

Superior Court of California  
County of San Luis Obispo

## DISSOLUTION OF MARRIAGE Default Judgment

This instruction sheet will review the procedure and forms necessary to obtain a default judgment without a hearing in front of a judge.

If you are requesting an annulment, you must request a hearing in front of a judicial officer and you should follow different instructions on how to request a default hearing. Also, in certain cases it may be easier for the Self-Help Center / Family Law Facilitator Office to help you if you follow different instructions and you request a hearing in front of the judge. For example, if you are requesting No or Supervised Visitation, Specific Amount of Spousal Support or Terminating Spousal Support in a 10+ year Marriage or Unequal Division of Property, you may need to schedule a hearing in front of a judge.

Before following these instructions you must satisfy the following:

- You started a divorce or legal separation case by properly filing legal papers with the Court;
- The other party was served with a copy of your legal papers and financial disclosure information;
- You completed the Parenting Class if you have minor children of the marriage - (805) 781-5423;
- 30 days have passed from the date of service and the other party has not filed an FL-120 Response;
- The other party is not an active duty military person;
- You are only requesting those items listed on the FL-100 Petition.

<b>1</b>	REVIEW FL-115 & FL-100	<p>A Default Judgment may be granted only if the other party was properly given the Divorce and Financial Disclosure documents. Review the filed copy of your FL-115 Proof of Service to make sure that it was completed correctly.</p> <p>Review your filed copy of the FL-100 Petition because only those requests may appear on a Default Judgment. If you want to obtain orders not mentioned in your FL-100 Petition you will need to go back and file an Amended FL-100 Petition and other papers.</p>									
<b>2</b>	COMPLETE FORMS	<p>Complete the following forms and two-hole punch the originals at the top. If you want the Self-Help Center to review your forms, visit their office before you make any copies.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 80%;">Originals Needed</th> <th style="width: 15%;">Copies Needed</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td><a href="#">FL-190</a> Notice of Entry of Judgment</td> <td style="text-align: center;">2 copies for Court</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td> <a href="#">FL-180</a> Judgment &amp; staple the forms below that mirror your FL-100 Petition:  <input type="checkbox"/> <a href="#">FL-341</a> Child Custody &amp; Visitation Attachment  <input type="checkbox"/> <a href="#">FL-341(C)</a> Children’s Holiday Schedule Attachment  <input type="checkbox"/> <a href="#">FL-341(E)</a> Joint Legal Custody Attachment  <input type="checkbox"/> <a href="#">FL-342</a> Child Support Attachment (w/DissoMaster)  <input type="checkbox"/> <a href="#">FL-192</a> Notices Re: Child Support  <input type="checkbox"/> Copy of Existing DCSS Child Support Order  <input type="checkbox"/> <a href="#">FL-345</a> Property Orders Attachment  <input type="checkbox"/> <a href="#">FL-348</a> Pension Benefits  <input type="checkbox"/> DCSS signature needed if DCSS case is filed (go to 1200 Monterey St., San Luis Obispo before filing judgment with the court)                 </td> <td style="text-align: center; vertical-align: middle;">3 copies for Court</td> </tr> </tbody> </table>		Originals Needed	Copies Needed	<input checked="" type="checkbox"/>	<a href="#">FL-190</a> Notice of Entry of Judgment	2 copies for Court	<input checked="" type="checkbox"/>	<a href="#">FL-180</a> Judgment & staple the forms below that mirror your FL-100 Petition: <input type="checkbox"/> <a href="#">FL-341</a> Child Custody & Visitation Attachment <input type="checkbox"/> <a href="#">FL-341(C)</a> Children’s Holiday Schedule Attachment <input type="checkbox"/> <a href="#">FL-341(E)</a> Joint Legal Custody Attachment <input type="checkbox"/> <a href="#">FL-342</a> Child Support Attachment (w/DissoMaster) <input type="checkbox"/> <a href="#">FL-192</a> Notices Re: Child Support <input type="checkbox"/> Copy of Existing DCSS Child Support Order <input type="checkbox"/> <a href="#">FL-345</a> Property Orders Attachment <input type="checkbox"/> <a href="#">FL-348</a> Pension Benefits <input type="checkbox"/> DCSS signature needed if DCSS case is filed (go to 1200 Monterey St., San Luis Obispo before filing judgment with the court)	3 copies for Court
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<b>2</b> Cont.	<b>COMPLETE FORMS</b>	Continued Originals Needed <a href="http://www.courts.ca.gov">www.courts.ca.gov</a>	Copies Needed
		<input checked="" type="checkbox"/> <a href="#">FL-141</a> Declaration Regarding Service of Declaration of Disclosure	
		<input checked="" type="checkbox"/> <a href="#">FL-165</a> Request to Enter Default	1 copy for Court
		<input checked="" type="checkbox"/> <a href="#">FL-170</a> Declaration for Default	
		<input checked="" type="checkbox"/> 1 manila envelope addressed to you with postage	
		<input checked="" type="checkbox"/> 2 legal-sized envelopes addressed to the other party with postage	
		<input type="checkbox"/> <a href="#">FL-142</a> Schedule of Assets and Debts (only if there are changes)	1 copy for Respondent
		<input type="checkbox"/> <a href="#">FL-150</a> Income and Expense Declaration (only if there are changes)	1 copy for Respondent
		<input type="checkbox"/> <a href="#">FL-160</a> Community Property Declaration (only if FL-100 lists items)	1 copy for Respondent
		<input type="checkbox"/> <a href="#">FL-160</a> Separate Property Declaration (only if FL-100 lists items)	1 copy for Respondent
		<input type="checkbox"/> FLF-2 Declaration and Order Regarding Parenting Class (only if there are minor children and Respondent did not complete the class)	1 copy for Respondent
		<input type="checkbox"/> <a href="#">FL-335</a> Proof of Service by Mail	
		<input type="checkbox"/> <a href="#">FL-191</a> Child Support Case Registry (only if there are minor children)	
		<input type="checkbox"/> <a href="#">FL-195</a> Income Withholding for Support (only if child support is requested on FL-342)	3 copies for Court
<b>3</b>	MAIL PAPERS TO OTHER PARTY	Someone other than you who is 18 years or older must mail to the other party a copy of the completed <input type="checkbox"/> FLF-2 <input type="checkbox"/> FL-142 <input type="checkbox"/> FL-150 <input type="checkbox"/> FL-160. The person who mails these documents must complete and sign the FL-335 Proof of Service by Mail.	
<b>4</b>	FILE PAPERS & ENVELOPES	File with the Court Clerk all documents listed above in Steps 2 & 3 (except FL-142) including originals, copies for Court and self-addressed stamped envelopes.	
<b>5</b>	WAIT FOR JUDGMENT IN THE MAIL	Within 4 weeks of filing the above documents with the Court Clerk, you should receive your final Judgment documents in the mail. You may contact the Court Clerk's office to obtain the status of your case by calling (805) 781-5706.	
<b>6</b>	MAIL PAPERS TO OTHER PARTY & EMPLOYER	Once you receive your signed FL-180 Judgment, someone other than you who is 18 years or older should mail a copy to the other party. Also, if child support was ordered and you want the other party's employer to garnish wages to enforce the child support order, you must have someone other than you who is 18 years or older mail to the employer a copy of the FL-195 Income Withholding for Support. The person who mails the copy of the FL-180 and/or FL-195 must complete the FL-335 Proof of Service by Mail and you must file the original with the Court.	

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): <b>Pat Sample</b>  <b>1234 Main Street</b> <b>San Luis Obispo, CA 93401</b> TELEPHONE NO.: <b>(805) 555-1234</b> FAX NO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): <b>Petitioner in Pro Per</b>	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF <b>San Luis Obispo</b> STREET ADDRESS: <b>1035 Palm Street, Room 385</b> MAILING ADDRESS: CITY AND ZIP CODE: <b>San Luis Obispo, CA 93408</b> BRANCH NAME:	
PETITIONER: <b>Pat Sample</b>  RESPONDENT: <b>Sam Sample</b>	
NOTICE OF ENTRY OF JUDGMENT	CASE NUMBER: <b>FL110572</b>

You are notified that the following judgment was entered on (date) :

1.  Dissolution
2.  Dissolution - status only
3.  Dissolution - reserving jurisdiction over termination of marital status or domestic partnership
4.  Legal separation
5.  Nullity
6.  Parent-child relationship
7.  Judgment on reserved issues
8.  Other (specify) :

Date:

Clerk, by \_\_\_\_\_, Deputy

**-NOTICE TO ATTORNEY OF RECORD OR PARTY WITHOUT ATTORNEY-**

Under the provisions of Code of Civil Procedure section 1952, if no appeal is filed the court may order the exhibits destroyed or otherwise disposed of after 60 days from the expiration of the appeal time.

