

GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406): <input type="checkbox"/> RECORDING REQUESTED BY AND WHEN RECORDED MAIL TO:    TELEPHONE NO.: _____ FAX NO.: _____	<b>FOR RECORDER'S USE ONLY</b>   <b>Draft 4</b> <b>03/07/06 icb</b> <b>Not approved by</b> <b>the Judicial Council</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b>  STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	<b>FOR COURT USE ONLY</b>
PETITIONER/PLAINTIFF:  RESPONDENT/DEFENDANT:  OTHER PARENT:	
<b>NOTICE REGARDING PAYMENT OF SUPPORT</b> <input type="checkbox"/> NOTICE OF ASSIGNED SUPPORT <input type="checkbox"/> SUBSTITUTION OF PAYEE	CASE NUMBER: _____

1. The obligor (the judgment debtor) in this proceeding is (name and last known address):

2. a.  The local child support agency is providing the following services (check all that apply):

- (1)  current support
- (2)  support arrearages
- (3)  medical support

b.  The local child support agency is no longer providing the services under title IV-D of the Social Security Act.

3.  The substituted payee is:

- a.  the local child support agency (specify):
- b.  other (specify):

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

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

- a. All income withholding payments must be directed to the State Disbursement Unit.
- b.  All current support payments other than income withholding payments must be sent to (specify):
- c.  All arrearages payments other than income withholding payments must be sent to (specify):
- d.  Other (specify):

5.  An assignment of support rights by operation of law under Welfare and Institutions Code section 11477(a) has been made to the county of (specify):

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

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

6. a.  Each parent must notify the local child support agency in writing within 10 days of any change in residence or employment.
- b.  Each parent must complete a *Child Support Case Registry Form* (FL-191) and deliver it to the court within 10 days of any change in residence or employment.

Date:

\_\_\_\_\_ \_\_\_\_\_  
 (TYPE OR PRINT NAME) (SIGNATURE)

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

STATE OF CALIFORNIA  
 COUNTY OF

On \_\_\_\_\_, before me,  
 Notary Public, personally appeared:

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

WITNESS my hand and official seal.

\_\_\_\_\_  
 (SIGNATURE OF NOTARY)

(Seal)