Cost: $5.00

RESPONSE TO

REQUEST FOR ORDER

PACKET

Updated: 8/11/14

ATTORNEY OR PARTY WITHOUT ATT... (Name, State Bar number, and address):	FOR COURT USE ONLY
TELEPHONE NO.: FAX NO. (Optional):	
E-MAIL ADDRESS (Optional):	
ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF TRINITY	
STREET ADDRESS: 11 Court Street	
MAILING ADDRESS: PO Box 1258	
CITY AND ZIP CODE: Weaverville, CA 96093	
BRANCH NAME:	
PETITIONER/PLAINTIFF:	
RESPONDENT/DEFENDANT:	
OTHER PARTY:	
RESPONSIVE DECLARATION TO REQUEST FOR ORDER	CASE NUMBER:
HEARING DATE: TIME: DEPARTMENT OR ROOM:	

1. ☐ CHILD CUSTODY
   a. ☐ I consent to the order requested.
   b. ☐ I do not consent to the order requested, but I consent to the following order:

2. ☐ CHILD VISITATION (PARENTING TIME)
   a. ☐ I consent to the order requested.
   b. ☐ I do not consent to the order requested, but I consent to the following order:

3. ☐ CHILD SUPPORT
   a. ☐ I consent to the order requested.
   b. ☐ I consent to guideline support.
   c. ☐ I do not consent to the order requested, but I consent to the following order:
      (1) ☐ Guideline
      (2) ☐ Other *(specify):*

4. ☐ SPOUSAL OR PARTNER SUPPORT
   a. ☐ I consent to the order requested.
   b. ☐ I do not consent to the order requested.
   c. ☐ I consent to the following order:

Form Adopted for Mandatory Use
Judicial Council of California
FL-320 [Rev. July 1, 2012]

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

5. ☐ ATTORNEY'S FEES AND COSTS
   a. ☐ I consent to the order requested.
   b. ☐ I do not consent to the order requested.
   c. ☐ I consent to the following order:

6. ☐ PROPERTY RESTRAINT
   a. ☐ I consent to the order requested.
   b. ☐ I do not consent to the order requested.
   c. ☐ I consent to the following order:

7. ☐ PROPERTY CONTROL
   a. ☐ I consent to the order requested.
   b. ☐ I do not consent to the order requested.
   c. ☐ I consent to the following order:

8. ☐ OTHER RELIEF
   a. ☐ I consent to the order requested.
   b. ☐ I do not consent to the order requested.
   c. ☐ I consent to the following order:

9. ☐ SUPPORTING INFORMATION
   ☐ Contained in the attached declaration. (You may use *Attached Declaration* (form MC-031) for this purpose).

NOTE: To respond to domestic violence restraining orders requested in the *Request for Order (Domestic Violence Prevention)* (form DV-100), you must use the *Answer to Temporary Restraining Order (Domestic Violence Prevention)* (form DV-120).

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

Date:

▶ _____

(TYPE OR PRINT NAME) (SIGNATURE OF DECLARANT)

PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	CASE NUMBER:

DECLARATION

(This form must be attached to another form or court paper before it can be filed in court.)

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 for ☐ Plaintiff ☐ Petitioner ☐ Defendant
☐ Respondent ☐ Other *(Specify):*

ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address)*:	*FOR COURT USE ONLY*
TELEPHONE NO.: E-MAIL ADDRESS *(Optional)*: ATTORNEY FOR *(Name)*:	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF TRINITY STREET ADDRESS: 11 Court Street MAILING ADDRESS: PO Box 1258 CITY AND ZIP CODE: Weaverville, CA 96093 BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	
INCOME AND EXPENSE DECLARATION	CASE NUMBER:

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

Attach copies of your pay stubs for last two months (black out social security numbers).

a. Employer:
b. Employer's address:
c. Employer's phone number:
d. Occupation:
e. Date job started:
f. If unemployed, date job ended:
g. I work about hours per week.
h. I get paid $ gross (before taxes) ☐ per month ☐ per week ☐ per hour.