**STATEMENT IN THIS BOX APPLIES ONLY TO JUDGMENT OF DISSOLUTION**

Effective date of termination of marital or domestic partnership status (specify) : **10/5/11**

**WARNING: Neither party may remarry or enter into a new domestic partnership until the effective date of the termination of marital or domestic partnership status, as shown in this box.**

**CLERK'S CERTIFICATE OF MAILING**

I certify that I am not a party to this cause and that a true copy of the *Notice of Entry of Judgment* was mailed first class, postage fully prepaid, in a sealed envelope addressed as shown below, and that the notice was mailed

at (place) : \_\_\_\_\_, California, on (date) :

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

Name and address of petitioner or petitioner's attorney

**Pat Sample**  
**1234 Main Street**  
**San Luis Obispo, CA 93401**

Name and address of respondent or respondent's attorney

**Sam Sample**  
**333 Oak Street**  
**San Luis Obispo, Ca 93401**

\_\_\_\_\_



ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): <b>Pat Sample</b>  <b>1234 Main Street</b> <b>San Luis Obispo, CA 93401</b> TELEPHONE NO.: <b>(805) 555-1234</b> FAX NO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): <b>Petitioner in Pro Per</b>	FOR COURT USE ONLY  <b>S A M P L E</b>  <b>DEFAULT JUDGMENT</b>  <b>(Must mirror your FL-100 Petition)</b>  <b>(Only use this sample when no FL-120 Response was filed by the other party)</b>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF <b>San Luis Obispo</b> STREET ADDRESS: <b>1035 Palm Street, Room 385</b> MAILING ADDRESS: CITY AND ZIP CODE: <b>San Luis Obispo, CA 93408</b> BRANCH NAME:	
MARRIAGE OR PARTNERSHIP OF PETITIONER: <b>Pat Sample</b> RESPONDENT: <b>Sam Sample</b>	
JUDGMENT <input checked="" type="checkbox"/> DISSOLUTION <input type="checkbox"/> LEGAL SEPARATION <input type="checkbox"/> NULLITY <input type="checkbox"/> Status only <input type="checkbox"/> Reserving jurisdiction over termination of marital or domestic partnership status <input type="checkbox"/> Judgment on reserved issues Date marital or domestic partnership status ends: <b>10/5/2011</b>	CASE NUMBER: <b>FL110572</b>

1.  This judgment  contains personal conduct restraining orders  modifies existing restraining orders. The restraining orders are contained on page(s) \_\_\_\_\_ of the attachment. They expire on (date): \_\_\_\_\_
2. This proceeding was heard as follows:  Default or uncontested  By declaration under Family Code section 2336  
 Contested  Agreement in court  
 a. Date: \_\_\_\_\_ Dept.: \_\_\_\_\_ Room: \_\_\_\_\_  
 b. Judicial officer (name): \_\_\_\_\_  Temporary judge  
 c.  Petitioner present in court  Attorney present in court (name): \_\_\_\_\_  
 d.  Respondent present in court  Attorney present in court (name): \_\_\_\_\_  
 e.  Claimant present in court (name): \_\_\_\_\_  Attorney present in court (name): \_\_\_\_\_  
 f.  Other (specify name): \_\_\_\_\_
3. The court acquired jurisdiction of the respondent on (date): **4/4/2011**  
 a.  The respondent was served with process.  
 b.  The respondent appeared.

**THE COURT ORDERS, GOOD CAUSE APPEARING**

4. a.  Judgment of dissolution is entered. Marital or domestic partnership status is terminated and the parties are restored to the status of single persons  
 (1)  on (specify date): **10/5/2011**  
 (2)  on a date to be determined on noticed motion of either party or on stipulation.  
 b.  Judgment of legal separation is entered.  
 c.  Judgment of nullity is entered. The parties are declared to be single persons on the ground of (specify): \_\_\_\_\_
- d.  This judgment will be entered nunc pro tunc as of (date): \_\_\_\_\_
- e.  Judgment on reserved issues.
- f. The  petitioner's  respondent's former name is restored to (specify): **Pat Midel Smith**
- g.  Jurisdiction is reserved over all other issues, and all present orders remain in effect except as provided below.
- h.  This judgment contains provisions for child support or family support. Each party must complete and file with the court a *Child Support Case Registry Form* (form FL-191) within 10 days of the date of this judgment. The parents must notify the court of any change in the information submitted within 10 days of the change, by filing an updated form. The *Notice of Rights and Responsibilities—Health-Care Costs and Reimbursement Procedures and Information Sheet on Changing a Child Support Order* (form FL-192) is attached.

CASE NAME (Last name, first name of each party): <b>Sample, Pat and Sam</b>	CASE NUMBER: <b>FL110572</b>
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4. i.  The children of this marriage or domestic partnership are:
- |  |               |
|--|---------------|
| (1) <input checked="" type="checkbox"/> Name | Birthdate     |
| <b>Chad Sample</b>                           | <b>1/2/05</b> |
| <b>Cindy Sample</b>                          | <b>5/2/10</b> |
- (2)  Parentage is established for children of this relationship born prior to the marriage or domestic partnership
- j.  Child custody and visitation (parenting time) are ordered as set forth in the attached
- (1)  Settlement agreement, stipulation for judgment, or other written agreement which contains the information required by Family Code section 3048(a).
- (2)  *Child Custody and Visitation Order Attachment* (form FL-341).
- (3)  *Stipulation and Order for Custody and/or Visitation of Children* (form FL-355).
- (4)  Previously established in another case. Case number: \_\_\_\_\_ Court: \_\_\_\_\_
- k.  Child support is ordered as set forth in the attached
- (1)  Settlement agreement, stipulation for judgment, or other written agreement which contains the declarations required by Family Code section 4065(a).
- (2)  *Child Support Information and Order Attachment* (form FL-342).
- (3)  *Stipulation to Establish or Modify Child Support and Order* (form FL-350).
- (4)  Previously established in another case. Case number: \_\_\_\_\_ Court: \_\_\_\_\_
- l.  Spousal, domestic partner, or family support is ordered:
- (1)  Reserved for future determination as relates to  petitioner  respondent
- (2)  Jurisdiction terminated to order spousal or partner support to  petitioner  respondent
- (3)  As set forth in the attached *Spousal, Partner, or Family Support Order Attachment* (form FL-343).
- (4)  As set forth in the attached settlement agreement, stipulation for judgment, or other written agreement.
- (5)  Other (specify): \_\_\_\_\_
- m.  Property division is ordered as set forth in the attached
- (1)  Settlement agreement, stipulation for judgment, or other written agreement.
- (2)  *Property Order Attachment to Judgment* (form FL-345).
- (3)  Other (specify): **Pension Benefits - Attachment to Judgment (FL-348)**
- n.  Attorney fees and costs are ordered as set forth in the attached
- (1)  Settlement agreement, stipulation for judgment, or other written agreement.
- (2)  *Attorney Fees and Costs Order* (form FL-346).
- (3)  Other (specify): \_\_\_\_\_
- o.  Other (specify): \_\_\_\_\_

Each attachment to this judgment is incorporated into this judgment, and the parties are ordered to comply with each attachment's provisions. Jurisdiction is reserved to make other orders necessary to carry out this judgment.

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

5. Number of pages attached: 12

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

**NOTICE**

Dissolution or legal separation may automatically cancel the rights of a spouse or domestic partner under the other spouse's or domestic partner's will, trust, retirement plan, power of attorney, pay-on-death bank account, transfer-on-death vehicle registration, survivorship rights to any property owned in joint tenancy, and any other similar property interest. It does not automatically cancel the rights of a spouse or domestic partner as beneficiary of the other spouse's or domestic partner's life insurance policy. You should review these matters, as well as any credit cards, other credit accounts, insurance policies, retirement plans, and credit reports, to determine whether they should be changed or whether you should take any other actions.

A debt or obligation may be assigned to one party as part of the dissolution of property and debts, but if that party does not pay the debt or obligation, the creditor may be able to collect from the other party.

An earnings assignment may be issued without additional proof if child, family, partner, or spousal support is ordered.

Any party required to pay support must pay interest on overdue amounts at the "legal rate," which is currently 10 percent.

