

ANSWER TO A DEPARTMENT OF CHILD SUPPORT SERVICES CASE

If you have been served with an [FL-600](#) Summons and Complaint or Supplemental Complaint Regarding Parental Obligations, filed by the Department of Child Support Services asking to establish paternity of the children as well as a child support order, you have **30 days** from the date you were served. Generally, you can admit or deny that you are the parent of the children. If you question paternity, then you can ask for genetic testing.

If you do not respond within 30 days, the court may establish you as the legal parent without a genetic test (if parentage has not been established yet) and can order child support without your input. Once a court establishes you as a legal parent, it is very hard to undo that later, even with DNA tests showing you are not the biological parent. You can ask the Department of Child Support Services to arrange genetic testing at no cost to either parent. If the Department of Child Support Services does not agree to genetic testing, you can request the court to order the testing in your [FL-610](#) Answer to Complaint or Supplemental Complaint Regarding Parental Obligations.

If you agree that you are the child's parent, you need to respond so you can provide information about your income to calculate child support. If you do not respond, the court may make orders about child support of your children based on the Department of Child Support Services or the other parent's estimate of your income and without taking into account your individual situation.

1	COMPLETE FORMS & MAKE COPIES	<p>Complete the following forms to respond:</p> <ul style="list-style-type: none">• FL-610 Answer to Complaint or Supplemental Complaint Regarding Parental Obligation If you believe you are not the child's parent, or are not sure, and want to ask for genetic (DNA) test to make sure, you must check the box that says you are <i>not</i> the parent.• FL-150 Income and Expense Declaration	<ul style="list-style-type: none">• Respond to each request made by the other party in their Summons and Complaint or Supplemental Complaint Regarding Parental Obligation• Make 2 copies of the original documents. If you want the Self-Help Center to review your documents before you file, then do not make copies until after the Self-Help Center reviews your documents.
2	FILE FORMS WITH THE COURT	<p>You must file the documents listed above within 30 days of receiving the FL-600 Summons and Complaint or Supplemental Complaint Regarding Parental Obligations. You have the following options to file your forms:</p> <ul style="list-style-type: none">• eFile• Drop box• Mail• In Person: check your courthouse counter filing hours <p>If you use the drop box, mail or in person option, you must provide the originals along with the correct number of copies and a self-address stamped envelope so the Court can mail you a copy after the originals are filed. If you prefer that the Court email you a copy of the filed documents, you may complete and file the Electronic Consent Form so the Court can email you a filed copy of your documents.</p>	

		If you eFile, the Court will email you a copy of the filed documents once they are processed.
3	SERVE THE OTHER PARTY A COPY OF FORMS	<p>Someone who is 18 years or older must personally deliver or mail a copy of the filed FL-610 Answer and the FL-150 Income and Expense Declaration to the Department of Child Support Services and the other parent.</p> <p>The person who delivers or mails the documents must complete, date, and sign the Proof of Service section of the original FL-610 Answer to Complaint or Supplemental Complaint Regarding Parental Obligation. If the server serves the documents in person, they must complete item 6.a. for Personal Delivery. If the server mails the documents, they must complete item 6.b. for Mail.</p> <p>Make a copy of the complete Proof of Service section of the FL-610 Answer for your records and file the original with the Court.</p>

WHERE TO GET FORMS:

- ☐ **Internet:** For free, you can log onto www.courts.ca.gov/forms.htm and hover over “Forms & Rules” and then click on “Browse All Forms.” You can locate the forms needed by the Family Law form group and then by form number.
- ☐ **Court Clerk’s Office:** For \$5, you may go to any of the County Courthouses to purchase a packet of blank forms

COSTS INVOLVED:

Filing Fee: Generally, there is no filing fee to file the FL-610 Answer to Complaint or Supplemental Complaint Regarding Parental Obligation.

IF YOU ASKED FOR PATERNITY TESTING, YOUR LOCAL DEPARTMENT OF CHILD SUPPORT SERVICES CASEWORKER WILL PROBABLY SET UP GENETIC (DNA) TESTING FOR YOU, THE CHILD, AND THE OTHER PARENT:

Procedures vary from county to county, but in general, you will be scheduled to provide a DNA sample. The child and other parent will also be asked for DNA samples. Talk to your caseworker to make sure you know the procedure in your county. If your local Department of Child Support Services does not set up genetic testing for you and you have filed an Answer that says you are not the parent, you may ask the court for genetic testing when a hearing is set.

AFTER THE PARTERNITY TEST RESULTS:

If the DNA test says that there is a very high probability that the man tested is the child’s father, he has the option of agreeing to paternity by a stipulation or asking for a trial on the issue of paternity.

If the DNA tests say there is a zero probability that the man tested is the child’s father, the case against that man will most likely be dismissed, or the court may actually make a finding and order that he is not the parent.

