

# Judicial Council of California • Administrative Office of the Courts

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## INVITATION TO COMMENT

**W11-05**

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Title	Action Requested
Child Support: Revised Forms to Implement Changes to the Family Code and Improve Administration of Title IV-D Cases	Review and submit comments by January 24, 2011
Proposed Rules, Forms, Standards, or Statutes	Proposed Effective Date
Revise forms FL-530, FL-615, FL-625, FL-630, FL-665, FL-676, FL-676-INFO, FL-687, and FL-692	July 1, 2011
	Contact
	Anna Maves, 916-263-8624 anna.maves@jud.ca.gov
Proposed by	
Family and Juvenile Law Advisory Committee	
Hon. Kimberly Nystrom-Geist, Cochair	
Hon. Dean Stout, Cochair	

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### Summary

The proposed revised forms would implement changes to the Family Code made by Senate Bill 1355 (Wright; Stats. 2010, ch. 495). This legislation requires that on and after July 1, 2011, every child support order and agreement that is being enforced by a local child support agency include a provision regarding the effect of incarceration or involuntary institutionalization on child support orders. All such orders or agreements must provide that the obligation of a person ordered to pay support be suspended for any period of time exceeding 90 days in which the child support obligor is incarcerated or involuntarily institutionalized. This proposal would also revise a form in order to implement the legislative mandate to allow an obligor to petition the court after release from incarceration or involuntary institutionalization for an adjustment of the arrears. Family law forms are not being revised because SB 1355 only applies to child support orders that are being enforced by the local child support agency.

The proposed revised forms would also implement changes to 45 Code of Federal Regulations part 303.31(2009) which requires every child support order in the title IV-D program to provide for medical support and provide an option of cash medical support where health insurance is not available or where medical costs are not covered by the health insurance.

In addition, eight of the forms being revised to implement Senate Bill 1355 would be additionally revised to increase cost efficiencies, increase uniformity between governmental

*The proposals have not been approved by the Judicial Council and are not intended to represent the views of the council, its Rules and Projects Committee, or its Policy Coordination and Liaison Committee. These proposals are circulated for comment purposes only.*

child support forms, remove unnecessary provisions and better administer the title IV-D child support program.

## **Discussion**

This proposal is for changes to forms to implement the mandates of Senate Bill 1355 (Wright; Stats. 2010, ch. 495) and 45 Code of Federal Regulations part 303.31(b)(2)(2009). The bill and the federal regulation affect all governmental child support cases where title IV-D services are being provided and where child support orders are issued. Based on legislative and regulatory mandates to increase uniformity and improve administration of title IV-D child support cases, this proposal would make additional changes to eight of the forms proposed for revision.

## **Incarcerated or Involuntarily Institutionalized Obligor**

Senate Bill 1355 provides that the obligation of a person ordered to pay child support pursuant to an order that is being enforced by a local child support agency under title IV-D of the Social Security Act is suspended for any period exceeding 90 days in which the obligor is incarcerated or involuntarily institutionalized. This bill also provides that the child support order will immediately resume upon the obligor's release from confinement. Once released, the obligor may petition the court for an adjustment of arrears and must provide proof of the dates of incarceration or involuntary institutionalization, as well as proof that he or she had insufficient means to pay the support during that period. This bill further requires that no later than July 1, 2011, the Judicial Council develop forms necessary for the implementation of this bill, including a form to allow an obligor to petition to adjust arrears.

In order to satisfy the mandates of SB 1355, the following language would be added to each of the forms listed below:

“As provided in Family Code section 4007.5, the obligation of the person ordered to pay support will be temporarily suspended for any period after the first 90 consecutive days in which the person ordered to pay support is incarcerated or involuntarily institutionalized, unless that person has the ability to pay support during that time or has committed certain crimes. Immediately after the person ordered to pay support is released from incarceration or involuntary institutionalization, the support order will restart in the same amount as it was before it was temporarily suspended.”

Because the legislative mandate applies to every child support order by operation of law, the proposal does not include proposed revisions to modify applications for orders.

Form FL-530, *Judgment Regarding Parental Obligations (UIFSA)*, item 6b(6)

Form FL-615, *Stipulation for Judgment or Supplemental Judgment Regarding Parental Obligations and Judgment (Governmental)*, item 3e(6)

Form FL-625, *Stipulation and Order (Governmental)*, item 3d(6)

Form FL-630, *Judgment Regarding Parental Obligations (Governmental)*, item 6b(6)

Form FL-665, *Findings and Recommendation of Commissioner (Governmental)*, item 5c(6)

Form FL-687, *Order After Hearing (Governmental)*, item 4b(6)

Form FL-692, *Minutes and Order or Judgment (Governmental)*, item 14i

In addition to requiring the addition of language to the above listed forms, SB 1355 requires the Judicial Council to develop forms necessary to allow a child support obligor to petition the court for an adjustment of arrears upon release from incarceration or involuntary institutionalization. To that end, the current form FL-676, *Request for Judicial Determination of Support Arrearages (Governmental)*, would be revised and renamed as *Request for Judicial Determination of Support Arrearages or Adjustment of Arrearages Due to Incarceration or Involuntary Institutionalization (Governmental)*.

Form FL-676 currently allows child support obligors to petition the court in governmental child support cases to request a judicial determination of child support arrears when the obligor disagrees with the local child support agency's calculation of arrears. This form would be revised to also allow an obligor to request that the court adjust his or her child support arrears upon release from incarceration. The title of the form would be revised to make it clear to the user that the form can be used for either a determination of arrearages or an adjustment of arrears pursuant to the specific circumstances contained in SB 1355. Headers would be added to the form to allow users to identify the relief requested. Because each of the requests has its own specific statutory requirements, this revised form will provide better notice to the court and the parties regarding the nature of the request and the elements specific thereto. Items 5 and 6 would be added to the form to incorporate the requirements of SB 1355 to allow an obligor to request an adjustment of arrearages.

This revision would also include specific references to the statutory authority in the Family Code for making this request. There are very limited statutorily authorized circumstances where an adjustment to arrearages can be made without resulting in an impermissible retroactive modification of the child support order. The statutory authority for making the request is included in the title of the form in order to not mislead users into believing the court has the authority to retroactively adjust child support arrears. Also, SB 1355 precludes the suspension of the child support order for periods of incarceration where the incarceration was due to any offense constituting domestic violence against the support obligee or supported child as defined by Family Code section 6211 or for any offense that could be enjoined by a protective order pursuant to Family Code section 6320. Because SB 1355 specifically cites to these Family Code sections, those sections have been included in the form.

### **Uninsured Health Care Costs**

In July 2008, the federal regulations were modified, changing the requirements for establishing and enforcing medical support obligations in child support cases receiving services under title IV-D of the Social Security Act. Federal laws require that child support guidelines consider not only health insurance that may be available to either or both parents, but also how the parents will meet the child's health care needs when no insurance is available, when the cost of insurance is beyond the reasonable means of the parent(s), or when the cost is extraordinary or not reimbursable by insurance. Specifically, 45 Code of Federal Regulations part 303.31(2009) requires that each state have a method for obtaining "cash medical support," which is either an

amount ordered to be paid toward the cost of health insurance or for other medical costs not covered by insurance.

The Department of Child Support Services requested clarification from the federal Office of Child Support Enforcement (OCSE) regarding whether, based on existing state law, California was already in compliance with this federal regulation. Family Code section 4062 provides that the court shall order as additional child support the splitting of uninsured health care costs, and Family Code section 4063 provides instructions to the parties on how to implement the order. OCSE found that these Family Code provisions were sufficient to meet the requirements of the federal regulation if an order for the sharing of uninsured health care costs was actually made in all child support cases. There was a concern, however, that a phrase in Family Code section 4061 seemed to suggest that the court had discretion in making this order. In response, Family Code section 4061 was modified by Senate Bill 580 (Wright; Stats. 2010, ch. 103) to remove language which created ambiguity about whether or not an order for uninsured health care costs is mandatory.

The forms listed below would be revised to add a provision for the sharing of uninsured health care costs.

- Form FL-530, *Judgment Regarding Parental Obligations (UIFSA)*, item 6b(2)
- Form FL-615, *Stipulation for Judgment or Supplemental Judgment Regarding Parental Obligations and Judgment (Governmental)*, item 3e(2)
- Form FL-625, *Stipulation and Order (Governmental)*, item 3d(2)
- Form FL-630, *Judgment Regarding Parental Obligations (Governmental)*, item 6b(2)
- Form FL-665, *Findings and Recommendation of Commissioner (Governmental)*, item 5c(2)
- Form FL-687, *Order After Hearing (Governmental)*, item 4b(2)

### **Child Care Costs**

In addition to adding a provision for the splitting of uninsured health care costs, the forms listed below would also be revised to add a provision for parents to split child care costs. Adding this provision to the forms would allow courts to make mandatory orders that comply with the requirements of Family Code sections 4061 and 4062 regarding child care costs. Similar language is already provided in other Judicial Council forms. The absence of this language causes local child support agencies to manually add this order for child care costs on a regular basis to the forms outside of the statewide automated Child Support Enforcement System. Such manual workarounds are resource intensive and cause inconsistency of practice among local child support agencies. In order to reduce costs for the local child support agencies and increase uniformity throughout the state, the forms listed below would be revised to add an order for the splitting of child care expenses.