PETITIONER: Pat Sample RESPONDENT: Sam Sample OTHER PARENT/PARTY:	CASE NUMBER: FL110572
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**CHILD CUSTODY AND VISITATION (PARENTING TIME) ORDER ATTACHMENT**

- TO  Findings and Order After Hearing (form FL-340)  Judgment (form FL-180)  Judgment (form FL-250)  
 Stipulation and Order for Custody and/or Visitation of Children (form FL-355)  
 Other (specify):

- Jurisdiction.** This court has jurisdiction to make child custody orders in this case under the Uniform Child Custody Jurisdiction and Enforcement Act (Family Code sections 3400–3465).
- Notice and opportunity to be heard.** The responding party was given notice and an opportunity to be heard, as provided by the laws of the State of California.
- Country of habitual residence.** The country of habitual residence of the child or children in this case is  the United States  Other (specify):
- Penalties for violating this order.** If you violate this order, you may be subject to civil or criminal penalties, or both.
- Child abduction prevention.** There is a risk that one of the parties will take the children out of California without the other party's permission. (*Child Abduction Prevention Order Attachment (form FL-341(B))* is attached and must be obeyed.)
- Child Custody.** Custody of the minor children of the parties is awarded as follows:

Child's Name	Birth Date	Legal custody to:	Physical custody to:
		<i>(person who decides about the child's health, education, and welfare)</i>	<i>(person the child regularly lives with)</i>
Chad Sample	1/2/2005	Pat Sample	Pat Sample
Cindy Sample	5/2/2010	Pat Sample	Pat Sample

- Child custody orders with allegations of a history of abuse or substance abuse**  
*(Do not complete this section if the parties have entered, or will enter into, an agreement on child custody and/or visitation (parenting time), in writing or stated in court.)*
  - Allegations have been raised in form FL-311, other documents filed in the court, or in a court hearing that  petitioner  respondent  other parent/party has (or have) either:
    - a history of abuse against any of the following persons: a child, the other parent, their current spouse, or the person they live with or are dating or engaged to; or
    - the habitual or continual illegal use of controlled substances, or the habitual or continual abuse of alcohol, or the habitual or continual abuse of prescribed controlled substances.
  - The court does NOT grant sole or joint custody of the minor children to  petitioner  respondent  other parent/party
  - Even though there are allegations of a history of abuse or substance abuse, the court GRANTS sole or joint custody of the minor child as set out in item 6 for the following reasons:  Attachment 7c.

**THIS IS A COURT ORDER.**

**CHILD CUSTODY AND VISITATION (PARENTING TIME) ORDER ATTACHMENT**

PETITIONER: Pat Sample RESPONDENT: Sam Sample OTHER PARENT/PARTY:	CASE NUMBER: FL110572
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8.  **Visitation (Parenting Time)**

- a.  Reasonable right of visitation to the party without physical custody (**not appropriate in cases involving domestic violence**)
- b.  See the attached \_\_\_\_\_ -page document
- c.  The parties will go to child custody mediation or child custody recommending counseling at *(specify date, time, and location)*:

d.  No Visitation (parenting time)

e.  Visitation (parenting time) for the  petitioner  respondent  other *(name)*:  
 will be as follows:

(1)  **Weekends starting (date)**:

*(Note: The first weekend of the month is the first weekend with a Saturday.)*

1st  2nd  3rd  4th  5th weekend of the month

from Saturday at 7:00  a.m.  p.m./ if applicable, specify:  start of school  
*(day of week) (time)*  after school

to Sunday at 7:00  a.m.  p.m./ if applicable, specify:  start of school  
*(day of week) (time)*  after school

- (a)  The parties will alternate the fifth weekends, with the  petitioner  respondent  other parent/party having the initial fifth weekend, which starts *(date)*:
- (b)  The  petitioner  respondent  other parent/party will have the fifth weekend in  odd  even numbered months.

(2)  **Alternate weekends starting (date)**:

from \_\_\_\_\_ at \_\_\_\_\_  a.m.  p.m./ if applicable, specify:  start of school  
*(day of week) (time)*  after school

to \_\_\_\_\_ at \_\_\_\_\_  a.m.  p.m./ if applicable, specify:  start of school  
*(day of week) (time)*  after school

(3)  **Weekdays starting (date)**:

from Wednesday at 3:00  a.m.  p.m./ if applicable, specify:  start of school  
*(day of week) (time)*  after school

to Wednesday at 8:00  a.m.  p.m./ if applicable, specify:  start of school  
*(day of week) (time)*  after school

(4)  **Other visitation (parenting time) days and restrictions are:**  listed in Attachment 7e(4) *(form MC-025 may be used for this purpose)*  as follows:

PETITIONER: Pat Sample RESPONDENT: Sam Sample OTHER PARENT/PARTY:	CASE NUMBER: FL110572
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9.  **Visitation (parenting time) with allegations of a history of abuse, substance abuse, or other parenting concerns**

a.  **Supervised visitation (parenting time).**

- (1) Until  further order of the court  other (specify): \_\_\_\_\_, the  
 petitioner  respondent  other parent/party (name): \_\_\_\_\_  
 will have supervised visitation (parenting time) with the minor children according to the schedule on page 2.
- (2) **In addition, Supervised Visitation Order (form FL-341(A) is attached.**

b.  **Unsupervised visitation (parenting time)**

*(Do not complete this section if the parties have entered or will enter into an agreement on child custody and/or visitation (parenting time), in writing or stated in court.)*

- (1) Even though there are allegations of a history of abuse or substance abuse under Family Code section 3011, the  
 petitioner  respondent  other parent/party (name): \_\_\_\_\_  
 has (or have) unsupervised visitation (parenting time) with the minor children as set forth in 8.
- (2) The reasons for granting unsupervised visitation to the person(s) alleged to have a history of abuse or substance abuse are:  as follows:  Attachment 9b.

- (3) The orders for visitation (parenting time) are specific as to time, day, place, and manner of transfer of the child, as Family Code section 6323(c) requires.

10.  **Transportation for visitation (parenting time) and place of exchange**

- a. The children must be driven only by a licensed and insured driver. The vehicle must be legally registered with the Department of Motor Vehicles, and must have child restraint devices properly installed, as required by law.
- b.  Transportation **to** begin the visits will be provided by the  petitioner  respondent  
 other (specify): \_\_\_\_\_
- c.  Transportation **from** the visits will be provided by the  petitioner  respondent  
 other (specify): \_\_\_\_\_
- d.  The exchange point at the beginning of the visit will be at (address): 1234 Main St. San Luis Obispo, CA 93401
- e.  The exchange point at the end of the visit will be at (address): 1234 Main St. San Luis Obispo, CA 93401
- f.  During the exchanges, the party driving the children will wait in the car and the other party will wait in the home (or exchange location) while the children go between the car and the home (or exchange location).
- g.  Other (specify): \_\_\_\_\_

11.  **Travel with children.** The  petitioner  respondent  other parent/party (name): \_\_\_\_\_

**must** have written permission from the other parent or a court order to take the children out of

- a.  the state of California.
- b.  the following counties (specify): \_\_\_\_\_
- c.  other places (specify): \_\_\_\_\_

**THIS IS A COURT ORDER.**

**CHILD CUSTODY AND VISITATION (PARENTING TIME)  
 ORDER ATTACHMENT**



PETITIONER: Pat Sample RESPONDENT: Sam Sample OTHER PARENT/PARTY:	CASE NUMBER: FL110572
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12.  **Holiday schedule.** The children will spend holiday time as listed  below  in the attached schedule. (*Children's Holiday Schedule Attachment (form FL-341(C))* may be used for this purpose.)

13.  **Additional custody provisions.** The parents will follow the additional custody provisions listed  below  in the attached schedule. (*Additional Provisions—Physical Custody Attachment (form FL-341(D))* may be used for this purpose.)

14.  **Joint legal custody.** The parents will share joint legal custody as listed  below  in the attached schedule. (*Joint Legal Custody Attachment (form FL-341(E))* may be used for this purpose.)

15. **Access to children's records.** Both the custodial and noncustodial parent have the right to access records and information about their minor children (including medical, dental, and school records) and consult with professionals who are providing services to the children.

16.  **Other** (*specify*):

**THIS IS A COURT ORDER.**

**CHILD CUSTODY AND VISITATION (PARENTING TIME)  
ORDER ATTACHMENT**

PETITIONER/PLAINTIFF: Pat Sample RESPONDENT/DEFENDANT: Sam Sample OTHER PARENT/PARTY:	CASE NUMBER: FL110572
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**CHILD SUPPORT INFORMATION AND ORDER ATTACHMENT**

- TO  Findings and Order After Hearing (form FL-340)  
 Judgment (form FL-180)       Judgment (form FL-250)  
 Restraining Order After Hearing (CLETS-OAH) (form DV-130)  
 Other (specify):

**THE COURT USED THE FOLLOWING INFORMATION IN DETERMINING THE AMOUNT OF CHILD SUPPORT:**

1.  A printout of a computer calculation and findings is attached and incorporated in this order for all required items not filled out below.
2.  **Income**
- |  |                             |                           |                                |
|--|-----------------------------|---------------------------|--------------------------------|
|  | <u>Gross monthly income</u> | <u>Net monthly income</u> | <u>Receiving TANF/CalWORKS</u> |
| a. Each parent's monthly income is as follows: |                             |                           |                                |
| Petitioner/plaintiff: \$                       | \$                          | \$                        | <input type="checkbox"/>       |
| Respondent/defendant: \$                       | \$                          | \$                        | <input type="checkbox"/>       |
| Other parent/party: \$                         | \$                          | \$                        | <input type="checkbox"/>       |
- b. Imputation of income. The court finds that the  Petitioner/plaintiff  Respondent/defendant  Other parent/party has the capacity to earn: \$ \_\_\_\_\_ per \_\_\_\_\_ and has based the support order upon this imputed income.
3.  **Children of this relationship**
- a. Number of children who are the subjects of the support order (specify): 2
- b. Approximate percentage of time spent with
- |                          |   |
|--------------------------|---|
| petitioner/plaintiff: 90 | % |
| Respondent/defendant: 10 | % |
| Other parent/party:      | % |

