

ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (pursuant to FC §§ 17400, 17406) (Name, State Bar Number, and Address): TELEPHONE NO.:	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	
NOTICE OF MOTION AND MOTION FOR SIMPLIFIED MODIFICATION OF ORDER FOR ☐ CHILD SUPPORT ☐ SPOUSAL SUPPORT ☐ FAMILY SUPPORT	
CASE NUMBER:	

TO (name) :

1. A hearing on this motion for the relief requested below will be held as follows:

a. Date:	Time:	Dept.:	Room:
b. Address of court: ☐ same as noted above ☐ other (specify) :			

2. I am requesting the court to change the amount currently payable by
☐ petitioner/plaintiff ☐ respondent/defendant ☐ other parent to the following:
- a. ☐ child support pursuant to the California child support guideline commencing (date) :
 b. ☐ spousal support of: \$ per month beginning (date) :
 c. ☐ family support of: \$ per month beginning (date) :
 or such other sums as may be appropriate pursuant to applicable guidelines.
3. I am requesting issuance of modified earnings assignment.
4. ☐ I am requesting the court to order the ☐ petitioner/plaintiff ☐ respondent/defendant ☐ other parent to provide health insurance coverage for the children as obligated by law, and to issue a Health Insurance Coverage Assignment (form FL-470).
5. (Check whichever statements are true, if any)
- a. ☐ An application for public assistance (TANF) for the children is pending in (county name) : County.
 b. ☐ The children are receiving public assistance from (county name) : County.
 c. ☐ This request is made by the governmental agency providing support enforcement services in this action.
6. This request is based on
- a. the attached completed *Financial Statement (Simplified)* (form FL-155) or *Income and Expense Declaration* (form FL-150) for the applicant.
 b. ☐ a significant change in the income of ☐ petitioner/plaintiff ☐ respondent/defendant ☐ other parent
 c. ☐ the attached guideline support calculation sheet.
 d. ☐ 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 OF DECLARANT)

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

PROOF OF SERVICE

The *Notice of Motion and Motion* must be served on the other party. If the action was brought by the local child support agency, the local child support agency is enforcing the order, or the children are receiving TANF, the *Notice of Motion and Motion* must also be served on the local child support agency of the county where the action is filed. Service of the motion on the local child support agency and other party may be made by anyone at least 18 years EXCEPT you. Service is made in one of the following ways:

- (1) Personally delivering it to the office of the local child support agency and to the other party.
OR

- (2) Mailing it, postage prepaid, to the office of the local child support agency, and to the last known address of the other party.

Anyone at least 18 years of age EXCEPT A PARTY in this action may personally serve or mail the motion. Be sure whoever served the motion fills out and signs this proof of service. The *Notice of Motion and Motion* cannot be filed with the court until the local child support agency and the other party (or attorney) are served and this proof of service is properly completed. If this motion is brought after judgment has been entered in the case, service must be made on the party and not the attorney for the party.

- At the time of service I was at least 18 years of age and not a party to the legal action.
- I served a copy of the foregoing *Notice of Motion and Motion* as follows (check either a. or b. below for each person served):
 - ☐ **Personal service.** I personally delivered a copy of the *Notice of Motion and Motion for Simplified Modification of Order for Child, Spousal, or Family Support* and all attachments as follows:

☐ (1) Name of party or attorney served:

☐ (2) Name of local child support agency served:

(a) Address where delivered:

(a) Address where delivered:

(b) Date of delivery:

(b) Date of delivery:

(c) Time of delivery:

(c) Time of delivery:

- ☐ **Mail.** I deposited a copy of the *Notice of Motion and Motion for Simplified Modification of Order for Child, Spousal, or Family Support* (form FL-390) and all attachments in the United States mail, in a sealed envelope with postage fully prepaid, addressed as follows:

☐ (1) Name of party or attorney served:

☐ (2) Name of local child support agency served:

(a) Address:

(a) Address:

(b) Date of mailing:

(b) Date of mailing:

(c) Time of mailing:

(c) Time of mailing:

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 MOTION)

PARTY WITHOUT ATTORNEY OR ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL 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/PARENT/CLAIMANT:	
INCOME AND EXPENSE DECLARATION	CASE NUMBER:

1. Employment (Give information on your current job or, if you're unemployed, your most recent job.)

Attach copies of your pay stubs for last two months (black out Social Security numbers).	a. Employer: b. Employer's address: c. Employer's phone number: d. Occupation: e. Date job started: f. If unemployed, date job ended: g. I work about _____ hours per week. h. I get paid \$ _____ gross (before taxes) ☐ per month ☐ per week ☐ per hour.
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(If you have more than one job, attach an 8 1/2-by-11-inch sheet of paper and list the same information as above for your other jobs. Write "Question 1—Other Jobs" at the top.)

2. Age and education

- a. My age is (specify): _____
- b. I have completed high school or the equivalent: ☐ Yes ☐ No If no, highest grade completed (specify): _____
- c. Number of years of college completed (specify): _____ Degree(s) obtained (specify): _____
- d. Number of years of graduate school completed (specify): _____ Degree(s) obtained (specify): _____
- e. I have: ☐ professional/occupational license(s) (specify): _____
☐ vocational training (specify): _____

3. Tax information

- a. ☐ I last filed taxes for tax year (specify year): _____
- b. My tax filing status is ☐ single ☐ head of household ☐ married, filing separately
☐ married, filing jointly with (specify name): _____
- c. I file state tax returns in ☐ California ☐ other (specify state): _____
- d. I claim the following number of exemptions (including myself) on my taxes (specify): _____

4. Other party's income. I estimate the gross monthly income (before taxes) of the other party in this case at (specify): \$ _____
 This estimate is based on (explain): _____

(If you need more space to answer any questions on this form, attach an 8 1/2-by-11-inch sheet of paper and write the question number before your answer.) Number of pages attached: _____

I declare under penalty of perjury under the laws of the State of California that the information contained on all pages of this form and any attachments is true and correct.

Date: _____

(TYPE OR PRINT NAME)	▶	(SIGNATURE OF DECLARANT)
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PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER:
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Attach copies of your pay stubs for the last two months and proof of any other income. Take a copy of your latest federal tax return to the court hearing. (*Black out your Social Security number on the pay stub and tax return.*)

5. **Income** (*For average monthly, add up all the income you received in each category in the last 12 months and divide the total by 12.*)

	Last month	Average monthly
a. Salary or wages (gross, before taxes)	\$	
b. Overtime (gross, before taxes)	\$	
c. Commissions or bonuses	\$	
d. Public assistance (for example: TANF, SSI, GA/GR) ☐ currently receiving	\$	
e. Spousal support ☐ from this marriage ☐ from a different marriage ☐ federally taxable*	\$	
f. Partner support ☐ from this domestic partnership ☐ from a different domestic partnership	\$	
g. Pension/retirement fund payments	\$	
h. Social Security retirement (not SSI)	\$	
i. Disability: ☐ Social Security (not SSI) ☐ State disability (SDI) ☐ Private insurance	\$	
j. Unemployment compensation	\$	
k. Workers' compensation	\$	
l. Other (military allowances, royalty payments) (<i>specify</i>):	\$	

6. **Investment income** (*Attach a schedule showing gross receipts less cash expenses for each piece of property.*)

a. Dividends/interest	\$	
b. Rental property income	\$	
c. Trust income	\$	
d. Other (<i>specify</i>):	\$	

7. **Income from self-employment, after business expenses for all businesses** \$

I am the ☐ owner/sole proprietor ☐ business partner ☐ other (*specify*):

Number of years in this business (*specify*):

Name of business (*specify*):

Type of business (*specify*):

Attach a profit and loss statement for the last two years or a Schedule C from your last federal tax return. Black out your Social Security number. If you have more than one business, provide the information above for each of your businesses.

8. ☐ **Additional income.** I received one-time money (lottery winnings, inheritance, etc.) in the last 12 months (*specify source and amount*):

9. ☐ **Change in income.** My financial situation has changed significantly over the last 12 months because (*specify*):

10. **Deductions**

	Last month	
a. Required union dues	\$	
b. Required retirement payments (not Social Security, FICA, 401(k), or IRA)	\$	
c. Medical, hospital, dental, and other health insurance premiums (<i>total monthly amount</i>)	\$	
d. Child support that I pay for children from other relationships	\$	
e. Spousal support that I pay by court order from a different marriage ☐ federally tax deductible*	\$	
f. Partner support that I pay by court order from a different domestic partnership	\$	
g. Necessary job-related expenses not reimbursed by my employer (<i>attach explanation labeled "Question 10g"</i>)	\$	

11. **Assets**

	Total	
a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts	\$	
b. Stocks, bonds, and other assets I could easily sell	\$	
c. All other property, ☐ real and ☐ personal (<i>estimate fair market value minus the debts you owe</i>)	\$	

* Check the box if the spousal support order or judgment was executed by the parties and the court before January 1, 2019, or if a court-ordered change maintains the spousal support payments as taxable income to the recipient and tax deductible to the payor.

PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER:
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12. The following people live with me:

Name	Age	How the person is related to me (ex: son)	That person's gross monthly income	Pays some of the household expenses?	
a.				☐ Yes	☐ No
b.				☐ Yes	☐ No
c.				☐ Yes	☐ No
d.				☐ Yes	☐ No
e.				☐ Yes	☐ No

13. Average monthly expenses ☐ Estimated expenses ☐ Actual expenses ☐ Proposed needs

a. Home:

(1) ☐ Rent or ☐ mortgage \$

If mortgage:

(a) average principal: \$

(b) average interest: \$

(2) Real property taxes \$

(3) Homeowner's or renter's insurance

(if not included above) \$

(4) Maintenance and repair \$

b. Health-care costs not paid by insurance \$

c. Child care \$

d. Groceries and household supplies \$

e. Eating out \$

f. Utilities (gas, electric, water, trash) \$

g. Telephone, cell phone, and e-mail \$

h. Laundry and cleaning \$

i. Clothes \$

j. Education \$

k. Entertainment, gifts, and vacation \$

l. Auto expenses and transportation

(insurance, gas, repairs, bus, etc.) \$

m. Insurance (life, accident, etc.; do not include

auto, home, or health insurance) \$

n. Savings and investments \$

o. Charitable contributions \$

p. Monthly payments listed in item 14

(itemize below in 14 and insert total here) \$

q. Other (specify): \$

 r. **TOTAL EXPENSES** (a-q) (do not add in the amounts in a(1)(a) and (b)) \$

s. Amount of expenses paid by others \$

14. Installment payments and debts not listed above

Paid to	For	Amount	Balance	Date of last payment
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

15. Attorney fees (This information is required if either party is requesting attorney fees.):

a. To date, I have paid my attorney this amount for fees and costs (specify): \$

b. The source of this money was (specify):

c. I still owe the following fees and costs to my attorney (specify total owed): \$

d. My attorney's hourly rate is (specify):

I confirm this fee arrangement.

Date:

(TYPE OR PRINT NAME OF ATTORNEY)

(SIGNATURE OF ATTORNEY)

PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER:
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CHILD SUPPORT INFORMATION**(NOTE: Fill out this page only if your case involves child support.)****16. Number of children**

- a. I have *(specify number)*: _____ children under the age of 18 with the other parent in this case.
- b. The children spend _____ percent of their time with me and _____ percent of their time with the other parent.
(If you're not sure about percentage or it has not been agreed on, please describe your parenting schedule here.)

17. Children's health-care expenses

- a. ☐ I do ☐ I do not have health insurance available to me for the children through my job.
- b. Name of insurance company:
- c. Address of insurance company:

- d. The monthly cost for the **children's** health insurance is or would be *(specify)*: \$ _____
(Do not include the amount your employer pays.)

18. Additional expenses for the children in this case

Amount per month

- a. Child care so I can work or get job training \$ _____
- b. Children's health care not covered by insurance \$ _____
- c. Travel expenses for visitation \$ _____
- d. Children's educational or other special needs *(specify below)*: \$ _____

19. Special hardships. I ask the court to consider the following special financial circumstances*(attach documentation of any item listed here, including court orders):*

Amount per month

For how many months?

- a. Extraordinary health expenses not included in 18b \$ _____
- b. Major losses not covered by insurance *(examples: fire, theft, other insured loss)* \$ _____
- c. (1) Expenses for my minor children who are from other relationships and are living with me \$ _____
 (2) Names and ages of those children *(specify)*:

(3) Child support I receive for those children \$ _____

The expenses listed in a, b and c create an extreme financial hardship because *(explain)*:

20. Other information I want the court to know concerning support in my case *(specify)*:

Your name and address or attorney's name and address: ATTORNEY FOR (Name): SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME: PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	TELEPHONE NO.:	FOR COURT USE ONLY
FINANCIAL STATEMENT (SIMPLIFIED)		CASE NUMBER:

NOTICE: Read page 2 to find out if you qualify to use this form and how to use it.

1. a. ☐ My only source of income is TANF, SSI, or GA/GR.
 b. ☐ I have applied for TANF, SSI, or GA/GR.
2. I am the parent of the following number of natural or adopted children from this relationship _____
3. a. The children from this relationship are with me this amount of time _____ %
 b. The children from this relationship are with the other parent this amount of time _____ %
 c. Our arrangement for custody and visitation is *(specify, using extra sheet if necessary)*:
4. My tax filing status is: ☐ single ☐ married filing jointly ☐ head of household ☐ married filing separately.
5. My current gross income *(before taxes)* per month is \$ _____
 This income comes from the following:

Attach 1
copy of pay
stubs for
last 2
months here
(cross out
social
security
numbers)

☐ Salary/wages: Amount before taxes per month \$ _____
☐ Retirement: Amount before taxes per month \$ _____
☐ Unemployment compensation: Amount per month \$ _____
☐ Workers' compensation: Amount per month \$ _____
☐ Social security: ☐ SSI ☐ Other Amount per month \$ _____
☐ Disability: Amount per month \$ _____
☐ Interest income (from bank accounts or other): Amount per month \$ _____
 I have no income other than as stated in this paragraph.
6. I pay the following monthly expenses for the children in this case:
 - a. ☐ Day care or preschool to allow me to work or go to school \$ _____
 - b. ☐ Health care not paid for by insurance \$ _____
 - c. ☐ School, education, tuition, or other special needs of the child \$ _____
 - d. ☐ Travel expenses for visitation \$ _____
7. ☐ There are *(specify number)* _____ other minor children of mine living with me. Their monthly expenses that I pay are \$ _____
8. I spend the following average monthly amounts *(please attach proof)*:
 - a. ☐ Job-related expenses that are not paid by my employer *(specify reasons for expenses on separate sheet)* \$ _____
 - b. ☐ Required union dues \$ _____
 - c. ☐ Required retirement payments (not social security, FICA, 401k or IRA) \$ _____
 - d. ☐ Health insurance costs \$ _____
 - e. ☐ Child support I am paying for other minor children of mine who are not living with me \$ _____
 - f. ☐ Spousal support I am paying because of a court order for another relationship \$ _____
 - g. ☐ Monthly housing costs: ☐ rent or ☐ mortgage \$ _____
 If mortgage: interest payments \$ _____ real property taxes \$ _____
9. Information concerning ☐ my current employment ☐ my most recent employment:

Employer:
 Address:
 Telephone number:
 My occupation:
 Date work started:
 Date work stopped *(if applicable)*: _____ What was your gross income *(before taxes)* before work stopped?: _____

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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10. My estimate of the other party's gross monthly income (*before taxes*) is \$ _____
11. My current spouse's monthly income (*before taxes*) is \$ _____
12. Other information I want the court to know concerning child support in my case (*attach extra sheet with the information*).
13. ☐ I am attaching a copy of page 3 of form FL-150, *Income and Expense Declaration* showing my expenses.

I declare under penalty of perjury under the laws of the State of California that the information contained on all pages of this form and any attachments is true and correct.

Date:

(TYPE OR PRINT NAME)	(SIGNATURE OF DECLARANT) ☐ PETITIONER/PLAINTIFF ☐ RESPONDENT/DEFENDANT
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INSTRUCTIONS

Step 1: Are you eligible to use this form? *If your answer is YES to any of the following questions, you may NOT use this form:*

- Are you asking for spousal support (alimony) or a change in spousal support?
- Is your spouse or former spouse asking for spousal support (alimony) or a change in spousal support?
- Are you asking the other party to pay your attorney fees?
- Is the other party asking you to pay his or her attorney fees?
- Do you receive money (income) from any source other than the following?

• Welfare (such as TANF, GR, or GA)	• Interest
• Salary or wages	• Workers' compensation
• Disability	• Social security
• Unemployment	• Retirement
- Are you self-employed?

If you are eligible to use this form and choose to do so, you do not need to complete the *Income and Expense Declaration* (form FL-150). Even if you are eligible to use this form, you may choose instead to use the *Income and Expense Declaration* (form FL-150).

Step 2: Make 2 copies of each of your pay stubs for the last two months. If you received money from other than wages or salary, include copies of the pay stub received with that money.

Privacy notice: If you wish, you may cross out your social security number if it appears on the pay stub, other payment notice or your tax return

Step 3: Make 2 copies of your most recent federal income tax form.

Step 4: Complete this form with the required information. Type the form if possible or complete it neatly and clearly in black ink. If you need additional room, please use plain or lined paper, 8½-by-11", and staple to this form.