- Form FL-530, *Judgment Regarding Parental Obligations (UIFSA)*, item 6b(2)
- Form FL-615, *Stipulation for Judgment or Supplemental Judgment Regarding Parental Obligations and Judgment (Governmental)*, item 3e(2)
- Form FL-625, *Stipulation and Order (Governmental)*, item 3d(2)

Form FL-630, *Judgment Regarding Parental Obligations (Governmental)*, item 6b(2)  
Form FL-665, *Findings and Recommendation of Commissioner (Governmental)*, item 5c(2)  
Form FL-687, *Order After Hearing (Governmental)*, item 4b(2)

### **Remove Request to Recover Costs**

The Code of Federal Regulations (45 C.F.R. §302.33(d)(2008)), provides that states may elect to recover administrative costs under the state title IV-D plan. California has elected to not recover such costs, so the item on the governmental child support forms that provides for recovery of the cost is unnecessary. Eliminating this item will make additional space available for additional text for other orders and recommendations. The cost recovery provision would be removed from the forms listed below.

Form FL-530, *Judgment Regarding Parental Obligations (UIFSA)*, item 6l  
Form FL-615, *Stipulation for Judgment or Supplemental Judgment Regarding Parental Obligations and Judgment (Governmental)*, item 3p  
Form FL-630, *Judgment Regarding Parental Obligations (Governmental)*, item 6o  
Form FL-665, *Findings and Recommendation of Commissioner (Governmental)*, item 5o

### **Other Revisions to Improve the Administration of Title IV-D Cases**

FL-615, *Stipulation for Judgment or Supplemental Judgment Regarding Parental Obligations and Judgment (Governmental)*, would be revised at item 3r to add a check box in front of the item and revise the language to make it uniform with other governmental child support judgment, stipulation, and order forms.

Form FL-630, *Judgment Regarding Parental Obligations (Governmental)*, would be revised at item 1a to add language to specify when the proposed judgment has been amended. Revising this form to include check boxes to distinguish between an initial and an amended proposed judgment would eliminate confusion and create more clarity for the court and the parties.

During a prior forms cycle, the space available to enter a monthly payment amount for the repayment of child support arrearages was inadvertently removed from three forms, making that item ineffectual for its intended use. Form FL-630, *Judgment Regarding Parental Obligations (Governmental)*, item 6c(2); Form FL-655, *Findings and Recommendations of Commissioner (Governmental)*, item 5d(2); and Form FL-692, *Minutes and Order or Judgment (Governmental)*, item 17d would be revised to correct the prior change.

Form FL-687, *Order After Hearing (Governmental)*, item 4c and Form FL-692, *Minutes and Order or Judgment (Governmental)*, item 18 would be revised to clarify that the order of the court is for support arrears.

The proposed forms are attached at pages 6–33.

GOVERNMENTAL AGENCY (Under Family Code, §§ 17400, 17406):    TELEPHONE NO.: _____ FAX NO.: _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	<b>FOR COURT USE ONLY</b>       Draft 4 - 112310icb Not Approved by the Judicial Council
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____</b>  STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER:  RESPONDENT:  OTHER:	
<b>JUDGMENT REGARDING PARENTAL OBLIGATIONS (UIFSA)</b> <input type="checkbox"/> AMENDED <input type="checkbox"/> SUPPLEMENTAL	CASE NUMBER:

1. a.  **NOTICE: THIS IS A PROPOSED JUDGMENT.** This *Judgment Regarding Parental Obligations (UIFSA)* will be entered by the court and will become legally binding unless you fill out and file the *Response to Uniform Support Petition (UIFSA)* (form FL-520) with the court clerk within 30 days of the date you were served with the *Summons (UIFSA)* (form FL-510) and *Uniform Support Petition* (form OMB 0970-0085). If you need a *Response* form, you may get one from the local child support agency, the court clerk, or the family law facilitator. The family law facilitator will help you fill out the forms. To file the *Response*, follow the procedures listed in the information sheet attached to that form.
- b.  **NOTICE: THIS IS A JUDGMENT.** It is now legally binding.
2. **THIS MATTER PROCEEDED AS FOLLOWS:**
  - a.  Judgment entered under Family Code section 5002.
  - b.  By court hearing, appearances as follows:
 

(1) Date:	Dept.:	Judicial officer:
(2) <input type="checkbox"/> Petitioner present	<input type="checkbox"/> Attorney present (name):	
(3) <input type="checkbox"/> Respondent present	<input type="checkbox"/> Attorney present (name):	
(4) Child support agency (Family Code, §§ 17400, 17406) by (name):		
(5) <input type="checkbox"/> Other (specify):		
  - c. The parent ordered to pay support is the  petitioner  respondent  other (specify):
3.  This order is based on presumed income for the parent ordered to pay support under Family Code section 5002.
4.  Attached is a computer printout showing the parents' income and percentage of time each parent spends with the children. The printout, which shows the calculation of child support payable, will become the court's findings.
5.  This order is based on the attached documents (specify):
6. **THE COURT ORDERS:**
  - a. The parent ordered to pay support  is the parent of the children named in item 6b.  has previously been determined to be the parent of the children named in item 6b.
  - b. The parent ordered to pay support must pay current child support as follows:
 

<u>Name of child</u>	<u>Date of birth</u>	<u>Monthly support amount</u>
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**NOTICE: Any party required to pay child support must pay interest on overdue amounts at the legal rate, which is currently 10 percent per year.**

PETITIONER: RESPONDENT: OTHER:	CASE NUMBER:
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6. b. (1)  Other (specify):

(2)  Mandatory additional child support

(a) The parent ordered to pay support must pay additional monthly support for reasonable child-care costs, as follows:  
 one-half or  \_\_\_\_\_ % or  (specify amount): \$ \_\_\_\_\_ per month of the costs.

Payments must be made to the  other parent  State Disbursement Unit  child-care provider.

(b) The parent ordered to pay support must pay reasonable uninsured health care costs for the children, as follows:  
 one-half or  \_\_\_\_\_ % or  (specify amount): \$ \_\_\_\_\_ per month of the costs.

Payments must be made to the  other parent  State Disbursement Unit  health-care provider.

(3)  For a total of \$ \_\_\_\_\_ payable on the \_\_\_\_\_ day of each month beginning (date):

(4)  The low-income adjustment applies.

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

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

(6) As provided in Family Code section 4007.5, the obligation of the person ordered to pay support will be temporarily suspended for any period after the first 90 consecutive days in which the person ordered to pay support is incarcerated or involuntarily institutionalized, unless that person has the ability to pay support during that time or has committed certain crimes. Immediately after the person ordered to pay support is released from incarceration or involuntary institutionalization, the support order will restart in the same amount as it was before it was temporarily suspended.

c.  The parent ordered to pay support  The parent receiving support must (1) provide and maintain health insurance coverage for the children if it is available through employment or a group plan, or otherwise available at no or reasonable cost, and keep the local child support agency informed of the availability of the coverage; (2) if health insurance is not available, provide coverage when it becomes available; (3) within 20 days of the local child support agency's request, complete and return a health insurance form; (4) provide to the local child support agency all information and forms necessary to obtain health-care services for the children; (5) present any claim to secure payment or reimbursement to the other parent or caretaker who incurs costs for health-care services for the children; and (6) assign any rights to reimbursement to the other parent or caretaker who incurs costs for health-care services for the children. The parent ordered to provide health insurance must seek continuation of coverage for the child after the child attains the age when the child is no longer considered eligible for coverage as a dependent under the insurance contract, if the child is incapable of self-sustaining employment because of a physically or mentally disabling injury, illness, or condition and is chiefly dependent upon the parent providing health insurance for support and maintenance.

d.  The parent ordered to pay support must pay child support for the past periods and in the amounts set forth below:

<u>Name of child</u>	<u>Date of birth</u>	<u>Period of support</u>	<u>Amount</u>
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(1)  Other (specify):

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

(3)  Interest accrues on the entire principal balance owing and not on each installment as it becomes due.

