORNEY)

6. Total amount of judgment as entered or last renewed: \$

10. An execution lien attachment lien is endorsed on the judgment as follows:

7. All judgment creditors and debtors are listed on this abstract.

a. Amount: \$

8. a. Judgment entered on (date):

b. In favor of (name and address):

b. Renewal entered on (date):

9. This judgment is an installment judgment.

11. A stay of enforcement has

a. not been ordered by the court.

b. been ordered by the court effective until (date):

12. a. I certify that this is a true and correct abstract of the judgment entered in this action.

b. A certified copy of the judgment is attached.

[SEAL]

This abstract issued on (date):

Clerk, by _____, Deputy

PLAINTIFF:	CASE NUMBER:
DEFENDANT:	

NAMES AND ADDRESSES OF ADDITIONAL JUDGMENT CREDITORS:

13. Judgment creditor (*name and address*):

14. Judgment creditor (*name and address*):

15. Continued on Attachment 15.

INFORMATION ON ADDITIONAL JUDGMENT DEBTORS:

16. Name and last known address

17. Name and last known address

Driver's license no. [last 4 digits] and state: Unknown

Social security no. [last 4 digits]: Unknown

Summons was personally served at or mailed to (*address*):

Driver's license no. [last 4 digits] and state: Unknown

Social security no. [last 4 digits]: Unknown

Summons was personally served at or mailed to (*address*):

18. Name and last known address

19. Name and last known address

Driver's license no. [last 4 digits] and state: Unknown

Social security no. [last 4 digits]: Unknown

Summons was personally served at or mailed to (*address*):

Driver's license no. [last 4 digits] and state: Unknown

Social security no. [last 4 digits]: Unknown

Summons was personally served at or mailed to (*address*):

20. Continued on Attachment 20.

PETITIONER/PLAINTIFF:	CASE NUMBER:
RESPONDENT/DEFENDANT:	

NON-GUIDELINE CHILD SUPPORT FINDINGS ATTACHMENT

Attachment to Child Support Information and Order Attachment (form FL-342)
 Judgment (Family Law) (form FL-180) Other (specify):

The court makes the following findings required by Family Code sections 4056, 4057, and 4065:

1. STIPULATION TO NON-GUIDELINE ORDER

The child support agreed to by the parties is below or above the statewide child support guidelines. The amount of support that would have been ordered under the guideline formula is: \$ _____ per month. The parties have been fully informed of their rights concerning child support. Neither party is acting out of duress or coercion. Neither party is receiving public assistance and no application for public assistance is pending. The needs of the children will be adequately met by this agreed-upon amount of child support. If the order is below the guideline, no change of circumstances will be required to modify this order. If the order is above the guideline, a change of circumstances will be required to modify this order.

OTHER REBUTTAL FACTORS

2. Support calculation

- a. The guideline amount of child support calculated is: \$ _____ per month payable by petitioner/plaintiff respondent/defendant
- b. The court finds by a preponderance of the evidence that rebuttal factors exist. The rebuttal factors result in an increase decrease in child support. The revised amount of support is: \$ _____ per month.
- c. The court finds the child support amount revised by these factors to be in the best interest of the child and that application of the formula would be unjust or inappropriate in this case. These changes remain in effect until (date): _____
 until further order
- d. **The factors are:**
 - (1) The sale of the family residence is deferred under Family Code section 3800, and the rental value of the family residence in which the children reside exceeds the mortgage payments, homeowners insurance, and property taxes by: \$ _____ per month. (Fam. Code, § 4057(b)(2).)
 - (2) The parent paying support has extraordinarily high income, and the amount determined under the guideline would exceed the needs of the child. (Fam. Code, § 4057(b)(3).)
 - (3) The petitioner/plaintiff respondent/defendant is not contributing to the needs of the children at a level commensurate with that party's custodial time. (Fam. Code, § 4057(b)(4).)
 - (4) Special circumstances exist in this case. The special circumstances are:
 - (i) The parents have different timesharing arrangements for different children. (Fam. Code, § 4057(b)(5) (A).)
 - (ii) The parents have substantially equal custody of the children and one parent has a much lower or higher percentage of income used for housing than the other parent. (Fam. Code, § 4057(b)(5)(B).)
 - (iii) The child has special medical or other needs that require support greater than the formula amount. These needs are (Fam. Code, § 4057(b)(5)(C)) (specify): _____
 - (iv) Other (Fam. Code, § 4057(b)(5)) (specify): _____

SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	FOR COURT USE ONLY Draft 1 08/07/07 icb Not approved by the Judicial Council
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	
<input type="checkbox"/> MINUTES AND <input type="checkbox"/> ORDER <input type="checkbox"/> JUDGMENT <input type="checkbox"/> RECOMMENDED ORDER	CASE NUMBER:

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

1. **This matter proceeded as follows:** Uncontested By stipulation Contested
 - a. Date: _____ Time: _____ Department: _____
 - b. Judicial officer (name): _____ Judge Pro Tempore Commissioner
 Court reporter (name): _____
 Court clerk (name): _____ Bailiff (name): _____
 - c. Interpreter(s) present (name): _____
 for (name): _____ (specify language): _____
 - d. Petitioner present Attorney present (name): _____
 - e. Respondent present Attorney present (name): _____
 - f. Other parent present Attorney present (name): _____
 - g. Attorney for local child support agency (name): _____
 - h. The obligor (parent ordered to pay support) for purposes of this order is the petitioner respondent
 other parent.
 - i. Other (specify): _____
 2. This is a recommended order/judgment based on the objection of (specify name): _____
 3. a. This matter is taken off calendar.
 b. This entire matter is denied with without prejudice.
 c. This matter is continued at the request of the local child support agency petitioner respondent
 other parent to:
 Date: _____ Time: _____ Department: _____
 (Specify issues):
 Petitioner Respondent Other parent is ordered to appear at that date and time.
 - d. The court takes the following matters under submission (specify): _____
4. **Order of examination**
 The petitioner respondent other (specify): _____ was sworn and examined.
 Examination was held outside of court.
 5. **Referrals**
 - a. The parties are referred to Family Court Services or mediation.
 - b. Petitioner Respondent Other parent is referred to the family law facilitator.
 - c. Other (specify): _____

THE COURT FINDS

6. Respondent Petitioner Other parent was was not served regarding this matter.
7. Respondent Petitioner Other parent admits denies parentage.
8. The parents of the children named below in item 14(a) are (specify names): _____

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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9. Respondent Petitioner Other parent has read, understands, and has signed the *Advisement and Waiver of Rights for Stipulation* (form FL-694) attachment. He or she gives up those rights and freely agrees that a judgment may be entered in accordance with these findings.
10. a. Guideline support amount: \$
- b. This order is is not based on the guideline.
- c. The attached *Guideline Findings Attachment* (form FL-693) is incorporated into these findings.
- d. A printout, which shows the calculation of child support payable, is attached and must become the court's findings.
- e. The child support agreed to by the parents is below above the statewide child support guideline. The amount of support that would have been ordered under the guideline formula is \$ _____ per month. The parties have been fully informed of their rights concerning child support. Neither party is acting out of duress or coercion. Neither party is receiving public assistance, and no application for public assistance is pending. The needs of the children will be adequately met by this agreed-upon amount of child support. The order is in the best interest of the children. If the order is below the guideline, no change of circumstance will be required to modify this order. If the order is above the guideline, a change of circumstance will be required to modify this order.
- f. The low-income adjustment applies.
11. Arrearages from (*specify date*): _____ through (*specify date*): _____ are \$ _____ including interest interest not computed and not waived.

THE COURT ORDERS

12. All orders previously made in this action must remain in full force and effect except as specifically modified below.
13. Genetic testing must be coordinated by the local child support agency.
- a. Respondent Petitioner Mother of the children Other (*specify*): _____ and the minor children must each submit to genetic testing as directed by the local child support agency.
- b. Obligor must reimburse the local child support agency for genetic testing costs of \$ _____
14. a. Obligor is the parent of the following children and must pay current child support for them.
- | | | |
|--------------------------|---|-------------------------------------|
| <input type="checkbox"/> | There is sufficient evidence that the obligor is the parent of the following children to enter a support order. | |
| | <u>Name</u> | <u>Date of birth</u> |
| | | <u>Monthly basic support amount</u> |
- Additional children are listed on an attached page.
- b. Obligor must pay additional support monthly for actual child-care costs:
- (*specify amount*): \$ _____ one-half (*specify percent*): _____ percent of said costs. Payments must be made to the local child support agency other party child-care provider.
- c. Obligor must pay reasonable uninsured health-care costs for the children:
- (*specify amount*): \$ _____ one-half (*specify percent*): _____ percent of said costs. Payments must be made to the local child support agency other party health-care provider.
- d. Obligor must pay additional support monthly for the following (*specify*):
- (*specify amount*): \$ _____ one-half (*specify percent*): _____ Payments must be made to the local child support agency other party.
- e. Other (*specify*): _____
- f. For a total of: \$ _____ payable on the: _____ day of each month beginning (*date*): _____
- g. The low-income adjustment applies.
 The low-income adjustment does not apply because (*specify reasons*): _____
- h. Any support ordered will continue until further order of court, unless terminated by operation of law.

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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15. Obligor may claim the children for tax purposes as long as all child support payments are current as of the last day of the year for which the exemptions are claimed.

16. Petitioner Respondent Other parent must pay to petitioner respondent
 other parent
 as spousal support family support \$ _____ per month, beginning (date):
 payable on the: _____ day of each month.

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

<u>Name</u>	<u>Period of support</u>	<u>Amount</u>
-------------	--------------------------	---------------

- a. Other (specify): _____
- b. For a total of: \$ _____ payable on the: _____ day of each month
 beginning (date): _____
- c. Interest accrues on the entire principal balance owing and not on each installment as it becomes due.

18. Obligor owes support as follows, as of (date): _____

- a. Child support: \$ _____ Spousal support: \$ _____ Family support: \$ _____ Other: \$ _____
- b. Interest is not computed and is not waived.
- c. Payable: _____ on the: _____ day of each month
 beginning (date): _____
- d. Interest accrues on the entire principal balance owing and not on each installment as it becomes due.

19. No provision of this judgment can operate to limit any right to collect all sums owing in this matter as otherwise provided by law.

20. All payments except as otherwise ordered must be made to (name and address of agency): _____

21. An earnings assignment order is issued.

22. 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 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'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 to 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.

23. **Job search.** (specify name(s)): _____ must seek employment for at least (specify number): _____ jobs per week and report those job applications and results to the court and the local child support agency at the continuance date. These job applications are to be made in person, not by phone, fax, or e-mail.