4.  **Hardships**
- Hardships for the following have been allowed in calculating child support:
- |  |                              |                              |                            |   |
|--|------------------------------|------------------------------|----------------------------|---|
|  | <u>Petitioner/ plaintiff</u> | <u>Respondent/ defendant</u> | <u>Other parent/ party</u> | <u>Approximate ending time for the hardship</u> |
| a. <input type="checkbox"/> Other minor children: \$           | \$                           | \$                           | \$                         |   |
| b. <input type="checkbox"/> Extraordinary medical expenses: \$ | \$                           | \$                           | \$                         |   |
| c. <input type="checkbox"/> Catastrophic losses: \$            | \$                           | \$                           | \$                         |   |

**THE COURT ORDERS**

5.  **Low-income adjustment**
- a.  The low-income adjustment applies.
- b.  The low-income adjustment does not apply because (specify reasons):
6.  **Child support**
- a. **Base child support**
- Petitioner/plaintiff  Respondent/defendant  Other parent/party must pay child support beginning (date): 7/1/11 and continuing until further order of the court, or until the child marries, dies, is emancipated, reaches age 19, or reaches age 18 and is not a full-time high school student, whichever occurs first, as follows:
- |                     |                      |                       |                           |
|---------------------|----------------------|-----------------------|---------------------------|
| <u>Child's name</u> | <u>Date of birth</u> | <u>Monthly amount</u> | <u>Payable to (name):</u> |
| Chad Sample         | 1/2/2005             | 584                   | Pat Sample                |
| Cindy Sample        | 5/2/2010             | 1,033                 | Pat Sample                |

Payable  on the 1st of the month       one-half on the 1st and one-half on the 15th of the month  
 other (specify):

**THIS IS A COURT ORDER.**

**CHILD SUPPORT INFORMATION AND ORDER ATTACHMENT**

PETITIONER/PLAINTIFF: Pat Sample RESPONDENT/DEFENDANT: Sam Sample OTHER PARENT/PARTY:	CASE NUMBER: FL110572
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**THE COURT FURTHER ORDERS**

6. b.  **Mandatory additional child support**

(1) Child-care costs related to employment or reasonably necessary job training

- (a)  Petitioner/plaintiff must pay: 50 % of total or  \$ per month child-care costs.
- (b)  Respondent/defendant must pay: 50 % of total or  \$ per month child-care costs.
- (c)  Other parent/party must pay: % of total or  \$ per month child-care costs.
- (d)  Costs to be paid as follows (*specify*):

c. **Mandatory additional child support**

(2) Reasonable uninsured health-care costs for the children

- (a)  Petitioner/plaintiff must pay: 50 % of total or  \$ per month.
- (b)  Respondent/defendant must pay: 50 % of total or  \$ per month.
- (c)  Other parent/party must pay: % of total or  \$ per month.
- (d)  Costs to be paid as follows (*specify*):

d.  **Additional child support**

(1)  Costs related to the educational or other special needs of the children

- (a)  Petitioner/plaintiff must pay: % of total or  \$ per month.
- (b)  Respondent/defendant must pay: % of total or  \$ per month.
- (c)  Other parent/party must pay: % of total or  \$ per month.
- (d)  Costs to be paid as follows (*specify*):

(2)  Travel expenses for visitation

- (a)  Petitioner/plaintiff must pay: % of total or  \$ per month.
- (b)  Respondent/defendant must pay: % of total or  \$ per month.
- (c)  Other parent/party must pay: % of total or  \$ per month.
- (d)  Costs to be paid as follows (*specify*):

e.  **Non-Guideline Order**

This order does not meet the child support guideline set forth in Family Code section 4055. *Non-Guideline Child Support Findings Attachment* (form FL-342(A)) is attached.

<b>Total child support per month: \$</b>	1,617
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7. **Health-care expenses**

a. Health insurance coverage for the minor children of the parties must be maintained by the

petitioner/plaintiff  respondent/defendant  other parent/party if available at no or reasonable cost through their respective places of employment or self-employment. Both parties are ordered to cooperate in the presentation, collection, and reimbursement of any health-care claims. The parent ordered to provide health insurance must seek continuation of coverage for the child after the child attains the age when the child is no longer considered eligible for coverage as a dependent under the insurance contract, if the child is incapable of self-sustaining employment because of a physically or mentally disabling injury, illness, or condition and is chiefly dependent upon the parent providing health insurance for support and maintenance.

- b.  Health insurance is not available to the  petitioner/plaintiff  respondent/defendant  other parent/party at a reasonable cost at this time.
- c.  The party providing coverage must assign the right of reimbursement to the other party.

8. **Earnings assignment**

An earnings assignment order is issued. **Note:** The payor of child support is responsible for the payment of support directly to the recipient until support payments are deducted from the payor's wages and for payment of any support not paid by the assignment.

**THIS IS A COURT ORDER.**

**CHILD SUPPORT INFORMATION AND ORDER ATTACHMENT**

PETITIONER/PLAINTIFF: Pat Sample RESPONDENT/DEFENDANT: Sam Sample OTHER PARENT/PARTY:	CASE NUMBER: FL110572
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9. In the event that there is a contract between a party receiving support and a private child support collector, the party ordered to pay support must pay the fee charged by the private child support collector. This fee must not exceed 33 1/3 percent of the total amount of past due support nor may it exceed 50 percent of any fee charged by the private child support collector. The money judgment created by this provision is in favor of the private child support collector and the party receiving support, jointly.

10.  **Employment search order (Family Code § 4505)**  
 Petitioner/plaintiff  Respondent/defendant  Other parent/party is ordered to seek employment with the following terms and conditions:

11. **Other orders** (specify):

**12. Notices**

- a. *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.
- b. If this form is attached to *Restraining Order After Hearing* (form DV-130), the support orders issued on this form (form FL-342) remain in effect after the restraining orders issued on form DV-130 end.

**13. Child Support Case Registry Form**

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

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

**THIS IS A COURT ORDER.**

**CHILD SUPPORT INFORMATION AND ORDER ATTACHMENT**



### DissoMaster Data Screen Monthly Figures

Input Data	Father	Mother	Guideline (2011)	Cash Flow Analysis	GdIn.	Prop.	
Party Info	Father	Mother	Nets (adjusted)	Comb. net spendable	7633	7748	
Number of children	0	2	Father	4879	Percent change	0%	1.5%
% time with NCP	10.00	0.00	Mother	2754	Father, payor of SS, CS, Prop. SS, Prop. CS		
Filing Status	Single	HH/MLA	Total	7633	Payment cost	1890	1812
# federal exemptions	1*	3*	Support		Net spendable income	2855	2934
Wages + salary	7000	3010	Presumed CS	1617	Change from guideline	0	78
Self-employment income	0	0	Basic CS	1617	% of combined spendable	37.4%	37.9%
Other taxable income	0	0	Add-ons	0	% of saving over guideline	0%	68.1%
TANF plus CS received	0	0	Per Kid		Total Taxes	1991	1546
Other nontaxable income	0	0	Child 1	584	Dep. exemptions value	0	78
New-spouse income	0	0	Child 2	1033	# withholding allowances	3	8
Wages + Salary	0	0	S. Clara SS	407	Net wage paycheck	4964	5394
Self-employment income	0	0	Total	2024	Mother		
SS paid other marriage	0	0	Proposed, Tactic 9		Payment benefit	1878	1915
Retirement contrib. if ATI	0	0	Presumed CS	1741	Net spendable income	4778	4814
Required union dues	0	0	S. Clara SS	649	Change from guideline	0	37
Nec. Job-related exp.	0	0	Total	2391	% of combined spendable	62.6%	62.1%
Adj. income (ATI)	0	0	Comb. Savings	115	% of saving over guideline	0%	31.9%
SS paid other marriage	0	0	Total releases	2	Total Taxes	256	587
CS paid other relationship	0	0	to Father		Dep. exemptions value	0	37
Health insurance	120	0	Default Case Settings		# withholding allowances	7	0
Itemized deductions	0	0	Default Tax Settings		Net wage paycheck	2736	2378
Other medical expenses	0	0					
Property tax expenses	0	0					
Ded. interest expense	0	0					
Charitable contribution	0	0					
Miscellaneous itemized	0	0					
Required union dues	10	0					
Mandatory retirement	0	0					
Hardship deduction	0*	0*					
Other guideline deductions	0	0					
AMT Info (IRS Form 6251)	0	0					
Child support add-ons	0	0					

## Health-Care Costs and Reimbursement Procedures

If you have a child support order that includes a provision for the reimbursement of 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 health-care costs not paid by insurance. You must give this statement to the other parent within a reasonable time, but no more than 30 days after those costs were given to you.
- 2. Proof of full payment.** If you have already paid all of the uninsured 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 uninsured 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 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 an 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 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 charges.** If you dispute a charge made by the other parent, you may file a request for the court to resolve the dispute, but only if you pay that charge 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. The court will presume that if uninsured costs have been paid, those costs were reasonable.
- c. 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.
- d. 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.