Step 5: Make 2 copies of each side of this completed form and any attached pages.

Step 6: Serve a copy on the other party. Have someone other than yourself mail to the attorney for the other party, the other party, and the local child support agency, if they are handling the case, 1 copy of this form, 1 copy of each of your stubs for the last two months, and 1 copy of your most recent federal income tax return.

Step 7: File the original with the court. Staple this form with 1 copy of each of your pay stubs for the last two months. Take this document and give it to the clerk of the court. Check with your local court about how to submit your return.

Step 8: Keep the remaining copies of the documents for your file.

Step 9: Take the copy of your latest federal income tax return to the court hearing.

It is very important that you attend the hearings scheduled for this case. If you do not attend a hearing, the court may make an order without considering the information you want the court to consider.

PARTY WITHOUT ATTORNEY OR ATTORNEY: _____ STATE BAR NUMBER: _____ NAME: _____ FIRM NAME: _____ STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____ TELEPHONE NO.: _____ FAX NO.: _____ E-MAIL 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 PARENT/PARTY: _____	
REQUEST FOR ORDER ☐ CHANGE ☐ TEMPORARY EMERGENCY ORDERS ☐ Child Custody ☐ Visitation (Parenting Time) ☐ Spousal or Partner Support ☐ Child Support ☐ Property Control ☐ Attorney's Fees and Costs ☐ Other (specify): _____	CASE NUMBER: _____

Note: Read form FL-300-INFO for information about how to complete this form. To ask to change or end an order that was granted in a Restraining Order After Hearing (form DV-130 or JV-255), read form FL-300-INFO and form DV-300-INFO.

NOTICE OF HEARING

1. TO (name): _____
☐ Petitioner ☐ Respondent ☐ Other Parent/Party ☐ Other (specify): _____
2. **A COURT HEARING WILL BE HELD AS FOLLOWS:**

a. Date: _____	Time: _____	☐ Dept.: _____	☐ Room: _____
b. Address of court ☐ same as noted above ☐ other (specify): _____			
3. **WARNING to the person served with the *Request for Order*:** The court may make the requested orders without you if you do not file a *Responsive Declaration to Request for Order* (form FL-320), serve a copy on the other parties at least nine court days before the hearing (unless the court has ordered a shorter period of time), and appear at the hearing. (See form *FL-320-INFO* for more information.)

COURT ORDER (FOR COURT USE ONLY)

It is ordered that:

4. ☐ Time ☐ for service ☐ until the hearing is shortened. Service must be on or before (date): _____
5. ☐ A *Responsive Declaration to Request for Order* (form FL-320) must be served on or before (date): _____
6. ☐ The parties must attend an appointment for child custody mediation or child custody recommending counseling as follows (specify date, time, and location): _____
7. ☐ The orders in *Temporary Emergency (Ex Parte) Orders* (form FL-305) apply to this proceeding and must be personally served with all documents filed with this *Request for Order*.
8. ☐ Other (specify): _____

Date: _____

JUDICIAL OFFICER Page 1 of 4

PETITIONER:
RESPONDENT:
OTHER PARENT/PARTY:

CASE NUMBER:

REQUEST FOR ORDER

Note: Place a mark ☒ in front of the box that applies to your case or to your request. If you need more space, mark the box for "Attachment." For example, mark "Attachment 2a" to indicate that the list of children's names and birth dates continues on a paper attached to this form. Then, on a sheet of paper, list each attachment number followed by your request. At the top of the paper, write your name, case number, and "FL-300" as a title. (You may use *Attached Declaration (form MC-031)* for this purpose.)

1. ☐ RESTRAINING ORDER INFORMATION

One or more domestic violence restraining/protective orders are now in effect between (specify):

☐ Petitioner ☐ Respondent ☐ Other Parent/Party (Attach a copy of the orders if you have one.)

The orders are from the following court or courts (specify county and state):

- a. ☐ Criminal: County/state (specify): Case No. (if known):
 b. ☐ Family: County/state (specify): Case No. (if known):
 c. ☐ Juvenile: County/state (specify): Case No. (if known):
 d. ☐ Other: County/state (specify): Case No. (if known):

2. ☐ CHILD CUSTODY

☐ I request temporary emergency orders

☐ VISITATION (PARENTING TIME)

a. I request that the court make orders about the following children (specify):

Child's Name Date of Birth ☐ Legal Custody to (person who decides: health, education, etc): ☐ Physical Custody to (person with whom child lives):

b. ☐ The orders I request for ☐ child custody ☐ visitation (parenting time) are:

☐ Attachment 2a.

(1) ☐ Specified in the attached forms:

☐ Form FL-305 ☐ Form FL-311 ☐ Form FL-312 ☐ Form FL-341(C)
☐ Form FL-341(D) ☐ Form FL-341(E) ☐ Other (specify):

(2) ☐ As follows (specify):

☐ Attachment 2b.

c. The orders that I request are in the best interest of the children because (specify):

☐ Attachment 2c.

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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2. d. ☐ This is a change from the current order for ☐ child custody ☐ visitation (parenting time).
 (1) ☐ The order for legal or physical custody was filed on (date): . The court ordered (specify):

- (2) ☐ The visitation (parenting time) order was filed on (date): . The court ordered (specify):

3. ☐ CHILD SUPPORT

☐ Attachment 2d.

(Note: An earnings assignment may be issued. See *Income Withholding for Support* (form FL-195))

- a. I request that the court order child support as follows:

Child's name and age

☐ I request support for each child
based on the child support guideline.

☐ Monthly amount (\$) requested
(if not by guideline)

☐ Attachment 3a.

- b. ☐ I want to change a current court order for child support filed on (date):
The court ordered child support as follows (specify):

- c. I have completed and filed with this *Request for Order* a current *Income and Expense Declaration* (form FL-150) or I filed a current *Financial Statement (Simplified)* (form FL-155) because I meet the requirements to file form FL-155.

- d. The court should make or change the support orders because (specify): ☐ Attachment 3d.

4. ☐ SPOUSAL OR DOMESTIC PARTNER SUPPORT

(Note: An *Earnings Assignment Order For Spousal or Partner Support* (form FL-435) may be issued.)

- a. ☐ Amount requested (monthly): \$

- b. ☐ I want the court to ☐ change ☐ end the current support order filed on (date):
The court ordered \$ per month for support.

- c. ☐ This request is to modify (change) spousal or partner support after entry of a judgment.
I have completed and attached *Spousal or Partner Support Declaration Attachment* (form FL-157) or a declaration that addresses the same factors covered in form FL-157.

- d. I have completed and filed a current *Income and Expense Declaration* (form FL-150) in support of my request.

- e. The court should make, change, or end the support orders because (specify): ☐ Attachment 4e.

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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5. ☐ **PROPERTY CONTROL** ☐ I request temporary emergency orders
- a. The ☐ petitioner ☐ respondent ☐ other parent/party be given exclusive temporary use, possession, and control of the following property that we ☐ own or are buying ☐ lease or rent (*specify*):
- b. The ☐ petitioner ☐ respondent ☐ other parent/party be ordered to make the following payments on debts and liens coming due while the order is in effect:
- | | | | |
|---------------|------------|------------------|-----------------|
| Pay to: _____ | For: _____ | Amount: \$ _____ | Due date: _____ |
| Pay to: _____ | For: _____ | Amount: \$ _____ | Due date: _____ |
| Pay to: _____ | For: _____ | Amount: \$ _____ | Due date: _____ |
| Pay to: _____ | For: _____ | Amount: \$ _____ | Due date: _____ |
- c. ☐ This is a change from the current order for property control filed on (*date*):
- d. Specify in Attachment 5d the reasons why the court should make or change the property control orders.
6. ☐ **ATTORNEY'S FEES AND COSTS**
- I request attorney's fees and costs, which total (*specify amount*): \$ _____ . I filed the following to support my request:
- a. A current *Income and Expense Declaration* (form FL-150).
- b. A *Request for Attorney's Fees and Costs Attachment* (form FL-319) or a declaration that addresses the factors covered in that form.
- c. A *Supporting Declaration for Attorney's Fees and Costs Attachment* (form FL-158) or a declaration that addresses the factors covered in that form.
7. ☐ **OTHER ORDERS REQUESTED (*specify*):** ☐ Attachment 7.
8. ☐ **TIME FOR SERVICE / TIME UNTIL HEARING** I urgently need:
- a. ☐ To serve the *Request for Order* no less than (*number*): _____ court days before the hearing.
- b. ☐ The hearing date and service of the *Request for Order* to be sooner.
- c. I need the order because (*specify*): ☐ Attachment 8.
9. ☐ **FACTS TO SUPPORT** the orders I request are listed below. The facts that I write in support and attach to this request cannot be longer than 10 pages, unless the court gives me permission. ☐ Attachment 9.