24. For purposes of the licensing issue only, the obligor is found to be in compliance with the support order in this action. The local child support agency must issue a release of license(s).

25. Notwithstanding any noncompliance issues with the support order in this action, the court finds that the needs of the obligor warrant a conditional release. The local child support agency must issue a release of license(s). Such release is effective only as long as the obligor complies with all payment terms of this order.

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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26. A warrant of attachment/bench warrant issues for *(specify name)*:
- a. Bail is set in the amount of: \$
- b. Service is stayed until *(date)*:
27. The court retains jurisdiction to make orders retroactive to *(date)*:
28. The court reserves jurisdiction over all issues the issues of *(specify)*:
29. The parents must notify the local child support agency in writing within 10 days of any change in residence or employment.
30. The *Notice of Rights and Responsibilities—Health-Care Costs and Reimbursement Procedures and Information Sheet on Changing a Child Support Order* are attached and incorporated.
31. The following person (the “other parent”) is added as a party to this action under Family Code sections 17400 and 17406 *(specify name)*:
32. **The court further orders** *(specify)*:

33. Number of pages attached: _____

Approved as conforming to court order: Date: <div style="margin-top: 10px;"> _____ (SIGNATURE OF ATTORNEY FOR OBLIGOR) </div> <div style="margin-top: 10px;"> _____ (SIGNATURE OF ATTORNEY FOR LOCAL CHILD SUPPORT AGENCY) </div>

Date: _____

JUDICIAL OFFICER

Signature follows last attachment.

NOTICE OF RIGHTS AND RESPONSIBILITIES
Health-Care Costs and Reimbursement Procedures

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 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 (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 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 provider if that provider had been used must be the sole responsibility of the party incurring those costs.

Procedimientos relativos a costos de salud y devolución de dichos costos

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 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 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 sobre cómo cambiar una orden judicial sobre manutención de menores

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 FW-001 Solicitud de exención de cuotas y costos judiciales
- Formulario FW-003 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.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address) or GOVERNMENTAL AGENCY: TELEPHONE NO. (Optional): _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CHILD'S NAME:	
PETITIONER: RESPONDENT: OTHER PARENT:	
APPLICATION AND ORDER FOR APPOINTMENT OF GUARDIAN AD LITEM OF MINOR—FAMILY LAW <input type="checkbox"/> EX PARTE	CASE NUMBERS:
NOTE: This form is for use in family law proceedings with the exception of dissolution proceedings. For appointment of a guardian ad litem in civil proceedings, use form CIV-010. For appointment of a guardian ad litem in probate proceedings, use form DE-350/GC-100.	

1. I (name): _____ am the
- a. attorney for
- (1) minor.
- (2) parent of the minor.
- (3) other interested person (specify name and relationship):
- b. parent of the minor.
- c. other interested person.
- d. minor (answer all that apply to you):
- (1) My date of birth is (specify): _____
- (2) I live with my mother father legal guardian other (specify name and relationship): _____
- (3) My mother's name is (specify): _____, and her address is: _____
- (4) My father's name is (specify): _____, and his address is: _____
- (5) I have a legal guardian. My legal guardian's name is (specify): _____, and his or her address is: _____
- The guardianship was established in: _____ County, case no. (if known): _____
2. I ask the court to appoint the following personas guardian ad litem for the minor (state name, address, and telephone no.):
3. The relationship of the person listed in item 2 to the minor is
- a. parent
- b. other (specify): _____
4. Appointment of a guardian ad litem is necessary because (specify):

Continued on Attachment 4 (describe in detail, attach additional pages if necessary).

CHILD'S NAME: PETITIONER: RESPONDENT: OTHER PARENT:	CASE NUMBERS:
--	---------------

5. The proposed guardian ad litem is fully competent to understand and protect the rights of the minor and has no interests conflicting with those of the minor.

Date:

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

CONSENT TO ACT AS GUARDIAN AD LITEM

I consent to the appointment as guardian ad litem and agree to assume the responsibilities.


Date:

_____  _____
 (TYPE OR PRINT NAME) (SIGNATURE OF PROPOSED GUARDIAN)

CONSENT TO GUARDIAN BY MINOR 14 YEARS OF AGE OR OLDER

I, *(name)*: _____, am *(specify age)*: _____ years of age and hereby nominate
(name): _____ to be my guardian ad litem to represent my interests for the
 reasons set forth in items 4 and 5 of this application.

Date:

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

ORDER EX PARTE

THE COURT FINDS

It is reasonable and necessary to appoint a guardian ad litem for the person named in the application, as requested above.

THE COURT ORDERS that *(name)*: _____ is hereby appointed guardian ad
 litem of *(name)*: _____ for the purposes set
 forth in item 4 of the application.

Application for Appointment of Guardian ad Litem filed *(date)*:

- a. is denied.
- b. is granted.
- c. is set for hearing on *(date)*: _____ at *(time)*: _____

Date:

_____ JUDICIAL OFFICER
 SIGNATURE FOLLOWS LAST ATTACHMENT

Clerk stamps date here when form is filed.

**DRAFT 1
08/07/07 mc
Not Approved
by the Judicial Council**

After filling out this form, bring it to the clerk of the court. If you want to keep your address confidential, fill out Form JV-182, Confidential Address (Request to Change Court Order), and do not write the address on this form.