(If you have more than one job, attach an 8½-by-11-inch sheet of paper and list the same information as above for your other jobs. Write "Question 1—Other Jobs" at the top.)

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

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

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

(If you need more space to answer any questions on this form, attach an 8½-by-11-inch sheet of paper and write the question number before your answer.) Number of pages attached: _____

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

Date:

(TYPE OR PRINT NAME) (SIGNATURE OF DECLARANT)

Form Adopted for Mandatory Use
Judicial Council of California
FL-150 [Rev. January 1, 2007]

Family Code, §§ 2030–2032, 2100–2113, 3552, 3620–3634, 4050–4076, 4300–4339
www.courtinfo.ca.gov

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

Attach copies of your pay stubs for the last two months and proof of any other income. Take a copy of your latest federal tax return to the court hearing. *(Black out your social security number on the pay stub and tax return.)*

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

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

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

a. Dividends/interest	$	
b. Rental property income	$	
c. Trust income	$	
d. Other *(specify):*	$	

7. **Income from self-employment, after business expenses for all businesses** $ _____
I am the ☐ owner/sole proprietor ☐ business partner ☐ other *(specify):*
Number of years in this business *(specify):*
Name of business *(specify):*
Type of business *(specify):*

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

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

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

10. **Deductions**

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

11. **Assets**

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

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

12. **The following people live with me:**

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

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

a. Home:
   (1) ☐ Rent or ☐ mortgage. . . $ _____
   If mortgage:
   (a) average principal: $ _____
   (b) average interest: $ _____
   (2) Real property taxes . . . . . $ _____
   (3) Homeowner's or renter's insurance (if not included above) . . . . . $ _____
   (4) Maintenance and repair . . . . . $ _____
b. Health-care costs not paid by insurance. . . $ _____
c. Child care . . . . . $ _____
d. Groceries and household supplies. . . . . $ _____
e. Eating out. . . . . $ _____
f. Utilities (gas, electric, water, trash) . . . . . $ _____
g. Telephone, cell phone, and e-mail . . . . . $ _____
h. Laundry and cleaning . . . . . $ _____
i. Clothes . . . . . $ _____
j. Education . . . . . $ _____
k. Entertainment, gifts, and vacation. . . . . $ _____
l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.) . . . . . $ _____
m. Insurance (life, accident, etc.; do not include auto, home, or health insurance). . . $ _____
n. Savings and investments. . . . . $ _____
o. Charitable contributions. . . . . $ _____
p. Monthly payments listed in item 14 *(itemize below in 14 and insert total here)*. . $ _____
q. Other *(specify)*: . . . . . $ _____

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

s. **Amount of expenses paid by others** $ _____

14. **Installment payments and debts not listed above**

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

15. **Attorney fees** *(This is required if either party is requesting attorney fees.)*:
   a. To date, I have paid my attorney this amount for fees and costs *(specify)*: $
   b. The source of this money was *(specify)*:
   c. I still owe the following fees and costs to my attorney *(specify total owed)*: $
   d. My attorney's hourly rate is *(specify)*: $

I confirm this fee arrangement.

Date:

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

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

CHILD SUPPORT INFORMATION

(NOTE: Fill out this page only if your case involves child support.)

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

17. **Children's health-care expenses**
    a. ☐ I do ☐ I do not have health insurance available to me for the children through my job.
    b. Name of insurance company:
    c. Address of insurance company:

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

18. **Additional expenses for the children in this case** Amount per month
    a. Child care so I can work or get job training. . . . . $ _____
    b. Children's health care not covered by insurance . . . . . $ _____
    c. Travel expenses for visitation . . . . . $ _____
    d. Children's educational or other special needs *(specify below):* . . . . . $ _____

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

	Amount per month	For how many months?
a. Extraordinary health expenses not included in 18b.	$ _____	_____
b. Major losses not covered by insurance (examples: fire, theft, other insured loss)	$ _____	_____
c. (1) Expenses for my minor children who are from other relationships and are living with me	$ _____	_____
(2) Names and ages of those children *(specify):*		
(3) Child support I receive for those children.	$ _____	