I declare under penalty of perjury under the laws of the State of California that the information provided in this form and all attachments is true and correct.

Date: _____

(TYPE OR PRINT NAME)

(SIGNATURE OF APPLICANT)



Requests for Accommodations

Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least five days before the proceeding. Contact the clerk's office or go to courts.ca.gov/forms for *Disability Accommodations Request* (form MC -410). (Civ. Code, § 54.8.)

PARTY WITHOUT ATTORNEY OR ATTORNEY (Name, state bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL 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/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	
ANSWER TO COMPLAINT OR SUPPLEMENTAL COMPLAINT REGARDING PARENTAL OBLIGATIONS	CASE NUMBER:

YOU MUST FILE THIS ANSWER WITH THE COURT IF YOU WISH TO OPPOSE THE LAWSUIT

If you disagree with the proposed judgment attached to the *Summons and Complaint*, you must file this *Answer* with the court clerk within 30 days of the date you were served with the *Complaint*. File the original *Answer* with the court clerk at the address for the superior court stated above and serve a copy on the local child support agency. Keep a copy for your records.

1. **PARENTAGE:** I am the parent of the following children:

		Name of Child	Date of Birth
☐ Yes	☐ No		
☐ Yes	☐ No		
☐ Yes	☐ No		
☐ Yes	☐ No		
☐ Yes	☐ No		
☐ Yes	☐ No		
☐ Additional children are listed on a page attached to this <i>Answer</i> .			

2. I request genetic testing to determine parentage be done for all children for whom I have checked a "No" box above. I understand that the local child support agency will pay for the cost of the testing now, but that I may have to repay those costs if the court decides that I am the parent.

3. **CHILD SUPPORT**

- a. ☐ I agree to pay support as stated in the proposed judgment.
- b. ☐ I disagree with the support requested. Attached is my completed *Income and Expense Declaration* ([form FL-150](#)) or *Financial Statement (Simplified)* ([form FL-155](#)). NOTE: You can file this *Answer* without either of these forms.

4. ☐ I disagree with the proposed judgment for the following reasons (*specify*):

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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5. My address and telephone number for receipt of all notices and court dates until I file a change with the court and with the local child support agency are as follows:

Address:
 City and Zip Code:
 Home Telephone:
 Work Telephone:
 E-mail Address (*optional*):

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 DECLARANT)
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An adult other than you must complete the *Proof of Service* below and provide a copy of this *Answer* to the local child support agency at the following address (*specify*):

PROOF OF SERVICE

6. I am at least 18 years of age, and not a party to this action. I served this *Answer* and any other forms filed with the *Answer* on the local child support agency and any other party required to be served.
- a. ☐ **Personal delivery.** I personally delivered this *Answer* to an employee of the local child support agency as follows:
- (1) Name of employee:
 - (2) Address where delivered:
 - (3) Date of delivery:
 - (4) Time of delivery:
- b. ☐ **Mail.** I deposited this *Answer* 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:
 - (2) Address:
 - (3) Date of mailing:
 - (4) Place of mailing (*city and state*):

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 ANSWER)
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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 a recommended order. If you do not like the recommended order, you must object to it within 10 court days in writing, (use *Notice of Objection (Governmental)*, ([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.

INFORMATION SHEET FOR ANSWER TO COMPLAINT

Please follow these instructions to complete the *Answer to Complaint or Supplemental Complaint Regarding Parental Obligations* (form FL-610) if you do not have an attorney to represent you. Your attorney, if you have one, should complete this form.

You must file the completed *Answer* and attachments with the court clerk within 30 days of the date you received the *Summons and Complaint* (form FL-600). The address of the court clerk is the same as the one shown for the Superior Court on the *Summons and Complaint* (form FL-600). You may have to pay a filing fee. If you cannot afford to pay the filing fee, contact the court clerk to obtain forms to apply for a waiver of court fees. **Keep two copies of the filed *Answer* form and its attachments. Serve one copy on the local child support agency and keep the other copy for your records. (See *Information Sheet for Service of Process* ([form FL-611](#))).**

Upon receipt of your filed *Answer*, the local child support agency will set a court hearing on this matter.

INSTRUCTIONS FOR COMPLETING THE ANSWER FORM (TYPE OR PRINT FORM IN BLACK INK):

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

1. For each child listed on the *Answer* form, you must check the "yes" box if you agree that you are that child's parent, or check the "no" box if you do not think or are not sure whether you are that child's parent. You must write in the name of each child listed in the *Summons and Complaint* (form FL-600) if your *Answer* form does not include the names of any children.

NOTE: Checking the "no" box does not satisfy the requirements needed to request the court cancel (set aside) any voluntary declaration of parentage or paternity which you may have signed or to request the court find a voluntary declaration is void (invalid) (Fam. Code, §§ 7573.5, 7576, 7577). To make this request, you must file a *Request for Hearing and Application to Cancel (Set Aside) Voluntary Declaration of Parentage or Paternity* ([form FL-280](#)).

2. If you have checked a "no" box in answer to number 1 above, you must request genetic testing to determine whether you or the other parent is the parent. The local child support agency will tell you when and where to go for the test. The local child support agency will pay for the cost of the test now. If the court decides the test shows parentage as pleaded in the *Complaint*, you may have to repay this cost to the local child support agency.
3.
 - a. Check this box if you agree to pay the support asked for in the proposed *Judgment Regarding Parental Obligations* (form FL-630) that you received.
 - b. You should check this box if you do not agree to pay the support asked for in the proposed *Judgment Regarding Parental Obligations* (form FL-630).
4. If you agree to pay the support asked for in the proposed *Judgment Regarding Parental Obligations* (form FL-630), but you disagree with the proposed judgment for another reason, you should check this box and write your reasons in this space. **If you have documents that prove your reasons for disagreeing with the proposed *Judgment*, you should attach the documents to the *Answer* form.**
5. You must list your address and phone numbers where you can receive all notices and court dates. You must let the court know whenever your address changes. If the court does not have your current address, you may not receive important notices that affect you.

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

Instructions for how to complete the *Proof of Service* section of the *Answer* form are in the *Information Sheet for Service of Process* ([form FL-611](#)). The person who serves the *Answer* and its attachments must fill out this section of the form. **You cannot serve your own *Answer*.**

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (name): _____	COURT PERSONNEL: STAMP DATE RECEIVED HERE DO NOT FILE
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	
CHILD SUPPORT CASE REGISTRY FORM ☐ Mother ☐ First form completed ☐ Father ☐ Change to previous information	CASE NUMBER:

**THIS FORM WILL NOT BE PLACED IN THE COURT FILE. IT WILL BE
MAINTAINED IN A CONFIDENTIAL FILE WITH THE STATE OF CALIFORNIA.**

Notice: Pages 1 and 2 of this form must be completed and delivered to the court along with the court order for support. Pages 3 and 4 are instructional only and do not need to be delivered to the court. If you did not file the court order, you must complete this form and deliver it to the court within 10 days of the date on which you received a copy of the support order. Any later change to the information on this form must be delivered to the court on another form within 10 days of the change. It is important that you keep the court informed in writing of any changes of your address and telephone number.

1. Support order information (*this information is on the court order you are filing or have received*).

a. Date order filed:

b. ☐ Initial child support or family support order ☐ Modification

c. Total monthly base current child or family support amount ordered for children listed below, plus any monthly amount ordered payable on past-due support:

Child Support:

(1) ☐ Current \$
 base child support: ☐ Reserved order
 ☐ \$0 (zero) order

(2) ☐ Additional \$
 monthly support:

(3) ☐ Total \$
 past-due support:

(4) ☐ Payment \$
 on past-due support:

Family Support:

☐ Current \$
 base family support: ☐ Reserved order
 ☐ \$0 (zero) order

☐ Additional \$
 monthly support:

☐ Total \$
 past-due support:

☐ Payment \$
 on past-due support:

Spousal Support:

☐ Current \$
 spousal support: ☐ Reserved order
 ☐ \$0 (zero) order

☐ Total \$
 past-due support:

☐ Payment \$
 on past-due support:

(5) Wage withholding was ☐ ordered ☐ ordered but stayed until (date):

2. Person required to pay child or family support (name):

Relationship to child (specify):

3. Person or agency to receive child or family support payments (name):

Relationship to child (if applicable):

TYPE OR PRINT IN INK

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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4. The child support order is for the following children:

	<u>Child's name</u>	<u>Date of birth</u>	<u>Social security number</u>
a.			
b.			
c.			

☐ Additional children are listed on a page attached to this document.