Fill in court name and street address:

Superior Court of California, County of

Fill in case number, if known:

Case Number:

- 1 Type of request:
 - a. I am asking to change a court order.
 - b. I am asking to have a relationship with my brother or sister.
We share the same parent or parents (names): _____

- 2 Your information:
 - a. Your name: _____
 - b. Your address: _____
 - c. Your city, state, zip code: _____
 - d. Your telephone number: _____
 - e. Your relationship to the child: _____
 - f. If you are an attorney filling out this form for a client, complete the following information:
Your client's name: _____
Your client's relationship to the child: _____
Your State Bar number: _____

- 3 Child's information:
 - a. Child's name: _____
 - b. Date of birth: _____
 - c. Child's attorney (if known): _____
 - d. The child lives with (check all that apply, if known):
 - parent legal guardian relative
 - foster home group home
 - e. Name of person with whom, or place where, the child lives (if known): _____
 - f. Names of child's parents or legal guardians (if known): _____
 - g. Child's Indian tribe (if applicable and known): _____
 - h. Child's Court Appointed Special Advocate (if applicable and known): _____
 - i. Child's education surrogate (if applicable and known): _____
 - j. Child's social worker (if applicable and known): _____



Your name: _____

If you are asking to have a relationship with a brother or sister, you may skip to item 6. Here are some examples of what you can ask for: (1) to visit or live with or near your brother or sister; (2) to be part of case planning or permanency planning for your brother or sister.

If you are a brother or sister of the child and you want the judge to change a court order, you must complete all items.

4 On (date, if known): _____ the judge made the following order that you feel should be changed:

5 What changed after the judge’s order that would change the judge’s mind? (Give information that the judge did not have when the original decision was made):

6 What order do you want the judge to make now?

7 Why would the changes you are requesting be better for the child?

Check here if you need more space for any of the answers. Attach a sheet of paper and write “JV-180” at the top of the page.

Number of pages attached: _____



Your name: _____

- 8 I have sent a copy of my request to the following people listed below, as applicable. I have checked the correct boxes to show whether these people agree with my request.

If you do not have an attorney, the clerk will send notice and copies of your request to all persons required to receive notice under Welfare and Institutions Code sections 297 and 386 and rules 5.524 and 5.570 of the California Rules of Court.

	Agree	Disagree	Don't Know	Not Applicable
Child (if 10 years old, or older)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child's attorney	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent (name): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent (name): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal guardian (name): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal guardian (name): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current caregiver/foster parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre-adoptive parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Court Appointed Special Advocate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indian tribe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indian custodian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attorney for (name/relationship to child): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attorney for (name/relationship to child): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attorney for (name/relationship to child): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
County counsel (name): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (name): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (name): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 9 You can ask the judge to make a decision without a court hearing if all the people listed above agree with your request. Check here if you want a decision without a hearing.

- 10 Does anyone disagree with your request? Who and why (if known)?

- 11 I declare under penalty of perjury under the laws of the State of California that the information in this form is true and correct to my knowledge. I understand that this means I am guilty of a crime if I lie on this form.

Date: _____

 Type or print your name

▶ _____
 Sign your name



Your name: _____

Court Order

Court will fill out section below.

The Court Finds and Orders:

- 12 All parties and attorneys agree to the request. The request to change a court order is granted

 - a. as requested in item 6.
 - b. as follows (*state specific modifications*): _____


- 13 The best interest of the child may be promoted by the requested new order, and either (a) the request states a change of circumstances or new evidence, or (b) the request has been filed for the purpose of asserting a brother or a sister relationship with the child. A hearing shall be held on the request as follows:

 - a. The matter is set for a hearing on (*date*): _____ at (*time*): _____ a.m./p.m. in Dept. _____ .
 - b. The judge will not hold a hearing. The judge will make a decision based on your request and any other papers filed by those listed in item 8. You and anyone listed in item 8 may ask for a hearing, which the judge will hold if there is good cause.

- 14 The request is denied because:

 - a. The request is not signed.
 - b. The facts do not support what is requested.
 - c. The request does not state new evidence or a change of circumstances.
 - d. The request does not show that it will be in the best interest of the child to change the order.
 - e. Other (*state specific reasons*): _____

Date: _____

 _____
Judge (or Judicial Officer)

Clerk stamps date here when form is filed.

DRAFT 1
08/07/07 mc
Not approved by the
Judicial Council

*Fill in court name and street address:***Superior Court of California, County of***Fill in case number if known:***Case Number:**

① Child's name: _____

- ② I am not the parent of this child. I do not wish to participate in juvenile court proceedings about this child. I understand that:
- I will receive no further notices of hearings in this matter.
 - I will not get a chance for custody of this child or court-ordered visitation with this child.
 - If the child cannot be returned to a custodial parent or guardian, it is possible that all parental rights will be terminated and the child will be adopted.
 - This denial applies only to the juvenile court proceedings and does not prevent the local child support agency from seeking to have another court determine that I am the child's parent for purposes of support of the child. If that occurs, I will have the right to a court trial, to confront and cross-examine witnesses and present evidence on my behalf, and to be represented by a lawyer who may be appointed if I cannot afford to hire one.

- ③ I know I can have an attorney for this.
- I want the judge to appoint an attorney for me.
- or**
- I give up my right to an attorney.