PETITIONER: RESPONDENT: OTHER:	CASE NUMBER:
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6. e. No provision of this judgment operates to limit any right to collect the principal (total amount of unpaid support) or to charge and collect interest and penalties as allowed by law. All payments ordered are subject to modification.
- f. All payments must be made to *(name and address of agency)*:
- g. An earnings assignment order is issued.**
- h. In the event that there is a contract between a party receiving support and a private child support collector, the party ordered to pay support must pay the fee charged by the private child support collector. This fee must not exceed 33 1/3 percent of the total amount of past due support nor may it exceed 50 percent of any fee charged by the private child support collector. The money judgment created by this provision is in favor of the private child support collector and the party receiving support, jointly.
- i. If "The parent ordered to pay support" box is checked in item 6c, a health insurance coverage assignment must issue.
- j. The parents must notify the local child support agency in writing within 10 days of any change in residence or employment.
- k. The *Notice of Rights and Responsibilities and Information Sheet on Changing a Child Support Order* (form FL-192) is attached.
- l.  The court further orders *(specify)*:

Date: \_\_\_\_\_

Number of pages attached: \_\_\_\_\_

\_\_\_\_\_  
 JUDICIAL OFFICER  
 SIGNATURE FOLLOWS LAST ATTACHMENT

Approved as conforming to court order. Date: _____  _____ (SIGNATURE OF ATTORNEY FOR THE PARENT ORDERED TO PAY SUPPORT)
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GOVERNMENTAL AGENCY (Under Family Code, §§ 17400, 17406):  <hr/>  TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	<b>FOR COURT USE ONLY</b>          Draft 4.112310icb Not Approved by the Judicial Council
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____</b>  STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
PETITIONER/PLAINTIFF: _____  RESPONDENT/DEFENDANT: _____  OTHER PARENT: _____	
<b>STIPULATION FOR <input type="checkbox"/> JUDGMENT <input type="checkbox"/> SUPPLEMENTAL JUDGMENT          REGARDING PARENTAL OBLIGATIONS AND JUDGMENT</b>	CASE NUMBER: _____

**1. This matter proceeded as follows:**

- a.  By written stipulation without court appearance.
  - b.  By court hearing, appearances as follows:
    - (1) Date: \_\_\_\_\_ Dept.: \_\_\_\_\_ Judicial officer: \_\_\_\_\_
    - (2)  Petitioner/plaintiff present  Attorney present (name): \_\_\_\_\_
    - (3)  Respondent/defendant present  Attorney present (name): \_\_\_\_\_
    - (4)  Other parent present  Attorney present (name): \_\_\_\_\_
    - (5) Local child support agency (Family Code, §§ 17400, 17406) by (name): \_\_\_\_\_
    - (6)  Other (specify): \_\_\_\_\_
  - c. The parent ordered to pay support is the  petitioner/plaintiff  respondent/defendant  other parent.
2.  This order is based on the attached documents (specify): \_\_\_\_\_

**3. The parties agree that:**

- a. The parent ordered to pay support has read and understands the *Advisement and Waiver of Rights for Stipulation* on page 4 of this form. The parent ordered to pay support gives up these rights and freely agrees that a judgment may be entered in accordance with this stipulation.
- b. The amount of support payable by the party ordered to pay support as calculated under the guideline is \$ \_\_\_\_\_ per month.
  - We agree to guideline support.
  - The guideline amount should be rebutted because of the following:
    - (1)  We have been fully informed of the guideline amount of support; we agree voluntarily to child support in the amount of \$ \_\_\_\_\_ per month; the agreement is in the best interest of the children; the needs of the children will be met adequately by the agreed amount; the children are not receiving public assistance; no application for public assistance is pending; and application of the guideline would be unjust and inappropriate in this case. We understand that if the order is below the guideline, no change of circumstances need be shown for the court to raise this order to the guideline amount. If the order is above the guideline, a change of circumstances will be required to modify this order.
    - (2)  Other rebutting factors (specify): \_\_\_\_\_
- c.  The computer printout attached shows the parents' incomes and percentage of time each parent spends with the children. The printout, which shows the calculation of child support payable, will become the court's findings.

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

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

e. The parent ordered to pay support must pay current child support as follows:

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

(2)  Mandatory additional child support

(a) The parent ordered to pay support must pay additional monthly support for reasonable child-care costs, as follows:  
 one-half or  % or  (specify amount): \$ \_\_\_\_\_ per month of the costs.

Payments must be made to the  other parent  State Disbursement Unit  child-care provider.

(b) The parent ordered to pay support must pay reasonable uninsured health care costs for the children, as follows:  
 one-half or  % or  (specify amount): \$ \_\_\_\_\_ per month of the costs.

Payments must be made to the  other parent  State Disbursement Unit  health-care provider.

(3)  For a total of \$ \_\_\_\_\_ payable on the \_\_\_\_\_ day of each month beginning (date):

(4)  The low-income adjustment applies.

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

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

(6) As provided in Family Code section 4007.5, the obligation of the person ordered to pay support will be temporarily suspended for any period after the first 90 consecutive days in which the person ordered to pay support is incarcerated or involuntarily institutionalized, unless that person has the ability to pay support during that time or has committed certain crimes. Immediately after the person ordered to pay support is released from incarceration or involuntary institutionalization, the support order will restart in the same amount as it was before it was temporarily suspended.

f.  The parent ordered to pay support  The parent receiving support must (1) provide and maintain health insurance coverage for the children if it is available through employment or a group plan, or otherwise available at no or reasonable cost, and keep the local child support agency informed of the availability of the coverage; (2) if health insurance is not available, provide coverage when it becomes available; (3) within 20 days of the local child support agency's request, complete and return a health insurance form; (4) provide to the local child support agency all information and forms necessary to obtain health-care services for the children; (5) present any claim to secure payment or reimbursement to the other parent or caretaker who incurs costs for health-care services for the children; and (6) assign any rights to reimbursement to the other parent or caretaker who incurs costs for health-care services for the children. The parent ordered to provide health insurance must seek continuation of coverage for the child after the child attains the age when the child is no longer considered eligible for coverage as a dependent under the insurance contract, if the child is incapable of self-sustaining employment because of a physically or mentally disabling injury, illness, or condition and is chiefly dependent upon the parent providing health insurance for support and maintenance.

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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3. **g.**  The parent ordered to pay support must pay child support for the past periods and in the amounts set forth below.

<u>Name of child</u>	<u>Date of birth</u>	<u>Period of support</u>	<u>Amount</u>
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(1)  Other (*specify*):

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

(3)  Interest accrues on the entire principal balance owing and not on each installment as it becomes due.

- h.** If this is a judgment on a *Supplemental Complaint*, it does not modify or supersede any prior judgment or order for support or arrearages, unless specifically provided.
- i.** No provision of this judgment may operate to limit any right to collect the principal (total amount of unpaid support) or to charge and collect interest and penalties as allowed by law. All payments ordered are subject to modification.
- j.** All payments must be made to (*name and address of agency*):

**k. An earnings assignment order is issued.**

**l.** In the event that there is a contract between a party receiving support and a private child support collector, the party ordered to pay support must pay the fee charged by the private child support collector. This fee must not exceed 33 1/3 percent of the total amount of past due support nor may it exceed 50 percent of any fee charged by the private child support collector. The money judgment created by this provision is in favor of the private child support collector and the party receiving support, jointly.

- m.** If "The parent ordered to pay support" box is checked in item 3f, a health insurance coverage assignment must issue.
- n.** The parents must notify the local child support agency in writing within 10 days of any change in residence or employment.
- o.** The *Notice of Rights and Responsibilities (Health-Care Costs and Reimbursement Procedures)* and *Information Sheet on Changing a Child Support Order* (form FL-192) is attached.

**p.**  The following person (the "other parent") is added as a party to this action (*name*):

**q.**  Other (*specify*):

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

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



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

Date:

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



\_\_\_\_\_  
(SIGNATURE OF PETITIONER)

Date:

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



\_\_\_\_\_  
(SIGNATURE OF ATTORNEY FOR PETITIONER)

Date:

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



\_\_\_\_\_  
(SIGNATURE OF RESPONDENT)

Date:

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



\_\_\_\_\_  
(SIGNATURE OF ATTORNEY FOR RESPONDENT)

Date:

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



\_\_\_\_\_  
(SIGNATURE OF OTHER PARENT)

Date:

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



\_\_\_\_\_  
(SIGNATURE OF ATTORNEY FOR OTHER PARENT)

**JUDGMENT**

**4. THE COURT SO ORDERS.**

Date:

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

Number of pages attached: \_\_\_\_\_

SIGNATURE FOLLOWS LAST ATTACHMENT

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

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

<input type="checkbox"/> I have read and understand the <i>Advisement and Waiver of Rights for Stipulation</i> ; or <input type="checkbox"/> Attached is a translation of this <i>Advisement and Waiver of Rights for Stipulation</i> in (specify language): <input type="checkbox"/> I understand the translation. Date: _____	<input type="checkbox"/> I understand the translation. Date: _____
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_____ (TYPE OR PRINT NAME)	_____ (TYPE OR PRINT NAME)
_____ (PARTY'S SIGNATURE)	_____ (PARTY'S SIGNATURE)

**DECLARATION OF PERSON PROVIDING INTERPRETATION/TRANSLATION:** The party/parties indicated below is/are unable to read or understand this *Stipulation for Judgment or Supplemental Judgment Regarding Parental Obligations and Judgment* because

<input type="checkbox"/> (Insert name): _____'s primary language is (specify): _____ and he or she <input type="checkbox"/> has <input type="checkbox"/> has not read the form stipulation translated into this language.	<input type="checkbox"/> (Insert name): _____'s primary language is (specify): _____ and he or she <input type="checkbox"/> has <input type="checkbox"/> has not read the form stipulation translated into this language.
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I certify under penalty of perjury under the laws of the State of California that I am competent to interpret or translate in the primary language indicated above and that I have, to the best of my ability, read to, interpreted for, or translated for the above-named party the *Stipulation for Judgment or Supplemental Judgment Regarding Parental Obligations and Judgment* in the party's primary language. The above-named party said he or she understood the terms of this *Stipulation for Judgment or Supplemental Judgment Regarding Parental Obligations and Judgment* before signing it.

