

**Office of the Family Law Facilitator  
SUPERIOR COURT OF CALIFORNIA, COUNTY OF EL DORADO  
Placerville Main Street Branch**

***Preparing the Dissolution Judgment Workshop  
(Conducted via ZOOM)***

To finalize a divorce or legal separation through either a default judgment or stipulated judgment parties must be compliant with the requirements for disclosing financial and property information prior to submitting a judgment. The [Preparing the Preliminary Declaration of Disclosure Workshop](#) should be taken prior to attending this *Preparing the Dissolution Judgment Workshop*.

In this workshop you will learn:

- When and how to enter a *default judgment* and related documents.
- How to prepare a *stipulated judgment* when you and your spouse have reached an agreement on all issues.
- Issues to be addressed in a judgment.
- How to prepare and submit the judgment.

To view when this workshop is offered [click here](#).

To register by e-mail to attend a workshop [click here](#). Please provide your name, case number, phone number and the date of the workshop you would like to attend.

***\*Before the workshop, please print this packet that includes all required forms you will use during the workshop to take notes and create rough drafts.***

***\*After the workshop, you will need to prepare final drafts of the forms to file with the court.***

For your convenience, the Judicial Council forms are available in a fillable format on the California Courts website at [Find Your Court Forms - forms and rules \(ca.gov\)](#) or you may use the following links to access the forms.

- [FL-130 Appearance, Stipulation, and Waivers](#)
- [FL-144 Stipulation and Waiver of Final Declaration of Disclosure](#)
- [FL-150 Income and Expense Declaration](#)
- [FL-165 Request to Enter Default](#)
- [FL-170 Declaration for Default or Uncontested Dissolution or Legal Separation](#)
- [FL-180 Judgment](#)
- [FL-190 Notice of Entry of Judgment](#)
- [FL-191 Child Support Case Registry Form](#) (if minor children)
- [FL-192 Notice of Rights and Responsibilities](#) (if minor children)

PARTY WITHOUT ATTORNEY or ATTORNEY STATE BAR NO.: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT:	
<b>APPEARANCE, STIPULATIONS, AND WAIVERS</b>	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: Determination of Parental Relationship* (form FL-235) or its equivalent.

**3. Other (specify):**

Date: \_\_\_\_\_  
 \_\_\_\_\_  
 (TYPE OR PRINT NAME)

Date: \_\_\_\_\_  
 \_\_\_\_\_  
 (TYPE OR PRINT NAME)

Date: \_\_\_\_\_  
 \_\_\_\_\_  
 (TYPE OR PRINT NAME)

Date: \_\_\_\_\_  
 \_\_\_\_\_  
 (TYPE OR PRINT NAME)

▶ \_\_\_\_\_  
 (SIGNATURE OF PETITIONER)

▶ \_\_\_\_\_  
 (SIGNATURE OF RESPONDENT)

▶ \_\_\_\_\_  
 (SIGNATURE OF ATTORNEY FOR PETITIONER)

▶ \_\_\_\_\_  
 (SIGNATURE OF ATTORNEY FOR RESPONDENT)

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

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

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):   TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PLAINTIFF/ PETITIONER: DEFENDANT/ RESPONDENT: OTHER:	
<b>STIPULATION AND WAIVER OF FINAL DECLARATION OF DISCLOSURE</b>	CASE NUMBER:

1. Under Family Code section 2105(d), the parties agree to waive the requirements of Family Code section 2105(a) concerning the final declaration of disclosure.
2. The parties agree as follows:
  - a. We have complied with Family Code section 2104, and the preliminary declarations of disclosure have been completed and exchanged.
  - b. We have completed and exchanged a current *Income and Expense Declaration* (form FL-150) that includes all material facts and information on each party's earnings, accumulations, and expenses.
  - c. We have fully complied with Family Law section 2102 and have fully augmented the preliminary declarations of disclosure, including disclosure of all material facts and information on
    - (1) the characterization of all assets and liabilities,
    - (2) the valuation of all assets that are community property or in which the community has an interest, and
    - (3) the amounts of all community debts and obligations.
  - d. Each of the parties enters into this waiver knowingly, intelligently, and voluntarily.
  - e. 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.
  - f. The parties also understand that if they do not comply with these obligations, the court will set aside the judgment.