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

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

FL-330

ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400,17406 *(Name, State Bar number, and address):*	*FOR COURT USE ONLY*
TELEPHONE NO.: FAX NO.: ATTORNEY FOR *(Name):*	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF TRINITY STREET ADDRESS: 11 Court Street MAILING ADDRESS: PO Box 1258 CITY AND ZIP CODE: Weaverville, CA 96093 BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	CASE NUMBER: *(If applicable, provide):* HEARING DATE: HEARING TIME: DEPT.:
PROOF OF PERSONAL SERVICE	

1. I am at least 18 years old, not a party to this action, and not a protected person listed in any of the orders.
2. Person served *(name):*
3. I served copies of the following documents *(specify):*

4. By personally delivering copies to the person served, as follows:
   a. Date: b. Time:
   c. Address:

5. I am
   a. ☐ not a registered California process server.
   b. ☐ a registered California process server.
   c. ☐ an employee or independent contractor of a registered California process server.
   d. ☐ exempt from registration under Business & Profession Code section 22350(b).
   e. ☐ a California sheriff or marshal.
6. My name, address, and telephone number, and, if applicable, county of registration and number *(specify):*

7. ☐ I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
8. ☐ I am a California sheriff or marshal and I certify that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME OF PERSON WHO SERVED THE PAPERS)

(SIGNATURE OF PERSON WHO SERVED THE PAPERS)

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):*	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF TRINITY STREET ADDRESS: 11 Court Street MAILING ADDRESS: PO Box 1258 CITY AND ZIP CODE: Weaverville, CA 96093 BRANCH NAME:	
PETITIONER: *(This section applies only to family law cases.)* RESPONDENT: OTHER PARTY:	
(This section apples only to guardianship cases.) GUARDIANSHIP OF *(Name):* Minor	CASE NUMBER:

DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)

1. **I am a party** to this proceeding to determine custody of a child.
2. ☐ My present address and the present address of each child residing with me is confidential under Family Code section 3429 as I have indicated in item 3.
3. There are *(specify number):* minor children who are subject to this proceeding, as follows:
   (Insert the information requested below. The residence information must be given for the last FIVE years.)

a. Child's name	Place of birth	Date of birth	Sex

Period of residence	Address	Person child lived with *(name and complete current address)*	Relationship
to present	☐ Confidential	☐ Confidential	
to	Child's residence *(City, State)*	Person child lived with *(name and complete current address)*	
to	Child's residence *(City, State)*	Person child lived with *(name and complete current address)*	
to	Child's residence *(City, State)*	Person child lived with *(name and complete current address)*	

b. Child's name	Place of birth	Date of birth	Sex
☐ Residence information is the same as given above for child a. *(If NOT the same, provide the information below.)*			

Period of residence	Address	Person child lived with *(name and complete current address)*	Relationship
to present	☐ Confidential	☐ Confidential	
to	Child's residence *(City, State)*	Person child lived with *(name and complete current address)*	
to	Child's residence *(City, State)*	Person child lived with *(name and complete current address)*	
to	Child's residence *(City, State)*	Person child lived with *(name and complete current address)*	

c. ☐ Additional residence information for a child listed in item a or b is continued on attachment 3c.

d. ☐ Additional children are listed on form *FL-105(A)/GC-120(A). (Provide all requested information for additional children.)*

Form Adopted for Mandatory Use
Judicial Council of California
FL-105/GC-120 [Rev. January 1, 2009]

Family Code, § 3400 et seq.;
Probate Code, §§ 1510(f), 1512
www.courtinfo.ca.gov

SHORT TITLE:	CASE NUMBER:

4. Do you have information about, or have you participated as a party or as a witness or in some other capacity in, another court case or custody or visitation proceeding, in California or elsewhere, concerning a child subject to this proceeding?
☐ Yes ☐ No *(If yes, attach a copy of the orders (if you have one) and provide the following information):*

Proceeding	Case number	Court *(name, state, location)*	Court order or judgment *(date)*	Name of each child	Your connection to the case	Case status
a. ☐ Family						
b. ☐ Guardianship						
c. ☐ Other						

Proceeding	Case Number	Court *(name, state, location)*
d. ☐ Juvenile Delinquency/ Juvenile Dependency		
e. ☐ Adoption		

5. ☐ One or more domestic violence restraining/protective orders are now in effect. *(Attach a copy of the orders if you have one and provide the following information):*

Court	County	State	Case number *(if known)*	Orders expire *(date)*
a. ☐ Criminal				
b. ☐ Family				
c. ☐ Juvenile Delinquency/ Juvenile Dependency				
d. ☐ Other				

6. Do you know of any person who is not a party to this proceeding who has physical custody or claims to have custody of or visitation rights with any child in this case? ☐ Yes ☐ No *(If yes, provide the following information):*

a. Name and address of person	b. Name and address of person	c. Name and address of person
☐ Has physical custody ☐ Claims custody rights ☐ Claims visitation rights	☐ Has physical custody ☐ Claims custody rights ☐ Claims visitation rights	☐ Has physical custody ☐ Claims custody rights ☐ Claims visitation rights
Name of each child	Name of each child	Name of each child

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)

7. ☐ Number of pages attached: _____

NOTICE TO DECLARANT: You have a continuing duty to inform this court if you obtain any information about a custody proceeding in a California court or any other court concerning a child subject to this proceeding.

DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)

CASE NAME:	CASE NUMBER:

ATTACHMENT TO DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)

____ Child's name ☐ Residence information is the same as given on form FL-105/GC-120 for child a. *(If NOT the same, provide the information below.)*	Place of birth	Date of birth	Sex

Period of residence	Present address	Person child lived with *(name and complete current address)*	Relationship
to present	☐ Confidential	☐ Confidential	
to	Child's residence *(City, State)*	Person child lived with *(name and complete current address)*	
to	Child's residence *(City, State)*	Person child lived with *(name and complete current address)*	
to	Child's residence *(City, State)*	Person child lived with *(name and complete current address)*	

____ Child's name ☐ Residence information is the same as given on form FL-105/GC-120 for child a. *(If NOT the same, provide the information below.)*	Place of birth	Date of birth	Sex

Period of residence	Address	Person child lived with *(name and complete current address)*	Relationship
to present	☐ Confidential	☐ Confidential	
to	Child's residence *(City, State)*	Person child lived with *(name and complete current address)*	
to	Child's residence *(City, State)*	Person child lived with *(name and complete current address)*	
to	Child's residence *(City, State)*	Person child lived with *(name and complete current address)*	

____ Child's name ☐ Residence information is the same as given on form FL-105/GC-120 for child a. *(If NOT the same, provide the information below.)*	Place of birth	Date of birth	Sex

Period of residence	Address	Person child lived with *(name and complete current address)*	Relationship
to present	☐ Confidential	☐ Confidential	
to	Child's residence *(City, State)*	Person child lived with *(name and complete current address)*	
to	Child's residence *(City, State)*	Person child lived with *(name and complete current address)*	
to	Child's residence *(City, State)*	Person child lived with *(name and complete current address)*	

Form Adopted for Mandatory Use
Judicial Council of California
FL-105(A)/GC-120(A)
[New January 1, 2009]

Family Code, § 3400 et seq.;
Probate Code, §§ 1510(f), 1512
www.courtinfo.ca.gov

FL-314-INFO Child Custody Information Sheet—Child Custody Mediation

Parents who come to court about child custody and parenting time (visitation) face decisions about parenting plans for their children. This information sheet provides general information about child custody and parenting time matters, how to get help resolving a custody dispute or making a parenting plan, where to find an attorney, and where to find other resources.

What is a parenting plan?

A parenting plan describes how the parents will divide their responsibilities for taking care of their child.

The plan may include a general or specific schedule of days, times, weekends, holidays, vacations, transportation, pick-up/drop-off, limits on travel, counseling and treatment services, and other details.

What are legal and physical custody?

A parenting plan usually includes:

- ***Legal custody:*** how parents make major decisions about the child's health, education, and welfare;
- ***Physical custody:*** where the child lives; and
- ***Parenting time, time-share, or visitation:*** when the child spends time with each parent.

Legal custody and *physical custody* may each be specified as *joint* (both parents have certain responsibilities) or *sole* (one parent has the responsibility alone).

Can we make our own parenting plan?

Yes. You have a right to make a parenting plan agreement on your own. This agreement may be called a *stipulation, time-share plan,* or *parenting plan.*

If both parents can agree on a parenting plan, the judge will probably approve it. The agreement becomes a court order after it is signed by both parents and the judge, and filed with the court.

What if there is domestic violence or a protective order?

If there is domestic violence or a protective order, talk with an attorney, counselor, or mediator before making a parenting plan.

For domestic violence help, call the National Domestic Violence Hotline at 1-800-799-7233 (TDD:1-800-787-3224) or call 211 if available in your area.

What if we don't have a parenting plan?

If you can't reach an agreement, the court will refer you to mediation with family court services (FCS) to try to work out a parenting plan.

What is mediation with family court services?

Family court services (FCS) provides mediation to help parents resolve disagreements about the care of their child. The mediator will meet with you and the other parent to try to help you both make a parenting plan. An orientation may be provided that offers additional information about the process.

If you are concerned about meeting with the other parent in mediation, or there is a domestic violence issue or a protective order involving the other parent, you may ask to meet alone with the mediator without the other parent. You may also request to have a support person with you at mediation. The support person may not speak for you.

Do we have to agree to a parenting plan in mediation?

No. You do not have to come to an agreement in mediation. When the parents can't agree, the judge will decide. For legal advice, contact an attorney. For other information, ask the self-help center or family court services about how the process works in your court.

Are there other ways to resolve our dispute?

Yes. You may try other alternative dispute resolution (ADR) options, including:

1. Meet and Confer: Parents and their attorneys (if any) may meet at any time and as often as necessary to work out a parenting plan without a court hearing. If there is a protective order limiting the contact between the parents, then the "meet and confer" can be through attorneys or a mediator in separate sessions.

2. Settlement Conference: In some courts, parents may meet with a judge, neutral evaluators, or family law attorneys not involved in the case to discuss settlement. Check with the local court to find out if this is an option. If there is a protective order, the settlement discussion can be through attorneys or a mediator in separate sessions.

3. Private Mediation: Parents may hire a private mediator to help them resolve their dispute.

4. Collaborative Law Process: Each parent hires a lawyer and agrees to resolve the dispute without going to court. The parents may also hire other experts.

Court Hearing

When the parents cannot agree to a parenting plan on their own, in mediation, or in any other ADR process, the judge will decide.

If there is domestic violence or a protective order, a parent may be able to bring a support person with him or her to the court hearing, but the support person may not speak for that person.

Where can I get help?

This information sheet gives only basic information on the child custody process and is not legal advice. If you want legal advice, ask an attorney for assistance. For other information, you may want to:

1. Contact family court services.

2. Contact the family law facilitator or self-help center for information, local rules and court forms, and referrals to local legal services providers.

3. Find an attorney through your local bar association, the State Bar of California at *http://calbar.ca.gov*, or the Lawyer Referral Service at 1-866-442-2529.

4. Hire a private mediator for help with your parenting agreement. A mediator may be an attorney or counselor. Contact your local bar association, court ADR program, or family court services for a referral to local resources.

5. Find information on the Online Self-Help Center website at *www.courts.ca.gov/selfhelp*.

6. For free and low-cost legal help (if you qualify), go to *www.lawhelpcalifornia.org*.

7. Find information at your local law library or ask at your public library.

8. Ask for a court hearing and let the judge decide what is best for your child.

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

Your name and address or attorney's name and address: TELEPHONE NO.:	FOR COURT USE ONLY
ATTORNEY FOR *(Name)*:	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF TRINITY STREET ADDRESS: 11 Court Street MAILING ADDRESS: PO Box 1258 CITY AND ZIP CODE: Weaverville, CA 96093 BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	
FINANCIAL STATEMENT (SIMPLIFIED)	CASE NUMBER:

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

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

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

This income comes from the following:

- ☐ Salary/wages: Amount before taxes per month ..... $ _____
- ☐ Retirement: Amount before taxes per month ..... $ _____
- ☐ Unemployment compensation: Amount per month ..... $ _____
- ☐ Workers' compensation: Amount per month ..... $ _____
- ☐ Social security: ☐ SSI ☐ Other Amount per month ..... $ _____
- ☐ Disability: Amount per month ..... $ _____
- ☐ Interest income (from bank accounts or other): Amount per month ..... $ _____

I have no income other than as stated in this paragraph.

6. I pay the following monthly expenses for the children in this case:
   a. ☐ Day care or preschool to allow me to work or go to school ..... $ _____
   b. ☐ Health care not paid for by insurance ..... $ _____
   c. ☐ School, education, tuition, or other special needs of the child ..... $ _____
   d. ☐ Travel expenses for visitation ..... $ _____
7. ☐ There are *(specify number)* _____ other minor children of mine living with me. Their monthly expenses that I pay are ..... $ _____
8. I spend the following average monthly amounts *(please attach proof):*
   a. ☐ Job-related expenses that are not paid by my employer *(specify reasons for expenses on separate sheet)* $ _____
   b. ☐ Required union dues ..... $ _____
   c. ☐ Required retirement payments (not social security, FICA, 401k or IRA) ..... $ _____
   d. ☐ Health insurance costs ..... $ _____
   e. ☐ Child support I am paying for other minor children of mine who are not living with me ..... $ _____
   f. ☐ Spousal support I am paying because of a court order for another relationship ..... $ _____
   g. ☐ Monthly housing costs: ☐ rent or ☐ mortgage ..... $ _____
      If mortgage: interest payments $_____ real property taxes $_____
9. Information concerning ☐ my current employment ☐ my most recent employment:
   Employer:
   Address:
   Telephone number:
   My occupation:
   Date work started:
   Date work stopped *(if applicable):* What was your gross income *(before taxes)* before work stopped?:

Form Approved for Optional Use
Judicial Council of California
FL-155 [Rev. January 1, 2004]

Family Code, § 4068(b)
www.courtinfo.ca.gov

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

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

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

Date:

_____ ▶ _____

(TYPE OR PRINT NAME) (SIGNATURE OF DECLARANT)

☐ PETITIONER/PLAINTIFF ☐ RESPONDENT/DEFENDANT

INSTRUCTIONS

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

- Are you asking for spousal support (alimony) or a change in spousal support?
- Is your spouse or former spouse asking for spousal support (alimony) or a change in spousal support?
- Are you asking the other party to pay your attorney fees?
- Is the other party asking you to pay his or her attorney fees?
- Do you receive money (income) from any source other than the following?
  - Welfare (such as TANF, GR, or GA)
  - Salary or wages
  - Disability
  - Unemployment
  - Interest
  - Workers' compensation
  - Social security
  - Retirement
- Are you self-employed?

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

Step 2: Make 2 copies of each of your pay stubs for the last two months. If you received money from other than wages or salary, include copies of the pay stub received with that money.
Privacy notice: If you wish, you may cross out your social security number if it appears on the pay stub, other payment notice or your tax return

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

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

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

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

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

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

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

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

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)*:	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF TRINITY STREET ADDRESS: 11 Court Street MAILING ADDRESS: PO Box 1258 CITY AND ZIP CODE: Weaverville, CA 96093 BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	
DECLARATION REGARDING ADDRESS VERIFICATION— POSTJUDGMENT REQUEST TO MODIFY A CHILD CUSTODY, VISITATION, OR CHILD SUPPORT ORDER	CASE NUMBER:

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

2. ☐ **The request is to modify a judgment or permanent order only for child support and a local child support agency is providing services in the case.** Service of the request solely to modify child support will be made on other party by serving the local child support agency at least 30 days prior to the hearing as provided in Family Code sections 17404(e)(3) and 17406(f).

3. ☐ **The request is to modify a judgment or permanent orders for child custody, visitation, or child support.**
Note: If you cannot verify the other party's current residence or office address, mail service may not be used. The other party must be personally served. *Proof of Personal Service* (form FL-330) may be used for this purpose.
   a. Before the request was served on the other party by mail, I verified in the previous 30 days that the other party's current current residence or office address is *(specify)*:

   b. I can confirm that the above address is the other party's **current residence or office address** because *(specify)*:
      (1) ☐ I contacted the other party directly within the past 30 days and he or she gave me the above address.
      (2) ☐ I have been at that address in connection with a custody and visitation or other matter within the past 30 days.
      (3) ☐ It is the new address that the other party provided on *Notice of Change of Address* (form MC-040) or other pleading and filed with the court on *(specify date)*:
      (4) ☐ It is the office address that he or she last gave on a document filed with the court in this case which was also served on me as a party in the case.
      (5) ☐ I sent the other party a letter by mail to the address in (2) with return receipt requested and the other party signed and accepted the letter at that address within the past 30 days.
      (6) ☐ I confirmed by another method *(specify)*:
      ☐ Continued in Attachment 3b(6).

I declare under penalty of perjury under the laws of the State of California that the foregoing and all attachments are true and correct.
Date:

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

Form Approved for Optional Use
Judicial Council of California
FL-334 [New January 1, 2012]

Code of Civil Procedure, §§ 1013, 1013a;
Family Code, §§ 215, 17404, 17406
www.courts.ca.gov

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

NOTICE AND SERVICE INFORMATION

If you want to change a judgment or permanent order for child custody, visitation, or child support, a person at least 18 years of age or older must serve the request on the other party by (1) personal delivery or (2) first-class mail or airmail, postage prepaid. Requests to modify a judgment or permanent order for matters other than child custody, visitation, or child support must be served on the other party by personal service.

- **If your request is to change a judgment or permanent orders only for child support and a local child support agency is currently providing services, the other party may be served by mail at the office of the local child support agency. Where service is made by mail on the local child support agency, the following apply:**

  1. The local child support agency must be served not less than 30 days before the hearing date.
  2. Attach a copy of this completed form to the proof of service by mail; and
  3. File this original form at the court clerk's office.

- **If your request is to change a judgment or permanent order for child custody, visitation, or child support and you have verified the other party's current residence or office address, you must:**

  1. Complete this form to provide the other party's current residence or business address and indicate how you obtained the other party's current residence or office address.
  2. Attach a copy of this completed form to the proof of service by mail; and
  3. File this original form at the court clerk's office.

- **If you cannot verify the other party's current residence or office address, mail service may not be used. The other party must be personally served. *Proof of Personal Service* (form FL-330) may be used for this purpose.**

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.

Form Approved for Optional Use
Judicial Council of California
FL-192 [Rev. July 1, 2007]

Family Code, §§ 4062, 4063
www.courtinfo.ca.gov

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-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.

ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address)*:	*COURT PERSONNEL: STAMP DATE RECEIVED HERE*
TELEPHONE NO.: FAX NO. *(Optional)*: E-MAIL ADDRESS *(Optional)*: ATTORNEY FOR *(Name)*:	**DO NOT FILE**
SUPERIOR COURT OF CALIFORNIA, COUNTY OF TRINITY STREET ADDRESS: 11 Court Street MAILING ADDRESS: PO Box 1258 CITY AND ZIP CODE: Weaverville, CA 96093 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

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.