Date: _____ _____ (TYPE OR PRINT NAME)	Date: _____ _____ (TYPE OR PRINT NAME)
_____ (SIGNATURE)	_____ (SIGNATURE)

GOVERNMENTAL AGENCY <i>(Under Family Code, §§ 17400, 17406)</i> :  TELEPHONE NO.: E-MAIL ADDRESS <i>(Optional)</i> : ATTORNEY FOR <i>(Name)</i> :	<b>FOR COURT USE ONLY</b>       Draft 5-112310icb Not Approved by the Judicial Council
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b>  STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF:  RESPONDENT/DEFENDANT:  OTHER PARENT:	
<b>STIPULATION AND ORDER</b>	CASE NUMBER:

**1. This matter proceeded as follows:**

- a.  By written stipulation without court appearance.
- b.  By court hearing, appearances as follows:
  - (1) Date: \_\_\_\_\_ Dept.: \_\_\_\_\_ Judicial officer: \_\_\_\_\_
  - (2)  Petitioner/plaintiff present       Attorney present *(name)*:
  - (3)  Respondent/defendant present       Attorney present *(name)*:
  - (4)  Other parent present       Attorney present *(name)*:
  - (5) Local child support agency (Family Code, §§ 17400, 17406) by *(name)*:
  - (6)  Other *(specify)*:

c. The parent ordered to pay support is the  petitioner/plaintiff  respondent/defendant  other parent.

2.  This order is based on the attached documents *(specify)*:

**3. The parties agree that:**

- a. All orders previously made in this action remain in full force and effect except as specifically modified below.
- b. The amount of support payable by the parent ordered to pay support as calculated under the guideline is \$ \_\_\_\_\_ per month.

- We agree to guideline support.
- The guideline amount should be rebutted because of the following:

- (1)  We have been fully informed of the guideline amount of support; we agree voluntarily to child support of \$ \_\_\_\_\_ per month; the agreement is in the best interest of the children; the needs of the children will be met adequately by the agreed amount; the children are not receiving public assistance; no application for public assistance is pending; and application of the guideline would be unjust and inappropriate in this case. We understand that if the order is below the guideline, no change of circumstances need be shown for the court to raise this order to the guideline amount. If the order is above the guideline, a change of circumstances will be required to modify this order.
- (2)  Other rebutting factors *(specify)*:

c.  The attached computer printout shows the parents' incomes and percentage of time each parent spends with the children. The printout, which shows the calculation of child support payable, will become the court's findings.

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

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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3. d.  The parent ordered to pay support must pay current child support as follows:

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

(2)  Mandatory additional child support

(a) The parent ordered to pay support must pay additional monthly support for reasonable child-care costs, as follows:  
 one-half or  % or  (specify amount): \$ \_\_\_\_\_ per month of the costs.

Payments must be made to the  other parent  State Disbursement Unit  child-care provider.

(b) The parent ordered to pay support must pay reasonable uninsured health care costs for the children, as follows:  
 one-half or  % or  (specify amount): \$ \_\_\_\_\_ per month of the costs.

Payments must be made to the  other parent  State Disbursement Unit  health-care provider.

(3)  For a total of \$ \_\_\_\_\_ payable on the \_\_\_\_\_ day of each month beginning (date):

(4)  The low-income adjustment applies.

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

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

(6) As provided in Family Code section 4007.5, the obligation of the person ordered to pay support will be temporarily suspended for any period after the first 90 consecutive days in which the person ordered to pay support is incarcerated or involuntarily institutionalized, unless that person has the ability to pay support during that time or has committed certain crimes. Immediately after the person ordered to pay support is released from incarceration or involuntary institutionalization, the support order will restart in the same amount as it was before it was temporarily suspended.

e.  The parent ordered to pay support  The parent receiving support must (1) provide and maintain health insurance coverage for the children if it is available through employment or a group plan, or otherwise available at no or reasonable cost, and keep the local child support agency informed of the availability of the coverage; (2) if health insurance is not available, provide coverage when it becomes available; (3) within 20 days of the local child support agency's request, complete and return a health insurance form; (4) provide to the local child support agency all information and forms necessary to obtain health-care services for the children; (5) present any claim to secure payment or reimbursement to the other parent or caretaker who incurs costs for health-care services for the children; and (6) assign any rights to reimbursement to the other parent or caretaker who incurs costs for health-care services for the children. The parent ordered to provide health insurance must seek continuation of coverage for the child after the child attains the age when the child is no longer considered eligible for coverage as a dependent under the insurance contract, if the child is incapable of self-sustaining employment because of a physically or mentally disabling injury, illness, or condition and is chiefly dependent upon the parent providing health insurance for support and maintenance.

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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3. f.  The parent ordered to pay support owes support arrears as follows, as of *(date)*:
- (1)  Child support: \$ \_\_\_\_\_  Spousal support: \$ \_\_\_\_\_  Family support: \$ \_\_\_\_\_
- (2)  Interest is not included and is not waived.
- (3)  Payable: \$ \_\_\_\_\_ on the \_\_\_\_\_ day of each month beginning *(date)*:
- (4)  Interest accrues on the entire principal balance owing and not on each installment as it becomes due.
- g. No provision of this judgment may operate to limit any right to collect the principal (total amount of unpaid support) or to charge and collect interest and penalties as allowed by law. All payments ordered are subject to modification.
- h. All payments must be made to *(name and address of agency)*:
- i. **An Income Withholding for Support (form FL-195/OMB No. 0970-0154) will issue.**
- j. In the event that there is a contract between a party receiving support and a private child support collector, the party ordered to pay support must pay the fee charged by the private child support collector. This fee must not exceed 33 1/3 percent of the total amount of past due support nor may it exceed 50 percent of any fee charged by the private child support collector. The money judgment created by this provision is in favor of the private child support collector and the party receiving support, jointly.
- k. If "The parent ordered to pay support" box is checked in item 3e, a health insurance coverage assignment must issue.
- l. The parents must notify the local child support agency in writing within 10 days of any change in residence or employment.
- m. The *Notice of Rights and Responsibilities (Health-Care Costs and Reimbursement Procedures)* and *Information Sheet on Changing a Child Support Order* (form FL-192) is attached.
- n.  The following person (the "other parent") is added as a party to this action *(name)*:
- o.  Other *(specify)*:

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

▲ \_\_\_\_\_  
 (SIGNATURE OF ATTORNEY FOR LOCAL CHILD SUPPORT AGENCY)

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

▲ \_\_\_\_\_  
 (SIGNATURE OF PETITIONER)

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

▲ \_\_\_\_\_  
 (SIGNATURE OF ATTORNEY FOR PETITIONER)

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

▲ \_\_\_\_\_  
 (SIGNATURE OF RESPONDENT)

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

▲ \_\_\_\_\_  
 (SIGNATURE OF ATTORNEY FOR RESPONDENT)

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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Date: \_\_\_\_\_  
 \_\_\_\_\_  
 (TYPE OR PRINT NAME)  \_\_\_\_\_  
 (SIGNATURE OF OTHER PARENT)

Date: \_\_\_\_\_  
 \_\_\_\_\_  
 (TYPE OR PRINT NAME)  \_\_\_\_\_  
 (SIGNATURE OF ATTORNEY FOR OTHER PARENT)

**ORDER**

**4. THE COURT SO ORDERS.**

Date: \_\_\_\_\_  
 \_\_\_\_\_  
 JUDICIAL OFFICER  
 SIGNATURE FOLLOWS LAST ATTACHMENT

Number of pages attached: \_\_\_\_\_

**DECLARATION OF PERSON PROVIDING INTERPRETATION/TRANSLATION:** The party/parties indicated below is/are unable to read or understand this *Stipulation and Order* because

(Insert name) \_\_\_\_\_'s primary language is (specify):

and he or she  has  has not read the form stipulation translated into this language.

I certify under penalty of perjury under the laws of the State of California that I am competent to interpret or translate in the primary language indicated above and that I have, to the best of my ability, read to, interpreted for, or translated for the above-named party the *Stipulation and Order* in the party's primary language. The above-named party said he or she understood the terms of this *Stipulation and Order* before signing it.

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

 \_\_\_\_\_  
 (SIGNATURE)

(Insert name) \_\_\_\_\_'s primary language is (specify):

and he or she  has  has not read the form stipulation translated into this language.