The petitioner and respondent 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 PETITIONER)

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

\_\_\_\_\_  
(SIGNATURE OF RESPONDENT)

**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

PARTY WITHOUT ATTORNEY OR ATTORNEY STATE BAR NUMBER: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	
<b>INCOME AND EXPENSE DECLARATION</b>	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 8 1/2-by-11-inch sheet of paper and list the same information as above for your other jobs. Write "Question 1—Other Jobs" at the top.)

**2. Age and education**

- a. My age is (specify): \_\_\_\_\_
- 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 8 1/2-by-11-inch sheet of paper and write the question number before your answer.) Number of pages attached: \_\_\_\_\_

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

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

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



\_\_\_\_\_  
 (SIGNATURE OF DECLARANT)

PETITIONER: RESPONDENT: OTHER PARTY/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) <input type="checkbox"/> currently receiving .....	\$ _____	\$ _____
e. Spousal support <input type="checkbox"/> from this marriage <input type="checkbox"/> from a different marriage <input type="checkbox"/> federally taxable* .....	\$ _____	\$ _____
f. Partner support <input type="checkbox"/> from this domestic partnership <input type="checkbox"/> from a different domestic partnership .....	\$ _____	\$ _____
g. Pension/retirement fund payments.....	\$ _____	\$ _____
h. Social Security retirement (not SSI).....	\$ _____	\$ _____
i. Disability: <input type="checkbox"/> Social Security (not SSI) <input type="checkbox"/> State disability (SDI) <input type="checkbox"/> Private insurance .....	\$ _____	\$ _____
j. Unemployment compensation.....	\$ _____	\$ _____
k. Workers' compensation.....	\$ _____	\$ _____
l. Other (military allowances, royalty payments) (specify): .....	\$ _____	\$ _____

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

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

7. **Income from self-employment, after business expenses for all businesses**..... \$ \_\_\_\_\_

I am the  owner/sole proprietor  business partner  other (specify): \_\_\_\_\_

Number of years in this business (specify): \_\_\_\_\_

Name of business (specify): \_\_\_\_\_

Type of business (specify): \_\_\_\_\_

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

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

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

10. **Deductions**

	Last month
a. Required union dues.....	\$ _____
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 <input type="checkbox"/> federally tax deductible*.....	\$ _____
f. Partner support that I pay by court order from a different domestic partnership.....	\$ _____
g. Necessary job-related expenses not reimbursed by my employer (attach explanation labeled "Question 10g").....	\$ _____

11. **Assets**

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

\* Check the box if the spousal support order or judgment was executed by the parties and the court before January 1, 2019, or if a court-ordered change maintains the spousal support payments as taxable income to the recipient and tax deductible to the payor.

PETITIONER: RESPONDENT: OTHER PARTY/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.				<input type="checkbox"/> Yes <input type="checkbox"/> No
b.				<input type="checkbox"/> Yes <input type="checkbox"/> No
c.				<input type="checkbox"/> Yes <input type="checkbox"/> No
d.				<input type="checkbox"/> Yes <input type="checkbox"/> No
e.				<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

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

**15. Attorney fees** (This information is required if either party is requesting attorney fees):

- a. To date, I have paid my attorney this amount for fees and costs (specify): \$ \_\_\_\_\_
- b. The source of this money was (specify): \_\_\_\_\_
- c. I still owe the following fees and costs to my attorney (specify total owed): \$ \_\_\_\_\_
- d. My attorney's hourly rate is (specify): \_\_\_\_\_

I confirm this fee arrangement.