You are required to complete the following information about yourself. You are not required to provide information about the other person, but you are encouraged to provide as much as you can. This form is confidential and will not be filed in the court file. It will be maintained in a confidential file with the State of California.

5. Father's name:

- a. Date of birth:
- b. Social security number:
- c. Street address:

City, state, zip code:

d. Mailing address:

City, state, zip code:

e. Driver's license number:

State:

f. Telephone number:

g. ☐ Employed ☐ Not employed ☐ Self-employed

Employer's name:

Street address:

City, state, zip code:

Telephone number:

6. Mother's name:

- a. Date of birth:
- b. Social security number:
- c. Street address:

City, state, zip code:

d. Mailing address:

City, state, zip code:

e. Driver's license number:

State:

f. Telephone number:

g. ☐ Employed ☐ Not employed ☐ Self-employed

Employer's name:

Street address:

City, state, zip code:

Telephone number:

7. ☐ A restraining order, protective order, or nondisclosure order due to domestic violence is in effect.

a. The order protects: ☐ Father ☐ Mother ☐ Children

b. From: ☐ Father ☐ Mother

c. The restraining order expires on (date):

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 COMPLETING THIS FORM)

INFORMATION SHEET FOR CHILD SUPPORT CASE REGISTRY FORM

(Do NOT deliver this Information Sheet to the court clerk.)

Please follow these instructions to complete the *Child Support Case Registry Form* (form FL-191) if you do not have an attorney to represent you. Your attorney, if you have one, should complete this form.

Both parents must complete a *Child Support Case Registry Form*. The information on this form will be included in a national database that, among other things, is used to locate absent parents. When you file a court order, you must deliver a completed form to the court clerk along with your court order. If you did not file a court order, you must deliver a completed form to the court clerk **WITHIN 10 DAYS** of the date you received a copy of your court order. If any of the information you provide on this form changes, you must complete a new form and deliver it to the court clerk within 10 days of the change. The address of the court clerk is the same as the one shown for the superior court on your order. This form is confidential and will not be filed in the court file. It will be maintained in a confidential file with the State of California.

INSTRUCTIONS FOR COMPLETING THE *CHILD SUPPORT CASE REGISTRY FORM* (TYPE OR PRINT IN INK):

If the top section of the form has already been filled out, skip down to number 1 below. If the top section of the form is blank, you must provide this information.

Page 1, first box, top of form, left side: Print your name, address, telephone number, fax number, and e-mail address, if any, in this box. Attorneys must include their State Bar identification numbers.

Page 1, second box, top of form, left side: Print the name of the county and the court's address in this box. Use the same address for the court that is on the court order you are filing or have received.

Page 1, third box, top of form, left side: Print the names of the petitioner/plaintiff, respondent/defendant, and other parent in this box. Use the same names listed on the court order you are filing or have received.

Page 1, fourth box, top of form, left side: Check the box indicating whether you are the mother or the father. If you are the attorney for the mother, check the box for mother. If you are the attorney for the father, check the box for father. Also, if this is the first time you have filled out this form, check the box by "First form completed." If you have filled out form FL-191 before, and you are changing any of the information, check the box by "Change to previous information."

Page 1, first box, right side: Leave this box blank for the court's use in stamping the date of receipt.

Page 1, second box, right side: Print the court case number in this box. This number is also shown on the court papers.

Instructions for numbered paragraphs:

1. a. Enter the date the court order was filed. This date is shown in the "COURT PERSONNEL: STAMP DATE RECEIVED HERE" box on page 1 at the top of the order on the right side. If the order has not been filed, leave this item blank for the court clerk to fill in.
- b. If the court order you filed or received is the first child or family support order for this case, check the box by "Initial child support or family support order." If this is a change to your order, check the box by "Modification."
- c. Information regarding the amount and type of support ordered and wage withholding is on the court order you are filing or have received.
 - (1) If your order provides for any type of current support, check all boxes that describe that support. For example, if your order provides for both child and spousal support, check both of those boxes. If there is an amount, put it in the blank provided. If the order says the amount is reserved, check the "Reserved order" box. If the order says the amount is zero, check the "\$0 (zero) order" box. Do not include child care, special needs, uninsured medical expenses, or travel for visitation here. These amounts will go in (2). Do NOT complete the Child Support Case Registry form if you receive spousal support only.
 - (2) If your order provides for a set monthly amount to be paid as additional support for such needs as child care, special needs, uninsured medical expenses or travel for visitation check the box in Item 2 and enter the monthly amount. For example, if your order provides for base child support and in addition the paying parent is required to pay \$300 per month, check the box in item 2 underneath the "Child Support" column and enter \$300. Do NOT check this box if your order provides only for a payment of a percentage, such as 50% of the childcare.

- (3) If your order determined the amount of past due support, check the box in Item 3 that states the type of past due support and enter the amount. For example, if the court determined that there was \$5000 in past due child support and \$1000 in past due spousal support, you would check the box in item 3 in the "Child Support" column and enter \$5000 and you would also check the box in item 3 in the "Spousal Support" column and enter \$1000.
 - (4) If your order provides for a specific dollar amount to be paid towards any past due support, check the box in Item 4 that states the type of past due support and enter the amount. For example, the court ordered \$350 per month to be paid on the past due child support, you would check the box in Item 4 in the "Child Support" column and enter \$350.
 - (5) Check the "ordered" box if wage withholding was ordered with no conditions. Check the box "ordered but stayed until" if wage withholding was ordered but is not to be deducted until a later date. If the court delayed the effective date of the wage withholding, enter the specific date. Check only one box in this item.
2.
 - a. Write the name of the person who is supposed to pay child or family support.
 - b. Write the relationship of that person to the child.
 3.
 - a. Write the name of the person or agency supposed to receive child or family support payments.
 - b. Write the relationship of that person to the child.
 4. List the full name, date of birth, and social security number for each child included in the support order. If there are more than five children included in the support order, check the box below item 4e and list the remaining children with dates of birth and social security numbers on another sheet of paper. Attach the other sheet to this form.

The local child support agency is required, under section 466(a)(13) of the Social Security Act, to place in the records pertaining to child support the social security number of any individual who is subject to a divorce decree, support order, or paternity determination or acknowledgment. This information is mandatory and will be kept on file at the local child support agency.

Top of page 2, box on left side: Print the names of the petitioner/plaintiff, respondent/defendant, and other parent in this box. Use the same names listed on page 1.

Top of page 2, box on right side: Print your court case number in this box. Use the same case number as on page 1, second box, right side.

You are required to complete information about yourself. If you know information about the other person, you may also fill in what you know about him or her.

5. If you are the father in this case, list your full name in this space. See instructions for a–g under item 6 below.
6. If you are the mother in this case, list your full name in this space.
 - a. List your date of birth.
 - b. Write your social security number.
 - c. List the street address, city, state, and zip code where you live.
 - d. List the street address, city, state, and zip code where you want your mail sent, if different from the address where you live.
 - e. Write your driver's license number and the state where it was issued.
 - f. List the telephone number where you live.
 - g. Indicate whether you are employed, not employed, self-employed, or by checking the appropriate box. If you are employed, write the name, street address, city, state, zip code, and telephone number where you work.
7. If there is a restraining order, protective order, or nondisclosure order, check this box.
 - a. Check the box beside each person who is protected by the restraining order.
 - b. Check the box beside the parent who is restrained.
 - c. Write the date the restraining order expires. See the restraining order, protective order, or nondisclosure order for this date.

If you are in fear of domestic violence, you may want to ask the court for a restraining order, protective order, or nondisclosure order.

You must type or print your name, fill in the date, and sign the *Child Support Case Registry Form* under penalty of perjury. When you sign under penalty of perjury, you are stating that the information you have provided is true and correct.

NOTICE OF RIGHTS AND RESPONSIBILITIES REGARDING CHILD SUPPORT

Childcare and Health Care Costs and Reimbursement Procedures

Your child support order may include a provision for payment of childcare or uninsured health care costs. Childcare costs may be included as part of the monthly child support payment or reimbursable as a percentage of the costs. If the childcare costs are included as part of the monthly child support payment, you must pay that amount each month until the court changes (modifies) the child support order. If you need to change your child support order because there has been a change in the cost of childcare, see page 2.