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

 \_\_\_\_\_  
 (SIGNATURE)

GOVERNMENTAL AGENCY (Under Family Code, §§ 17400,17406):  TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	<b>FOR COURT USE ONLY</b>          Draft 5 -112310icb Not Approved by the Judicial Council
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b>  STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF:  RESPONDENT/DEFENDANT:  OTHER PARENT:	
<b>JUDGMENT REGARDING PARENTAL OBLIGATIONS</b> <input type="checkbox"/> _____ AMENDED <input type="checkbox"/> _____ SUPPLEMENTAL	CASE NUMBER:

1. a. **NOTICE: THIS IS A**  **PROPOSED**  \_\_\_\_\_ **AMENDED PROPOSED JUDGMENT. This Judgment Regarding Parental Obligations will be entered by the court and will become legally binding unless you fill out and file the Answer to Complaint or Supplemental Complaint Regarding Parental Obligations (Governmental) (form FL-610) with the court clerk within 30 days of the date you were served with the Summons and Complaint or Supplemental Complaint Regarding Parental Obligations (Governmental) (form FL-600). If you need form FL-610, you may get one from the local child support agency's office, the court clerk, or the family law facilitator. The family law facilitator will help you fill out the forms. To file the answer, follow the procedures listed in the attached instructions.**
- b.  **NOTICE: THIS IS A JUDGMENT. It is now legally binding.**
2. **This matter proceeded as follows:**
- a.  Judgment entered under Family Code section 17430.
- b.  By court hearing, appearances as follows:
- |  |                          |   |
|--|--------------------------|---|
| (1) Date:  | Dept.:                   | Judicial officer:                                 |
| (2) <input type="checkbox"/> Petitioner/plaintiff present  | <input type="checkbox"/> | <input type="checkbox"/> Attorney present (name): |
| (3) <input type="checkbox"/> Respondent/defendant present  | <input type="checkbox"/> | <input type="checkbox"/> Attorney present (name): |
| (4) <input type="checkbox"/> Other parent present  | <input type="checkbox"/> | <input type="checkbox"/> Attorney present (name): |
| (5) <input type="checkbox"/> Local child support agency attorney (Family Code, §§ 17400,17406) (name): |                          |   |
| (6) <input type="checkbox"/> Other (specify):  |                          |   |
- c. The parent ordered to pay support is the  petitioner/plaintiff  respondent/defendant  other parent.
3.  This order is based on presumed income for the parent ordered to pay support under Family Code section 17400.
4.  Attached is a computer printout showing the parents' incomes and percentage of time each parent spends with the children. The printout, which shows the calculation of child support payable, will become the court's findings.
5.  This order is based on the attached documents (specify):

**THE COURT ORDERS**

6. a.  Petitioner/plaintiff  Respondent/defendant  Other parent are the parents of the children named in item 6b below.
- b. The parent ordered to pay support must pay current child support as follows:
- |                      |                      |                               |
|----------------------|----------------------|-------------------------------|
| <u>Name of child</u> | <u>Date of birth</u> | <u>Monthly support amount</u> |
|----------------------|----------------------|-------------------------------|

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

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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6. b. (1)  Other (*specify*):

(2)  Mandatory additional child support

(a) The parent ordered to pay support must pay additional monthly support for reasonable child-care costs, as follows:

one-half or  \_\_\_\_\_ % or  (*specify amount*): \$ \_\_\_\_\_ per month of the costs.

Payments must be made to the  other parent  State Disbursement Unit  child-care provider.

(b) The parent ordered to pay support must pay reasonable uninsured health care costs for the children, as follows:

one-half or  \_\_\_\_\_ % or  (*specify amount*): \$ \_\_\_\_\_ per month of the costs.

Payments must be made to the  other parent  State Disbursement Unit  health-care provider.

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

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

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

(6) As provided in Family Code section 4007.5, the obligation of the person ordered to pay support will be temporarily suspended for any period after the first 90 consecutive days in which the person ordered to pay support is incarcerated or involuntarily institutionalized, unless that person has the ability to pay support during that time or has committed certain crimes. Immediately after the person ordered to pay support is released from incarceration or involuntary institutionalization, the support order will restart in the same amount as it was before it was temporarily suspended.

c.  The parent ordered to pay support  The parent receiving support must (1) provide and maintain health insurance coverage for the children if it is available through employment or a group plan, or otherwise available at no or reasonable cost, and keep the local child support agency informed of the availability of the coverage; (2) if health insurance is not available, provide coverage when it becomes available; (3) within 20 days of the local child support agency's request, complete and return a health insurance form; (4) provide to the local child support agency all information and forms necessary to obtain health-care services for the children; (5) present any claim to secure payment or reimbursement to the other parent or caretaker who incurs costs for health-care services for the children; and (6) assign any rights to reimbursement to the other parent or caretaker who incurs costs for health-care services for the children. The parent ordered to provide health insurance must seek continuation of coverage for the child after the child attains the age when the child is no longer considered eligible for coverage as a dependent under the insurance contract, if the child is incapable of self-sustaining employment because of a physically or mentally disabling injury, illness, or condition and is chiefly dependent upon the parent providing health insurance for support and maintenance.

d.  The parent ordered to pay support must pay child support for the past periods and in the amounts set forth below:

Name of child	Date of birth	Period of support	Amount
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PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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6.  d. (1)  Other (specify):

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

(3)  Interest accrues on the entire principal balance owing and not on each installment as it becomes due.

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

f. No provision of this judgment can operate to limit any right to collect the principal (total amount of unpaid support) or to charge and collect interest and penalties as allowed by law. All payments ordered are subject to modification.

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

**h. An earnings assignment order is issued.**

i. In the event that there is a contract between a party receiving support and a private child support collector, the party ordered to pay support must pay the fee charged by the private child support collector. This fee must not exceed 33 1/3 percent of the total amount of past due support nor may it exceed 50 percent of any fee charged by the private child support collector. The money judgment created by this provision is in favor of the private child support collector and the party receiving support, jointly.

j. If "The parent ordered to pay support" box is checked in item 6c, a health insurance coverage assignment must issue.

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

l. The form *Notice of Rights and Responsibilities (Health-Care Costs and Reimbursement Procedures)* and *Information Sheet on Changing a Child Support Order* (form FL-192) is attached.

m.  The following person (the "other parent") is added as a party to this action (name):

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

Date: \_\_\_\_\_

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

Number of pages attached: \_\_\_\_\_

SIGNATURE FOLLOWS LAST ATTACHMENT

Approved as conforming to court order. Date: _____  _____ (SIGNATURE OF ATTORNEY FOR THE PARENT ORDERED TO PAY SUPPORT)
--

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> ): _____	<b>FOR COURT USE ONLY</b>          Draftv 4 - 112310icb Not Approved by the Judicial Council
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF:  RESPONDENT/DEFENDANT:  OTHER PARENT:	
<b>FINDINGS AND RECOMMENDATION OF COMMISSIONER</b>	CASE NUMBER:

1. Name (*specify*): \_\_\_\_\_ objected to Commissioner (*name*): \_\_\_\_\_  
 hearing this matter as a temporary judge.
  2. **THIS MATTER PROCEEDED AS FOLLOWS**
    - a.  By court hearing, appearances as follows:
 

(1) Date: _____	Dept.: _____	Judicial officer: _____
(2) <input type="checkbox"/> Petitioner/plaintiff present	<input type="checkbox"/> Attorney present ( <i>name</i> ): _____	
(3) <input type="checkbox"/> Respondent/defendant present	<input type="checkbox"/> Attorney present ( <i>name</i> ): _____	
(4) <input type="checkbox"/> Other parent present	<input type="checkbox"/> Attorney present ( <i>name</i> ): _____	
(5) Local child support agency attorney (Family Code, §§ 17400, 17406) by ( <i>name</i> ): _____		
(6) <input type="checkbox"/> Other ( <i>specify</i> ): _____		
    - b. The parent ordered to pay support is the  petitioner/plaintiff  respondent/defendant  other parent.
  3.  Attached is a computer printout showing the parents' income and percentage of time each parent spends with the child(ren).  
 The printout, which shows the calculation of child support payable, will become the court's findings.
  4.  This recommended order is based on the attached documents (*specify*): \_\_\_\_\_
  5. **THE COMMISSIONER RECOMMENDS THE FOLLOWING**
    - a. All orders previously made in this action remain in full force and effect except as modified below.
    - b. (*Name of parent*): \_\_\_\_\_  mother  father  
 (*Name of parent*): \_\_\_\_\_  mother  father  
 are the parents of the children listed below.
    - c. The parent ordered to pay support must pay current child support as follows:
 

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

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

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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5. c. (2)  Mandatory additional child support
- (a) The parent ordered to pay support must pay additional monthly support for reasonable child-care costs, as follows:  
 one-half or  \_\_\_\_\_ % or  (specify amount): \$ \_\_\_\_\_ per month of the costs.  
 Payments must be made to the  other parent  State Disbursement Unit  child-care provider.
- (b) The parent ordered to pay support must pay reasonable uninsured health care costs for the children, as follows:  
 one-half or  \_\_\_\_\_ % or  (specify amount): \$ \_\_\_\_\_ per month of the costs.  
 Payments must be made to the  other parent  State Disbursement Unit  health-care provider.
- (3)  For a total of \$ \_\_\_\_\_ payable on the \_\_\_\_\_ day of each month beginning (date): \_\_\_\_\_
- (4)  The low-income adjustment applies.  
 The low-income adjustment does not apply because (specify reasons): \_\_\_\_\_
- (5) Any support ordered will continue until further order of court, unless terminated by operation of law.
- (6) As provided in Family Code section 4007.5, the obligation of the person ordered to pay support will be temporarily suspended for any period after the first 90 consecutive days in which the person ordered to pay support is incarcerated or involuntarily institutionalized, unless that person has the ability to pay support during that time or has committed certain crimes. Immediately after the person ordered to pay support is released from incarceration or involuntary institutionalization, the support order will restart in the same amount as it was before it was temporarily suspended.
- d.  The parent ordered to pay support  The parent receiving support must (1) provide and maintain health insurance coverage for the children if it is available through employment or a group plan, or otherwise available at no or reasonable cost, and keep the local child support agency informed of the availability of the coverage; (2) if health insurance is not available, provide coverage when it becomes available; (3) within 20 days of the local child support agency's request, complete and return a health insurance form; (4) provide to the local child support agency all information and forms necessary to obtain health-care services for the children; (5) present any claim to secure payment or reimbursement to the other parent or caretaker who incurs costs for health-care services for the children; and (6) assign any rights to reimbursement to the other parent or caretaker who incurs costs for health-care services for the children. The parent ordered to provide health insurance must seek continuation of coverage for the child after the child attains the age when the child is no longer considered eligible for coverage as a dependent under the insurance contract, if the child is incapable of self-sustaining employment because of a physically or mentally disabling injury, illness, or condition and is chiefly dependent upon the parent providing health insurance for support and maintenance.

e.  The parent ordered to pay support must pay child support for the past periods and in the amounts set forth below:

Name of child	Date of birth	Period of support	Amount
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- (1)  Other (specify): \_\_\_\_\_
- (2)  For a total of \$ \_\_\_\_\_ payable \$ \_\_\_\_\_ on the \_\_\_\_\_ day of each month beginning (date): \_\_\_\_\_
- (3)  Interest accrues on the entire principal balance owing and not on each installment as it becomes due.

- f.  The parent ordered to pay support owes support arrears as follows, as of (date): \_\_\_\_\_
- (1)  Child support: \$ \_\_\_\_\_  Spousal support: \$ \_\_\_\_\_  Family support: \$ \_\_\_\_\_
- (2)  Interest is not included and is not waived.
- (3)  Payable: \$ \_\_\_\_\_ on the \_\_\_\_\_ day of each month beginning (date): \_\_\_\_\_
- (4)  Interest accrues on the entire principal balance owing and not on each installment as it becomes due.

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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- g. No provision of this judgment/order may operate to limit any right to collect the principal (total amount of unpaid support) or to charge and collect interest and penalties as allowed by law. All payments ordered are subject to modification.
- h. All payments must be made to (*name and address of agency*):

**i. An earnings assignment order is issued.**

- j. In the event that there is a contract between a party receiving support and a private child support collector, the party ordered to pay support must pay the fee charged by the private child support collector. This fee must not exceed 33 1/3 percent of the total amount of past due support nor may it exceed 50 percent of any fee charged by the private child support collector. The money judgment created by this provision is in favor of the private child support collector and the party receiving support, jointly.
- k. If "The parent ordered to pay support" box is checked in item 5d, a health insurance coverage assignment must issue.
- l. The parents must notify the local child support agency in writing within 10 days of any change in residence or employment.
- m. The form *Notice of Rights and Responsibilities (Health-Care Costs and Reimbursement Procedures)* and *Information Sheet on Changing a Child Support Order* (form FL-192) is attached.
- n.  The following person (the "other parent") is added as a party to this action (*name*):
- o.  The court further recommends (*specify*):

Date:

\_\_\_\_\_  
 COMMISSIONER  
 SIGNATURE FOLLOWS LAST ATTACHMENT

Number of pages attached: \_\_\_\_\_

**CLERK'S CERTIFICATE OF MAILING OR SERVICE**

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

- 1.  **Personal service.** A true copy of this *Findings and Recommendation of Commissioner* was handed to the  petitioner/plaintiff  respondent/defendant  other parent at the hearing of this matter before the commissioner.
- 2.  **Mail.** A true copy of this *Findings and Recommendation of Commissioner* was mailed first class, postage fully prepaid, in a sealed envelope addressed as shown below, and that the request was mailed at (*place*): \_\_\_\_\_ California, on (*date*): \_\_\_\_\_

Date: \_\_\_\_\_ Clerk, by \_\_\_\_\_, Deputy


ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name and Address)</i> :     ATTORNEY FOR <i>(Name)</i> :	TELEPHONE NO.:	<b>FOR COURT USE ONLY</b>           Draftv5 112310icb Not Approved by the Judicial Council
SUPERIOR COURT OF CALIFORNIA, COUNTY OF  STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
PETITIONER/PLAINTIFF:  RESPONDENT/DEFENDANT:  OTHER PARENT:		
<b>REQUEST FOR JUDICIAL <input type="checkbox"/> DETERMINATION OF SUPPORT                  ARREARAGES <input type="checkbox"/> ADJUSTMENT OF ARREARAGES DUE TO                  INCARCERATION OR INVOLUNTARY INSTITUTIONALIZATION</b>		CASE NUMBER:

**NOTICE OF HEARING**

1. A hearing on this application will be held as follows *(see instructions on how to get a hearing date)*:

a. Date:	Time:	<input type="checkbox"/> Dept.:	<input type="checkbox"/> Div.:	<input type="checkbox"/> Room:
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b. Address of court:  same as noted above  other *(specify)*:

**DETERMINATION OF SUPPORT ARREARAGES**

- 2. The local child support agency is providing support enforcement services in this case.
- 3. The local child support agency states that I owe support arrearages as shown in the attached document.
- 4. I disagree with the local child support agency's statement, and I request the court to make a determination of arrearages. I am attaching my statement of the arrearages which includes a monthly breakdown of amounts ordered and amounts paid.

**ADJUSTMENT OF ARREARAGES DUE TO INCARCERATION OR INVOLUNTARY INSTITUTIONALIZATION**

- 5.  I was incarcerated or involuntarily institutionalized for the following periods of time during which I did not have the means to pay support. *(Attach any proof of your incarceration or involuntary institutionalization)*:
  - a. Date of incarceration or involuntary institutionalization:
  - b. Date of release:
- 6. The reason for my incarceration or involuntary institutionalization was not a result of any offense constituting domestic violence as defined in Family Code section 6211 against the parent receiving support or supported child, or for an offense that could be enjoined by a protective order under Family Code section 6320, or as a result of my failure to comply with a court order to pay child support.
- 7.  Other *(specify)*:

**This case may be referred to a court commissioner for hearing. By law, court commissioners do not have the authority to issue final orders and judgments in contested cases unless they are acting as temporary judges. The court commissioner in your case will act as a temporary judge unless, *before the hearing*, you or any other party objects to the commissioner acting as a temporary judge. The court commissioner may still hear your case to make findings and recommendations to a judge. However, if you object to the commissioner acting as a temporary judge, an order will not be made until a judge reviews your case.**

PETITIONER/PLAINTIFF:  RESPONDENT/DEFENDANT:  OTHER PARENT:	CASE NUMBER:
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I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

_____ (TYPE OR PRINT NAME)		_____ (SIGNATURE)
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**An adult other than you must complete the Proof of Service below.**

**PROOF OF SERVICE**

1. At the time of service I was at least 18 years of age and not a party to the legal action.
2. My residence or business address is (*specify*):

3. I served a copy of the foregoing *Request for Judicial Determination of Support Arrearages or Adjustment of Arrearages Due to Incarceration or Involuntary Institutionalization* (Form FL-676) and all attachments as follows (*check either a or b for each person served*):

- a.  **Personal delivery.** I personally delivered a copy and all attachments as follows:
- |  |   |
|--|---|
| (1) <input type="checkbox"/> Name of party or attorney served: _____ | (2) <input type="checkbox"/> Name of local child support agency served: _____ |
| (a) Address where delivered: _____                                   | (a) Address where delivered: _____  |
| (b) Date delivered: _____  | (b) Date delivered: _____   |
| (c) Time delivered: _____  | (c) Time delivered: _____   |

- b.  **Mail.** I deposited this request in the United States mail, in a sealed envelope with postage fully prepaid. I used first class mail. The envelope was addressed and mailed as follows:
- |  |   |
|--|---|
| (1) Name: _____  | (6) <input type="checkbox"/> Name of local child support agency served: _____ |
| (2) Address: _____   |   |
| (3) Date of mailing: _____   |   |
| (4) Place of mailing ( <i>city and state</i> ): _____                |   |
| (5) <input type="checkbox"/> Name of party or attorney served: _____ | (6) <input type="checkbox"/> Name of local child support agency served: _____ |
| (a) Address where delivered: _____                                   | (a) Address where delivered: _____  |
| (b) Date mailed: _____   | (b) Date mailed: _____  |
| (c) Place of mailing ( <i>city and state</i> ): _____                | (c) Place of mailing ( <i>city and state</i> ): _____                         |

- c.  **Other** (*specify code section*): \_\_\_\_\_
- Additional page is attached.