- ④ I do not know if I am the parent of the child and I consent to request blood or DNA testing to determine whether or not I am the biological parent. I understand that:
- If I am judged to be the parent of the child, I will have to support the child until the child reaches the age of 18 and has completed high school, or completes high school between the ages of 18 and 19, or reaches the age of 19, whichever comes first.
 - If I do not support the child when I have the money to do so, I may be charged with a crime under Penal Code section 270 and, if convicted, could be sentenced to pay a fine of up to \$2,000 and spend up to one year in county jail, or one year and a day in state prison.

- ⑤ I believe I am the child's parent and request that the court enter a judgment of parentage. I understand that:
- If I am judged to be the parent of the child, I will have to support the child until the child reaches the age of 18 and has completed high school, or completes high school between the ages of 18 and 19, or reaches the age of 19, whichever comes first.
 - If I do not support the child when I have the money to do so, I may be charged with a crime under Penal Code section 270 and, if convicted, could be sentenced to pay a fine of up to \$2,000 and spend up to one year in county jail or one year and a day in state prison.

IMPORTANT NOTICE ON PAGE 4. READ BEFORE SIGNING.

Case Number: _____

Your name: _____

- 6 I have already established parentage of the child by *(if known)*:
 - a. A voluntary declaration signed by me on *(date)*: _____
 - A copy is attached.
 - b. A court judgment of parentage on *(date)*: _____ in *(county)*: _____
 - A copy is attached.

- 7 I am married to the child's parent. Date of marriage: _____

- 8 I believe I am the parent of the child and request that the court find that I am the presumed parent of the child.
 - a. The child lived with me from _____ to _____ and from _____ to _____
 - b. I have told the following people that the child is mine:

Check here if you need more space. Attach a sheet of paper and write "JV-505, Item 8b—People I Have Told the Child Is Mine" at the top. Number of pages attached: _____

- c. I have participated in the following activities with the child *(for example, school, daycare, sports)*:

Check here if you need more space. Attach a sheet of paper and write "JV-505, Item 8c—Child's Activities" at the top. Number of pages attached: _____

Case Number: _____

Your name: _____

8 d. I have given the following money or things to the child:

Check here if you need more space. Attach a sheet of paper and write "JV-505, Item 8d—Things Given to Child" at the top. Number of pages attached: _____

e. The child has spent the following time with my family:

Check here if you need more space. Attach a sheet of paper and write "JV-505, Item 8e—Other Information" at the top. Number of pages attached: _____

f. Other information I want the court to know is:

Check here if you need more space. Attach a sheet of paper and write "JV-505, Item 8f—Other Information" at the top. Number of pages attached: _____

Date: _____

Type or print your name

▶ _____
Sign your name

Date: _____

Type or print your attorney's name

▶ _____
Signature of your attorney

Case Number:

Your name: _____

To the alleged parent of the child:

- As the child's alleged parent, you will not get services to help you get your child back. You will not automatically get the child to live with you or your relatives.
- If the judge finds that you are the child's parent, the judge may order services to help you get the child back, but does not have to order services for you.
- If you say that you are not the child's parent and will not take a test to find out if you are the parent, and do not want services to help you get the child back, you can fill out this form and not be a part of this case.
- You can have a trial and ask the judge to decide if you are the child's parent. You can pay a lawyer to be at the trial. If you cannot afford a lawyer, the judge may appoint one for you for free. At a trial, you can ask witnesses questions and give evidence to the judge.
- If you want the court to decide if you are the child's parent, fill out this form.

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name and Address</i>): TELEPHONE NO.:	FOR COURT USE ONLY
ATTORNEY FOR (<i>Name</i>): SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CITY: BRANCH NAME:	Draft 1 08/07/07 mc Not approved by the Judicial Council
IN THE MATTER OF (<i>NAME</i>): <p style="text-align: right;">Petitioner, a minor</p>	CASE NUMBER:
PETITION FOR DECLARATION OF EMANCIPATION OF MINOR <input type="checkbox"/> ORDER PRESCRIBING NOTICE <input type="checkbox"/> DECLARATION OF EMANCIPATION <input type="checkbox"/> ORDER DENYING PETITION	CASE NUMBER:

1. My name:
My address:
I am a resident of or temporarily domiciled in this county.
2. I request that the court declare me to be emancipated.
3.
 - a. I am at least 14 years of age and my date of birth is:
 - b. I am willingly living separate and apart from my parents or legal guardian, with the consent of my parents or legal guardian. I have been living apart from them since (*date*):
 - c. I am managing my own financial affairs. I have completed my declaration of income and expenses on form MC-306 and attached it to this petition.
 - d. No part of my income comes from any activity that is a crime under the laws of the State of California or of the United States.
4. My mother's name is:
Her address is:
 Her consent to my emancipation is attached.
 Notice to her should not be required because (*state reasons*):
5. My father's name is:
His address is:
 His consent to my emancipation is attached.
 Notice to him should not be required because (*state reasons*):
6. I have a legal guardian.
My guardian's name is:
My guardian's address is:
 My guardian's consent to my emancipation is attached.
 Notice to my guardian should not be required because (*state reasons*):
7. Other person entitled to notice.
This person's name is:
This person's address is:
 This person's consent to my emancipation is attached.
 Notice to this person should not be required because (*state reasons*):
8. I am a dependent child [probation] ward of the Juvenile Court of _____ County.
Case number (if known):
My social worker probation officer is (*name*):
His / her consent is attached.

