FINAL JUDGMENT
Forms Packet

(Forms Required to Prepare and file your Judgment of Dissolution or Legal Separation)

In order to determine which forms are required to complete your case, you must first determine the status:

PETITION filed and served, no RESPONSE filed 30 days after completed service and NO AGREEMENT = <u>TRUE DEFAULT CASE</u>

PETITION filed and served, no RESPONSE filed 30 days after completed service but a written AGREEMENT on all issues = <u>DEFAULT CASE</u>

PETITION filed and served, RESPONSE filed and served, and a full written AGREEMENT on all issues = <u>UNCONTESTED CASE</u>

PETITION filed and served, RESPONSE filed and served, but NO WRITTEN AGREEMENT on all issues = <u>CONTESTED CASE</u>

Once that determination has been made, follow the checklist for your case attached. All steps must be completed before your Judgment can be granted.

After completing the forms, make three additional copies and submit them to the clerk's office with self-addressed stamped envelopes as shown on your checklist.

TRUE DEFAULT CASE

(No Response filed 30 days after completed service and no Settlement Agreement)

SUMMONS

PETITION

PRELIMINARY DECLARATION OF DISCLOSURE

Serve with Income and Expense Declaration & Schedule of Assets and Debts

DECLARATION REGARDING SERVICE OF DECLARATION OF DISCLOSURE

File to show that you have complied with Preliminary Declaration of Disclosure

PROOF OF SERVICE

REQUEST TO ENTER DEFAULT

Submit with one (1) self-addressed stamped envelope, addressed to Respondent

DECLARATION FOR DEFAULT OR UNCONTESTED HEARING

JUDGMENT

With attachments dealing with custody/visitation, child support, spousal support and division of property and debts. Cannot request unless originally requested in Petition

NOTICE OF ENTRY OF JUDGMENT

With two (2) self-addressed stamped envelopes, one addressed to you and one addressed to Respondent

DEFAULT CASE

(No Response filed 30 days after completed service, but the parties have a written Settlement Agreement)

SUMMONS

PETITION

PRELIMINARY DECLARATION OF DISCLOSURE

Serve with Income and Expense Declaration & Schedule of Assets and Debts - Both parties must comply

DECLARATION REGARDING SERVICE OF DECLARATION OF DISCLOSURE

Both parties must file to show that you have both complied with Preliminary Declaration of Disclosure

PROOF OF SERVICE

REQUEST TO ENTER DEFAULT

Submit with one (1) self-addressed stamped envelope, addressed to Respondent

DECLARATION REGARDING SERVICE OF FINAL DECLARATION OF DISCLOSURE

Both parties must comply or both must sign the Waiver of Final Declaration of Disclosure

DECLARATION FOR DEFAULT OR UNCONTESTED HEARING

JUDGMENT

With Settlement Agreement dealing with custody/visitation, child support, spousal support and division of property and debts. Both parties must sign the Settlement Agreement and Respondent's signature must be notarized.

NOTICE OF ENTRY OF JUDGMENT

With two (2) self-addressed stamped envelopes, one addressed to you and one addressed to Respondent

UNCONTESTED CASE

(Response filed and the parties have a written Settlement Agreement)

SUMMONS

PETITION

PRELIMINARY DECLARATION OF DISCLOSURE

Serve with Income and Expense Declaration & Schedule of Assets and Debts - Both parties must comply

DECLARATION REGARDING SERVICE OF DECLARATION OF DISCLOSURE

Both parties must file to show that you have both complied with Preliminary Declaration of Disclosure

PROOF OF SERVICE

RESPONSE

DECLARATION REGARDING SERVICE OF FINAL DECLARATION OF DISCLOSURE

Both parties must comply or both must sign the Waiver of Final Declaration of Disclosure

APPEARANCE, STIPULATIONS, & WAIVERS

DECLARATION FOR DEFAULT OR UNCONTESTED HEARING

JUDGMENT

With Settlement Agreement dealing with custody/visitation, child support, spousal support and division of property and debts. Both parties must sign the Settlement Agreement.

NOTICE OF ENTRY OF JUDGMENT

With two (2) self-addressed stamped envelopes, one addressed to you and one addressed to Respondent

CONTESTED CASE

(Response filed but no agreement on the issues)

SUMMONS

PETITION

PRELIMINARY DECLARATION OF DISCLOSURE — **Both Parties must comply**

DECLARATION REGARDING SERVICE OF DECLARATION OF DISCLOSURE — **Both parties must file to show that you have both complied with Preliminary Declaration of Disclosure**

PROOF OF SERVICE

RESPONSE

REQUEST FOR FAMILY LAW TRIAL SETTING

DECLARATION REGARDING SERVICE OF FINAL DECLARATION OF DISCLOSURE — **Both parties must comply**

MANDATORY SETTLEMENT CONFERENCE STATEMENT OR STATEMENT OF AGREEMENT AND DISAGREEMENT — **File and serve five (5) days before MSC**

TRIAL — **Prepare Trial Brief and evidence**

JUDGMENT — **Prepared in compliance with Court's rulings at Trial**

NOTICE OF ENTRY OF JUDGMENT — **With two (2) self-addressed stamped envelopes, one addressed to you and one addressed to Respondent**

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address) Telephone Number ATTORNEY FOR (Name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF VENTURA ☐ 800 SOUTH VICTORIA AVE. VENTURA, CA 93009	
PLAINTIFF/PETITIONER DEFENDANT/RESPONDENT	Date: _____ Tme: _____ Courtroom: _____ ☐ Pro Per
☐ **REQUEST** ☐ **COUNTER REQUEST FOR MANDATORY SETTLEMENT CONFERENCE/TRIAL SETTING (FAMILY LAW)**	CASE NUMBER:

Estimated trial time: _____

Petitioner/Respondent/Claimant herein hereby requests that a Mandatory Settlement Conference be set on a date after _____ . Additionally, the following dates are unacceptable for the Mandatory Settlement Conference: _____ .

Names, addresses and telephone numbers of attorneys or of parties representing themselves:

For Petitioner For Claimant For Repondent

I hereby represent to the court that all essential parties have been served with process or have appeared, and declared that this case is at issue as to all such parties; that no amended or supplemental petition or cross-petition/complaint or other affirmative pleading remains unanswered; that, to my knowledge, other parties will not be served with a summons prior to the time of trial; and that I know of no further pleading(s) to be filed.