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

Date:

_____ (TYPE OR PRINT NAME)		_____ (SIGNATURE OF PERSON WHO SERVED REQUEST)
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## INFORMATION SHEET FOR REQUEST FOR JUDICIAL DETERMINATION OF SUPPORT ARREARAGES OR ADJUSTMENT OF ARREARAGES DUE TO INCARCERATION OR INVOLUNTARY INSTITUTIONALIZATION

Please follow these instructions to complete a *Request for Judicial Determination of Support Arrearages or Adjustment of Arrearages Due to Incarceration or Involuntary Institutionalization* (form FL-676) if you do not have an attorney to represent you. If you have an attorney, he or she should complete this form. If you need free help completing this form, you can contact the Family Law Facilitator's Office in your county. For more information on finding a family law facilitator, see the California Courts Online Self-Help Center at [www.courtinfo.ca.gov/selfhelp](http://www.courtinfo.ca.gov/selfhelp).

This form should be used only if you disagree with the support arrearages that the local child support agency says that you owe and you cannot reach an agreement with the local child support agency. This form cannot be used if you want to change your child support order.

When you have completed this form, file the original and attachments with the court clerk. The court clerk's address is listed in the telephone directory under "County Government Offices" or online at [www.courtinfo.ca.gov/courts/find.htm](http://www.courtinfo.ca.gov/courts/find.htm). **Keep two copies of the filed form and its attachments. Serve one copy on the local child support agency and keep the other for your records. (See *Information Sheet for Service of Process* (form FL-611).)**

### INSTRUCTIONS FOR COMPLETING THE *REQUEST FOR JUDICIAL DETERMINATION OF SUPPORT ARREARAGES OR ADJUSTMENT OF ARREARAGES DUE TO INCARCERATION OR INVOLUNTARY INSTITUTIONALIZATION* (FORM FL-676) (TYPE OR PRINT IN BLACK INK):

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

Front page, second box, left side: Print your county's name and the court's address in the box. Use the same address for the court that is on your most recent support order or judgment. If you do not have a copy of your most recent support order or judgment, you can get one from either the court clerk or the local child support agency.

Front page, third box, left side: Print the names of the Petitioner/Plaintiff, Respondent/Defendant, and Other Parent in this box. Use the same names listed in your most recent support order or judgment. If no name is listed for the Other Parent leave that line blank.

Front page, first box, top of form, right side: Leave this box blank for the court's use.

Front page, second box, right side: Print your case number in this box. This number is also listed on your most recent support order or judgment.

Front page, fourth box, left side: Check the box to indicate whether you are asking for a judicial determination of support arrearages or adjustment of arrearages due to incarceration or involuntary institutionalization.

- 1.a.-b. You must contact the court clerk's office and ask that a hearing date be set for this motion. The court clerk will give you the information you need to complete this section.
2. This section states that the local child support agency is handling your support case.
3. **This section requires you to attach the statement or other document from the local child support agency that tells the amount of your support.**
4. **This section requires you to attach your own statement of the amount of your support arrearage.** Your statement must show a monthly breakdown of the amount of support ordered and the amount you paid each month.

5-7. **Complete all that apply.** If you check the box in item 5, attach or bring to the court hearing proof of the dates of incarceration or involuntary institutionalization. If you have any evidence or documentation that you had no income or assets, in addition to your sworn statement on the form, please bring that to court with you.

You must date the request, print your name and sign the form under penalty of perjury. When you sign the form, you are stating that the information you have provided is true and correct.

Top of second page, box on left side: Print the names of Petitioner/Plaintiff, Respondent/Defendant, and Other Parent in this box. Use the same names listed on the front page.

Top of second page, box on right side: Print your case number in this box. Use the same number as the one on the front page. Instructions for how to complete the Proof of Service section of the *Request* form are in the *Information Sheet for Service of Process* (form FL-611). The person who serves the request and its attachments must fill out this section of the form. **You cannot serve your own request.**



PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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4. b.  (2)  Mandatory additional child support
- (a) The parent ordered to pay support must pay additional monthly support for reasonable child-care costs, as follows:  
 one-half or  \_\_\_\_\_ % or  (specify amount): \$ \_\_\_\_\_ per month of the costs.  
 Payments must be made to the  other parent  State Disbursement Unit  child-care provider.
- (b) The parent ordered to pay support must pay reasonable uninsured health care costs for the children, as follows:  
 one-half or  \_\_\_\_\_ % or  (specify amount): \$ \_\_\_\_\_ per month of the costs.  
 Payments must be made to the  other parent  State Disbursement Unit  health-care provider.
- (3)  For a total of \$ \_\_\_\_\_ payable on the \_\_\_\_\_ day of each month beginning (date): \_\_\_\_\_
- (4)  The low-income adjustment applies.  
 The low-income adjustment does not apply because (specify reasons): \_\_\_\_\_
- (5) Any support ordered will continue until further order of court, unless terminated by operation of law.
- (6) As provided in Family Code section 4007.5, the obligation of the person ordered to pay support will be temporarily suspended for any period after the first 90 consecutive days in which the person ordered to pay support is incarcerated or involuntarily institutionalized, unless that person has the ability to pay support during that time or has committed certain crimes. Immediately after the person ordered to pay support is released from incarceration or involuntary institutionalization, the support order will restart in the same amount as it was before it was temporarily suspended.
- c.  The parent ordered to pay support  The parent receiving support must (1) provide and maintain health insurance coverage for the children if it is available through employment or a group plan, or otherwise available at no or reasonable cost, and keep the local child support agency informed of the availability of the coverage; (2) if health insurance is not available, provide coverage when it becomes available; (3) within 20 days of the local child support agency's request, complete and return a health insurance form; (4) provide to the local child support agency all information and forms necessary to obtain health-care services for the children; (5) present any claim to secure payment or reimbursement to the other parent or caretaker who incurs costs for health-care services for the children; and (6) assign any rights to reimbursement to the other parent or caretaker who incurs costs for health-care services for the children. The parent ordered to provide health insurance must seek continuation of coverage for the child after the child attains the age when the child is no longer considered eligible for coverage as a dependent under the insurance contract, if the child is incapable of self-sustaining employment because of a physically or mentally disabling injury, illness, or condition and is chiefly dependent upon the parent providing health insurance for support and maintenance.
- d.  The parent ordered to pay support owes support arrears as follows, as of (date): \_\_\_\_\_
- (1)  Child support: \$ \_\_\_\_\_  Spousal support: \$ \_\_\_\_\_  Family support: \$ \_\_\_\_\_
- (2)  Interest is not included and is not waived.
- (3)  Payable: \$ \_\_\_\_\_ on the \_\_\_\_\_ day of each month beginning (date): \_\_\_\_\_
- (4)  Interest accrues on the entire principal balance owing and not on each installment as it becomes due.
- e. No provision of this order may operate to limit any right to collect the principal (total amount of unpaid support) or to charge and collect interest and penalties as allowed by law. All payments ordered are subject to modification.
- f. All payments must be made to (name and address of agency): \_\_\_\_\_
- g. **An earnings assignment order is issued.**
- h. In the event that there is a contract between a party receiving support and a private child support collector, the party ordered to pay support must pay the fee charged by the private child support collector. This fee must not exceed 33 1/3 percent of the total amount of past due support nor may it exceed 50 percent of any fee charged by the private child support collector. The money judgment created by this provision is in favor of the private child support collector and the party receiving support, jointly.
- i. If "The parent ordered to pay support" box is checked in item 4c, a health insurance coverage assignment must issue.
- j. The parents must notify the local child support agency in writing within 10 days of any change in residence or employment.
- k. The form *Notice of Rights and Responsibilities (Health-Care Costs and Reimbursement Procedures)* and *Information Sheet on Changing a Child Support Order* (form FL-192) is attached.
- l.  The following person (the "other parent") is added as a party to this action (name): \_\_\_\_\_

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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4. m.  The court further orders (*specify*):

Date:

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

Number of pages attached: \_\_\_\_\_

SIGNATURE FOLLOWS LAST ATTACHMENT

Approved as conforming to court order. Date:  _____ (SIGNATURE OF ATTORNEY FOR THE PARENT ORDERED TO PAY SUPPORT)
--

<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	<i>FOR COURT USE ONLY</i>  Draft 3- 112310icb 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 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 14a 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 (Governmental)* (form FL-694). 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 (Governmental)* (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 for the court to modify this order. If the order is above the guideline, a change of circumstance will be required for the court 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.  The parent ordered to pay support must reimburse the local child support agency for genetic testing costs of \$ \_\_\_\_\_
14. a.  The parent ordered to pay support is the parent of the children listed below and must pay current child support for them.  The court finds that there is sufficient evidence that the parent ordered to pay support is the parent of the children listed below and therefore there is sufficient evidence to enter a support order.
- | <u>Name of child</u> | <u>Date of birth</u> | <u>Monthly basic support amount</u> |
|----------------------|----------------------|-------------------------------------|
|                      |                      |                                     |
|                      |                      |                                     |
|                      |                      |                                     |
- Additional children are listed on an attached page.
- b.  The parent ordered to pay support 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.  The parent ordered to pay support 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.  The parent ordered to pay support 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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14.  i. As provided in Family Code section 4007.5, the obligation of the person ordered to pay support will be temporarily suspended for any period after the first 90 consecutive days in which the person ordered to pay support is incarcerated or involuntarily institutionalized, unless that person has the ability to pay support during that time or has committed certain crimes. Immediately after the person ordered to pay support is released from incarceration or involuntary institutionalization, the support order will restart in the same amount as it was before it was temporarily suspended.

