

PARTY WITHOUT ATTORNEY OR ATTORNEY (name, state bar number, and address): NAME: _____ STATE BAR NO.: _____ FIRM NAME: _____ STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____ TELEPHONE NO.: _____ FAX NO.: _____ EMAIL ADDRESS: _____ ATTORNEY FOR (name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
PETITIONER: _____ RESPONDENT: _____ OTHER PARTY: _____	
REQUEST FOR DETERMINATION OF SUPPORT ARREARS	
CASE NUMBER: _____	

INSTRUCTIONS

- Use this form if you disagree with the local child support agency about how much back support (arrears) is owed.
- Complete items 4–7. For more information about completing this form, see *Information Sheet: Request for Determination of Support Arrears*
- After you fill out the request and any attachments, take the originals plus three copies to the court clerk to file.
- After you file, copies of your court papers must be "served" on the local child support agency and the other party in the case, and you must file a proof of service with the court. See _____ for more information about serving the request.
- Make sure you go to the court hearing listed in item 1.
- For help completing this form, talk to the _____ in your county.

NOTICE OF HEARING

1. A hearing on this application will be held as follows:

a. Date: _____ Time: _____ Dept: _____ Div: _____ Room: _____

b. The address of the court is ☐ same as noted above ☐ Other (specify): _____

2. **WARNING to the person served with this request:** The court may make the requested orders without you if you do not file a *Response to Governmental Notice of Motion or Order to Show Cause* and appear at the hearing. See [INFO](#) for more information about filing a response.

3. The local child support agency is providing support enforcement services in this case.

4. Person making this request

a. My name is: _____

b. I am the:

(1) ☐ Petitioner

(2) ☐ Respondent

(3) ☐ Other (specify): _____

5. a. I ☐ did ☐ did not request an administrative review of support received by the local child support agency.

b. A printout listing support payments received by the local child support agency ☐ is ☐ is not attached.

PETITIONER: RESPONDENT: OTHER PARTY:	CASE NUMBER:
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6. I ask that the amount of past due support payments (arrears) be adjusted in this case (*check all that apply*).
- a. ☐ I disagree with how much support the local child support agency says was paid. I am attaching my own payment history with a monthly breakdown of how much was ordered and how much was paid.
- b. ☐ I could not pay child support because on or after **September 27, 2022**, I was confined against my will for more than 90 days in a row in jail, prison, juvenile detention, a mental health facility, or other institution (*attach proof*).
- (1) I was confined during the following dates:
- (a) Start date: (b) Release date:
- ☐ Additional dates of confinement are listed on an attached page. *may be used for this purpose.*
- (2) I had no ability to pay child support while I was confined.
- c. ☐ I could not pay child support because from **October 8, 2015**, through **December 31, 2019**, or **January 1, 2021**, through **September 26, 2022**, my child support order was entered or modified, and I was confined against my will for more than 90 days in a row in jail, prison, juvenile detention, a mental health facility, or other institution (*attach proof*).
- (1) I was confined during the following dates:
- (a) Start date: (b) Release date:
- ☐ Additional dates of confinement are listed on an attached page. *may be used for this purpose.*
- (2) I had no ability to pay child support while I was confined.
- (3) I was *not* confined for
- (a) Domestic violence against the other parent or our child; or
- (b) Failing to pay a child support order.
- d. ☐ The child support order entered on (date): was stopped (suspended) because the order says it would stop (*specify the reasons why and attach applicable proof*):
- e. ☐ Other (*specify*):

7. I have attached (*check all that apply*):

- a. ☐ a Declaration of Payment History
- b. ☐ a Payment History Attachment
- c. ☐ a printout listing support payments received by the local child support agency.
- d. ☐ proof of incarceration or confinement.
- e. ☐ Other (*specify*):

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

Date:

		
(TYPE OR PRINT NAME)		(SIGNATURE)

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's acting as a temporary judge. If a party objects, the court commissioner may still hear your case to make findings and a recommended order to a judge. If you do not like the recommended order, you must object to it within **10 court days** in writing (use *Notice of Objection* ([form FL-666](#))); otherwise, the recommended order will become a final order of the court. If you object to the recommended order, a judge will make a temporary order and set a new hearing.