## Information About Child Support for Incarcerated or Detained Parents

- 1. Child support.** Under current California law, child support ordered or changed after December 31, 2020, 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.
- 2. Exceptions.** Child support does not automatically stop if the parent who has to pay
  - is confined for
    - domestic violence against the other parent or child, or
    - failing to pay a child support order; or
  - has money available to pay child support.

- 3. Timing.** Child support will automatically restart at the old amount the first day of the first full month after the parent is released. If you need to change your child support order, see page 2.
- 4. Past confinement.** If your child support order was entered or modified between October 8, 2015, and December 31, 2019, and you were confined against your will for more than 90 days in a row during the same time frame, you may also qualify for relief. See item 5 for how to obtain more information.
- 5. More info.** For more information about child support and incarcerated parents, see [Family Code section 4007.5](#) or talk to the [family law facilitator](#) or [self-help center](#) in your county.

## 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 earning ability if a parent is not working.
- The court considers both parents' tax filing status and may consider hardships, such as the cost of raising a child of another relationship who lives with a parent.

A parent can request to change an existing order for child support when 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 upon 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 or self-help center in your county.

**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 serve the other parent copies of your filed court forms at least **16 court days** before the hearing. Add **5 calendar days** if you serve 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](http://www.courts.ca.gov/holidays.htm).

The server must also serve blank copies of both of these forms:

- 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* (form FL-330 or form FL-335). 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 last two months' pay 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 or self-help center in your county, or call your county's bar association and ask for an experienced family lawyer.

PETITIONER: Pat Sample RESPONDENT: Sam Sample	CASE NUMBER: FL110572
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**PROPERTY ORDER ATTACHMENT TO JUDGMENT**

**1. Division of community property assets**

- a.  There are no community property assets.
- b.  The court finds that the net value of the community estate is less than \$5,000 and that the  petitioner  respondent cannot be found. Under Family Code section 2604, the entire community estate is awarded to the  petitioner  respondent.
- c.  The petitioner will receive the following assets:  See Attachment 1c.  
 House located at 1234 Main St., San Luis Obispo, CA      50% of community property interest in CalPERS  
 Washer and Dryer      50% community property interest in 401K  
 2008 Honda Accord  
 Bank of America Checking Account #5431
- d.  The respondent will receive the following assets:  See Attachment 1d.  
 Living Room Furniture      50% of community property interest in CalPERS  
 Television      50% community property interest in 401K  
 2007 Ford F150
- e. The  petitioner  respondent will be responsible for preparing and filing a *Qualified Domestic Relations Order* (QDRO) to divide the following plan or retirement account(s) (*specify*):  
 CalPERS  
  
 The fee for preparation of the QDRO shall be shared as follows:
- f.  Other orders:
- g.  Each spouse or domestic partner will receive the assets listed above as sole and separate property. The parties must execute any and all documents required to carry out this division.

**2. Division of community property debts**

- a.  There are no community property debts.
- b.  All community debts have been paid by the  petitioner  respondent.  
 The  petitioner  respondent must reimburse the other party: \$  
 The payment plan is as follows:
- c.  The petitioner
  - (1) is assigned the debts listed below;
  - (2) is solely responsible for paying the debts listed below; and
  - (3) will not hold the respondent legally responsible for the debts listed below. See Attachment 2c.  
 Bank of America Visa credit card debt account #5432



PETITIONER: Pat Sample  
RESPONDENT: Sam Sample

CASE NUMBER:  
FL110572

2. d.  The respondent
- (1) is assigned the debts listed below;
  - (2) is solely responsible for paying the debts listed below; and
  - (3) will not hold the petitioner legally responsible for the debts listed below.  See Attachment 2d.
- Target Credit Card debt account #1234  
Sears Credit Card debt account #4432  
Mastercard Credit debt account #3421
- e. **Notice regarding division of community property (items c. and d.):**  
Creditors are not bound by this judgment. If a creditor seeks payment from the party who is not listed as responsible for the debt, that party can file a *Request for Order* (form FL-300) to seek reimbursement from the party who was assigned the debt.
- f. The court reserves jurisdiction to divide any community debts not listed here and to enforce the terms of this judgment. This enforcement may include ordering a defaulting party to reimburse the other party for failing to follow the terms of this judgment.
- g.  Other orders:
3.  **Equalization of division of property and debt orders.** To equalize the division of the community property assets and debts, the  petitioner  respondent must pay to the other the sum of: \$ \_\_\_\_\_, payable as follows:
4. **Separate property**
- a.  The court confirms the following assets or debts as the sole separate property, or sole responsibility, of the petitioner:  
2000 Ford Mustang
- b.  The court confirms the following assets or debts as the sole separate property, or sole responsibility, of the respondent:  
1999 Toyota 4Runner
5.  The settlement agreement between the parties dated: \_\_\_\_\_ is attached and made a part of this judgment.
6.  **Sale of property.** The following property will be offered for sale and sold for the fair market value as soon as a willing buyer can be found, and the net proceeds from the sale will be  divided equally  other (*specify*):
7.  Other orders (*specify*):

PETITIONER/PLAINTIFF: <b>Pat Sample</b>	CASE NUMBER: <b>FL110572</b>
RESPONDENT/DEFENDANT: <b>Sam Sample</b>	

**PENSION BENEFITS - ATTACHMENT TO JUDGMENT**  
(Attach to form FL-180)

This order concerns the division of retirement and survivor benefits between the following two parties:

Name of petitioner: <b>Pat Sample</b>	Name of respondent: <b>Sam Sample</b>
Address of petitioner: <b>1234 Main Street San Luis Obispo, CA 93401</b>	Address of respondent: <b>333 Oak Street San Luis Obispo, CA 93401</b>
Date of marriage or registration of domestic partnership: <b>1/8/1998</b>	Date of separation: <b>1/10/2011</b>

**TO THE EMPLOYER/PLAN ADMINISTRATOR OF EACH PLAN IDENTIFIED BELOW:**

Each party identified above is provisionally awarded without prejudice, and subject to adjustment by a later domestic relations order, a separate interest equal to one-half of all benefits accrued or to be accrued under any retirement plan in which one party has accrued a benefit, including but not limited to the plans listed below, as a result of employment of the other party during the marriage or domestic partnership and before the date of separation. In addition, pending further notice, the plan must, as allowed by law, or as allowed by the terms of the plan in the case of a governmental plan, continue to treat the parties as married persons or domestic partners for purposes of any survivor rights and benefits available under the plan to the extent necessary to provide for payment to the surviving spouse or domestic partner of an amount equal to that separate interest or of all of the survivor benefits if at the time of death of the participant there is no other eligible recipient of the survivor benefit.

**TO THE PARTIES:**

Each party must provide the information and take the required actions listed below to protect the other party's interest in retirement benefits:

- List below (or on a page attached) the name and address of each employer for which you or the other party work or worked where either of you participated in a retirement plan during the marriage and before your separation. Include the name (or a description if you do not have the name) of each of these plans.

**San Luis Obispo County  
1055 Monterey Street  
San Luis Obispo, CA 93408  
CalPERS**

See Attached

- For each plan you listed under item 1, promptly deliver a copy of this order to the plan's administrator. You can deliver a copy of this order in person or by mail. Provide a proof of service to the court and the other party.  
If you do not know the plan's administrator, deliver a copy to
  - the employer or plan sponsor, or, if unknown,
  - the trustee or custodian of any assets of the plan.
- Each party who is a participant in a plan listed under item 1 must join that plan as a party to this case when joinder is required by law. (See Retirement Plan Joinder - Information Sheet [form FL-318-INFO].)
- If you are not the party who participated in a plan listed in item 1 and are concerned that you have not received proof that notice of your interest has been delivered to that plan, you are encouraged to deliver a copy of this order to the appropriate plan administrator as described in item 2. You also have a right to join any plan that requires joinder in the event that no joinder documents have been filed with the court or served on the plan's administrator.
- Each party must promptly let each plan representative know of any change in that party's mailing address until all benefits due that party under the plan have been paid.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): <b>Pat Sample</b>		
1234 Main Street San Luis Obispo, CA 93401		
TELEPHONE NO.: (805) 555-1234	FAX NO.:	
E-MAIL ADDRESS:		
ATTORNEY FOR (Name): <b>Petitioner in Pro Per</b>		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF <b>San Luis Obispo</b>		CASE NUMBER: <b>FL110572</b>
STREET ADDRESS:	<b>1035 Palm Street, Room 385</b>	
MAILING ADDRESS:		
CITY AND ZIP CODE:	<b>San Luis Obispo, CA 93408</b>	
BRANCH NAME:		
PETITIONER: <b>Pat Sample</b>		
RESPONDENT: <b>Sam Sample</b>		
OTHER PARENT/PARTY:		
DECLARATION REGARDING SERVICE OF DECLARATION OF DISCLOSURE AND INCOME AND EXPENSE DECLARATION		
<input checked="" type="checkbox"/> Petitioner's	<input checked="" type="checkbox"/> Preliminary	
<input type="checkbox"/> Respondent's	<input checked="" type="checkbox"/> Final	

- I am the  attorney for  petitioner  respondent in this matter.
- Petitioner's  Respondent's Preliminary Declaration of Disclosure (form FL-140), current\* Income and Expense Declaration (form FL-150), completed Schedule of Assets and Debts (form FL-142) or Community and Separate Property Declarations (form FL-160) with appropriate attachments, all tax returns filed by the party in the two years before service of the preliminary disclosures, and all other required information under Family Code section 2104 were served on:
  - the other party  the other party's attorney by  personal service  mail
  - Other (specify):
  - on (date): **4/4/11**
- Petitioner's  Respondent's Final Declaration of Disclosure (form FL-140), current\* Income and Expense Declaration (form FL-150), completed Schedule of Assets and Debts (form FL-142) or Community or Separate Property Declarations (form FL-160) with attachments, and the material facts and information required by Family Code section 2105 were served on:
  - the other party  other party's attorney by  personal service  mail
  - Other (specify):
  - on (date):
- Service of  Petitioner's  Respondent's  preliminary  final declaration of disclosure  current income and expense declaration has been waived as follows:
  - The parties agreed to waive final declaration of disclosure requirements under Family Code section 2105(d) (Form FL-144 may be used for this purpose.) The waiver  was filed on (date):  
 is being filed at the same time as this form.
  - The party has failed to comply with disclosure requirements, and the court has granted the request for voluntary waiver of receipt under Family Code section 2107 on (date):
  - This is a default proceeding that does not include a stipulated judgment or settlement agreement. Petitioner waives final disclosure requirements under Family Code section 2110.

\*Current is defined as completed within the past three months providing no facts have changed. (Cal. Rules of Court, rule 5.260.)

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

Date: **7/18/11**

**Pat Sample**

*Pat Sample*

(TYPE OR PRINT NAME)

SIGNATURE

NOTE: File this document with the court.  
Do not file a copy of the Preliminary or Final Declaration of Disclosure or any attachments to either declaration of disclosure with this document.

PARTY WITHOUT ATTORNEY OR ATTORNEY NAME: <b>Pat Sample</b> FIRM NAME: STREET ADDRESS: 1234 Main Street CITY: San Luis Obispo STATE: CA ZIP CODE: 93401 TELEPHONE NO.: (805) 555-1234 FAX NO.: EMAIL ADDRESS: ATTORNEY FOR (name): <b>Petitioner in Pro Per</b>	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> San Luis Obispo STREET ADDRESS: 1035 Palm Street, Room 385 MAILING ADDRESS: CITY AND ZIP CODE: San Luis Obispo, CA 93408 BRANCH NAME:	
PETITIONER: Pat Sample  RESPONDENT: Sam Sample	
<b>REQUEST TO ENTER DEFAULT</b>	CASE NUMBER: <b>FL110572</b>

1. **To the clerk:** Please enter the default of the respondent who has failed to respond to the petition.
2. A completed *Income and Expense Declaration* (form FL-150) or *Financial Statement (Simplified)* (form FL-155)
  - is attached  is not attached.
  - A completed *Property Declaration* (form FL-160)  is attached  is not attached because (check at least one of the following):
    - (a)  there have been no changes since the previous filing.
    - (b)  the issues subject to disposition by the court in this proceeding are the subject of a written agreement.
    - (c)  there are no issues of child, spousal, or partner support or attorney fees and costs subject to determination by the court.
    - (d)  the petition does not request money, property, costs, or attorney fees. (Family Code section 2330.5.)
    - (e)  there are no issues of division of community property.
    - (f)  this is an action to establish parental relationship.

Date: 7/18/11

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

▶ *Pat Sample* \_\_\_\_\_  
(SIGNATURE OF [ATTORNEY FOR] PETITIONER)

3. **Declaration**
  - (a)  No mailing is required because service was by publication or posting and the address of the respondent remains unknown.
  - (b)  A copy of this *Request to Enter Default*, including any attachments and an envelope with sufficient postage, was provided to the court clerk, with the envelope addressed as follows (address of the respondent's attorney or, if none, the respondent's last known address):
    - Sam Sample
    - 333 Oak Street
    - San Luis Obispo, CA 93401

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

Date: 7/18/11

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

▶ *Pat Sample* \_\_\_\_\_  
(SIGNATURE OF DECLARANT)

<b>FOR COURT USE ONLY</b>
<input type="checkbox"/> <i>Request to Enter Default</i> mailed to the respondent or the respondent's attorney on (date): <input type="checkbox"/> Default entered as requested on (date): <input type="checkbox"/> Default <b>not</b> entered. Reason:
Clerk, by _____, Deputy

PETITIONER: Pat Sample RESPONDENT: Sam Sample	CASE NUMBER: FL110572
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**4. Memorandum of costs**

a.  Costs and disbursements are waived.

b. Costs and disbursements are listed as follows:

- (1)  Clerk's fees ..... \$.....
- (2)  Process server's fees ..... \$.....
- (3)  Other (specify): ..... \$.....
- ..... \$.....
- ..... \$.....
- ..... \$.....
- TOTAL ..... \$.....0.

c. I am the attorney, agent, or party who claims these costs. To the best of my knowledge and belief, the foregoing items of cost are correct and have been necessarily incurred in this cause or proceeding.

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

Date: 7/18/11

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

▶ Pat Sample \_\_\_\_\_  
 (SIGNATURE OF DECLARANT)

**5. Declaration of nonmilitary status** (required for a judgment).

The respondent is not in the military service of the United States as defined by either the Servicemembers Civil Relief Act (see 50 U.S.C. § 3911(2)) or California Military and Veterans Code sections 400 and 402(f).

know that the respondent is not in the U.S. military service because (check all that apply):

- (a)  the search results that I received from <https://scra.dmdc.osd.mil/> say the respondent is not in the U.S. military service.
- (b)  I am in regular communication with the respondent and know that they are not in the U.S. military service.
- (c)  I recently contacted the respondent, and they told me that they are not in the U.S. military service.
- (d)  I know that the respondent was discharged from U.S. military service on or about (date):
- (e)  the respondent is not eligible to serve in the U.S. military because they are incarcerated (in jail or prison).
- (f)  other (specify):

**Note**

- U.S. military status can be checked online at <https://scra.dmdc.osd.mil/>.
- If the respondent is in the military service, or their military status is unknown, the respondent is entitled to certain rights and protections under federal and state law before a default judgment can be entered.
- For more information, see <https://selfhelp.courts.ca.gov/military-defaults>.

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

Date: 7/18/11

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

▶ Pat Sample \_\_\_\_\_  
 (SIGNATURE OF DECLARANT)

PARTY WITHOUT ATTORNEY OR ATTORNEY NAME: Pat Sample FIRM NAME: STREET ADDRESS: 1234 Main Street CITY: San Luis Obispo STATE: CA ZIP CODE: 93401 TELEPHONE NO.: (805) 555-1234 FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name): Petitioner in Pro Per	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> San Luis Obispo STREET ADDRESS: 1035 Palm Street, Room 385 MAILING ADDRESS: CITY AND ZIP CODE: San Luis Obispo, CA 93408 BRANCH NAME:	
PETITIONER: Pat Sample RESPONDENT: Sam Sample	
<b>DECLARATION FOR DEFAULT OR UNCONTESTED</b> <input checked="" type="checkbox"/> <b>DISSOLUTION</b> <input type="checkbox"/> <b>LEGAL SEPARATION</b>	CASE NUMBER: FL110572

**(NOTE: Items 1 through 12 apply to both dissolution and legal separation proceedings.)**

1. I declare that if I appeared in court and were sworn, I would testify to the truth of the facts in this declaration.
2. I agree that my case will be proven by this declaration and that I will not appear before the court unless I am ordered by the court to do so.
3. All the information in the  amended  Petition  Response is true and correct.
4. **Type of case (check a, b, or c):**
  - a.  **Default without agreement**
    - (1) No response has been filed and there is no written agreement or stipulated judgment between the parties;
    - (2) The default of the respondent was entered or is being requested, and I am not seeking any relief not requested in the petition; and
    - (3) The following statement is true (check one):
      - (A)  There are no assets or debts to be disposed of by the court.
      - (B)  The community and quasi-community assets and debts are listed on the **completed** current *Property Declaration* (form FL-160), which includes an estimate of the value of the assets and debts that I propose to be distributed to each party. The division in the proposed *Judgment* (form FL-180) is a fair and equal division of the property and debts, or if there is a negative estate, the debts are assigned fairly and equitably.
  - b.  **Default with agreement**
    - (1) No response has been filed and the parties have agreed that the matter may proceed as a default matter without notice; and
    - (2) The parties have entered into a written agreement regarding their property and their marriage or domestic partnership rights, including support, the original of which is being or has been submitted to the court. I request that the court approve the agreement.
  - c.  **Uncontested**
    - (1) Both parties have appeared in the case; and
    - (2) The parties have entered into a written agreement regarding their property and their marriage or domestic partnership rights, including support, the original of which is being or has been submitted to the court. I request that the court approve the agreement.
5. **Declaration of disclosure (check a, b, c, or d):**
  - a.  Both the parties have filed, or are filing concurrently, a *Declaration Regarding Service of Declaration of Disclosure* (form FL-141) and an *Income and Expense Declaration* (form FL-150).
  - b.  This matter is proceeding by default. I am the petitioner in this action and have filed a proof of service of the preliminary *Declaration of Disclosure* (form FL-140) with the court. I hereby waive receipt of the final *Declaration of Disclosure* (form FL-140) from the respondent.
  - c.  This matter is proceeding by default. I am the petitioner in this action, and service of the summons on respondent was done by publication or posting under court order. Service of the preliminary *Declaration of Disclosure* (form FL-140) is not required. I hereby waive receipt of the final *Declaration of Disclosure* (form FL-140) from the respondent.

PETITIONER: Pat Sample RESPONDENT: Sam Sample	CASE NUMBER: FL110572
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- d.  This matter is proceeding as an uncontested action. Service of the final *Declaration of Disclosure* (form FL-140) is mutually waived by both parties. A waiver provision executed by both parties under penalty of perjury is contained on the *Stipulation and Waiver of Final Declaration of Disclosure* (form FL-144), in the settlement agreement or proposed judgment, or in another, separate stipulation.
- 6.  **Child custody and visitation (parenting time)** should be ordered as set forth in the proposed *Judgment* (form FL-180).
  - a.  The information in *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act* (UCCJEA) (form FL-105)  has  has not changed since it was last filed with the court. *(If changed, attach updated form.)*
  - b.  There is an existing court order for custody/parenting time in another case in *(county)*:  
The case number is *(specify)*:
  - c.  The current custody and visitation (parenting time) previously ordered in this case, or the current schedule is *(specify)*:  
The Respondent spends alternating weekends and Wednesday afternoons with the minor children.
    - Contained on Attachment 6c.
  - d.  The facts that support the requested judgment are *(In a default case, state your reasons below)*:  
The requested visitation reflects the visitation that is actually taking place at this time.
    - Contained on Attachment 6d.
- 7.  **Child support** should be ordered as set forth in the proposed *Judgment* (form FL-180).
  - a. If there are minor children, check and complete item (1) if applicable and item (2) or (3):
    - (1)  Child support is being enforced in another case in *(county)*:  
The case number is *(specify)*:
    - (2)  The information in the child support calculation attached to the proposed judgment is correct based on my personal knowledge.
    - (3)  I request that this order be based on the  Petitioner's  Respondent's earning ability. The facts in support of my estimate of earning ability are *(specify)*:
      - Continued on Attachment 7a(3).
  - b. Complete items (1) and (2) regarding public assistance.
    - (1) I  am receiving  am not receiving  intend to apply for public assistance for the child or children listed in the proposed order.
    - (2) To the best of my knowledge, the other party  is  is not receiving public assistance.
      - Petitioner  Respondent is presently receiving public assistance, and all support should be made payable to the local child support agency at the address set forth in the proposed judgment. A representative of the local child support agency has signed the proposed judgment.
- 8. **Spousal, Partner, and Family Support** *(If a support order or attorney fees are requested, submit a completed Income and Expense Declaration (form FL-150) unless a current form is on file. Include your best estimate of the other party's income. Check at least one of the following.)*
  - a.  I knowingly give up forever any right to receive spousal or partner support.
  - b.  I ask the court to reserve jurisdiction to award spousal or partner support in the future to:
    - Petitioner  Respondent
  - c.  I ask the court to terminate forever spousal or partner support for:  Petitioner  Respondent
  - d.  Spousal support or domestic partner support should be ordered as set forth in the proposed *Judgment* (form FL-180) based on the factors described in:
    - Spousal or Partner Support Declaration Attachment* (form FL-157)
    - written agreement
    - attached declaration *(Attachment 8d)*
  - e.  Family support should be ordered as set forth in the proposed *Judgment* (form FL-180).
  - f.  Other *(specify)*:

PETITIONER: Pat Sample RESPONDENT: Sam Sample	CASE NUMBER: FL110572
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9.  **Parentage** of the children of the petitioner and respondent born prior to their marriage or domestic partnership should be ordered as set forth in the proposed *Judgment* (form FL-180).
- a.  A voluntary declaration of parentage or paternity is attached.
- b.  Parentage was previously established by the court in (*county*):  
The case number is (*specify*):  
 The written agreement of the parties regarding parentage is attached here (Attachment 9b) or to the proposed *Judgment* (form FL-180).
10.  **Attorney fees** should be ordered as set forth in the proposed *Judgment* (form FL-180).  
 The facts in support of this request are on *Request for Attorney's Fees and Costs Attachment* (form FL-319).  
 Other (*specify facts below*):
11.  The judgment should be entered nunc pro tunc for the following reasons (*specify*):

12.  Petitioner  Respondent requests restoration of the former name as set forth in the proposed *Judgment* (form FL-180) (*proceedings for dissolution or nullity of marriage only*).
13. Irreconcilable differences have led to the irremediable breakdown of the marriage or domestic partnership, and there is no possibility of saving the marriage or domestic partnership through counseling or other means.
14. This declaration may be reviewed by a commissioner sitting as a temporary judge, who may determine whether to grant this request or require my appearance under Family Code section 2336.

**STATEMENTS IN THIS BOX APPLY ONLY TO DISSOLUTIONS**

15. If this is a dissolution of a marriage or domestic partnership created in another state, the petitioner or the respondent has been a resident of this county for at least three months and of the state of California for at least six months continuously and immediately preceding the date of the filing of the petition for dissolution of marriage or domestic partnership.
16. I ask that the court grant the request for a judgment of dissolution of marriage or domestic partnership based on irreconcilable differences and that the court make the orders set forth in the proposed *Judgment* (form FL-180) submitted with this declaration.
17.  **Status only judgment:** This declaration is only for the termination of marital or domestic partner status. I ask the court to reserve jurisdiction over all other issues not requested in this declaration for later determination.

**THIS STATEMENT APPLIES ONLY TO LEGAL SEPARATIONS**

18. I ask that the court grant the request of a judgment for legal separation based on irreconcilable differences and that the court make the orders set forth in the proposed *Judgment* (form FL-180) submitted with this declaration.
- I understand that a judgment of legal separation does not terminate a marriage or domestic partnership, and that I am still married or a partner in a domestic partnership.**

19.  Other (*specify*):

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

Date: 7/18/2011

Pat Sample \_\_\_\_\_

(TYPE OR PRINT NAME)

▶ Pat Sample \_\_\_\_\_

(SIGNATURE OF DECLARANT)



1 Pat Sample  
2 1234 Main Street  
3 San Luis Obispo, CA 93401  
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9 SUPERIOR COURT OF THE STATE OF CALIFORNIA  
10 FOR THE COUNTY OF SAN LUIS OBISPO

11 In re the Marriage of: )  
12 Pat Sample )  
13 ) Case No.: FL110572  
14 ) Petitioner, )  
15 ) and )  
16 ) Sam Sample )  
17 ) Respondent. )

18  
19 Although I completed the parenting class, the  
20 Respondent did not. Please waive the requirement that  
21 Respondent complete the Parenting Class so that my case can be  
22 finalized as soon as possible. I understand that the Court may  
23 require Respondent to prove completion of the parenting class  
24 before Respondent can schedule a dispute about child custody or  
25 visitation dispute for mediation or a court hearing.

26 Dated: 7-18-11

27 Pat Sample  
28 Petitioner

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**ORDER**

Respondent is relieved of the requirement to provide proof of completion of the parenting class.

If Respondent wishes to schedule mediation or a court hearing of a custody or visitation dispute, Respondent must first provide the court with proof the parenting class was completed.

Neither parent is required to prove completion of the parenting class if emergency orders are required to protect the child(ren) from immediate harm. If emergency orders are necessary, either parent can file pleadings that describe the emergency and the orders needed to protect the child(ren).

Dated:

\_\_\_\_\_  
Judge of the Superior Court

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):  
**Pat Sample**  
**1234 Main Street**  
**San Luis Obispo, CA 93401**  
 TELEPHONE NO.: **(805) 555-1234** FAX NO. (Optional):  
 E-MAIL ADDRESS (Optional):  
 ATTORNEY FOR (Name): **Petitioner in Pro Per**

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**SUPERIOR COURT OF CALIFORNIA, COUNTY OF San Luis Obispo**  
 STREET ADDRESS: **1035 Palm Street, Room 385**  
 MAILING ADDRESS:  
 CITY AND ZIP CODE: **San Luis Obispo, CA 93408**  
 BRANCH NAME:

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PETITIONER/PLAINTIFF: **Pat Sample**  
 RESPONDENT/DEFENDANT: **Sam Sample**  
 OTHER PARENT:

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**CHILD SUPPORT CASE REGISTRY FORM**  
 Mother       First form completed  
 Father       Change to previous information

COURT PERSONNEL:  
 STAMP DATE RECEIVED HERE

**DO NOT FILE**

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CASE NUMBER:  
**FL110572**

**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:		Family Support:		Spousal Support:	
(1) <input checked="" type="checkbox"/> Current	\$ <b>1,617.00</b>	<input type="checkbox"/> Current	\$	<input type="checkbox"/> Current	\$
base child support:	<input type="checkbox"/> Reserved order	base family support:	<input type="checkbox"/> Reserved order	spousal support:	<input type="checkbox"/> Reserved order
	<input type="checkbox"/> \$0 (zero) order		<input type="checkbox"/> \$0 (zero) order		<input type="checkbox"/> \$0 (zero) order
(2) <input type="checkbox"/> Additional	\$	<input type="checkbox"/> Additional	\$		
monthly support:		monthly support:			
(3) <input type="checkbox"/> Total	\$	<input type="checkbox"/> Total	\$	<input type="checkbox"/> Total	\$
past-due support:		past-due support:		past-due support:	
(4) <input type="checkbox"/> Payment	\$	<input type="checkbox"/> Payment	\$	<input type="checkbox"/> Payment	\$
on past-due support:		on past-due support:		on past-due support:	
(5) <input checked="" type="checkbox"/> Wage withholding was	<input checked="" type="checkbox"/> ordered	<input type="checkbox"/> ordered but stayed until (date) :			

2. Person required to pay child or family support (name): **Sam Sample**  
 Relationship to child (specify): **Father**
3. Person or agency to receive child or family support payments (name): **Pat Sample**  
 Relationship to child (if applicable): **Mother**

TYPE OR PRINT IN INK

PETITIONER/PLAINTIFF: **Pat Sample**  
RESPONDENT/DEFENDANT: **Sam Sample**  
OTHER PARENT:

CASE NUMBER:  
**FL110572**

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>Chad Sample</b>	<b>1/2/05</b>	<b>555-55-5555</b>
b.	<b>Cindy Sample</b>	<b>5/2/10</b>	<b>777-77-7777</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: **Sam Sample**

a. Date of birth: **12/7/64**  
b. Social security number: **522-22-2222**  
c. Street address: **333 Oak Street**

City, state, zip code: **San Luis Obispo, CA  
93401**

d. Mailing address: **Same as above**

City, state, zip code: **Same as above**

e. Driver's license number: **Unknown**  
State: **CA**  
f. Telephone number: **(805) 239-9999**  
g.  Employed  Not employed  Self-employed  
Employer's name: **Trader Joes**

Street address: **100 Higuera Street**

City, state, zip code: **San Luis Obispo, CA  
93401**

Telephone number: **(805) 444-2222**

6. Mother's name: **Pat Sample**

a. Date of birth: **4/7/69**  
b. Social security number: **533-33-3333**  
c. Street address: **1234 Main Street**

City, state, zip code: **San Luis Obispo, CA  
93401**

d. Mailing address: **Same as above**

City, state, zip code: **Same as above**

e. Driver's license number: **C923576**  
State: **CA**  
f. Telephone number: **(805)237-5555**  
g.  Employed  Not employed  Self-employed  
Employer's name: **Costco**

Street address: **7600 Higuera Street**

City, state, zip code: **San Luis Obispo, CA  
93401**

Telephone number: **(805) 333-5555**

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: **7/18/11**

**Pat Sample**

(TYPE OR PRINT NAME)

**Pat Sample**

(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.

INCOME WITHHOLDING FOR SUPPORT

OMB 0970-0154
Expiration Date: 09/30/2023

I. Sender Information: (Completed by the Sender)

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

- [X] INCOME WITHHOLDING ORDER/NOTICE FOR SUPPORT (IWO)
[ ] ONE-TIME ORDER/NOTICE FOR LUMP SUM PAYMENT

- [ ] AMENDED IWO
[ ] TERMINATION OF IWO

[ ] Child Support Enforcement (CSE) Agency [ ] Court [ ] Attorney [X] 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...

State/Tribe/Territory California Remittance ID (include w/payment)
City/County/Dist./Tribe San Luis Obispo Order ID FL110572
Private Individual/Entity Pat Sample Case ID

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

ABC Electrical RE: Sample, Sam
Employer/Income Withholder's Name Employee/Obligor's Name (Last, First, Middle)
Employer/Income Withholder's Address Employee/Obligor's Social Security Number
Anytown, California 93401 Employee/Obligor's Date of Birth Sample, Pat
Employer/Income Withholder's FEIN Custodial Party/Obligee's Name (Last, First, Middle)
Child(ren)'s Name(s) (Last, First, Middle) Child(ren)'s Birth Date(s)
Chad Sample 1/2/2005
Cindy Sample 5/2/2010

III. Order Information: (Completed by the Sender)

This document is based on the support order from California (State/Tribe).
You are required by law to deduct these amounts from the employee/obligor's income until further notice.

\$ 1,617.00 Per month 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 \$ 1,617.00 per month

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:

\$ 373.15 per weekly pay period \$ 808.50 per semimonthly pay period (twice a month)
\$ 746.30 per biweekly pay period (every two weeks) \$ 1,617.00 per monthly pay period
\$ Lump Sum Payment: Do not stop any existing IWO unless you receive a termination order.

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to provide uniformity and standardization. Public reporting burden for this collection of information is estimated to average two to five minutes per response...

Employer/Income Withholder's Name: ABC Electrical Employer/Income Withholder's FEIN: \_\_\_\_\_  
 Employee/Obligor's Name: Sam Sample SSN: 555-55-5555  
 Case ID: \_\_\_\_\_ Order ID: FL110572

**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 California (State/Tribe), you must begin withholding no later than the first pay period that occurs 10 days after the date of receipt of the order/notice. Send payment within 7 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 50 % of disposable income for all orders. If the employee/obligor's principal place of employment is not California (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](http://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/cstribal\\_agency\\_contacts\\_printable\\_pdf.pdf](http://www.acf.hhs.gov/sites/default/files/programs/cstribal_agency_contacts_printable_pdf.pdf) or [www.bia.gov/tribalmap/DataDotGovSamples/tld\\_map.html](http://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 [www.dol.gov/sites/dolgov/files/WHD/legacy/files/garn01.pdf](http://www.dol.gov/sites/dolgov/files/WHD/legacy/files/garn01.pdf). 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](http://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-efit-contacts-and-program-requirements](http://www.acf.hhs.gov/css/resource/sdu-efit-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 IV). 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: E. Jeffrey Burke  
 Title of Judge/Issuing Official: Judge of the Superior Court  
 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 employer/obligor.



Employer/Income Withholder's Name: ABC Electrical Employer/Income Withholder's FEIN: \_\_\_\_\_  
Employee/Obligor's Name: Sam Sample SSN: 555-55-5555  
Case ID: \_\_\_\_\_ Order ID: FL110572

**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 State Disbursement Unit or to a tribal CSE agency 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 Enforcement (OCSE) Child Support Portal.

**Lump Sum Payments:** You may be required to notify a state or tribal CSE agency of upcoming lump sum payments to this employee/obligor such as bonuses, commissions, or severance pay. Contact the sender to determine if you are required to report and/or withhold lump sum payments. Employers/income withholders may use OCSE's Child Support Portal ([ocsp.acf.hhs.gov/csp/](http://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 OCSE 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: ABC Electrical Employer/Income Withholder's FEIN: \_\_\_\_\_  
 Employee/Obligor's Name: Sam Sample SSN: 555-55-5555  
 Case ID: \_\_\_\_\_ Order ID: FL110572

**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 CSE agency and/or the sender by returning this form to the address listed in the **Contact Information** section below or using OCSE's Child Support Portal ([ocsp.acf.hhs.gov/csp/](http://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 Pat Sample (sender name) by telephone: (805) 555-1234, by fax: \_\_\_\_\_, by email or website: \_\_\_\_\_.

Send termination/income status notice and other correspondence to: \_\_\_\_\_  
Pat Sample 1234 Main Street, San Luis Obispo, CA 93401 (sender address).

**To Employee/Obligor:** If the employee/obligor has questions, contact Pat Sample (sender name) by telephone: (805) 555-1234, 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 Enforcement. 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).