If you have a child support order that includes a provision for the reimbursement of a percentage of childcare costs or a portion of the child's or children's health care costs and those costs are not paid by insurance, the **law says**:

1. **Notice.** You must give the other parent an itemized statement of the charges that have been billed for any childcare costs or health care costs not paid by insurance. You must give this statement to the other parent within a reasonable time, but no more than 90 days after those costs were given to you.
2. **Proof of full payment.** If you have already paid all of the childcare costs or uninsured health care costs, you must (1) give the other parent proof that you paid them and (2) ask for reimbursement for the other parent's court-ordered share of those costs.
3. **Proof of partial payment.** If you have paid only your share of the childcare costs or uninsured health care costs, you must (1) give the other parent proof that you paid your share, (2) ask that the other parent pay his or her share of the costs directly to the childcare or health care provider, and (3) give the other parent the information necessary for that parent to be able to pay the bill.
4. **Payment by notified parent.** If you receive notice from a parent that a childcare or uninsured health care cost has been incurred, you must pay your share of that cost within the time the court orders; or if the court has not specified a period of time, you must make payment (1) within 30 days from the time you were given notice of the amount due, (2) according to any payment schedule set by the health care provider, (3) according to a schedule agreed to in writing by you and the other parent, or (4) according to a schedule adopted by the court.
5. **Going to court.** Sometimes parents get into disagreements about childcare and health care costs. If you and the other parent cannot resolve the situation after talking about it, you can request that the court make a decision.
- a. **Disputed requests for payment.** If you dispute a request for payment made by the other parent, you may file a request for the court to resolve the dispute, but only if you pay the requested amount before filing your request.
- b. **Nonpayment.** If you claim that the other parent has failed to pay you back for a payment, or they have failed to make a payment to the provider after proper notice, you may file a request for the court to resolve the dispute.
- c. **Paid charges.** The court will presume that if uninsured health care costs or childcare costs for employment or necessary training for job skills have been paid, those costs were reasonable. If you want to dispute paid charges, you will have to show the court that the costs were unreasonable.
- d. **Attorney's fees.** If the court decides one parent has been unreasonable, it can order that parent to pay the other parent's attorney's fees and costs.
- e. **Court forms.** Use forms [FL-300](#) and [FL-490](#) to get a court date. See form [FL-300-INFO](#) for information about completing, filing, and serving your court papers.
6. **Court-ordered insurance coverage.** If a parent provides health care insurance as ordered by the court, that insurance must be used at all times to the extent that it is available for health care costs.
- a. **Burden to prove.** The parent claiming that the coverage is inadequate to meet the child's needs has the burden of proving that to the court.
- b. **Cost of additional coverage.** If a parent purchases health care insurance in addition to that ordered by the court, that parent must pay all the costs of the additional coverage. In addition, if a parent uses alternative coverage that costs more than the coverage provided by court order, that parent must pay the difference.
7. **Preferred health providers.** If the court-ordered coverage designates a preferred health care provider, that provider must be used at all times consistent with the terms of the health insurance policy. When any parent uses a health care provider other than the preferred provider, any health care costs that would have been paid by the preferred health provider if that provider had been used must be the sole responsibility of the parent incurring those costs.
8. **Need help?** Contact the [family law facilitator](#) in your county or call your county's bar association and ask for an experienced family lawyer.

Information Sheet on Changing a Child Support Order

General Info

The court has made a child support order in your case. This order will remain the same unless one of the parents requests that the support be changed (modified). An order for child support can be modified by filing a request to change child support and serving the other parent. If both parents agree on a new child support amount, they can complete, sign, and file with the court a *Stipulation to Establish or Modify Child Support and Order* (form [FL-350](#)). (**Note:** If the local child support agency is involved in your case, it must be served with any request to change child support and approve any agreement.)

Online Self-Help Guide

For more information about how child support works, visit: <https://selfhelp.courts.ca.gov/child-support>.

When a Child Support Order May Be Changed

The court considers several things when ordering the payment of child support.

- First, the number of children is considered, along with the percentage of time each parent has physical custody of the children.
- Next, the net disposable incomes of both parents are determined (which is how much money is left each month after taxes and certain other items like health insurance, union dues, or other child support ordered and paid are subtracted from a parent's paycheck). The court can also look at a parent's earning ability.
- The court considers both parents' tax filing status and may consider hardships, such as the cost of raising the parent's child from another relationship who lives with the parent.

A parent can request to change an existing order for child support when circumstances change significantly. For example if the net disposable income of one of the parents changes, parenting time changes, or a new child is born.

Examples

- You have been ordered to pay \$500 per month in child support. You lose your job. You will continue to owe \$500 per month, plus 10 percent interest on any unpaid support, unless you file a motion to modify your child support to a lower amount and the court orders a reduction.
- You are currently receiving \$300 per month in child support from the other parent, whose net income has just increased substantially. You will continue to receive \$300 per month unless you file a motion to modify your child support to a higher amount and the court orders an increase.
- You are paying child support based on having physical custody of your children 30 percent of the time. After several months it turns out that you actually have physical custody of the children 50 percent of the time. You may file a motion to modify child support to a lower amount.

How to Change a Child Support Order

To change a child support order, you must file papers with the court. *Remember:* You must follow the order you have now.

What forms do I need?

If you are asking to change a child support order, you must fill out one of these forms:

- Form [FL-300](#), *Request for Order* **or**
- Form [FL-390](#), *Notice of Motion and Motion for Simplified Modification of Order for Child, Spousal, or Family Support*

You must also fill out one of these forms, and attach proof of income for the past two months (like your paycheck stubs):

- Form [FL-150](#), *Income and Expense Declaration* **or**
- Form [FL-155](#), *Financial Statement (Simplified)*

What if I am not sure which forms to fill out?

Contact the family law facilitator in your county. You can find them here: www.courts.ca.gov/selfhelp-facilitators.htm.

After you fill out the forms, file them with the court clerk and ask for a hearing date. Write the hearing date on the form. The clerk may ask you to pay a filing fee. If you cannot afford the fee, fill out these forms, too:

- Form [FW-001](#), *Request to Waive Court Fees* **and**
- Form [FW-003](#), *Order on Court Fee Waiver (Superior Court)*

You must serve the other parent. If the local child support agency is involved, serve it too.

- This means someone 18 or over—not you—must deliver copies of your filed court forms to the other parent, at least **16 court days** before the hearing. Add **5 calendar days** if delivered by mail within California (see Code of Civil Procedure section 1005 for other situations).
- **Court days** are weekdays when the court is open for business (Monday through Friday except court holidays). **Calendar days** include all days of the month, including weekends and holidays. To find court holidays, go to: www.courts.ca.gov/holidays.htm.

Blank copies of both of these forms must also be served:

- Form [FL-320](#), *Responsive Declaration to Request for Order*
- Form [FL-150](#), *Income and Expense Declaration*

Then the server fills out and signs a *Proof of Service*. Take this form, plus one copy, to the clerk and file it at least one week before your hearing.

Go to your hearing and ask the judge to change the support. Bring your tax returns from the last two years and your proof of income for the past two months (like your paycheck stubs). The judge will look at your information, listen to both parents, and make an order. After the hearing, fill out:

- Form [FL-340](#), *Findings and Order After Hearing* **and**
- Form [FL-342](#), *Child Support Information and Order Attachment*

Need help?

Contact the [family law facilitator](#) in your county or call your county's bar association and ask for an experienced family lawyer.

Information About Child Support for Incarcerated or Confined Parents

1. Child support. As of September 27, 2022, child support automatically stops if the parent who has to pay is confined against their will for more than 90 days in a row in jail, prison, juvenile detention, a mental health facility, or other institution.

Exception. Child support does not automatically stop if the parent who has to pay has money available to pay child support.

2. Past confinement. Child support also automatically stops during past confinement if it was ordered from October 8, 2015, through December 31, 2019, or January 1, 2021, through September 26, 2022, and the parent who has to pay was confined for more than 90 days in a row during the same time frame.

Exceptions for past confinement. Child support does not automatically stop if the parent who has to pay was in jail or prison for failing to pay child support or for domestic violence against the other parent or the child, or if they had money available to pay support.

3. Timing. The date child support automatically restarts will depend on the parent's release date. If you need to change your child support order, see page 2.

- a. **If released before January 1, 2024,** child support automatically restarts the first day of the first full month after the parent is released.
- b. **If released after January 1, 2024,** child support will automatically restart the first day of the 10th month after the parent is released.

Employment before the 10-month period ends: If the parent who has to pay support starts working before the date child support is set to automatically restart, the person who is owed support or the local child support agency can request the court restart the child support order early. The court may order a different amount of child support if appropriate.

4. More info. For more information about child support and incarcerated parents, see [Family Code section 4007.5](#) or go to <https://selfhelp.courts.ca.gov/child-support/incarcerated-parent>.

You can also contact the family law facilitator in your county and can find them here: www.courts.ca.gov/selfhelp-facilitators.htm.