I declare under penalty of perjury that the foregoing is true and correct and that this declaration is executed at (*place*): _____, California,

on (*date*): _____

(SIGNATURE OF PETITIONER)

NAME OF MINOR	CASE NUMBER:
---------------	--------------

ORDER PRESCRIBING NOTICE

9. The court finds that

- a. All persons entitled to notice of this proceeding have consented to the emancipation and waived notice of hearing.
- b. The addresses of the following are unknown.
 - (1) Father
 - (2) Mother
 - (3) Legal guardian
- c. Notice to the following persons cannot or should not be given:
- d. Other (*specify*):

10. **IT IS ORDERED that notice of this proceeding**

- a. is not required. The declaration of emancipation may proceed without hearing.
- b. is required to the following persons:
 - (1) Father
 - (2) Mother
 - (3) Legal guardian
 - (4) Juvenile Court of _____ County
for service on social worker or probation officer
 - (5) District attorney
- c. This matter is set for hearing on (*date*): _____ at (*time*): _____ in (*dept*): _____

Date: _____

(JUDGE OF THE SUPERIOR COURT)

DECLARATION OF EMANCIPATION WITHOUT HEARING

(Only if the court has ordered item 10a above.)

The court finds that the petitioner is a person described by Family Code section 7120. All notice requirements have been met or waived by the court. Emancipation is not contrary to the best interests of the child.

THE PETITION IS GRANTED. THE PETITIONER IS DECLARED TO BE EMANCIPATED FOR PURPOSES SET FORTH IN FAMILY CODE SECTION 7050 ET SEQ.

Date: _____

(JUDGE OF THE SUPERIOR COURT)

ORDER DENYING PETITION

The court finds that the petition on its face fails to establish that the petitioner is a person described by Family Code section 7120.

THE PETITION IS DENIED.

Date: _____

(JUDGE OF THE SUPERIOR COURT)

[SEAL]

CLERK'S CERTIFICATE

(Of Declaration of Emancipation)

I certify that the foregoing is a true and correct copy of the original on file in my office.

Date: _____

Clerk, by _____, Deputy

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar number, and address):</i> <hr/> TELEPHONE NO.: _____ FAX NO. <i>(Optional)</i> : _____ E-MAIL ADDRESS <i>(Optional)</i> : _____ ATTORNEY FOR <i>(Name)</i> : _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PLAINTIFF/ PETITIONER: DEFENDANT/ RESPONDENT:	CASE NUMBER:
NOTICE TO CONSUMER OR EMPLOYEE AND OBJECTION (Code Civ. Proc., §§ 1985.3,1985.6)	

NOTICE TO CONSUMER OR EMPLOYEE

TO (name):

1. PLEASE TAKE NOTICE THAT **REQUESTING PARTY (name):**
 SEEKS YOUR RECORDS FOR EXAMINATION by the parties to this action on *(specify date)*:
 The records are described in the subpoena directed to **witness (specify name and address of person or entity from whom records are sought)**:
 A copy of the subpoena is attached.
2. IF YOU OBJECT to the production of these records, YOU MUST DO ONE OF THE FOLLOWING BEFORE THE DATE SPECIFIED. IN ITEM a. OR b. BELOW:
 - a. If you are a party to the above-entitled action, you must file a motion pursuant to Code of Civil Procedure section 1987.1 to quash or modify the subpoena and give notice of that motion to the **witness** and the **deposition officer** named in the subpoena at least five days before the date set for production of the records.
 - b. If you are not a party to this action, you must serve on the **requesting party** and on the **witness**, before the date set for production of the records, a written objection that states the specific grounds on which production of such records should be prohibited. You may use the form below to object and state the grounds for your objection. You must complete the Proof of Service on the reverse side indicating whether you personally served or mailed the objection. The objection should **not** be filed with the court. **WARNING: IF YOUR OBJECTION IS NOT RECEIVED BEFORE THE DATE SPECIFIED IN ITEM 1, YOUR RECORDS MAY BE PRODUCED AND MAY BE AVAILABLE TO ALL PARTIES.**
3. YOU OR YOUR ATTORNEY MAY CONTACT THE UNDERSIGNED to determine whether an agreement can be reached in writing to cancel or limit the scope of the subpoena. If no such agreement is reached, and if you are not otherwise represented by an attorney in this action, YOU SHOULD CONSULT AN ATTORNEY TO ADVISE YOU OF YOUR RIGHTS OF PRIVACY.

Date: _____

_____ ▶ _____

(TYPE OR PRINT NAME) (SIGNATURE OF REQUESTING PARTY ATTORNEY)

OBJECTION BY NON-PARTY TO PRODUCTION OF RECORDS

1. I object to the production of all of my records specified in the subpoena.
2. I object only to the production of the following specified records:

3. The specific grounds for my objection are as follows:

Date: _____

_____ ▶ _____

(TYPE OR PRINT NAME) (SIGNATURE)

(Proof of service on reverse)

PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	CASE NUMBER:
--	--------------

PROOF OF SERVICE OF NOTICE TO CONSUMER OR EMPLOYEE AND OBJECTION
(Code Civ. Proc., §§ 1985.3,1985.6)

Personal Service **Mail**

1. At the time of service I was at least 18 years of age and **not a party to this legal action.**
 2. I served a copy of the *Notice to Consumer or Employee and Objection* as follows (check either a or b):
 - a. **Personal service.** I personally delivered the *Notice to Consumer or Employee and Objection* as follows:

(1) Name of person served:	(3) Date served:
(2) Address where served:	(4) Time served:

 - b. **Mail.** I deposited the *Notice to Consumer or Employee and Objection* in the United States mail, in a sealed envelope with postage fully prepaid. The envelope was addressed as follows:

(1) Name of person served:	(3) Date of mailing:
(2) Address:	(4) Place of mailing (<i>city and state</i>):
- (5) I am a resident of or employed in the county where the *Notice to Consumer or Employee and Objection* was mailed.
- c. My residence or business address is (*specify*):
 - d. My phone number is (*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 WHO SERVED)	_____ (SIGNATURE OF PERSON WHO SERVED)
--	---

PROOF OF SERVICE OF OBJECTION TO PRODUCTION OF RECORDS
(Code Civ. Proc., §§ 1985.3,1985.6)

Personal Service **Mail**

1. At the time of service I was at least 18 years of age and **not a party to this legal action.**
 2. I served a copy of the *Objection to Production of Records* as follows (*complete either a or b*):
 - a. ON THE REQUESTING PARTY
 - (1) **Personal service.** I personally delivered the *Objection to Production of Records* as follows:

(i) Name of person served:	(iii) Date served:
(ii) Address where served:	(iv) Time served:

 - (2) **Mail.** I deposited the *Objection to Production of Records* in the United States mail, in a sealed envelope with postage fully prepaid. The envelope was addressed as follows:

(i) Name of person served:	(iii) Date of mailing:
(ii) Address:	(iv) Place of mailing (<i>city and state</i>):

 - (v) I am a resident of or employed in the county where the *Objection to Production of Records* was mailed.
 - b. ON THE WITNESS
 - (1) **Personal service.** I personally delivered the *Objection to Production of Records* as follows:

(i) Name of person served:	(iii) Date served:
(ii) Address where served:	(iv) Time served:

 - (2) **Mail.** I deposited the *Objection to Production of Records* in the United States mail, in a sealed envelope with postage fully prepaid. The envelope was addressed as follows:

(i) Name of person served:	(iii) Date of mailing:
(ii) Address:	(iv) Place of mailing (<i>city and state</i>):
- (v) I am a resident of or employed in the county where the *Objection to Production of Records* was mailed.

3. My residence or business address is (*specify*):

4. My phone number is (*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 WHO SERVED)	_____ (SIGNATURE OF PERSON WHO SERVED)
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EMPLOYEE INSTRUCTIONS

-NOTICE-

**IMPORTANT LEGAL NOTICE TO EMPLOYEE
ABOUT EARNINGS WITHHOLDING ORDERS**
(Wage Garnishment)

The **Earnings Withholding Order** requires your employer to pay part of your earnings to the sheriff or other levying officer. The levying officer will pay the money to a creditor who has a court judgment you. The against information below may help you protect the money you earn.

-NOTICIA-

**NOTICIA LEGAL IMPORTANTE RESPECTO
A LAS ORDENES DE RETENCION DE SUELDO**

El **Orden de Retención de Sueldo** requiere que su empleador pague una parte de su sueldo a un oficial de retención. El oficial le pagará el dinero retenido a su acreedor que ha conseguido una decisión judicial en contra de Ud. Pida Ud. que un amigo o su abogado le lea este papel oficial. Esta información le podría ayudar a proteger su sueldo.

CAN YOU BE FIRED BECAUSE OF THIS?

NO. You cannot be fired unless your earnings have been withheld before for a different court judgment. If this is the first judgment for which your wages will be withheld and your employer fires you because of this, the California Labor Commissioner, listed in the phone book of larger cities, can help you get your job back.

HOW MUCH OF YOUR PAY WILL BE WITHHELD?

The reverse of the Earnings Withholding Order (abbreviated in this notice as EWO) that applies to you contains Employer Instructions. These explain how much of your earnings can be withheld. Generally, the amount is about 25% of your take home pay until the amount due has been withheld. The levying officer will notify the employee of an additional assessment charged for paying out money collected under this order and that amount will also be withheld.

If you have trouble figuring this out, ask your employer for help.

IS THERE ANYTHING YOU CAN DO?

YES. There are several possibilities.

1. See an attorney. If you do not know an attorney, check with the lawyer referral service or the legal aid office in your county (both are listed in the yellow pages under "Attorneys").
An attorney may be able to help you make an agreement with your creditor, or may be able to help you stop your earnings from being withheld. You may wish to consider bankruptcy or asking the bankruptcy court to help you pay your creditors. These possibilities may stop your wages from being withheld.
An attorney can help you decide what is best for you. Take your **EWO** to the attorney to help you get the best advice and the fastest help.
2. Try to work out an agreement yourself with your creditor. Call the creditor or the creditor's attorney, listed on the **EWO**. If you make an agreement, the withholding of your wages will stop or be changed to a smaller amount you agree on. *(See item 4 on the reverse for another way to make an offer to your creditor.)*
3. You can ask for an EXEMPTION. An exemption will protect more, or maybe even all of your earnings. You can get an exemption if you need your earnings to support yourself or your family, **but you cannot get an exemption if**
 - a. You use some of your earnings for luxuries and they aren't really necessary for support; **OR**
 - b. The money you owe is for food, clothing, medical care, or housing; **OR**
 - c. You owe the debt for past due child support or spousal support (alimony); **OR**
 - d. You owe the debt to a former employee for wages.

