

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

**1. THIS MATTER PROCEEDED AS FOLLOWS:**

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

**2. THE PARTIES AGREE THAT**

- a. All orders previously made in this action remain in full force and effect except as specifically modified below.
- b. Obligor is the parent of and must pay child support for the following children:
 

<u>Name</u>	<u>Date of birth</u>	<u>Monthly support amount</u>
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- (1)  For a total of \$ \_\_\_\_\_ payable on the: \_\_\_\_\_ day of each month beginning (date): \_\_\_\_\_
- (2)  Other (specify): \_\_\_\_\_
- (3) Any support ordered continues until further order of court, unless terminated by operation of law.

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

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

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

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

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

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

PETITIONER/PLAINTIFF:  RESPONDENT/DEFENDANT:	CASE NUMBER:
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i. The form *Notice of Rights and Responsibilities and Information Sheet on Changing a Child Support Order* (form FL-192) is attached.

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

Date:

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

▶ \_\_\_\_\_  
(SIGNATURE OF LOCAL CHILD SUPPORT AGENCY ATTORNEY)

Date:

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

▶ \_\_\_\_\_  
(SIGNATURE OF OBLIGEE)

Date:

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

▶ \_\_\_\_\_  
(SIGNATURE OF OBLIGOR)

Date:

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

▶ \_\_\_\_\_  
(SIGNATURE OF ATTORNEY FOR OBLIGOR)

**ORDER**

3. **THE COURT SO ORDERS.**

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

Date:

\_\_\_\_\_  
JUDICIAL OFFICER

5. Number of pages attached:

Signature follows last attachment.

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