IF YOU ADMIT YOU ARE THE FATHER:

The local Department of Child Support Services caseworker will either request a court hearing for a child support order or will contact you to see if you can work out an agreement. However, if you have not filed an Answer in this case, the local Department of Child Support Services caseworker may enter an order on the child support issue without any input from you.

- ☐ **Child Support:** Both parents are required to financially support the minor child. Child support is the amount of money that one parent pays to the other to equalize the financial responsibility. The amount of child support is arrived by inputting several numbers into a formula. The main factors that are taken into consideration are: (1) Dad’s gross monthly income (2) Mom’s gross

monthly income and (3) Percentage of time that is spent with the child. The judge needs to know what you are claiming each of these numbers is and also how you arrived at those numbers. Other facts that may be considered: (1) the other parent's ability to earn income, (2) the number of other biological children living with you (3) the amount of child care costs per month (4) the amount of rental income received (5) the amount of property taxes and mortgage interest paid per month and (6) the amount paid per month for health insurance premiums. You may attach any supporting documentation to your declaration as exhibits. Be prepared for what the amount of child support might be. Before you file your Answer, the Self-Help Center / Family Law Facilitator may help you calculate the amount of child support or you may go to <https://childsupport.ca.gov/guideline-calculator/> to calculate the child support amount on your own.

PARTY WITHOUT ATTORNEY OR ATTORNEY (Name, state bar number, and address): Sam Smith 333 Oak Street San Luis Obispo, CA 93408 TELEPHONE NO.: (805) 555-5555 FAX NO. (Optional): E-MAIL ADDRESS SamSample@gmail.com ATTORNEY FOR (Name): Respondent Self-Represented	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF San Luis Obispo STREET ADDRESS: 1050 Monterey St., Room 220 MAILING ADDRESS: CITY AND ZIP CODE: San Luis Obispo, CA 93408 BRANCH NAME:	
PETITIONER/PLAINTIFF: County of San Luis Obispo RESPONDENT/DEFENDANT: Sam Smith OTHER PARENT: Pat Sample	
ANSWER TO COMPLAINT OR SUPPLEMENTAL COMPLAINT REGARDING PARENTAL OBLIGATIONS	CASE NUMBER: 21FS1234

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:

	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<u>Name of child</u>	<u>Date of Birth</u>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Chad Sample	12/3/17
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		

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

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*):

The amount of child support should be changed because the percentage of time and the incomes of both parents was entered incorrectly.

PETITIONER/PLAINTIFF: County of San Luis Obispo RESPONDENT/DEFENDANT: Sam Smith OTHER PARENT: Pat Sample	CASE NUMBER: 21FS1234
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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: 333 Oak Street

City and Zip Code: San Luis Obispo, CA 93408

Home Telephone: (805) 555-5555

Work Telephone:

E-mail Address (optional): SamSample@gmail.com

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

Date: 12/1/24

Sam Smith

(TYPE OR PRINT NAME)

Sam Smith

(SIGNATURE OF DECLARANT)

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):

1200 Monterey Street, San Luis Obispo, CA 93401

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: Department of Child Support Services

(2) Address: 1200 Monterey St.

San Luis Obispo, CA 93401

(3) Date of mailing: 12/2/24

(4) Place of mailing (city and state): San Luis Obispo, CA

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

Date: 12/2/24

Frank Friend

(TYPE OR PRINT NAME)

Frank Friend

(SIGNATURE OF PERSON WHO SERVED ANSWER)

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*.**

PARTY WITHOUT ATTORNEY OR ATTORNEY NAME: Sam Smith FIRM NAME: STREET ADDRESS: 333 Oak St. CITY: San Luis Obispo STATE: CA ZIP CODE: 93408 TELEPHONE NO.: 805-555-555 FAX NO.: E-MAIL ADDRESS: samsmith@email.com ATTORNEY FOR (name): Respondent Self-Represented	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF San Luis Obispo STREET ADDRESS: 1050 Monterey St., Room 220 MAILING ADDRESS: CITY AND ZIP CODE: San Luis Obispo, CA 93401 BRANCH NAME:	
PETITIONER: County of San Luis Obispo RESPONDENT: Sam Smith OTHER PARTY/PARENT/CLAIMANT: Pat Sample	
INCOME AND EXPENSE DECLARATION	CASE NUMBER: 21FS1234

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: French Hospital b. Employer's address: 1911 Johnson Ave. c. Employer's phone number: 805-555-9999 d. Occupation: Technician e. Date job started: 02/2005 f. If unemployed, date job ended: g. I work about 40 hours per week. h. I get paid \$ 7000,00 gross (before taxes) <input checked="" type="checkbox"/> per month <input type="checkbox"/> per week <input type="checkbox"/> 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): 33
- 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): 4 ☒ Degree(s) obtained (specify): BS
- d. Number of years of graduate school completed (specify): 0 ☐ 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): 2023
- 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): 1

4. Other party's income. I estimate the gross monthly income (before taxes) of the other party in this case at (specify): \$ 3010.00

This estimate is based on (explain): I based this information on the Income and Expense Declaration she served on me.