PARTY WITHOUT ATTORNEY OR ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL 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:	
STIPULATION TO ESTABLISH OR MODIFY CHILD SUPPORT AND ORDER	CASE NUMBER:

INSTRUCTIONS

- Use this form if the parents have an agreement about child support. After this form is completed and signed by both parents, it must be filed and approved by the court. A court case (for example, a divorce case) must already be open before this form can be used.
- If the local child support agency is involved in your case, a lawyer from their office must also approve and sign the agreement.
- If the local child support agency is not involved in your case, each parent must also complete and submit a *Child Support Case Registry Form* ([form FL-191](#)) when filing this agreement with the court.
- When you file the agreement with the court, the clerk may ask the parents to pay a filing fee. If you cannot afford the fee, you must fill out these forms: *Request to Waive Court Fees* ([form FW-001](#)) and *Order on Court Fee Waiver (Superior Court)* ([form FW-003](#)).
- For more information about child support, go to <https://selfhelp.courts.ca.gov/child-support>, and for help completing this form, talk to the [family law facilitator](#) or [self-help center](#) in your county.

① The child support orders below are agreed to by:

- a. (name): _____, who is the ☐ Petitioner ☐ Respondent ☐ Other party, and
- b. (name): _____, who is the ☐ Petitioner ☐ Respondent ☐ Other party.

CHILD SUPPORT

② We agree that (name): _____ must pay to (name): _____
 child support as listed below, beginning on (date): _____.

a. The children are:

- | <u>Name of child</u> | <u>Date of birth</u> | <u>Monthly amount</u> |
|--|----------------------|-----------------------|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) ☐ Additional children are listed on an attached page. | | |

Basic child support. (Add up the monthly amounts for all children listed above.) Total: \$ _____, payable

☐ on the first of the month ☐ other (specify): _____.

b. ☐ The parents agree to pay additional child support as follows:

Instructions: For each item you select in the table on page 2, you must also tell the court how the expense will be paid each month.

- *Percentage:* You can select "50% by each parent" or use a different split (for example, *Name 1: 70%, Name 2: 30%*).

-OR-

- *Dollar amount:* You can input a fixed dollar amount (for example, *Name 2 will pay \$150/month for child care costs*).

(Note: if the actual monthly cost for that item later changes, you will then also need to change the court order; this will not happen automatically.)

PETITIONER: RESPONDENT: OTHER PARTY:	CASE NUMBER:
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☒	Additional child support	Percentage			Dollar amount	
		50% by each parent	(name):	(name):	(name):	(name):
☐	Reasonable uninsured healthcare costs for child	☐	%	%	\$ /month	\$ /month
☐	Childcare costs related to job or job training	☐	%	%	\$ /month	\$ /month
☐	Educational costs for child	☐	%	%	\$ /month	\$ /month
☐	Costs for other special needs of child	☐	%	%	\$ /month	\$ /month
☐	Travel expenses for visitation	☐	%	%	\$ /month	\$ /month
☐	Other (specify):	☐	%	%	\$ /month	\$ /month

- ② c. **Total monthly child support.** (Basic child support + additional child support, if dollar amount selected.)
 (name): _____ will pay: \$ _____, payable ☐ on the first of the month
☐ other (specify): _____.

- ③ Health insurance for the child will be provided by (choose one or both parents) ☐ (name): _____
☐ and (name): _____ if available at no or reasonable cost from their job or self-employment.
 A 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.

FINANCIAL INFORMATION

- ④ ☐ We have attached a printout of a computer calculation of our financial information. (If you do not attach a printout, fill out items ⑤ and ⑥, and ⑦ if applicable. A free child support calculator is available at www.childsupport.ca.gov/guideline-calculator.)

-OR-

- ⑤ ☐ The net monthly disposable income of (name): _____ is: \$ _____, and
 the net monthly disposable income of (name): _____ is: \$ _____.
- (Note: Child support is based on the *net disposable income* of each parent, which is how much money is left each month after taxes and certain other items like health insurance, union dues, or other child support paid are subtracted from their pay.)
- ⑥ ☐ Based on our parenting time arrangement, on average the child is with (name): _____ %
 of the time and with (name): _____ % of the time each month.
- ⑦ ☐ We agree to allow hardships in calculating child support. A hardship is being experienced by one or both parents as follows:
 a. ☐ (name): _____ : \$ _____ per month because of (specify): _____
 b. ☐ (name): _____ : \$ _____ per month because of (specify): _____

GUIDELINE SUPPORT AMOUNT

(You must complete item ⑧, and item ⑨ or ⑩, as applicable.)

- ⑧ Guideline child support is \$ _____ per month, payable by (name): _____.
- ⑨ ☐ We agree to guideline child support.
- ⑩ ☐ We do not agree to guideline child support.
 a. We agree 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 adequately met by the agreed amount; and application of the guideline would be unjust or inappropriate in this case.
 b. ☐ Other reasons why the guideline amount should not be used (specify): _____

PETITIONER: RESPONDENT: OTHER PARTY:	CASE NUMBER:
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OTHER ORDERS

- ⑪ a. ☐ We agree to promptly tell each other our new mailing address if it changes.
- b. ☐ We agree to promptly tell each other our new employment information if we change jobs.
- ⑫ ☐ Other agreements related to child support (*specify*):
- ⑬ a. An earnings assignment order is issued. All child support payments must be made through the State Disbursement Unit.
- b. ☐ We agree to stay (stop) the service of the earnings assignment because we have made the following alternative arrangements to ensure payment (*specify*):
- ⑭ In the event that there is a contract between a parent receiving support and a private child support collector, the parent 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 in arrears 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 parent receiving support, jointly.
- ⑮ We agree that we are fully informed of our rights under the California child support guidelines. This agreement is in the best interest of the child. We make this agreement freely without coercion or duress.
- ⑯ *Notice of Rights and Responsibilities (Health-Care Costs and Reimbursement Procedures) and Information Sheet on Changing a Child Support Order (form FL-192)* must be attached and is incorporated into this order.
- ⑰ Has the right to support been assigned to a county or is an application for public assistance pending? ☐ Yes ☐ No
(If you checked "Yes" a lawyer from the local child support agency must also approve and sign the agreement.)
- ⑱ ☐ The local child support agency has reviewed and approves of this agreement.

Date: _____

 (TYPE OR PRINT NAME)

 (SIGNATURE OF ATTORNEY FOR LOCAL CHILD SUPPORT AGENCY)

NOTICE: Any parent required to pay child support must pay interest on overdue amounts at the "legal" rate, which is currently 10 percent per year. If the parents agree to a child support order less than the guideline amount, the order can be modified without showing a change of circumstances. If the order is above the guideline, a change of circumstances will be required to modify the order. This form must be signed by all parties and the court to be effective.

Date: _____

 (TYPE OR PRINT NAME)

 (SIGNATURE OF ☐ PETITIONER ☐ RESPONDENT ☐ OTHER PARTY)

Date: _____

 (TYPE OR PRINT NAME)

 (SIGNATURE OF ☐ PETITIONER ☐ RESPONDENT ☐ OTHER PARTY)

Date: _____

 (TYPE OR PRINT NAME)

 (ATTORNEY FOR ☐ PETITIONER ☐ RESPONDENT ☐ OTHER PARTY)

Date: _____

 (TYPE OR PRINT NAME)

 (ATTORNEY FOR ☐ PETITIONER ☐ RESPONDENT ☐ OTHER PARTY)

THE COURT ORDERS

- ⑲ a. ☐ The guideline child support amount in item ⑧ is rebutted by the factors stated in item ⑩.
- b. Items ① through ③ and items ⑪ through ⑭ are ordered. All child support payments must continue until further order of the court, or until the child marries, dies, is emancipated, or reaches age 18. The duty of support continues as to an unmarried child who has attained the age of 18 years, is a full-time high school student, and resides with a parent, until the time the child completes the 12th grade or attains the age of 19 years, whichever first occurs. Except as modified by this agreement, all provisions of any previous orders made in this action will remain in effect.

Date: _____

 JUDICIAL OFFICER

INCOME WITHHOLDING FOR SUPPORT

OMB 0970-0154

Expiration Date: 08/31/2026

I. Sender Information: (Completed by the Sender)

Date: _____

☐ **INCOME WITHHOLDING ORDER/NOTICE FOR SUPPORT (IWO)**☐ **AMENDED IWO**☐ **ONE-TIME ORDER/NOTICE FOR LUMP SUM PAYMENT**☐ **TERMINATION OF IWO**☐ Child Support Agency (CSA) ☐ Court ☐ Attorney ☐ Private Individual/Entity (Check One)

NOTE: This IWO must be regular on its face. Under certain circumstances you must reject this IWO and return it to the sender (see IWO instructions www.acf.hhs.gov/css/resource/income-withholding-for-support-instructions). If you receive this document from someone other than a state or tribal CSA agency or a court, a copy of the underlying support order must be attached.

State/Tribe/Territory _____ Remittance ID (include w/payment) _____

City/County/Dist./Tribe _____ Order ID _____

Private Individual/Entity _____ Case ID _____

II. Employer and Case Information: (Completed by the Sender)

Employer/Income Withholder's Name	RE: _____	Employee/Obligor's Name (Last, First, Middle)
Employer/Income Withholder's Address		Employee/Obligor's Social Security Number
		Employee/Obligor's Date of Birth
		Custodial Party/Obligee's Name (Last, First, Middle)
Employer/Income Withholder's FEIN		
Child(ren)'s Name(s) (Last, First, Middle)	Child(ren)'s Birth Date(s)	

III. Order Information: (Completed by the Sender)

This document is based on the support order from _____ (State/Tribe).

You are required by law to deduct these amounts from the employee/obligor's income until further notice.

\$ _____	Per _____	current child support	
\$ _____	Per _____	past-due child support - Arrears greater than 12 weeks?	☐ Yes ☐ No
\$ _____	Per _____	current cash medical support	
\$ _____	Per _____	past-due cash medical support	
\$ _____	Per _____	current spousal support	
\$ _____	Per _____	past-due spousal support	
\$ _____	Per _____	other (must specify) _____	

for a **Total Amount to Withhold** of \$ _____ per _____.**IV. Amounts to Withhold: (Completed by the Sender)**You do not have to vary your pay cycle to be in compliance with the *Order Information*. If your pay cycle does not match the ordered payment cycle, withhold one of the following amounts:

\$ _____ per weekly pay period \$ _____ per semimonthly pay period (twice a month)

\$ _____ per biweekly pay period (every two weeks) \$ _____ per monthly pay period

\$ _____ **Lump Sum Payment:** Do not stop any existing IWO unless you receive a termination order.

Document Tracking ID _____

Employer/Income Withholder's Name: _____ Employer/Income Withholder's FEIN: _____
 Employee/Obligor's Name: _____ SSN: _____
 Case ID: _____ Order ID: _____

V. Remittance Information: (Completed by the Sender except for the "Return to Sender" check box.)

If the employee/obligor's principal place of employment is _____ (State/Tribe), you must begin withholding no later than the first pay period that occurs _____ days after the date of _____ of the order/notice. Send payment within _____ business days of the pay date. If you cannot withhold the full amount of support for any or all orders for this employee/obligor, withhold _____ % of disposable income for all orders. If the employee/obligor's principal place of employment is not _____ (State/Tribe), obtain withholding limitations, time requirements, the appropriate method to allocate among multiple child support cases/orders, and any allowable employer fees from the jurisdiction of the employee/obligor's principal place of employment.

State-specific withholding limit information is available at www.acf.hhs.gov/css/resource/state-income-withholding-contacts-and-program-requirements. For tribe-specific contacts, payment addresses, and withholding limitations, please contact the tribe at www.acf.hhs.gov/sites/default/files/programs/css/tribal_agency_contacts_printable_pdf.pdf or www.bia.gov/tribalmap/DataDotGovSamples/tld_map.html.

You may not withhold more than the lesser of: 1) the amounts allowed by the Federal Consumer Credit Protection Act (CCPA) [15 USC § 1673 (b)]; or 2) the amounts allowed by the law of the state of the employee/obligor's principal place of employment if the place of employment is in a state; or the tribal law of the employee/obligor's principal place of employment if the place of employment is under tribal jurisdiction. The CCPA is available at <https://www.dol.gov/agencies/whd/fact-sheets/30-cppa>. If the Order Information section does not indicate that the arrears are greater than 12 weeks, then the employer should calculate the CCPA limit using the lower percentage.

If there is more than one IWO against this employee/obligor and you are unable to fully honor all IWOs due to federal, state, or tribal withholding limits, you must honor all IWOs to the greatest extent possible, giving priority to current support before payment of any past-due support.

If the obligor is a nonemployee, obtain withholding limits from the **Supplemental Information** section in this IWO. This information is also available at www.acf.hhs.gov/css/resource/state-income-withholding-contacts-and-program-requirements.

Remit payment to	California State Disbursement Unit	(SDU/Tribal Order Payee)
at	P.O. Box 989067, West Sacramento, CA 95798-9067	(SDU/Tribal Payee Address)

Include the Remittance ID with the payment and if necessary this locator code of the SDU/Tribal order payee _____ on the payment.

To set up electronic payments or to learn state requirements for checks, contact the State Disbursement Unit (SDU). Contacts and information are found at www.acf.hhs.gov/css/resource/sdu-eft-contacts-and-program-requirements.

☐ **Return to Sender (Completed by Employer/Income Withholder).** Payment must be directed to an SDU in accordance with sections 466(b)(5) and (6) of the Social Security Act or Tribal Payee (see Payments in Section VI). If payment is not directed to an SDU/Tribal Payee or this IWO is not regular on its face, you must check this box and return the IWO to the sender.

If Required by State or Tribal Law:

Signature of Judge/Issuing Official: _____
 Print Name of Judge/Issuing Official: _____
 Title of Judge/Issuing Official: _____
 Date of Signature: _____

If the employee/obligor works in a state or for a tribe that is different from the state or tribe that issued this order, a copy of this IWO must be provided to the employee/obligor.

☐ If checked, the employer/income withholder must provide a copy of this form to the employee/obligor.

Employer/Income Withholder's Name: _____ Employer/Income Withholder's FEIN: _____

Employee/Obligor's Name: _____ SSN: _____

Case ID: _____ Order ID: _____

VI. Additional Information for Employers/Income Withholders: (Completed by the Sender)

Priority: Withholding for support has priority over any other legal process under state law against the same income (section 466(b)(7) of the Social Security Act). If a federal tax levy is in effect, please notify the sender.

Payments: You must send child support payments payable by income withholding to the appropriate SDU or to a tribal CSA within 7 business days, or fewer if required by state law, after the date the income would have been paid to the employee/obligor and include the date you withheld the support from his or her income. You may combine withheld amounts from more than one employee/obligor's income in a single payment as long as you separately identify each employee/obligor's portion of the payment. Child support payments may not be made through the federal Office of Child Support Services (OCSS) Child Support Portal.

Lump Sum Payments: You may be required to notify a state or tribal CSA of upcoming lump sum payments, such as bonuses, commissions, or severance pay, to this employee/obligor. Contact the sender to determine if you are required to report and/or withhold lump sum payments. Employers/income withholders may use the OCSS Child Support Portal (ocsp.acf.hhs.gov/csp/) to provide information about employees who are eligible to receive lump sum payments and to provide contacts, addresses, and other information about their companies. Child support payments may not be made through the federal OCSS Child Support Portal.

Liability: If you have any doubts about the validity of this IWO, contact the sender. If you fail to withhold income from the employee/obligor's income as the IWO directs, you are liable for both the accumulated amount you should have withheld and any penalties set by state or tribal law/procedure.

Anti-Discrimination: You are subject to a fine determined under state or tribal law for discharging an employee/obligor from employment, refusing to employ, or taking disciplinary action against an employee/obligor because of this IWO.

Supplemental Information:

Employer/Income Withholder's Name: _____ Employer/Income Withholder's FEIN: _____
 Employee/Obligor's Name: _____ SSN: _____
 Case ID: _____ Order ID: _____

VII. Notification of Employment Termination or Income Status: (Completed by the Employer/Income Withholder)

If this employee/obligor never worked for you or you are no longer withholding income for this employee/obligor, you must promptly notify the CSA and/or the sender by returning this form to the address listed in the **Contact Information** section below or by using the OCSS Child Support Portal (ocsp.acf.hhs.gov/csp/). Please report the new employer or income withholder, if known.

☐ This person has never worked for this employer nor received periodic income.

☐ This person no longer works for this employer nor receives periodic income.

Please provide the following information for the employee/obligor:

Termination date: _____ Last known telephone number: _____

Last known address: _____

Final payment date to SDU/Tribal Payee: _____ Final payment amount: _____

New employer's or income withholder's name: _____

New employer's or income withholder's address: _____

VIII. Contact Information: (Completed by the Sender)

To Employer/Income Withholder: If you have questions, contact _____ (sender name) by telephone: _____, by fax: _____, by email or website: _____.

Send termination/income status notice and other correspondence to: _____ (sender address).

To Employee/Obligor: If the employee/obligor has questions, contact _____ (sender name) by telephone: _____, by fax: _____, by email or website: _____.

IMPORTANT: The person completing this form is advised that the information may be shared with the employee/obligor.

Encryption Requirements:
 When communicating this form through electronic transmission, precautions must be taken to ensure the security of the data. Child support agencies are encouraged to use the electronic applications provided by the federal Office of Child Support Services. Other electronic means, such as encrypted attachments to emails, may be used if the encryption method is compliant with Federal Information Processing Standard (FIPS) Publication 140-2 (FIPS PUB 140-2).