Dated: _____ _____

Signature of Attorney/Party

☐ Petitioner/Plaintiff
☐ Respondendt/Defendant
☐ Claimant

PROOF OF SERVICE BY MAIL

I am over the age of 18 and not a party to this cause. I am a resident of, or employed in, the county where this mailing occurred. I
served the REQUEST FOR MANDATORY SETTLEMENT CONFERENCE/TRIAL SETTING (FAMILY LAW), by placing a true
copy in a sealed envelope with postage prepaid, addressed to each person whose name and address is given below, and depositing
the envelope in the United States mail on the date stated below.

Date of deposit: _____ Place of deposit: _____
City and State

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

Executed on: _____

_____ _____
Residence/business address of declarant Signature of declarant

NAME AND ADDRESS OF EACH PERSON TO WHOM MAILED

NOTES: Any party not in agreement with the information or estimates given in the statement shall, within 10 days after service, serve and file a statement in his/her behalf.

Affidavit of mailing must be completed before acceptance by the Court.

All parties **must** complete and file all documents as provided in Local Rule 9.19.A.2 fifteen days prior to the Mandatory Settlement Conference.

ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address):*

TELEPHONE NO.: FAX NO. *(Optional):*

E-MAIL ADDRESS *(Optional):*

ATTORNEY FOR *(Name):*

To keep other people from seeing what you entered on your form, please press the Clear This Form button at the end of the form when finished.

SUPERIOR COURT OF CALIFORNIA, COUNTY OF

STREET ADDRESS:

MAILING ADDRESS:

CITY AND ZIP CODE:

BRANCH NAME:

PETITIONER:

RESPONDENT:

REQUEST TO ENTER DEFAULT

CASE NUMBER:

1. **To the clerk:** Please enter the default of the respondent who has failed to respond to the petition.

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

Date:

(TYPE OR PRINT NAME) (SIGNATURE OF [ATTORNEY FOR] PETITIONER)

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

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

Date:

(TYPE OR PRINT NAME) (SIGNATURE OF DECLARANT)

FOR COURT USE ONLY

☐ *Request to Enter Default* mailed to the respondent or the respondent's attorney on *(date):*

☐ Default entered as requested on *(date):*

☐ Default **not** entered. Reason:

Clerk, by _____, Deputy

Form Adopted for Mandatory Use
Judicial Council of California
FL-165 [Rev. January 1, 2005]

Code of Civil Procedure, §§ 585, 587;
Family Code, § 2335.5
www.courtinfo.ca.gov

American LegalNet, Inc.
www.USCourtForms.com

CASE NAME *(Last name, first name of each party):*	CASE NUMBER:

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 ..... $.....
   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:

_____ ▶ _____
(TYPE OR PRINT NAME) (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:

_____ ▶ _____
(TYPE OR PRINT NAME) (SIGNATURE OF DECLARANT)

For your protection and privacy, please press the Clear This Form button after you have printed the form.

ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address):*	
TELEPHONE NO.: FAX NO. : E-MAIL ADDRESS: ATTORNEY FOR (*Name*):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	
DECLARATION REGARDING SERVICE OF DECLARATION OF DISCLOSURE AND INCOME AND EXPENSE DECLARATION ☐ Petitioner's ☐ Preliminary ☐ Respondent's ☐ Final	CASE NUMBER:

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

2. ☐ Petitioner's ☐ Respondent's *Preliminary Declaration of Disclosure* (form FL-140), current* *Income and Expense Declaration* (form FL-150), completed *Schedule of Assets and Debts* (form FL-142) or *Community and Separate Property Declarations* (form FL-160) with appropriate attachments, all tax returns filed by the party in the two years before service of the preliminary disclosures, and all other required information under Family Code section 2104 were served on:

   ☐ the other party ☐ the other party's attorney by ☐ personal service ☐ mail
   ☐ Other *(specify):*
   on (date):

3. ☐ Petitioner's ☐ Respondent's *Final Declaration of Disclosure* (form FL-140), current* *Income and Expense Declaration* (form FL-150), completed *Schedule of Assets and Debts* (form FL-142) or *Community or Separate Property Declarations* (form FL-160) with attachments, and the material facts and information required by Family Code section 2105 were served on:

   ☐ the other party ☐ other party's attorney by ☐ personal service ☐ mail
   ☐ Other *(specify):*
   on (date):

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.) (*Form FL-144 may be used for this purpose.*) The waiver ☐ was filed on *(date):*
      ☐ is being filed at the same time as this form.
   b. ☐ The party has failed to comply with disclosure requirements, and the court has granted the request for voluntary waiver of receipt under Family Code section 2107 on *(date):*
   c. ☐ This is a default proceeding that does not include a stipulated judgment or settlement agreement. Petitioner waives final disclosure requirements under Family Code section 2110.

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

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

Date:

(TYPE OR PRINT NAME) SIGNATURE

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

ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name and Address).* TELEPHONE NO.: ATTORNEY FOR *(Name):*	*FOR COURT USE ONLY*
SUPERIOR COURT OF CALIFORNIA, COUNTY OF VENTURA ☐ 800 SOUTH VICTORIA AVE, VENTURA CA. 93009 ☐ 3855 - F ALAMO ST. SIMI VALLEY, CA. 93063-2110	
PETITIONER: RESPONDENT:	
WAIVER OF FINAL DECLARATION OF DISCLOSURE **Family Code § 2105**	CASE NUMBER:

I/WE DECLARE UNDER THE PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT ALL OF THE FOREGOING REPRESENTATIONS ARE TRUE AND CORRECT.

☐ 1. Both parties have complied with Section 2104 and the preliminary declarations of disclosure have been completed and exchanged.

Both parties have completed and exchanged a current income and expense declaration, that includes all material facts and information regarding that party's earnings, accumulations, and expenses.

Both parties have fully complied with Section 2102 and have fully augmented the preliminary declaration of disclosure, including disclosure of all material facts and information regarding the characterization of all assets and liabilities, the valuation of all assets that are contended to be community property or in which it is contended the community has an interest, and the amounts of all obligations that are contended to be community obligations or for which it is contended the community has liability.

The waiver is knowingly, intelligently, and voluntarily entered into by each of the parties.

Each party understands that this waiver does not limit the legal disclosure obligations of the parties, but rather is a statement under penalty of perjury that those obligations have been fulfilled. Each party further understands that noncompliance with those obligations will result in the court setting aside the judgment.

☐ 2. I have served the Respondent with a preliminary Declaration of Disclosure and am now seeking a Default Judgment.

Dated:_____ _____
SIGNATURE OF PETITIONER

Dated:_____ _____
SIGNATURE OF RESPONDENT

Dated:_____ _____
SIGNATURE OF ATTORNEY FOR PETITIONER

Dated:_____ _____
SIGNATURE OF ATTORNEY FOR RESPONDENT

ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address):*

TELEPHONE NO.: FAX NO. *(Optional):*
E-MAIL ADDRESS *(Optional):*
ATTORNEY FOR *(Name):*

To keep other people from seeing what you entered on your form, please press the Clear This Form button at the end of the form when finished.

SUPERIOR COURT OF CALIFORNIA, COUNTY OF

STREET ADDRESS:
MAILING ADDRESS:
CITY AND ZIP CODE:
BRANCH NAME:

PETITIONER:

RESPONDENT:

APPEARANCE, STIPULATIONS, AND WAIVERS

CASE NUMBER:

1. **Appearance by respondent** *(you must choose one):*
   a. ☐ By filing this form, I make a general appearance.
   b. ☐ I have previously made a general appearance.
   c. ☐ I am a member of the military services of the United States of America. I have completed and attached to this form *Declaration and Conditional Waiver of Rights Under the Servicemembers Civil Relief Act of 2003* (form FL-130(A)).

2. **Agreements, stipulations, and waivers** *(choose all that apply):*
   a. ☐ The parties agree that this cause may be decided as an uncontested matter.
   b. ☐ The parties waive their rights to notice of trial, a statement of decision, a motion for new trial, and the right to appeal.
   c. ☐ This matter may be decided by a commissioner sitting as a temporary judge.
   d. ☐ The parties have a written agreement that will be submitted to the court, or a stipulation for judgment will be submitted to the court and attached to *Judgment (Family Law)* (form FL-180).
   e. ☐ None of these agreements or waivers will apply unless the court approves the stipulation for judgment or incorporates the written settlement agreement into the judgment.
   f. ☐ This is a parentage case, and both parties have signed an *Advisement and Waiver of Rights Re: Establishment of Parental Relationship* (form FL-235) or its equivalent.

3. **Other** *(specify):*

Date:

(TYPE OR PRINT NAME) (SIGNATURE OF PETITIONER)

Date:

(TYPE OR PRINT NAME) (SIGNATURE OF RESPONDENT)

Date:

(TYPE OR PRINT NAME) (SIGNATURE OF ATTORNEY FOR PETITIONER)

Date:

(TYPE OR PRINT NAME) (SIGNATURE OF ATTORNEY FOR RESPONDENT)

Form Approved for Optional Use
Judicial Council of California
FL-130 [Rev. January 1, 2011]

APPEARANCE, STIPULATIONS, AND WAIVERS
(Family Law—Uniform Parentage—Custody and Support)

Government Code, § 70673
www.courtinfo.ca.gov

For your protection and privacy, please press the Clear This Form button after you have printed the form.

Save This Form | Print This Form | Clear This Form

To keep other people from seeing what you entered on your form, please press the Clear This Form button at the end of the form when finished.

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

DECLARATION AND CONDITIONAL WAIVER OF RIGHTS UNDER THE SERVICEMEMBERS CIVIL RELIEF ACT OF 2003

Attachment to *Appearance, Stipulations, and Waivers* (form FL-130)

Notice to Servicemember

The Servicemembers Civil Relief Act of 2003 (50 U.S.C. App. §§ 501–596), formerly known as the Soldiers' and Sailors' Civil Relief Act of 1940, is a federal law that provides protections for military members when they enter active duty. You may obtain a copy of the act from the public law library or from the website of the United States Department of Justice at *www.justice.gov.*

By signing this conditional waiver and attaching it to *Appearance, Stipulations, and Waivers* (form FL-130), I declare that I am entitled to the benefits of the Servicemembers Civil Relief Act, title 50 United States Code Appendix, sections 501–596 (SCRA), and:

1. To permit the court to decide this cause as an uncontested matter and enter a judgment that incorporates the terms of the written agreement made between the petitioner and me (a copy of which is attached to this form), I make a knowing, intelligent, and voluntary conditional waiver of the right to seek to set aside a default judgment entered against me in this matter, as provided by section 521 of the SCRA.

2. This waiver is conditioned as follows:
   a. The waiver applies only to a default judgment that incorporates the terms and conditions of the written agreement between the petitioner and me that is titled *(specify):*
      (1) ☐ Stipulation for Judgment
      (2) ☐ Marital Settlement Agreement
      (3) ☐ Other *(specify):*

   b. The court must enter a judgment in this case that incorporates only the terms and conditions of the above written agreement without any change; and

   c. Should the court enter a judgment that changes the above written agreement in any way, then I do not waive any of my rights under the SCRA, including my right to seek to set aside the judgment at any time.

3. This conditional waiver was executed during or after a period of military service.

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

Date:

(TYPE OR PRINT NAME) (SIGNATURE OF RESPONDENT)

Attention: Clerk of the Court

By law, a servicemember must not be charged a fee to file *Appearance, Stipulations, and Waivers* (form FL-130).

Form Approved for Optional Use
Judicial Council of California
FL-130(A) [New January 1, 2011]

50 U.S.C. Appen. § 501 et seq.
Government Code, § 70673
www.courts.ca.gov

For your protection and privacy, please press the Clear This Form button after you have printed the form.

Save This Form Print This Form Clear This Form

PARTY WITHOUT ATTORNEY OR ATTORNEY NAME:	STATE BAR NUMBER:	FOR COURT USE ONLY
FIRM NAME:		
STREET ADDRESS:		
CITY:	STATE: ZIP CODE:	
TELEPHONE NO.:	FAX NO.:	
E-MAIL ADDRESS:		
ATTORNEY FOR (*name*):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
PETITIONER: RESPONDENT:		
DECLARATION FOR DEFAULT OR UNCONTESTED ☐ **DISSOLUTION** ☐ **LEGAL SEPARATION**		CASE NUMBER:

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

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

PETITIONER: RESPONDENT:	CASE NUMBER:

d. ☐ This matter is proceeding as an uncontested action. Service of the final *Declaration of Disclosure* (form FL-140) is mutually waived by both parties. A waiver provision executed by both parties under penalty of perjury is contained on the *Stipulation and Waiver of Final Declaration of Disclosure* (form FL-144), in the settlement agreement or proposed judgment, or in another, separate stipulation.

6. ☐ **Child custody and visitation (parenting time)** should be ordered as set forth in the proposed *Judgment* (form FL-180).
   a. ☐ The information in *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act* (UCCJEA) (form FL-105)
      ☐ has ☐ has not changed since it was last filed with the court. *(If changed, attach updated form.)*
   b. ☐ There is an existing court order for custody/parenting time in another case in *(county)*:
      The case number is *(specify):*
   c. ☐ The current custody and visitation (parenting time) previously ordered in this case, or the current schedule is *(specify)*:

      ☐ Contained on Attachment 6c.
   d. ☐ The facts that support the requested judgment are (*In a default case, state your reasons below):*

      ☐ Contained on Attachment 6d.

7. ☐ **Child support** should be ordered as set forth in the proposed *Judgment* (form FL-180).
   a. If there are minor children, check and complete item (1) if applicable and item (2) or (3):
      (1) ☐ Child support is being enforced in another case in *(county):*
      The case number is *(specify):*
      (2) ☐ The information in the child support calculation attached to the proposed judgment is correct based on my personal knowledge.
      (3) ☐ I request that this order be based on the ☐ Petitioner's ☐ Respondent's earning ability. The facts in support of my estimate of earning ability are *(specify):*

      ☐ Contained on Attachment 7a(3).
   b. Complete items (1) and (2) regarding public assistance.
      (1) I ☐ am receiving ☐ am not receiving ☐ intend to apply for public assistance for the child or children listed in the proposed order.
      (2) To the best of my knowledge, the other party ☐ is ☐ is not receiving public assistance.
      ☐ Petitioner ☐ Respondent is presently receiving public assistance, and all support should be made payable to the local child support agency at the address set forth in the proposed judgment. A representative of the local child support agency has signed the proposed judgment.

8. **Spousal, Partner, and Family Support** *(If a support order or attomey fees are requested, submit a completed* Income and Expense Declaration *(form FL-150) unless a current form is on file. Include your best estimate of the other party's income. Check at least one of the following.)*
   a. ☐ I knowingly give up forever any right to receive spousal or partner support.
   b. ☐ I ask the court to reserve jurisdiction to award spousal or partner support in the future to:
      ☐ Petitioner ☐ Respondent
   c. ☐ I ask the court to terminate forever spousal or partner support for: ☐ Petitioner ☐ Respondent
   d. ☐ Spousal support or domestic partner support should be ordered as set forth in the proposed *Judgment* (form FL-180) based on the factors described in:
      ☐ *Spousal or Partner Support Declaration Attachment* (form FL-157)
      ☐ written agreement
      ☐ attached declaration *(Attachment 8d)*
   e. ☐ Family support should be ordered as set forth in the proposed *Judgment* (form FL-180).
   f. ☐ Other *(specify):*

PETITIONER: RESPONDENT:	CASE NUMBER:

9. ☐ **Parentage** of the children of the petitioner and respondent born prior to their marriage or domestic partnership should be ordered as set forth in the proposed *Judgment* (form FL-180).
   a. ☐ A voluntary declaration of parentage or paternity is attached.
   b. ☐ Parentage was previously established by the court in *(county):*
      The case number is *(specify):*
      ☐ The written agreement of the parties regarding parentage is attached here (Attachment 9b) or to the proposed *Judgment* (form FL-180).

10. ☐ **Attorney fees** should be ordered as set forth in the proposed *Judgment* (form FL-180).
    ☐ The facts in support of this request are on *Request for Attorney's Fees and Costs Attachment* (form FL-319).
    ☐ Other *(specify facts below):*

11. ☐ The judgment should be entered nunc pro tunc for the following reasons *(specify)*:

12. ☐ Petitioner ☐ Respondent requests restoration of the former name as set forth in the proposed *Judgment* (form FL-180) *(proceedings for dissolution or nullity of marriage only).*

13. Irreconcilable differences have led to the irremediable breakdown of the marriage or domestic partnership, and there is no possibility of saving the marriage or domestic partnership through counseling or other means.

14. This declaration may be reviewed by a commissioner sitting as a temporary judge, who may determine whether to grant this request or require my appearance under Family Code section 2336.

STATEMENTS IN THIS BOX APPLY ONLY TO DISSOLUTIONS

15. If this is a dissolution of a marriage or domestic partnership created in another state, the petitioner or the respondent has been a resident of this county for at least three months and of the state of California for at least six months continuously and immediately preceding the date of the filing of the petition for dissolution of marriage or domestic partnership.

16. I ask that the court grant the request for a judgment of dissolution of marriage or domestic partnership based on irreconcilable differences and that the court make the orders set forth in the proposed *Judgment* (form FL-180) submitted with this declaration.

17. ☐ **Status only judgment:** This declaration is only for the termination of marital or domestic partner status. I ask the court to reserve jurisdiction over all other issues not requested in this declaration for later determination.

THIS STATEMENT APPLIES ONLY TO LEGAL SEPARATIONS

18. I ask that the court grant the request of a judgment for legal separation based on irreconcilable differences and that the court make the orders set forth in the proposed *Judgment* (form FL-180) submitted with this declaration.

    I understand that a judgment of legal separation does not terminate a marriage or domestic partnership, and that I am still married or a partner in a domestic partnership.

19. ☐ Other *(specify):*

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

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address):*	*FOR COURT USE ONLY*
TELEPHONE NO.: FAX NO. *(Optional):* E-MAIL ADDRESS *(Optional):* ATTORNEY FOR *(Name):*	**To keep other people from seeing what you entered on your form, please press the Clear This Form button at the end of the form when finished.**
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
MARRIAGE OR PARTNERSHIP OF PETITIONER: RESPONDENT:	
JUDGMENT ☐ **DISSOLUTION** ☐ **LEGAL SEPARATION** ☐ **NULLITY** ☐ **Status only** ☐ **Reserving jurisdiction over termination of marital or domestic partnership status** ☐ **Judgment on reserved issues** **Date marital or domestic partnership status ends:**	CASE NUMBER:

1. ☐ This judgment ☐ contains personal conduct restraining orders ☐ modifies existing restraining orders.
   The restraining orders are contained on page(s) of the attachment. They expire on *(date):*

2. This proceeding was heard as follows: ☐ Default or uncontested ☐ By declaration under Family Code section 2336
   ☐ Contested ☐ Agreement in court
   a. Date: Dept.: Room:
   b. Judicial officer *(name):* ☐ Temporary judge
   c. ☐ Petitioner present in court ☐ Attorney present in court *(name):*
   d. ☐ Respondent present in court ☐ Attorney present in court *(name):*
   e. ☐ Claimant present in court *(name):* ☐ Attorney present in court *(name):*
   f. ☐ Other *(specify name):*

3. The court acquired jurisdiction of the respondent on *(date):*
   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):*
   (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):*
   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.

Form Adopted for Mandatory Use
Judicial Council of California
FL-180 [Rev. July 1, 2012]

Family Code, §§ 2024, 2340, 2343, 2346
www.courts.ca.gov

CASE NAME *(Last name, first name of each party):*	CASE NUMBER:

4. i. ☐ The children of this marriage or domestic partnership are:
   (1) ☐ Name Birthdate
   (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):*

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: _____ ☐ 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.

For your protection and privacy, please press the Clear This Form button after you have printed the form.

Print This Form Save This Form Clear This Form

MARRIAGE OF _____ CASE NUMBER _____

MARITAL SETTLEMENT AGREEMENT

The parties to this agreement acknowledge that with this agreement they intend to resolve all issues remaining in their case and that although this agreement may not be an exactly equal division of their assets and debts, they waive any inequality in the interest of reaching a full and final resolution of their matter. The parties hereby agree that the following may be incorporated into a Final Judgment.

1. CHILD CUSTODY AND SUPPORT [check one]

☐ We have no minor children together, therefore this section does not apply.

☐ The minor children are:_____
_____.

A. CUSTODY:

Legal Custody shall be awarded to ☐ the parties jointly OR ☐ to the _____.

Physical Custody shall be awarded to ☐ the parties jointly OR ☐ to the _____.

Custodial time for the _____ shall be:

☐ per the Mediation Agreement / Order filed on _____.

OR

☐ as follows:_____
_____
_____

☐ The residence of the minor children shall not be changed from California ☐ County of Ventura

☐ _____ without prior agreement of the parties or court order.

The parties agree that this court has jurisdiction over the issue of child custody as California is the home state of the children, that they personally executed this agreement and understand their custodial rights and waive any further hearing on this issue, and agree that the United States is the country of habitual residence of the children. They acknowledge that they are aware that a violation of this custodial order may result in civil or criminal penalties. [Family Code Section 3048]

B. SUPPORT: If there are minor children of this relationship, the court MUST issue orders regarding child support **unless a case is already in effect through the Department of Child Support Services**:

☐ The Department of Child Support Services is enforcing an existing child support order in case number _____. Child support is reserved to that case. No other orders regarding child support are needed.

If there is no DCSS case, check ONE of the following:

☐ The parties agree to Guideline Child Support per the **attached Dissomaster**. Guideline support is $_____per month payable by the _____ to the _____.

☐ The parties agree to a Non-Guideline Child Support Order in the amount of $_____ per month payable by the _____ to the _____, and all the following are true:

The parties are fully informed of their rights concerning child support
The amount is being agreed to without coercion or duress
The needs of the children will be adequately met by this order
Neither parent is receiving public assistance for these children and no application is pending.
No change of circumstances is needed to raise the order to Guideline.

Child support ordered under this section shall be paid ½ on the first and ½ on the 15th of each month commencing _____ and shall continue until the supported child dies, emancipates, reaches the age of 18 or, if still a full-time high school student, age 19 or graduation, whichever first occurs.

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.

C. MEDICAL INSURANCE: The _____ shall maintain health insurance for the minor children. Any uncovered health care expenses shall be paid equally by the parties.

D. CHILD CARE: Child care to allow either parent to work shall be paid as follows:

☐ included in the child support order above

☐ paid equally by the parties directly to the day care provider.

☐ other _____.

E. DEPENDENT EXEMPTIONS: The _____ shall be allowed to claim _____ [name children] as dependents for tax filing purposes. If necessary, the custodial parent shall execute IRS form 8332 to release the exemptions.

2. SPOUSAL / PARTNER SUPPORT [check one]

☐ Both parties waive receipt of spousal / partner support now and forever. The court terminates jurisdiction to award spousal support to either party now or at any time in the future.

☐ The court reserves jurisdiction over the issue of spousal / partner support and may make an order for support in the future upon properly noticed motion by either party.

☐ The _____ shall pay to the _____ the sum of $_____ per month payable ½ on the first and ½ on the 15th of each month commencing _____ and continuing until death of either party, remarriage of supported spouse / partner, further order of the court or until _____ at which time support shall terminate. This order is appropriate based on the length of marriage / domestic partnership, age and earning capacity of the parties and other relevant factors.

3. DIVISION OF PROPERTY AND DEBTS:

The PETITIONER is awarded the following as Petitioner's sole and separate property and RESPONDENT hereby waives any interest therein:

_____

_____

_____

_____

The RESPONDENT is awarded the following as Respondent's sole and separate property and PETITIONER hereby waives any interest therein:

_____

_____

_____

_____

PETITIONER shall pay, assume and hold RESPONDENT harmless from the following debts:

_____

_____

_____

_____

_____

RESPONDENT shall pay, assume and hold PETITIONER harmless from the following debts:

_____

_____

_____

_____

_____

4. OTHER ORDERS: The parties agree to the following additional orders:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Both parties acknowledge that they have read and understand this Marital Settlement Agreement consisting of four pages and _____ attached pages. This agreement shall be incorporated into a Final Judgment and made an Order of the Court.

Dated:_____ _____
PETITIONER

Dated:_____ _____
RESPONDENT [If no Response has been filed, the Respondent's signature must be notarized. Attach notary page.]

In re Marriage of _____ Case Number _____

ATTACHMENT TO JUDGMENT
(Property and Debt)

1. Petitioner shall be awarded the following as his / her sole and separate property:
_____
_____
_____
_____
_____

2. Respondent shall be awarded the following as his / her sole and separate property:
_____
_____
_____
_____
_____

3. Petitioner shall pay the following community obligations and hold Respondent harmless therefrom: _____
_____
_____
_____

4. Respondent shall pay the following community obligations and hold Petitioner harmless therefrom: _____
_____
_____
_____

5. Other orders:_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:

CHILD CUSTODY AND VISITATION (PARENTING TIME) ORDER ATTACHMENT

TO ☐ ***Findings and Order After Hearing*** **(form FL-340)** ☐ ***Judgment*** **(form FL-180)** ☐ ***Judgment*** **(form FL-250)**
☐ ***Stipulation and Order fo 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 (Fam. Code, §§ 3400–3465).
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. ☐ **Child Custody**. Custody of the minor children of the parties is awarded as follows:

Child's Name	Birth Date	Legal custody to: *(person who makes decisions about health, education, etc.)*	Physical custody to: *(person with whom child lives)*

6. ☐ **Child abduction prevention.** There is a risk that one of the parties will take the children out of California without the other party's permission. (*Child Abduction Prevention 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 child custody mediation or child custody recommending counseling at *(specify date, time, and location):*
   d. ☐ No Visitation (Parenting Time)
   e. ☐ Visitation (Parenting Time) for the ☐ petitioner ☐ respondent ☐ other *(name):* will be as follows:
      (1) ☐ **Weekends starting***(date):*
      (Note: The first weekend of the month is the first weekend with a Saturday.)
      ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th weekend of the month
      from *(day of week)* at *(time)* ☐ a.m. ☐ p.m./ if applicable, specify: ☐ start of school ☐ after school
      to *(day of week)* at *(time)* ☐ a.m. ☐ p.m./ if applicable, specify: ☐ start of school ☐ after school
      (a) ☐ The parties will alternate the fifth weekends, with the ☐ petitioner ☐ respondent ☐ other parent/party having the initial fifth weekend, which starts *(date):*
      (b) ☐ The ☐ petitioner ☐ respondent ☐ other parent/party will have the fifth weekend in ☐ odd ☐ even numbered months.

THIS IS A COURT ORDER.

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:

7. **Visitation (Parenting Time)** (continued)

e. (2) ☐ **Alternate weekends starting** *(date):*

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

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

(3) ☐ **Weekdays starting** *(date):*

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

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

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

8. ☐ **Supervised visitation (parenting time).** Until ☐ further order of the court ☐ other *(specify):*
The ☐ petitioner ☐ respondent ☐ other *(name):*
will have supervised visitation (parenting time) with the minor children according to the schedule set forth on page 1.
(You must attach *Supervised Visitation Order* (form FL-341(A).)

9. ☐ **Transportation for visitation (parenting time)**

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** begin the visits will be provided by the ☐ petitioner ☐ respondent ☐ other *(specify):*

c. ☐ Transportation **from** the visits will be provided by the ☐ petitioner ☐ respondent ☐ other *(specify):*

d. ☐ The exchange point at the beginning of the visit will be at *(address):*

e. ☐ The exchange point at the end of the visit will be at *(address):*

f. ☐ During the exchanges, the party driving the children will wait in the car and the other party will wait in his or her home (or exchange location) while the children go between the car and the home (or exchange location).

g. ☐ Other *(specify):*

10. ☐ **Travel with children**. The ☐ petitioner ☐ respondent ☐ other parent/party *(name):*
must have written permission from the other parent or a court order to take the children out of

a. ☐ the state of California.

b. ☐ the following counties *(specify):*

c. ☐ other places *(specify):*

THIS IS A COURT ORDER.

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:

11. ☐ **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.)

12. ☐ **Additional custody provisions**. The parties 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.)

13. ☐ **Joint legal custody**. The parties 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.)

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

15. ☐ **Other** *(specify):*

THIS IS A COURT ORDER.

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

SUPERVISED VISITATION ORDER
Attachment to *Child Custody and Visitation (Parenting Time) Order Attachment* (form FL-341)

1. Evidence has been presented in support of a request that the contact of ☐ Petitioner ☐ Respondent ☐ Other Parent/Party with the child(ren) be supervised based upon allegations of
   ☐ abduction of child(ren) ☐ physical abuse ☐ drug abuse ☐ neglect
   ☐ sexual abuse ☐ domestic violence ☐ alcohol abuse ☐ other *(specify):*

   ☐ Petitioner ☐ Respondent ☐ Other Parent/Party disputes these allegations and the court reserves the findings on these issues pending further investigation and hearing or trial.

2. The court finds, under Family Code section 3100, that the best interest of the child(ren) requires that visitation by
   ☐ Petitioner ☐ Respondent ☐ Other Parent/Party must, until further order of the court, be limited to contact supervised by the person(s) set forth in item 6 below pending further investigation and hearing or trial.

THE COURT MAKES THE FOLLOWING ORDERS

3. **CHILD(REN) TO BE SUPERVISED**

Child's Name	Birth Date	Age	Sex

4. **TYPE**
   a. ☐ Supervised visitation b. ☐ Supervised exchange only

5. **SUPERVISED VISITATION PROVIDER**
   a. ☐ Professional (individual provider or supervised visitation center) b. ☐ Nonprofessional

6. **AUTHORIZED PROVIDER**

Name	Address	Telephone

   ☐ Any other mutually agreed-upon third party as arranged.

7. **DURATION AND FREQUENCY OF VISITS** *(see form FL-341 for specifics of visitation):*

8. **PAYMENT RESPONSIBILITY** Petitioner: % Respondent: % Other Parent/Party: %

9. ☐ Petitioner will contact professional provider or supervised visitation center no later than *(date):*
   ☐ Respondent will contact professional provider or supervised visitation center no later than *(date):*
   ☐ Other Parent/party will contact professional provider or supervised visitation center no later than *(date):*

10. **THE COURT FURTHER ORDERS**

Date:

JUDICIAL OFFICER

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

CHILD SUPPORT INFORMATION AND ORDER ATTACHMENT

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

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

1. ☐ A printout of a computer calculation and findings is attached and incorporated in this order for all required items not filled out below.

2. ☐ **Income**

a. Each parent's monthly income is as follows:

	Gross monthly income	Net monthly income	Receiving TANF/CalWORKS
Petitioner/plaintiff:	$	$	☐
Respondent/defendant:	$	$	☐
Other parent/party:	$	$	☐

b. Imputation of income. The court finds that the ☐ Petitioner/plaintiff ☐ Respondent/defendant ☐ Other parent/party has the capacity to earn:

$ per and has based the support order upon this imputed income.

3. ☐ **Children of this relationship**

a. Number of children who are the subjects of the support order *(specify):*

b. Approximate percentage of time spent with petitioner/plaintiff: %
Respondent/defendant: %
Other parent/party: %

4. ☐ **Hardships**

Hardships for the following have been allowed in calculating child support:

	Petitioner/ plaintiff	Respondent/ defendant	Other parent/ party	Approximate ending time for the hardship
a. ☐ Other minor children:	$	$	$	
b. ☐ Extraordinary medical expenses:	$	$	$	
c. ☐ Catastrophic losses:	$	$	$	

THE COURT ORDERS

5. ☐ **Low-income adjustment**

a. ☐ The low-income adjustment applies.

b. ☐ The low-income adjustment does not apply because *(specify reasons):*

6. ☐ **Child support**

a. **Base child support**

☐ Petitioner/plaintiff ☐ Respondent/defendant ☐ Other parent/party must pay child support beginning *(date):* 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:

Child's name	Date of birth	Monthly amount	Payable to *(name):*

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.

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

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

c. **Mandatory additional child support**

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

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

d. ☐ **Additional child support**

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

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

(2) ☐ Travel expenses for visitation

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

e. ☐ **Non-Guideline Order**

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

Total child support per month: $

7. **Health-care expenses**

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

b. ☐ Health insurance is not available to the ☐ petitioner/plaintiff ☐ respondent/defendant ☐ other parent/party at a reasonable cost at this time.

c. ☐ The party providing coverage must assign the right of reimbursement to the other party.

8. **Earnings assignment**

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

THIS IS A COURT ORDER.

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

9. In the event that there is a contract between a party receiving support and a private child support collector, the party ordered to pay support must pay the fee charged by the private child support collector. This fee must not exceed 33 1/3 percent of the total amount of past due support nor may it exceed 50 percent of any fee charged by the private child support collector. The money judgment created by this provision is in favor of the private child support collector and the party receiving support, jointly.

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

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

12. **Notices**
    a. *Notice of Rights and Responsibilities (Health-Care Costs and Reimbursement Procedures) and Information Sheet on Changing a Child Support Order* (*form FL-192*) must be attached and is incorporated into this order.
    b. If this form is attached to *Restraining Order After Hearing* (form DV130), 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.

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

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:	☐ receiving TANF/CalWORKS	$	$	$	$
b. Respondent:	☐ receiving TANF/CalWORKS	$	$	$	$

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):* _____ years _____ months.
   c. ☐ The parties were registered as domestic partners or the equivalent for *(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
   $ per month, beginning *(date):* , payable through *(specify end date):*

   ☐ payable on the *(specify):* 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.

Form Approved for Optional Use
Judicial Council of California
FL-343 [Rev. July 1, 2012]

Family Code, §§ 150, 299, 3651, 3653, 3654, 4320, 4330, 4337
www.courts.ca.gov

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

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.

For your protection and privacy, please press the Clear This Form button after you have printed the form.

Print This Form **Save This Form** **Clear This Form**

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.

INFORMATION SHEET ON CHANGING A CHILD SUPPORT ORDER

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-300, *Request for Order* ***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, *Request to Waive Court Fees*
- Form FW-003, *Order on Court Fee Waiver (Superior Court)*

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

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

The server must also serve blank copies of these forms:

- FL-320, *Responsive Declaration to Request for Order* ***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.

ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address):*

TELEPHONE NO.: FAX NO. *(Optional):*
E-MAIL ADDRESS *(Optional):*
ATTORNEY FOR *(Name):*

To keep other people from seeing what you entered on your form, please press the Clear This Form button at the end of the form when finished.

SUPERIOR COURT OF CALIFORNIA, COUNTY OF
STREET ADDRESS:
MAILING ADDRESS:
CITY AND ZIP CODE:
BRANCH NAME:

PETITIONER:

RESPONDENT:

CASE NUMBER:

NOTICE OF ENTRY OF JUDGMENT

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):*

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

Name and address of respondent or respondent's attorney

Form Adopted for Mandatory Use
Judicial Council of California
FL-190 [Rev. January 1, 2005]

NOTICE OF ENTRY OF JUDGMENT
(Family Law—Uniform Parentage—Custody and Support)

Family Code, §§ 2338, 7636,7637
www.courtinfo.ca.gov

American LegalNet, Inc.
www.USCourtForms.com

For your protection and privacy, please press the Clear This Form button after you have printed the form.

Print This Form

Clear This Form

ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address):*

TELEPHONE NO.: FAX NO. (*Optional):*

E-MAIL ADDRESS *(Optional):*

ATTORNEY FOR *(Name):*

To keep other people from seeing what you entered on your form, please press the Clear This Form button at the end of the form when finished.

SUPERIOR COURT OF CALIFORNIA, COUNTY OF

STREET ADDRESS:

MAILING ADDRESS:

CITY AND ZIP CODE:

BRANCH NAME:

PETITIONER/PLAINTIFF:

RESPONDENT/DEFENDANT:

OTHER PARENT:

CHILD SUPPORT CASE REGISTRY FORM

☐ Mother ☐ First form completed

☐ Father ☐ Change to previous information

CASE NUMBER:

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

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

1. Support order information *(this information is on the court order you are filing or have received).*
   a. Date order filed:
   b. ☐ Initial child support or family support order ☐ Modification
   c. Total monthly base current child or family support amount ordered for children listed below, plus any monthly amount ordered payable on past-due support*:*

Child Support:	Family Support:	Spousal Support:
(1) ☐ Current base child support: $ ☐ Reserved order ☐ $0 (zero) order	☐ Current base family support: $ ☐ Reserved order ☐ $0 (zero) order	☐ Current spousal support: $ ☐ Reserved order ☐ $0 (zero) order
(2) ☐ Additional monthly support: $	☐ Additional monthly support: $	
(3) ☐ Total past-due support: $	☐ Total past-due support: $	☐ Total past-due support: $
(4) ☐ Payment on past-due support: $	☐ Payment on past-due support: $	☐ Payment on past-due support: $

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

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

TYPE OR PRINT IN INK

Form Adopted for Mandatory Use
Judicial Council of California
FL-191 [Rev. July 1, 2005]

Family Code, § 4014
www.courtinfo.ca.gov

American LegalNet, Inc.
www.USCourtForms.com

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

4. The child support order is for the following children:

	Child's name	Date of birth	Social security number
a.			
b.			
c.			

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

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

5. Father's name:
   a. Date of birth:
   b. Social security number:
   c. Street address:

      City, state, zip code:
   d. Mailing address:

      City, state, zip code:
   e. Driver's license number:

      State:
   f. Telephone number:
   g. ☐ Employed ☐ Not employed ☐ Self-employed

      Employer's name:

      Street address:

      City, state, zip code:

      Telephone number:

6. Mother's name:
   a. Date of birth:
   b. Social security number:
   c. Street address:

      City, state, zip code:
   d. Mailing address:

      City, state, zip code:
   e. Driver's license number:

      State:
   f. Telephone number:
   g. ☐ Employed ☐ Not employed ☐ Self-employed

      Employer's name:

      Street address:

      City, state, zip code:

      Telephone number:

7. ☐ A restraining order, protective order, or nondisclosure order due to domestic violence is in effect.
   a. The order protects: ☐ Father ☐ Mother ☐ Children
   b. From: ☐ Father ☐ Mother
   c. The restraining order expires on *(date):*

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

Date:

(TYPE OR PRINT NAME) (SIGNATURE OF PERSON COMPLETING THIS FORM)

INFORMATION SHEET FOR CHILD SUPPORT CASE REGISTRY FORM

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

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

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

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

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

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

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

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

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

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

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

Instructions for numbered paragraphs:

1. a. Enter the date the court order was filed. This date is shown in the "COURT PERSONNEL: STAMP DATE RECEIVED HERE" box on page 1 at the top of the order on the right side. If the order has not been filed, leave this item blank for the court clerk to fill in.

   b. If the court order you filed or received is the first child or family support order for this case, check the box by "Initial child support or family support order." If this is a change to your order, check the box by "Modification."

   c. Information regarding the amount and type of support ordered and wage withholding is on the court order you are filing or have received.

      (1) If your order provides for any type of current support, check all boxes that describe that support. For example, if your order provides for both child and spousal support, check both of those boxes. If there is an amount, put it in the blank provided. If the order says the amount is reserved, check the "Reserved order" box. If the order says the amount is zero, check the "$0 (zero) order" box. Do not include child care, special needs, uninsured medical expenses, or travel for visitation here These amounts will go in (2). Do NOT complete the Child Support Case Registry form if you receive spousal support only.

      (2) If your order provides for a set monthly amount to be paid as additional support for such needs as child care, special needs, uninsured medical expenses or travel for visitation check the box in Item 2 and enter the monthly amount. For example, if your order provides for base child support and in addition the paying parent is required to pay $300 per month, check the box in item 2 underneath the "Child Support" column and enter $300. Do NOT check this box if your order provides only for a payment of a percentage, such as 50% of the childcare.

(3) If your order determined the amount of past due support, check the box in Item 3 that states the type of past due support and enter the amount. For example, if the court determined that there was $5000 in past due child support and $1000 in past due spousal support, you would check the box in item 3 in the "Child Support" column and enter $5000 and you would also check the box in item 3 in the "Spousal Support" column and enter $1000.

(4) If your order provides for a specific dollar amount to be paid towards any past due support, check the box in Item 4 that states the type of past due support and enter the amount. For example, the court ordered $350 per month to be paid on the past due child support, you would check the box in Item 4 in the "Child Support" column and enter $350.

(5) Check the "ordered" box if wage withholding was ordered with no conditions. Check the box "ordered but stayed until" if wage withholding was ordered but is not to be deducted until a later date. If the court delayed the effective date of the wage withholding, enter the specific date. Check only one box in this item.

2. a. Write the name of the person who is supposed to pay child or family support.
   b. Write the relationship of that person to the child.

3. a. Write the name of the person or agency supposed to receive child or family support payments.
   b. Write the relationship of that person to the child.

4. List the full name, date of birth, and social security number for each child included in the support order. If there are more than five children included in the support order, check the box below item 4e and list the remaining children with dates of birth and social security numbers on another sheet of paper. Attach the other sheet to this form.

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

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

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

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

5. If you are the father in this case, list your full name in this space. See instructions for a–g under item 6 below.

6. If you are the mother in this case, list your full name in this space.

   a. List your date of birth.
   b. Write your social security number.
   c. List the street address, city, state, and zip code where you live.
   d. List the street address, city, state, and zip code where you want your mail sent, if different from the address where you live.
   e. Write your driver's license number and the state where it was issued.
   f. List the telephone number where you live.
   g. Indicate whether you are employed, not employed, self-employed, or by checking the appropriate box. If you are employed, write the name, street address, city, state, zip code, and telephone number where you work.

7. If there is a restraining order, protective order, or nondisclosure order, check this box.

   a. Check the box beside each person who is protected by the restraining order.
   b. Check the box beside the parent who is restrained.
   c. Write the date the restraining order expires. See the restraining order, protective order, or nondisclosure order for this date.

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

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

For your protection and privacy, please press the Clear This Form button after you have printed the form.

Print This Form

Clear This Form