(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: 12/1/2024

Sam Smith

(TYPE OR PRINT NAME)

 Sam Smith

(SIGNATURE OF DECLARANT)

PETITIONER: County of San Luis Obispo RESPONDENT: Sam Smith OTHER PARTY/PARENT/CLAIMANT: Pat Sample	CASE NUMBER: 21FS1234
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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).....	\$ 7000.00	7000.00
b. Overtime (gross, before taxes).....	\$	
c. Commissions or bonuses.....	\$	
d. Public assistance (for example: TANF, SSI, GA/GR) <input type="checkbox"/> currently receiving	\$	
e. Spousal support <input type="checkbox"/> from this marriage <input type="checkbox"/> from a different marriage <input type="checkbox"/> federally taxable*	\$	
f. Partner support <input type="checkbox"/> from this domestic partnership <input type="checkbox"/> from a different domestic partnership	\$	
g. Pension/retirement fund payments.....	\$	
h. Social Security retirement (not SSI).....	\$	
i. Disability: <input type="checkbox"/> Social Security (not SSI) <input type="checkbox"/> State disability (SDI) <input type="checkbox"/> Private insurance	\$	
j. Unemployment compensation.....	\$	
k. Workers' compensation.....	\$	
l. Other (military allowances, royalty payments) (specify):	\$	

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 (specify):	\$	

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.....	\$ 60.00
b. Required retirement payments (not Social Security, FICA, 401(k), or IRA).....	\$
c. Medical, hospital, dental, and other health insurance premiums (total monthly amount).....	\$ 150.00
d. Child support that I pay for children from other relationships.....	\$
e. Spousal support that I pay by court order from a different marriage <input type="checkbox"/> 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 (attach explanation labeled "Question 10g").....	\$

11. **Assets**

	Total
a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts.....	\$ 310.00
b. Stocks, bonds, and other assets I could easily sell.....	\$
c. All other property, <input type="checkbox"/> real and <input type="checkbox"/> personal (estimate fair market value minus the debts you owe).....	\$

* 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.

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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.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
b.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
c.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
d.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
e.				<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

<p>a. Home:</p> <p>(1) <input type="checkbox"/> Rent or <input checked="" type="checkbox"/> mortgage..... \$ <u>2200.00</u></p> <p> If mortgage:</p> <p> (a) average principal: \$ <u>150.00</u></p> <p> (b) average interest: \$ <u>1800.00</u></p> <p>(2) Real property taxes..... \$ <u>300.00</u></p> <p>(3) Homeowner's or renter's insurance (if not included above)..... \$ _____</p> <p>(4) Maintenance and repair..... \$ _____</p> <p>b. Health-care costs not paid by insurance..... \$ _____</p> <p>c. Child care..... \$ _____</p> <p>d. Groceries and household supplies..... \$ <u>500.00</u></p> <p>e. Eating out..... \$ _____</p> <p>f. Utilities (gas, electric, water, trash)..... \$ <u>300.00</u></p> <p>g. Telephone, cell phone, and e-mail..... \$ <u>150.00</u></p>	<p>h. Laundry and cleaning..... \$ _____</p> <p>i. Clothes..... \$ _____</p> <p>j. Education..... \$ _____</p> <p>k. Entertainment, gifts, and vacation..... \$ _____</p> <p>l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.)..... \$ <u>225.00</u></p> <p>m. Insurance (life, accident, etc.; do not include auto, home, or health insurance)..... \$ _____</p> <p>n. Savings and investments..... \$ _____</p> <p>o. Charitable contributions..... \$ _____</p> <p>p. Monthly payments listed in item 14 (itemize below in 14 and insert total here)... \$ <u>130.00</u></p> <p>q. Other (specify): \$ _____</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p>r. TOTAL EXPENSES (a–q) (do not add in the amounts in a(1)(a) and (b)) \$ _____</p> </div> <p>s. Amount of expenses paid by others \$ _____</p>
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14. Installment payments and debts not listed above

Paid to	For	Amount	Balance	Date of last payment
Target	Credit Card	\$ 50.00	\$ 1200.00	12/1/2024
Bank of America	Loan	\$ 80.00	\$ 1000.00	12/1/2024
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

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)

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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)*: 1 children under the age of 18 with the other parent in this case.
- b. The children spend 20 percent of their time with me and 80 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 expense for the children in this case

- | | Amount per month |
|---|------------------|
| a. Childcare 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 <i>(specify below)</i> | \$ _____ |

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 <i>(examples: fire, theft, other insured loss)</i> | \$ _____ | _____ |
| c. (1) Expenses for my minor children who are from other relationships and are living with me..... | \$ _____ | _____ |
| (2) Names and ages of those children <i>(specify)</i> : | | |

(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)*: