

Superior Court of California
County of San Luis Obispo

Dissolution of Marriage - Default Hearing

In some cases, it will be easier for the Self-Help Center / Family Law Facilitator to help you finalize your case if you request a Default Hearing. The court will not mail to other party any information about the date of the default hearing, so only you will be present at the hearing. At the default hearing the judge will make orders regarding all the issues in your case including the status of your marriage, child custody visitation, child and spousal support and division of assets and debts. If you have questions about any of these issues you should contact an attorney or the Self-Help Center / Family Law Facilitator. This instruction sheet will review the procedure and forms necessary to obtain a default hearing and default judgment.

Before following these instructions you must satisfy the following:

- You started a divorce, legal separation or annulment 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.

1	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; 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>																																				
2	COMPLETE FORMS	<p>Complete the following forms to request a default hearing:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; padding: 5px;">Originals Needed</th> <th style="text-align: left; padding: 5px;">www.courts.ca.gov</th> <th style="text-align: left; padding: 5px;">Copies Needed</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;"><input checked="" type="checkbox"/> CVDF010 Request for Default Setting</td> <td></td> <td style="padding: 5px;">1 for you</td> </tr> <tr> <td style="padding: 5px;"><input checked="" type="checkbox"/> FL-165 Request to Enter Default</td> <td></td> <td style="padding: 5px;">1 for Court</td> </tr> <tr> <td style="padding: 5px;"><input checked="" type="checkbox"/> FL-141 Declaration Regarding Service of Declaration of Disclosure</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;"><input checked="" type="checkbox"/> Envelope addressed to the other party with postage</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;"><input checked="" type="checkbox"/> Envelope addressed to yourself (for clerk to mail you hearing date)</td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> FL-142 Schedule of Assets and Debts (only if there are changes)</td> <td></td> <td style="padding: 5px;">1 for Respondent</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> FL-150 Income and Expense Declaration (only if there are changes)</td> <td></td> <td style="padding: 5px;">1 for Respondent</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> FL-160 Community Property Declaration (only if FL-100 lists items)</td> <td></td> <td style="padding: 5px;">1 for Respondent</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> FL-160 Separate Property Declaration (only if FL-100 lists items)</td> <td></td> <td style="padding: 5px;">1 for Respondent</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> FLF-2 Declaration and Order Regarding Parenting Class (only if there are minor children and Respondent did not complete the class)</td> <td></td> <td style="padding: 5px;">1 for Respondent</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> FL-335 Proof of Service by Mail</td> <td></td> <td></td> </tr> </tbody> </table>	Originals Needed	www.courts.ca.gov	Copies Needed	<input checked="" type="checkbox"/> CVDF010 Request for Default Setting		1 for you	<input checked="" type="checkbox"/> FL-165 Request to Enter Default		1 for Court	<input checked="" type="checkbox"/> FL-141 Declaration Regarding Service of Declaration of Disclosure			<input checked="" type="checkbox"/> Envelope addressed to the other party with postage			<input checked="" type="checkbox"/> Envelope addressed to yourself (for clerk to mail you hearing date)			<input type="checkbox"/> FL-142 Schedule of Assets and Debts (only if there are changes)		1 for Respondent	<input type="checkbox"/> FL-150 Income and Expense Declaration (only if there are changes)		1 for Respondent	<input type="checkbox"/> FL-160 Community Property Declaration (only if FL-100 lists items)		1 for Respondent	<input type="checkbox"/> FL-160 Separate Property Declaration (only if FL-100 lists items)		1 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 for Respondent	<input type="checkbox"/> FL-335 Proof of Service by Mail		
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3	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(s). The person who mails these papers must complete and sign the FL-335 Proof of Service by Mail.																								
4	FILE PAPERS & ENVELOPES	File with the Court Clerk all documents checked above in Steps 2 & 3 (except FL-142) including originals, copies for Court and self-addressed stamped envelopes. The clerk will either give you a date and time for your default hearing or will mail this information to you in the envelope you provide.																								
5	ATTEND YOUR HEARING	Go to court on the day of your hearing. Review the Default Hearing Checklist below to prepare for your hearing. At the hearing the judge will make orders regarding all the issues in your case including the status of your marriage, child custody visitation, child and spousal support and division of assets and debts.																								
6	GET MINUTE ORDER	The minute order is the Clerk's notes of what the judge ordered on the day of your hearing. About 10 days after your hearing, the minute order may be ready for you to purchase a copy from the Court Clerk's Office. The minute order is usually 1 or 2 pages and each page will cost .50 cents.																								
7	PREPARE FINAL JUDGMENT PAPERS	<p>To finish your case, you must complete the following forms and 2-hole punch the originals at the top. If you want the Self-Help Center / Family Law Facilitator to review your forms, then don't make copies until the completed originals are reviewed.</p> <table border="1" data-bbox="380 936 1523 1705"> <thead> <tr> <th data-bbox="380 936 1354 1003">Originals Needed</th> <th data-bbox="737 957 987 989">www.courts.ca.gov</th> <th data-bbox="1354 936 1523 1003">Copies Needed</th> </tr> </thead> <tbody> <tr> <td data-bbox="380 1003 444 1045"><input checked="" type="checkbox"/></td> <td data-bbox="444 1003 1354 1045">FL-190 Notice of Entry of Judgment</td> <td data-bbox="1354 1003 1523 1045">2 for Court</td> </tr> <tr> <td data-bbox="380 1045 444 1520"><input checked="" type="checkbox"/></td> <td data-bbox="444 1045 1354 1520"> FL-180 Judgment and staple only the attachments necessary to mirror the orders listed in your minute order: <input type="checkbox"/> FL-341 Child Custody & Visitation Attachment <input type="checkbox"/> FL-341(A) Supervised Visitation Attachment <input type="checkbox"/> FL-341(B) Child Abduction Attachment <input type="checkbox"/> FL-342 Child Support Attachment (w/DissoMaster) <input type="checkbox"/> FL-192 Notices Re: Child Support <input type="checkbox"/> Copy of Existing DCSS Child Support Order <input type="checkbox"/> FL-343 Spousal, Partner or Family Support Order Attachment <input type="checkbox"/> FL-345 Property Orders Attachment <input type="checkbox"/> FL-348 Pension Benefits Attachment to Judgment <input type="checkbox"/> DCSS signature needed if DCSS case is filed (go to 1200 Monterey St. in SLO before filing Judgment with the Court) </td> <td data-bbox="1354 1045 1523 1520">3 for Court</td> </tr> <tr> <td data-bbox="380 1520 444 1562"><input checked="" type="checkbox"/></td> <td data-bbox="444 1520 1354 1562">1 manila envelope addressed to you with postage</td> <td data-bbox="1354 1520 1523 1562"></td> </tr> <tr> <td data-bbox="380 1562 444 1604"><input checked="" type="checkbox"/></td> <td data-bbox="444 1562 1354 1604">1 legal-sized envelope addressed to the other party with postage</td> <td data-bbox="1354 1562 1523 1604"></td> </tr> <tr> <td data-bbox="380 1604 444 1646"><input type="checkbox"/></td> <td data-bbox="444 1604 1354 1646">FL-191 Child Support Case Registry (only if minor children)</td> <td data-bbox="1354 1604 1523 1646"></td> </tr> <tr> <td data-bbox="380 1646 444 1688"><input type="checkbox"/></td> <td data-bbox="444 1646 1354 1688">FL-195 Income Withholding for Support</td> <td data-bbox="1354 1646 1523 1688">2 for Court</td> </tr> <tr> <td data-bbox="380 1688 444 1705"><input type="checkbox"/></td> <td data-bbox="444 1688 1354 1705">FL-435 Earnings Assignment Order for Spousal or Partner Support</td> <td data-bbox="1354 1688 1523 1705">2 for Court</td> </tr> </tbody> </table>	Originals Needed	www.courts.ca.gov	Copies Needed	<input checked="" type="checkbox"/>	FL-190 Notice of Entry of Judgment	2 for Court	<input checked="" type="checkbox"/>	FL-180 Judgment and staple only the attachments necessary to mirror the orders listed in your minute order: <input type="checkbox"/> FL-341 Child Custody & Visitation Attachment <input type="checkbox"/> FL-341(A) Supervised Visitation Attachment <input type="checkbox"/> FL-341(B) Child Abduction Attachment <input type="checkbox"/> FL-342 Child Support Attachment (w/DissoMaster) <input type="checkbox"/> FL-192 Notices Re: Child Support <input type="checkbox"/> Copy of Existing DCSS Child Support Order <input type="checkbox"/> FL-343 Spousal, Partner or Family Support Order Attachment <input type="checkbox"/> FL-345 Property Orders Attachment <input type="checkbox"/> FL-348 Pension Benefits Attachment to Judgment <input type="checkbox"/> DCSS signature needed if DCSS case is filed (go to 1200 Monterey St. in SLO before filing Judgment with the Court)	3 for Court	<input checked="" type="checkbox"/>	1 manila envelope addressed to you with postage		<input checked="" type="checkbox"/>	1 legal-sized envelope addressed to the other party with postage		<input type="checkbox"/>	FL-191 Child Support Case Registry (only if minor children)		<input type="checkbox"/>	FL-195 Income Withholding for Support	2 for Court	<input type="checkbox"/>	FL-435 Earnings Assignment Order for Spousal or Partner Support	2 for Court
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8	FILE PAPERS	File with the Court Clerk all documents listed above in Step 7 including originals, copies for Court and self-addressed stamped envelopes.																								
9	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.																								

10	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.
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Default Hearing Checklist

1. Status of Marriage

Standard: Irreconcilable differences have arisen. If you were married, then the judge will want to know if "irreconcilable differences have arisen leading to the irremediable breakdown of the marriage." This means that there has been a breakdown of the marriage and that no amount of counseling will reunite the two of you.

2. Child Custody and Visitation

Standard: Best Interest of Child. If there are minor children of the marriage, then you will want to explain to the judge what you want and why. If you are requesting no or supervised visitation don't forget to tell the judge why you believe your proposal is in the best interests of the child or children.

3. Child Support Health Insurance Child Care

Main Factors: Dad's Income, Mom's Income, Percentage of Time each Parent.

If you are going to request a specific amount of child support at your default hearing, you may have the Self-Help Center / Family Law Facilitator calculate the possible guideline child support amount or you may want to calculate it on your own at www.childsup.ca.gov. In order to calculate child support you should bring a copy of your FL-150 Income and Expense Declaration. Also, you will have to make an estimate for the judge as to the other parent's gross income before taxes. If you tell the judge, "I don't know what s/he makes," then the judge will have a difficult time making an order. Remember, you know more about what the other parent earns or is able to earn than the judge does. For this reason, you can describe the other parent's occupation, experience, etc., and let the judge know what you believe the other parent is capable of earning. The judge can then use this figure in setting the other parent's earnings.

At your hearing, you may also request an order that the other parent carry the minor children on health insurance available through the other parent's employment even if they don't have insurance now. The judge may make the same order for you that each of you carry the children on insurance that is available at no or reasonable cost through your employment. You may also request that each parent pay one-half of any reasonable health care expenses that are not covered by insurance.

If you incur child care expenses while you are at work or school, you may request that the other parent pay for one-half of any child care expenses incurred while you are at work or school.

If there is a case with the Department of Child Support Services, you will want to let the judge know this. Bring a copy of the child support order with you to your hearing. If the case is in another county, you will want to tell the judge the name of the other county where the DCSS case is located.

4. Spousal Support

Main Factors: Ability to pay; need for support; standard of living during marriage; length of marriage; age and health of each spouse; how much income each can earn on their own; expenses of each spouse; whether there are minor children at home; history of the way the couple handled money during the marriage; what each person needs; what each person pays or can pay (including earnings and earning capacity); whether having a job would make it too hard to take care of the minor children; debts and property; whether one spouse or domestic partner helped the other get an education, training, career, or professional license; whether there was domestic violence in the marriage or domestic partnership; whether one spouse's, or domestic partner's, career was affected by unemployment, or by taking care of the children or home, and; the tax impact of spousal support.

If you want to request a specific amount of spousal support, you will need to tell the judge all the facts in your case that are related to the factors listed above.

If you do not ever want spousal support (now or in the future), then let the judge know you are “waiving” spousal support. If you waive spousal support, you will never be able to ask for spousal support in the future, even if you need it. If you have a marriage of 10 years or more the court will want you to explain why this is a reasonable request.

If you do not ever want to pay spousal support to the other party, then let the judge know that you want to “terminate jurisdiction” over the issue of spousal support. If you have a marriage of 10 years or more the court will want you to explain why this is a reasonable request.

If you want the court to make spousal support orders in the future, then let the judge know that you want to “reserve jurisdiction” over the issue of spousal support.

5. Assets and Debts

Standard: Equal Division of Community Property and Debt. Remember that community property is defined as any asset or debt that was purchased or incurred after date of marriage and before date of separation. There are some exceptions to this rule, such as gifts or inheritance. Generally, in a default hearing the court wants to be able to divide that community property assets and debts equally between the parties.

If there are assets or debts to be divided by the judge, you should review the FL-160 Property Declaration(s) that you previously completed. If you are requesting that the community property assets and debts be divided unequally, you will need to tell the judge why your unequal proposal for division is a fair and equitable division.

If you are requesting that the court divide a pension or retirement plan then you may need to seek legal advice from an attorney before you get divorced. In most cases, the pension plan will not be able to disburse any money until a Qualified Domestic Relations Order (QDRO) is signed by the judge. In addition, if the employee spouse dies before a QDRO is signed then the pension will not pay out any money to the spouse.

6. Restoring of your Former Name

If you want the judge to order that your name be restored to your former name, be sure to request this at the time of your hearing.

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	FOR COURT USE ONLY
SUPERIOR COURT OF SAN LUIS OBISPO COUNTY Civil Court Operations <input checked="" type="checkbox"/> San Luis Obispo Branch , County Government Center, 1035 Palm Street, Rm 385, San Luis Obispo, CA 93408 <input type="checkbox"/> Grover Beach Branch , 214 South 16th Street, Grover Beach, CA 93433 <input type="checkbox"/> Paso Robles Branch , 901 Park Street, Paso Robles, CA 93446	
Plaintiff/Petitioner: Pat Sample Defendant/Respondent: Sam Sample	
REQUEST FOR DEFAULT SETTING (Domestic Relations & Civil Actions)	CASE NUMBER: FL110572

TO THE CLERK OF THE COURT:

Request is hereby made that the within matter for (check appropriate box)

- CIVIL ACTION UNLAWFUL DETAINER
 DISSOLUTION NULLITY/LEGAL SEPARATION

be set on the default calendar as set forth below for the following:

- for entry of default* testimony

DATE:

TIME:

DEPT:

DATED: **5/10/2011**

SIGNED: Pat Sample

ATTORNEY FOR MOVING PARTY OR PARTY WITHOUT ATTORNEY

*default not entered by clerk

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	FOR COURT USE ONLY CASE NUMBER: FL110572
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:	
PETITIONER: Pat Sample RESPONDENT: Sam Sample	
REQUEST TO ENTER DEFAULT	

- To the clerk:** Please enter the default of the respondent who has failed to respond to the petition.
- 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):
 - there have been no changes since the previous filing.
 - the issues subject to disposition by the court in this proceeding are the subject of a written agreement.
 - there are no issues of child, spousal, or partner support or attorney fees and costs subject to determination by the court.
 - the petition does not request money, property, costs, or attorney fees. (Fam. Code, §2330.5.)
 - there are no issues of division of community property.
 - this is an action to establish parental relationship.

Date: **5/10/11**

Pat Sample _____
(TYPE OR PRINT NAME)

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

- Declaration**
 - No mailing is required because service was by publication or posting and the address of the respondent remains unknown.
 - 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: **5/10/11**

Pat Sample _____
(TYPE OR PRINT NAME)

▶ **Pat Sample** _____
(SIGNATURE OF DECLARANT)

FOR COURT USE ONLY	
<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 not entered. Reason:
Clerk, by _____, Deputy	

CASE NAME (Last name, first name of each party): Sample, Pat and Sam	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: **5/10/11**

Pat Sample _____
(TYPE OR PRINT NAME)

▶ *Pat Sample* _____
(SIGNATURE OF DECLARANT)

5. **Declaration of nonmilitary status.** The respondent is not in the military service of the United States as defined in section 511 et seq. of the Servicemembers Civil Relief Act (50 U.S.C. Appen. § 501 et seq.), and is not entitled to the benefits of such act.

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

Date: **5/10/11**

Pat Sample _____
(TYPE OR PRINT NAME)

▶ *Pat Sample* _____
(SIGNATURE OF DECLARANT)

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	FOR COURT USE ONLY
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PETITIONER: Pat Sample RESPONDENT: Sam Sample	
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	CASE NUMBER: FL110572

1. I am the attorney for petitioner respondent in this matter.

2. Petitioner's respondent's *Preliminary Declaration of Disclosure* (form FL-140) and current* *Income and Expense Declaration* (form FL-150) were served on attorney for the other party by: personal service mail other (specify):

on (date): **4/4/2011**

3. Petitioner's respondent's *Final Declaration of Disclosure* (form FL-140) and current *Income and Expense Declaration* (form FL-150) were served on attorney for the other party by: personal service mail other (specify):

on (date):

4. Service of petitioner's respondent's preliminary final declaration of disclosure current income and expense declaration has been waived as follows:
 - a. The parties agreed to waive final declaration of disclosure requirements under Family Code section 2105(d). The waiver was filed on (date):
 - b. The party has failed to comply with disclosure requirements and the court granted the request for voluntary waiver of receipt under Family Code section 2107 on (date):
 - c. This is a default proceeding. Petitioner waives the final declaration 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 5.128.)

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)

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.

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	FOR COURT USE ONLY
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PETITIONER/PLAINTIFF: Pat Sample RESPONDENT/DEFENDANT: Sam Sample OTHER PARENT/PARTY:	(If applicable, provide): HEARING DATE: HEARING TIME: DEPT.:
PROOF OF SERVICE BY MAIL	

NOTICE: To serve temporary restraining orders you must use personal service (see form FL-330).

1. I am at least 18 years of age, not a party to this action, and I am a resident of or employed in the county where the mailing took place.
2. My residence or business address is:
2020 Osos Street
San Luis Obispo, CA 93401
3. I served a copy of the following documents (specify) :
Community Property Declaration and Declaration and Order Regarding Parenting Class

 by enclosing them in an envelope AND
 - a. **depositing** the sealed envelope with the United States Postal Service with the postage fully prepaid.
 - b. **placing** the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.
4. The envelope was addressed and mailed as follows:
 - a. Name of person served: **Sam Sample**
 - b. Address: **333 Oak Street**
San Luis Obispo, CA 93401
 - c. Date mailed: **5/15/2011**
 - d. Place of mailing (city and state): **San Luis Obispo, CA 93401**
5. I served a request to modify a child custody, visitation, or child support judgment or permanent order which included an address verification declaration. (Declaration Regarding Address Verification—Postjudgment Request to Modify a Child Custody, Visitation, or Child Support Order (form FL-334) may be used for this purpose.)
6. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: **5/15/2011**

Carrie Friend

(TYPE OR PRINT NAME)

▶ *Carrie Friend*

(SIGNATURE OF PERSON COMPLETING THIS FORM)

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	FOR COURT USE ONLY
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:	
PETITIONER: Pat Sample RESPONDENT: Sam Sample	
<input checked="" type="checkbox"/> PETITIONER'S <input type="checkbox"/> RESPONDENT'S <input checked="" type="checkbox"/> COMMUNITY AND QUASI-COMMUNITY PROPERTY DECLARATION <input type="checkbox"/> SEPARATE PROPERTY DECLARATION	CASE NUMBER: FL110572

INSTRUCTIONS

When this form is attached to the *Petition* or *Response*, values and your proposal regarding division need not be completed. Do not list community, including quasi-community, property with separate property on the same form. Quasi-community property must be so identified. For additional space, use *Continuation of Property Declaration* (form FL-161).

ITEM NO.	BRIEF DESCRIPTION	GROSS FAIR MARKET VALUE	AMOUNT OF DEBT	NET FAIR MARKET VALUE	PROPOSAL FOR DIVISION	
					Award to:	
					PETITIONER	RESPONDENT
1.	REAL ESTATE 1234 Main Street, San Luis Obispo, CA 93401	\$ 475,000	\$ -468,000	\$ 7,000	\$ 7,000	\$ 0
2.	HOUSEHOLD FURNITURE, FURNISHINGS, APPLIANCES Living Room Furniture Television Washer & Dryer	150 50 200	0 0 0	150 50 200	0 0 200	150 50
3.	JEWELRY, ANTIQUES, ART, COIN COLLECTIONS, etc.					
4.	VEHICLES, BOATS, TRAILERS 2008 Honda Accord 2007 Ford F150	15,280 10,065	-11,880 -4,500	3,400 5,565	3,400 0	0 5,565

ITEM NO.	BRIEF DESCRIPTION	GROSS FAIR MARKET VALUE	AMOUNT OF DEBT	NET FAIR MARKET VALUE	PROPOSAL FOR DIVISION	
					Award to:	
					PETITIONER	RESPONDENT
5.	SAVINGS, CHECKING, CREDIT UNION, CASH Bank of America Savings Bank of America Checking	\$ 3,000 100	\$ 0 0	\$ 3,000 100	\$ 0 100	\$ 3,000 0
6.	LIFE INSURANCE (CASH VALUE)					
7.	EQUIPMENT, MACHINERY, LIVESTOCK					
8.	STOCKS, BONDS, SECURED NOTES					
9.	RETIREMENT, PENSION, PROFIT-SHARING, ANNUITIES CalPERS 401K	20,000 10,000	0 0	20,000 10,000	10,000 5,000	10,000 5,000
10.	ACCOUNTS RECEIVABLE, UNSECURED NOTES, TAX REFUNDS 2010 Tax Refund	1,400	0	1,400	0	1,400
11.	PARTNERSHIPS, OTHER BUSINESS INTERESTS					
12.	OTHER ASSETS AND DEBTS Target Credit Card Bank of America Visa Sears Credit Card Master Card		-1,200 -5,000 -400 -2,800	-1,200 -5,000 -400 -2,800	0 -5,000 0 0	-1,200 0 -400 -2,800
13.	TOTAL FROM CONTINUATION SHEET					
14.	TOTALS	535,245	-493,780	41,465	20,700	20,765

15. A Continuation of Property Declaration (form FL-161) is attached and incorporated by reference.

I declare under penalty of perjury under the laws of the State of California that, to the best of my knowledge, the foregoing is a true and correct listing of assets and obligations and the amounts shown are correct.

Date: **7/18/11**

Pat Sample

(TYPE OR PRINT NAME)

Pat Sample

(SIGNATURE)

1 Pat Sample
2 1234 Main Street
3 San Luis Obispo, CA 93401
4
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6
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8
9 SUPERIOR COURT OF THE STATE OF CALIFORNIA
10 FOR THE COUNTY OF SAN LUIS OBISPO

11 In re the Marriage of:)
12)
13 Pat Sample) Case No.: FL110572
14) Petitioner,) DECLARATION AND ORDER REGARDING
15) and) PARENTING CLASS
16)
17) Sam Sample)
18) Respondent.)

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: 5-15-11

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

STOP

Complete the following documents after your hearing and after you obtain a copy of your minute order from your court file. Please refer to steps 5 – 10 in the instructions.

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	FOR COURT USE ONLY
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:	
PETITIONER: Pat Sample RESPONDENT: Sam Sample	
NOTICE OF ENTRY OF JUDGMENT	CASE NUMBER: FL110572

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): 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	FOR COURT USE ONLY SAMPLE DEFAULT JUDGMENT AFTER HEARING
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:	
MARRIAGE OR PARTNERSHIP OF PETITIONER: Pat Sample RESPONDENT: Sam Sample	
<input checked="" type="checkbox"/> DISSOLUTION <input type="checkbox"/> JUDGMENT <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: 10/5/2011	CASE NUMBER: FL110572

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: **6/1/2011** Dept.: **P1** Room: _____
 b. Judicial officer (name): **E. Jeffrey Burke** 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): Sample, Pat and Sam	CASE NUMBER: FL110572
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4. i. The children of this marriage or domestic partnership are:
- (1) Name Birthdate
- | | |
|---------------------|---------------|
| Chad Sample | 1/2/05 |
| Cindy Sample | 5/2/10 |
- (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: _____

JUDICIAL OFFICER

5. Number of pages attached: 14

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/PLAINTIFF: Pat Sample	CASE NUMBER: FL110572
RESPONDENT/DEFENDANT: Sam Sample	

CHILD CUSTODY AND VISITATION (PARENTING TIME) ORDER ATTACHMENT

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

1. **Jurisdiction.** This court has jurisdiction to make child custody orders in this case under the Uniform Child Custody Jurisdiction and Enforcement Act (part 3 of the California Family Code, commencing with section 3400).
2. **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.
3. **Country of habitual residence.** The country of habitual residence of the child or children in this case is the United States other (specify):
4. **Penalties for violating this order.** If you violate this order, you may be subject to civil or criminal penalties, or both.
5. **Custody.** Custody of the minor children of the parties is awarded as follows:

<u>Child's name</u>	<u>Date of birth</u>	<u>Legal custody to</u> <i>(person who makes decisions about health, education, etc.)</i>	<u>Physical custody to</u> <i>(person with whom the child lives)</i>
Chad Sample	1/2/2005	Pat Sample	Pat Sample
Cindy Sample	5/2/2010	Pat Sample	Pat Sample

6. **Child abduction prevention.** There is a risk that one of the parents will take the children out of California without the other parent's permission. (*Child Abduction Prevention Orders Attachment* (form FL-341(B)) must be attached and must be obeyed.)

7. **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 mediation at (specify location):
 - d. No visitation
 - e. Visitation (parenting time) for the petitioner respondent other (name):
will be as follows:

(1) **Weekends starting (date):**
(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.
(day of week) (time)
 to **Sunday** at **7:00** a.m. p.m.
(day of week) (time)

- (a) The parents will alternate the fifth weekends, with the petitioner respondent other (name): having the initial fifth weekend, which starts (date):
- (b) The petitioner will have fifth weekends in odd even months.

THIS IS A COURT ORDER.

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

PETITIONER/PLAINTIFF: Pat Sample RESPONDENT/DEFENDANT: Sam Sample	CASE NUMBER: FL110572
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7. e. (2) **Alternate weekends starting (date):**
 The petitioner respondent other (name): _____ will have the children
 with him or her during the period

from _____ at _____ a.m. p.m.
 (day of week) (time)

to _____ at _____ a.m. p.m.
 (day of week) (time)

(3) **Weekdays starting (date):**
 The petitioner respondent other (name): _____ will have the children
 with him or her during the period

from **Wednesday** at **3:00** a.m. p.m.
 (day of week) (time)

to **Wednesday** at **8:00** a.m. p.m.
 (day of week) (time)

(4) **Other (specify days and times as well as any additional restrictions):**

See Attachment 7e(4).

8. **The court acknowledges** that criminal protective orders in case number (specify): _____
 in (specify court): _____ relating to the parties in this case are in effect
 under Penal Code section 136.2, are current, and have priority of enforcement.

9. **Supervised visitation.** Until further order of the court other (specify): _____
 the petitioner respondent other (name): _____ will have supervised visitation with
 the minor children according to the schedule

set forth on page 1. (You must attach **Supervised Visitation Order (form FL-341(A))**)

10. **Transportation for visitation**
- a. The children must be driven only by a licensed and insured driver. The car or truck must have legal child restraint devices.
 - b. Transportation to 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 parent driving the children will wait in the car and the other parent will wait in his or
 her home while the children go between the car and the home.
 - g. Other (specify): _____

11. **Travel with children.** The petitioner respondent other (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/PLAINTIFF: Pat Sample RESPONDENT/DEFENDANT: Sam Sample	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. **Other (specify):**

THIS IS A COURT ORDER.

PETITIONER/PLAINTIFF: Pat Sample RESPONDENT/DEFENDANT: Sam Sample OTHER PARENT:	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)
 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: \$	3,010.00	\$	2,754.00	<input type="checkbox"/>
Respondent/defendant: \$	7,000.00	\$	4,879.00	<input type="checkbox"/>
Other parent: \$		\$		<input type="checkbox"/>

b. Imputation of income. The court finds that the petitioner/plaintiff respondent/defendant other parent 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: | | % |

4. **Hardships**
- Hardships for the following have been allowed in calculating child support:
- | | <u>Petitioner/
plaintiff</u> | <u>Respondent/
defendant</u> | <u>Other parent</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 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 | 584.00 | Pat Sample |
| Cindy Sample | 5/2/2010 | 1,033.00 | 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:	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 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 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 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 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.

Total child support per month: \$ 1,617.00

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 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 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.

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 is ordered to seek employment with the following terms and conditions:

THIS IS A COURT ORDER.



PETITIONER/PLAINTIFF: Pat Sample RESPONDENT/DEFENDANT: Sam Sample OTHER PARENT:	CASE NUMBER: FL110572
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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	Gdln.	Prop.
Party Info	Father	Mother	Nets (adjusted)	Comb. net spendable	7633	7748
Number of children	0	2	Father	4879	Percent change	0%
% 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
# federal exemptions	1*	3*	Support		Net spendable income	2855
Wages + salary	7000	3010	Presumed CS	1617	Change from guideline	0
Self-employment income	0	0	Basic CS	1617	% of combined spendable	37.4%
Other taxable income	0	0	Add-ons	0	% of saving over guideline	0%
TANF plus CS received	0	0	Per Kid		Total Taxes	1991
Other nontaxable income	0	0	Child 1	584	Dep. exemptions value	0
New-spouse income	0	0	Child 2	1033	# withholding allowances	3
Wages + Salary	0	0	S. Clara SS	407	Net wage paycheck	4964
Self-employment income	0	0	Total	2024	Mother	
SS paid other marriage	0	0	Proposed, Tactic 9		Payment benefit	1878
Retirement contrib. if ATI	0	0	Presumed CS	1741	Net spendable income	4778
Required union dues	0	0	S. Clara SS	649	Change from guideline	0
Nec. Job-related exp.	0	0	Total	2391	% of combined spendable	62.6%
Adj. income (ATI)	0	0	Comb. Savings	115	% of saving over guideline	0%
SS paid other marriage	0	0	Total releases	2	Total Taxes	256
CS paid other relationship	0	0	to Father		Dep. exemptions value	0
Health insurance	120	0	Default Case Settings		# withholding allowances	7
Itemized deductions	0	0	Default Tax Settings		Net wage paycheck	2736
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				

NOTICE OF RIGHTS AND RESPONSIBILITIES
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. Disputed charges.** If you dispute a charge, you may file a motion in court to resolve the dispute, but only if you pay that charge before filing your motion.

If you claim that the other party has failed to reimburse you for a payment, or the other party has failed to make a payment to the provider after proper notice has been given, you may file a motion in court to resolve the dispute. The court will presume that if uninsured costs have been paid, those costs were reasonable. The court may award attorney fees and costs against a party who has been unreasonable.

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 party 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 party 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 party incurring those costs.

General Information

The court has just made a child support order in your case. This order will remain the same unless a party to the action requests that the support be changed (modified). An order for child support can be modified only by filing a motion to change child support and serving each party involved in your case. If both parents and the local child support agency (if it is involved) agree on a new child support amount, you can complete, have all parties sign, and file with the court a *Stipulation to Establish or Modify Child Support and Order* (form FL-350) or *Stipulation and Order (Governmental)* (form FL-625).

When a Child Support Order May Be Modified

The court takes several things into account when ordering the payment of child support. First, the number of children is considered. Next, the net incomes of both parents are determined, along with the percentage of time each parent has physical custody of the children. The court considers both parties' tax filing status and may consider hardships, such as a child of another relationship. An existing order for child support may be modified when the net income of one of the parents changes significantly, the parenting schedule changes significantly, 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 open with the local child support agency, you must fill out one of these forms:

- FL-680, *Notice of Motion (Governmental)* **or** FL-683 *Order to Show Cause (Governmental)* **and**
- FL-684, *Request for Order and Supporting Declaration (Governmental)*

If you are asking to change a child support order that is **not** open with the local child support agency, you must fill out one of these forms:

- FL-301, *Notice of Motion* **or** FL-300, *Order to Show Cause* **and**
- FL-310, *Application for Order and Supporting Declaration* **or**
- 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:

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

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

Talk to the family law facilitator at your court.

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 will ask you to pay a filing fee. If you cannot afford the fee, fill out these forms, too:

- Form FW-001, *Application for Waiver of Court Fees and Costs*
- Form FW-003, *Order on Application for Waiver of Court Fees and Costs*

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 determine court and calendar days, go to

www.courtinfo.ca.gov/selfhelp/courtcalendars/.

The server must also serve blank copies of these forms:

- FL-320, *Responsive Declaration to Order to Show Cause or Notice of Motion* **and** FL-150, *Income and Expense Declaration*, **or**
- FL-155, *Financial Statement (Simplified)*

Then the server fills out and signs a *Proof of Service* (form FL-330 or FL-335). Take this form to the clerk and file it.

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:

- FL-340, *Findings and Order After Hearing* **and**
- FL-342, *Child Support Information and Order Attachment*

Need help?

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

PETITIONER/PLAINTIFF: Pat Sample RESPONDENT/DEFENDANT: Sam Sample OTHER PARENT:	CASE NUMBER: FL110572
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SPOUSAL, PARTNER, OR FAMILY SUPPORT ORDER ATTACHMENT

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

THE COURT FINDS

1. **Net income.** The parties' monthly income and deductions are as follows (complete a, b, or both):

	Total gross monthly income	Total monthly deductions	Total hardship deductions	Net monthly disposable income
a. Petitioner: <input type="checkbox"/> receiving TANF/CalWORKS \$	3,010 \$		\$	\$ 2,754
b. Respondent: <input type="checkbox"/> receiving TANF/CalWORKS \$	7,000 \$		\$	\$ 4,879

2. A printout of a computer calculation of the parties' financial circumstances is attached for all required items not filled out above (for temporary support only).

3. **Judgment for spousal or partner support**

- a. Modifies a judgment or order entered on (date):
 b. The parties were married for (specify numbers): 15 years ____ months.
 c. The parties were registered as domestic partners or the equivalent on (specify numbers): ____ years ____ months.
 d. The parties are both self-supporting, as shown on the Declaration for Default or Uncontested Dissolution or Legal Separation (form FL-170).
 e. The marital standard of living was (describe):

See Attachment 3d.

THE COURT ORDERS

4. The issue of spousal or partner support for the petitioner respondent is reserved for a later determination.
 5. The court terminates jurisdiction over the issue of spousal or partner support for the petitioner respondent.
 6. a. The petitioner respondent must pay to the petitioner respondent as temporary spousal support family support partner support \$ **407** per month, beginning (date): **7/1/2011**, payable through (specify end date):

payable on the (specify): **1st** day of each month.
 Other (specify):

- b. Support must be paid by check, money order, or cash. The support payor's obligation to pay support will terminate on the death of either party, remarriage, or registration of a new domestic partnership of the support payee.
 c. An earnings assignment for the foregoing support will issue. (Note: The payor of spousal, family, or partner support is responsible for the payment of support directly to the recipient until support payments are deducted from the payor's earnings, and for any support not paid by the assignment.)
 d. Service of the earnings assignment is stayed provided the payor is not more than (specify number): ____ days late in the payment of spousal, family, or partner support.

THIS IS A COURT ORDER.

SPOUSAL, PARTNER, OR FAMILY SUPPORT ORDER ATTACHMENT
 (Family Law)

PETITIONER/PLAINTIFF: Pat Sample RESPONDENT/DEFENDANT: Sam Sample OTHER PARENT:	CASE NUMBER: FL110572
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- 7. The petitioner respondent should make reasonable efforts to assist in providing for his or her support needs.
- 8. The parties must promptly inform each other of any change of employment, including the employer's name, address, and telephone number.
- 9. This order is for family support. 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. The parents must notify the court of any change of information submitted within 10 days of the change by filing an updated form. A *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.
- 10. Notice: If this form is attached to *Restraining Order After Hearing (CLETS-OAH) (Order of Protection)* (form DV-130), the orders issued on this form (FL-343) do not expire upon termination of the restraining orders issued on form DV-130.
- 11. Other orders (*specify*):

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

THIS IS A COURT ORDER.

SPOUSAL, PARTNER, OR FAMILY SUPPORT ORDER ATTACHMENT
(Family Law)

PETITIONER: Pat Sample	CASE NUMBER:
RESPONDENT: Sam Sample	FL110572

- e. Other orders:

- f. Each party will be solely responsible for paying the debts assigned to him or her and will hold the other harmless from those debts. The parties understand that the 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 motion to seek reimbursement from the defaulting party.
- g. The court reserves jurisdiction to divide any community debts not listed here.

- 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 (*specify*):

- 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 (*date*): _____ 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: Pat Sample	CASE NUMBER: FL110572
RESPONDENT/DEFENDANT: Sam Sample	

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: Pat Sample	Name of respondent: Sam Sample
Address of petitioner: 1234 Main Street San Luis Obispo, CA 93401	Address of respondent: 333 Oak Street San Luis Obispo, CA 93401
Date of marriage or registration of domestic partnership: 3/21/2000	Date of separation: 5/3/2009

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): 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	COURT PERSONNEL: STAMP DATE RECEIVED HERE DO NOT FILE
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:	
PETITIONER/PLAINTIFF: Pat Sample RESPONDENT/DEFENDANT: Sam Sample OTHER PARENT:	
CHILD SUPPORT CASE REGISTRY FORM <input checked="" type="checkbox"/> Mother <input type="checkbox"/> First form completed <input type="checkbox"/> Father <input checked="" type="checkbox"/> Change to previous information	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:

<u>Child Support:</u> (1) <input checked="" type="checkbox"/> Current \$ 1,617 base child support: <input type="checkbox"/> Reserved order <input type="checkbox"/> \$0 (zero) order (2) <input type="checkbox"/> Additional \$ monthly support: (3) <input type="checkbox"/> Total \$ past-due support: (4) <input type="checkbox"/> Payment \$ 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) :	<u>Family Support:</u> <input type="checkbox"/> Current \$ base family support: <input type="checkbox"/> Reserved order <input type="checkbox"/> \$0 (zero) order <input type="checkbox"/> Additional \$ monthly support: <input type="checkbox"/> Total \$ past-due support: <input type="checkbox"/> Payment \$ on past-due support:	<u>Spousal Support:</u> <input checked="" type="checkbox"/> Current \$ 407 spousal support: <input type="checkbox"/> Reserved order <input type="checkbox"/> \$0 (zero) order <input type="checkbox"/> Total \$ past-due support: <input type="checkbox"/> Payment \$ on past-due support:
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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
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4. The child support order is for the following children:

	<u>Child's name</u>	<u>Date of birth</u>	<u>Social security number</u>
a.	Chad Sample	1/2/05	555-55-5555
b.	Cinday Sample	5/2/10	777-77-7777
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) 555-5555**
- g. Employed Not employed Self-employed
Employer's name: **French Hospital**

Street address: **1911 Johnson Avenue**

City, state, zip code: **San Luis Obispo, CA 93401**
Telephone number: **(805) 555-9999**

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) 555-1234**
- g. Employed Not employed Self-employed
Employer's name: **Costco**

Street address: **572 Higuera Street**

City, state, zip code: **San Luis Obispo, CA 93401**
Telephone number: **(805) 297-5555**

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)

INCOME WITHHOLDING FOR SUPPORT

- ORIGINAL INCOME WITHHOLDING ORDER/NOTICE FOR SUPPORT (IWO)
AMENDED IWO
ONE-TIME ORDER/NOTICE FOR LUMP SUM PAYMENT
TERMINATION of IWO

Date:

Child Support Enforcement (CSE) Agency Court Attorney Private Individual/Entity (Check One)

NOTE: This IWO must be regular on its face. Under certain circumstances you must reject this IWO and return it to the sender...

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

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
777 Elm Street Sample, Pat
Anytown, California 93401 Custodial Party/Obligee's Name (Last, First, Middle)

Employer/Income Withholder's FEIN
Child(ren)'s Name(s) (Last, First, Middle) Child(ren)'s Birth Date(s)
Sample, Chad 1/2/2005
Sample, Cindy 5/2/2010

ORDER INFORMATION: This document is based on the support or withholding 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?
\$ Per current cash medical support
\$ Per past-due cash medical support
\$ 407.00 Per Month current spousal support
\$ Per past-due spousal support
\$ Per other (must specify)

for a Total Amount to Withhold of \$ 2,024.00 per Month

AMOUNTS TO WITHHOLD: 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:

\$ 467.07 per weekly pay period \$ 1,012.00 per semimonthly pay period (twice a month)
\$ 934.15 per biweekly pay period (every two weeks) \$ 2,024.00 per monthly pay period
\$ Lump Sum Payment: Do not stop any existing IWO unless you receive a termination order.

REMITTANCE INFORMATION: 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. Send payment within 7 working days of the pay date. If you cannot withhold the full amount of support for any or all orders for this employee/obligor, withhold up to 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, and any allowable employer fees at http://www.acf.hhs.gov/programs/cse/newhire/employer/contacts/contact_map.htm for the employee/obligor's principal place of employment.

Document Tracking Identifier

For electronic payment requirements and centralized payment collection and disbursement facility information (State Disbursement Unit [SDU]), see http://www.acf.hhs.gov/programs/cse/newhire/employer/contacts/contact_map.htm.

Include the **Remittance Identifier with the payment** and if necessary this FIPS code: _____

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

Return to Sender [Completed by Employer/Income Withholder]. Payment must be directed to an SDU in accordance with 42 USC §666(b)(5) and (b)(6) or Tribal payee (see Payments to SDU below). 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.

Signature of Judge/Issuing Official (if required by State or Tribal law): _____
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.

ADDITIONAL INFORMATION FOR EMPLOYERS/INCOME WITHHOLDERS

State-specific contact and withholding information can be found on the Federal Employer Services website located at: http://www.acf.hhs.gov/programs/cse/newhire/employer/contacts/contact_map.htm

Priority: Withholding for support has priority over any other legal process under State law against the same income (USC 42 §666(b)(7)). If a Federal tax levy is in effect, please notify the sender.

Combining Payments: When remitting payments to an SDU or Tribal CSE agency, you may combine withheld amounts from more than one employee/obligor's income in a single payment. You must, however, separately identify each employee/obligor's portion of the payment.

Payments to SDU: You must send child support payments payable by income withholding to the appropriate SDU or to a Tribal CSE agency. If this IWO instructs you to send a payment to an entity other than an SDU (e.g., payable to the custodial party, court, or attorney), you must check the box above and return this notice to the sender. Exception: If this IWO was sent by a Court, Attorney, or Private Individual/Entity and the initial order was entered before January 1, 1994 or the order was issued by a Tribal CSE agency, you must follow the "Remit payment to" instructions on this form.

Reporting the Pay Date: You must report the pay date when sending the payment. The pay date is the date on which the amount was withheld from the employee/obligor's wages. You must comply with the law of the State (or Tribal law if applicable) of the employee/obligor's principal place of employment regarding time periods within which you must implement the withholding and forward the support payments.

Multiple IWOs: 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. Follow the State or Tribal law/procedure of the employee/obligor's principal place of employment to determine the appropriate allocation method.

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.

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. _____

OMB Expiration Date - 05/31/2014. The OMB Expiration Date has no bearing on the termination date of the IWO; it identifies the version of the form currently in use.

Employer's name: ABC Electrical Employer FEIN: _____
Employee/Obligor's Name: Sam Sample
CSE Agency Case Identifier: _____ Order Identifier FL110572

Withholding Limits: You may not withhold more than the lesser of: 1) the amounts allowed by the Federal Consumer Credit Protection Act (CCPA) (15 U.S.C. 1673(b)); or 2) the amounts allowed by the State or Tribe of the employee/obligor's principal place of employment (see *REMITTANCE INFORMATION*). Disposable income is the net income left after making mandatory deductions such as: State, Federal, local taxes; Social Security taxes; statutory pension contributions; and Medicare taxes. The Federal limit is 50% of the disposable income if the obligor is supporting another family and 60% of the disposable income if the obligor is not supporting another family. However, those limits increase 5% - to 55% and 65% - if the arrears are greater than 12 weeks. If permitted by the State or Tribe, you may deduct a fee for administrative costs. The combined support amount and the fee may not exceed the limit indicated in this section.

For Tribal orders, you may not withhold more than the amounts allowed under the law of the issuing Tribe. For Tribal employers/income withholder who receive a State IWO, you may not withhold more than the lesser of the limit set by the law of the jurisdiction in which the employer/income withholder is located or the maximum amount permitted under section 303(d) of the CCPA (15 U.S.C. 1673 (b)).

Depending upon applicable State law or Tribal law, you may need to also consider the amounts paid for health care premiums in determining disposable income and applying appropriate withholding limits.

Arrears greater than 12 weeks? If the *Order Information* does not indicate that the arrears are greater than 12 weeks, then the Employer should calculate the CCPA limit using the lower percentage.

Additional Information: _____

NOTIFICATION OF EMPLOYMENT TERMINATION OR INCOME STATUS: If this employee/obligor never worked for you or you are no longer withholding income for this employee/obligor, an employer must promptly notify the CSE agency and/or the sender by returning this form to the address listed in the Contact information below:

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 phone number: _____
Last known address: _____
Final payment date to SDU/Tribal Payee: _____ Final payment amount: _____
New employer's name: _____
New employer's address: _____

CONTACT INFORMATION

To Employer/Income Withholder: If you have any questions, contact Pat Sample (Issuer name) by phone at (805) 555-1234, by fax at _____, by email or website at: _____.

Send termination notice and other correspondence to: _____
Pat Sample 1234 Main Street, San Luis Obispo, CA 93401 (Issuer address).

To Employer/Obligor: If the employee/obligor has questions, contact State Disbursement Unit (Issuer name) by phone at (866) 325-1010, by fax at _____, by email or website at: www.casdu.com.

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