15.  The parent ordered to pay support  The parent receiving support must (1) provide and maintain health insurance coverage for the children if it is available through employment or a group plan, or otherwise available at no or reasonable cost, and keep the local child support agency informed of the availability of the coverage; (2) if health insurance is not available, provide coverage when it becomes available; (3) within 20 days of the local child support agency's request, complete and return a health insurance form; (4) provide to the local child support agency all information and forms necessary to obtain health-care services for the children; (5) present any claim to secure payment or reimbursement to the other parent or caretaker who incurs costs for health-care services for the children; and (6) assign any rights to reimbursement to the other parent or caretaker who incurs costs for health-care services for the children. The parent ordered to provide health insurance must seek continuation of coverage for the child after the child attains the age when the child is no longer considered eligible for coverage as a dependent under the insurance contract, if the child is incapable of self-sustaining employment because of a physically or mentally disabling injury, illness, or condition and is chiefly dependent upon the parent providing health insurance for support and maintenance.

16.  The parent ordered to pay support 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.

17.  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.

18.  The parent ordered to pay support must pay child support for the following past periods and in the following amounts:

Name of child	Period of support	Amount
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- 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.

19.  The parent ordered to pay support owes support arrears 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.

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

21. All payments except as otherwise ordered must be made to (name and address of agency): \_\_\_\_\_

22. **An earnings assignment order is issued.**

23. In the event that there is a contract between a party receiving support and a private child support collector, the party ordered to pay support must pay the fee charged by the private child support collector. This fee must not exceed 33 1/3 percent of the total amount of past due support nor may it exceed 50 percent of any fee charged by the private child support collector. The money judgment created by this provision is in favor of the private child support collector and the party receiving support, jointly.

24. If "The parent ordered to pay support" box is checked in item 15, a health insurance coverage assignment must issue.

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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25.  **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.
26.  For purposes of the licensing issue only, the parent ordered to pay support 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).
27.  Notwithstanding any noncompliance issues with the support order in this action, the court finds that the needs of the party ordered to pay support 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 parent ordered to pay support complies with all payment terms of this order.
28.  A warrant of attachment/bench warrant issues for (*specify name*):  
 a.  Bail is set in the amount of \$ \_\_\_\_\_  
 b.  Service is stayed until (*date*): \_\_\_\_\_
29.  The court retains jurisdiction to make orders retroactive to (*date*): \_\_\_\_\_
30.  The court reserves jurisdiction over  all issues  the issues of (*specify*): \_\_\_\_\_
31. The parents must notify the local child support agency in writing within 10 days of any change in residence or employment.
32. The *Notice of Rights and Responsibilities (Health-Care Costs and Reimbursement Procedures)* and *Information Sheet on Changing a Child Support Order* (form FL-192) are attached and incorporated.
33.  The following person (the "other parent") is added as a party to this action (*name*): \_\_\_\_\_
34.  **The court further orders** (*specify*): \_\_\_\_\_

Approved as conforming to court order.

Date: \_\_\_\_\_

  
 (SIGNATURE OF ATTORNEY FOR THE PARENT ORDERED TO PAY SUPPORT)

  
 (SIGNATURE OF ATTORNEY FOR LOCAL CHILD SUPPORT AGENCY)

Date: \_\_\_\_\_

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

Number of pages attached: \_\_\_\_\_

Signature follows last attachment.

Senate Bill No. 1355

CHAPTER 495

An act to add and repeal Section 4007.5 of the Family Code, relating to child support.

[Approved by Governor September 29, 2010. Filed with Secretary of State September 29, 2010]

LEGISLATIVE COUNSEL'S DIGEST

SB 1355, Wright. Child support: suspension of support order.

Existing law provides that if a court orders a person to make payments for child support until the occurrence of a specified event, the obligation of the person ordered to pay support terminates on the happening of the contingency.

This bill would, until July 1, 2015, provide that the obligation of a person to pay child support pursuant to an order that is being enforced by a local child support agency under Title IV-D of the Social Security Act is suspended for the period of time exceeding 90 days in which the obligor is incarcerated or involuntarily institutionalized, with specified exceptions. The bill would require that, upon the release of the obligor, the obligation to pay child support immediately resume in the amount otherwise specified in the child support order prior to the suspension of that obligation. The bill would require the court to provide notice to the parties of the support obligation suspension at the time the order is issued or modified. The bill would authorize an obligor, upon release from incarceration or involuntary institutionalization, to petition the court for an adjustment of the arrears pursuant to the suspension of the support obligation. These provisions would apply to all child support orders and modifications issued on or after July 1, 2011.

The bill would also require the Judicial Council, by July 1, 2011, to develop forms necessary for the implementation of the above-described provisions, including forms for a petition to adjust arrears.

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. Section 4007.5 is added to the Family Code, to read:

4007.5. (a) Every money judgment or order for support of a child that is being enforced by a local child support agency under Title IV-D of the Social Security Act (42 U.S.C. Sec. 651 et seq.) shall provide the following:

(1) The obligation of the person ordered to pay support shall be suspended for any period exceeding 90 consecutive days in which the person ordered to pay support is incarcerated or involuntarily institutionalized, unless the obligor has the means to pay support while incarcerated or involuntarily institutionalized.

(2) The suspension of the support obligation shall only apply for the period of time during which the obligor is incarcerated or involuntarily institutionalized, after which the obligation shall

immediately resume in the amount otherwise specified in the child support order.

(b) The court shall provide notice to the parties of the support obligation suspension provided in subdivision (a) at the time the order is issued or modified.

(c) Upon release from incarceration or involuntary institutionalization, an obligor may petition the court for an adjustment of the arrears pursuant to the suspension of the support obligation authorized in subdivision (b). The obligor must show proof of the dates of incarceration or involuntary institutionalization, as well as proof that during that time, the obligor did not have the means to pay the support. The obligor shall serve copies of the petition to the support obligee and the local child support agency, who may file an objection to the obligor's petition with the court. An obligor's arrears shall not be adjusted until the court has approved the petition.

(d) Notwithstanding subdivision (a), the court may deny the obligor's petition if it finds that the obligor was incarcerated or involuntarily institutionalized for any offense constituting domestic violence, as defined in Section 6211, against the support obligee or supported child, or for any offense that could be enjoined by a protective order pursuant to Section 6320, or as a result of his or her failure to comply with a court order to pay child support.

(e) For purposes of this section, "incarcerated or involuntarily institutionalized" includes, but is not limited to, involuntary confinement to a state prison, county jail, juvenile facility operated by the Division of Juvenile Facilities in the Department of Corrections and Rehabilitation, or a mental health facility.

(f) For purposes of this section, "suspend" means that the child support order is modified and set to zero dollars (\$0) for the period in which the obligor is incarcerated or involuntarily institutionalized.

(g) This section applies to all child support orders and modifications issued on or after July 1, 2011.

(h) The Judicial Council shall, on or before July 1, 2011, develop forms necessary for the implementation of this section, including forms for a petition to adjust arrears.

(i) This section shall remain in effect only until July 1, 2015, and as of that date is repealed, unless a later enacted statute, that is enacted before July 1, 2015, deletes or extends that date.

## Item W11-05 Response Form

**Title:** **Child Support: Revised Forms to Implement Changes to the Family Code and Improve Administration of Title IV-D Cases** (revise forms FL-530, FL-615, FL-625, FL-630, FL-665, FL-676, FL-676-INFO, FL-687, and FL-692)

- Agree** with proposed changes
- Agree** with proposed changes **if modified**
- Do not agree** with proposed changes

Comments: \_\_\_\_\_

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**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

- Commenting on behalf of an organization**

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

### **To Submit Comments**

Comments may be submitted online, written on this form, or prepared in a letter format. If you are *not* commenting directly on this form, please include the information requested above and the proposal number for identification purposes. Please submit your comments online or email, mail, or fax comments. You are welcome to email your comments as an attachment.

Internet: <http://www.courtinfo.ca.gov/invitationstocomment/>

Email: [invitations@jud.ca.gov](mailto:invitations@jud.ca.gov)

Mail: Ms. Camilla Kieliger  
Judicial Council, 455 Golden Gate Avenue  
San Francisco, CA 94102

Fax: (415) 865-7664, Attn: Camilla Kieliger

**DEADLINE FOR COMMENT: 5:00 p.m., Monday, January 24, 2011**

*The proposals have not been approved by the Judicial Council and are not intended to represent the views of the council, its Rules and Projects Committee, or its Policy Coordination and Liaison Committee. These proposals are circulated for comment purposes only.*