HOW DO YOU ASK FOR AN EXEMPTION?

(See the reverse of this form for instructions about claiming an exemption.)

HOW DO YOU ASK FOR AN EXEMPTION?

1. Call or write the levying officer for three (3) copies each of the forms called "Claim of Exemption" and "Financial Statement." These forms are free. The name and address of the levying officer are in the big box on the right at the top of the **EWO**.
 2. Fill out both forms. On the forms are some sentences or words which have boxes in front of them. The box means the words which follow may not apply to your case. If the words do apply, put a check in the box.
Remember, it is **your** job to prove with the Financial Statement form that your earnings are needed for support. Write down the details about your needs.
 3. For example, if your child has special medical expenses, tell which child, what illnesses, who the doctor is, how often the doctor must be visited, the cost per visit, and the costs of medicines. These details should be listed in item 6. If you need more space, put "See attachment 6" and attach a typed 8% by 11 sheet of paper on which you have explained your expenses in detail.
 4. You can use the Claim of Exemption form to make an offer to the judgment creditor to have a specified amount withheld each pay period. Complete item 3 on the form to indicate the amount you agree to have withheld **each pay day during the withholding period**. (Be sure it's less than the amount to be withheld otherwise.) If your creditor accepts your offer, he will not oppose your claim of exemption. (See (1) below.)
 5. Sign the Claim of Exemption and Financial Statement forms. Be sure the Claim of Exemption form shows the address where you receive mail.
 6. Mail or deliver two (2) copies of each of the two forms to the levying officer. Keep one copy for yourself in case a court hearing is necessary.
- Do not use the Claim of Exemption and Financial Statement forms to seek a modification of child support or alimony payments. These payments can be modified only by the family law court that ordered them.
- FILE YOUR CLAIM OF EXEMPTION AS SOON AS POSSIBLE FOR THE MOST PROTECTION.*

ONE OF TWO THINGS WILL HAPPEN NEXT

- (1) The judgment creditor will not oppose (object to) your claim of exemption. If this happens, after 10 days the levying officer will tell your employer to stop withholding or withhold less from your earnings. The part (or all) of your earnings needed for support will be paid to you or paid as you direct. And you will get back earnings the levying officer or your employer were holding when you asked for the exemption.

—OR—

- (2) The creditor will oppose (object to) your claim of exemption. If this happens, you will receive a Notice of Opposition and Notice of Hearing on Claim of Exemption, in which the creditor states why your exemption should not be allowed. A box in the middle of the Notice of Hearing tells you the time and place of the court hearing which will be in about ten days. Be sure to go to the hearing if you can.

If the judgment creditor has checked the box in item 3 on the Notice of Hearing on Claim of Exemption, the creditor will not be in court. If you are willing to have the court make its decision based on your Financial Statement and the creditor's Notice of Opposition, you need not go to the hearing.

The Notice of Opposition to Claim of Exemption will tell you why the creditor thinks your claim should not be allowed. If you go to the hearing, take any bills, paycheck stubs, cancelled checks, or other evidence (including witnesses) that will help

you prove your Claim of Exemption and Financial Statement are correct and your earnings are needed to support yourself or your family.

Perhaps you can even prove the Notice of Opposition is wrong. For example, perhaps the Notice of Opposition states that the judgment was for a common necessary of life. This term is generally taken by courts to mean only the essentials that everyone needs to live; sometimes a court will have to decide the matter. For example, while coat may be a "common necessary, a fur coat may not be.

If the judge at the hearing agrees with you, your employer will be ordered to stop withholding your earnings or withhold less money. The judge can even order that the **EWO** end before the hearing (so you would get some earnings back).

If the judge does not agree with you, the withholding will continue unless you **appeal to** a higher court. The rules for appeals are complex so you should see an attorney if you want to appeal.

If you have one court hearing, you should not file another Claim of Exemption about the same **EWO** unless your finances have gotten worse in an important way.

If your **EWO** is to be changed or ended, the levying officer must sign the notice to your employer of the change. He may give you permission to deliver it to the employer, or it can be mailed.

WHAT HAPPENS TO YOUR EARNINGS IF YOU FILE A CLAIM OF EXEMPTION?

Your employer must continue to hold back part of your earnings for the **EWO** until he receives a notice signed by the levying officer to change the order or end it early.

The levying officer will keep your withheld earnings until your Claim of Exemption is denied or takes effect. At that time your earnings will be paid according to the law that applies to your case.

REGARDING CHILD SUPPORT

If you are obligated to make child support payments, the local child support agency may help you to have an Order Assigning Salary or Wages entered. This order has the top priority claim on your earnings. When it is in effect, little or no money may be

available to be withheld for an **EWO**. And, if the local child support agency is involved in collecting this support from you, it may agree to accept less money if this special order is entered.

WHAT IF YOU STILL HAVE QUESTIONS?

If you cannot see an attorney, or don't want to see an attorney, you might be able to answer some of your questions by reading the law in a law library. Ask the law librarian to help you find sections 706.050 and 706.105 of the California Code of Civil Procedure. Other sections of the code, beginning with section 706.010 may also answer some of your questions.

Also, the office of the Wage and Hour Division of the U.S. Department of Labor may be able to answer some of your questions. Offices are listed in the telephone directory under the U.S. Department of Labor in the U.S. Government listing.