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

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

▶

\_\_\_\_\_  
 (SIGNATURE OF DECLARANT)

PETITIONER: RESPONDENT: OTHER PARTY/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 expense for the children in this case**

- |   | Amount per month |
|---|------------------|
| a. Childcare so I can work or get job training.....                           | \$ _____         |
| b. Children's health care not covered by insurance.....                       | \$ _____         |
| c. Travel expenses for visitation.....  | \$ _____         |
| d. Children's educational or other special needs <i>(specify below)</i> ..... | \$ _____         |

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

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

(3) Child support I receive for those children..... \$ \_\_\_\_\_

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

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

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):   TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT:	
<b>REQUEST TO ENTER DEFAULT</b>	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)

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



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) <input type="checkbox"/> Clerk's fees .....	\$	
(2) <input type="checkbox"/> Process server's fees .....	\$	
(3) <input type="checkbox"/> Other (specify): .....	\$	
.....	\$	
.....	\$	
.....	\$	
<b>TOTAL</b> .....	<b>\$</b>	

- 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.

Print this form

Save this form

Clear this form

PARTY WITHOUT ATTORNEY OR ATTORNEY STATE BAR NUMBER: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT:	
<b>DECLARATION FOR DEFAULT OR UNCONTESTED</b> <input type="checkbox"/> DISSOLUTION <input type="checkbox"/> 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 with agreement**
    - (1) No response has been filed and the parties have agreed that the matter may proceed as a default matter without notice; and
    - (2) The parties have entered into a written agreement regarding their property and their marriage or domestic partnership rights, including support, the original of which is being or has been submitted to the court. I request that the court approve the agreement.
  - c.  **Uncontested**
    - (1) Both parties have appeared in the case; and
    - (2) The parties have entered into a written agreement regarding their property and their marriage or domestic partnership rights, including support, the original of which is being or has been submitted to the court. I request that the court approve the agreement.
5. **Declaration of disclosure (check a, b, c, or d):**
  - a.  Both the parties have filed, or are filing concurrently, a *Declaration Regarding Service of Declaration of Disclosure* (form FL-141) and an *Income and Expense Declaration* (form FL-150).
  - b.  This matter is proceeding by default. I am the petitioner in this action and have filed a proof of service of the preliminary *Declaration of Disclosure* (form FL-140) with the court. I hereby waive receipt of the final *Declaration of Disclosure* (form FL-140) from the respondent.
  - c.  This matter is proceeding by default. I am the petitioner in this action, and service of the summons on respondent was done by publication or posting under court order. Service of the preliminary *Declaration of Disclosure* (form FL-140) is not required. I hereby waive receipt of the final *Declaration of Disclosure* (form FL-140) from the respondent.

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

PETITIONER: 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 <i>(Name, State Bar number, and address):</i>  TELEPHONE NO.: _____ FAX NO. <i>(Optional):</i> _____ E-MAIL ADDRESS <i>(Optional):</i> _____ ATTORNEY FOR <i>(Name):</i> _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____</b> STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
<b>MARRIAGE OR PARTNERSHIP OF _____</b> PETITIONER: _____ RESPONDENT: _____	
<p style="text-align: center;"><b>JUDGMENT</b></p> <input type="checkbox"/> <b>DISSOLUTION</b> <input type="checkbox"/> <b>LEGAL SEPARATION</b> <input type="checkbox"/> <b>NULLITY</b> <input type="checkbox"/> <b>Status only</b> <input type="checkbox"/> <b>Reserving jurisdiction over termination of marital or domestic partnership status</b> <input type="checkbox"/> <b>Judgment on reserved issues</b> <b>Date marital or domestic partnership status ends:</b> _____	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.

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  
 SIGNATURE FOLLOWS LAST ATTACHMENT

5. Number of pages attached: \_\_\_\_\_

**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.



C. \_\_\_\_\_ Visitation shall be ordered as follows:

(NAME) \_\_\_\_\_, shall have visitation as follows:

\_\_\_\_\_ No visitation

\_\_\_\_\_ Reasonable visitation

\_\_\_\_\_ According to the following schedule:

\_\_\_\_\_ see attached document consisting of \_\_\_\_\_ pages.

\_\_\_\_\_ days and times as follows:

---

---

---

---

D. \_\_\_\_\_ Other:

III. CHILD SUPPORT

\_\_\_\_\_ Jurisdiction is reserved. No orders made at this time.

\_\_\_\_\_ The court orders child support as contained in FL-342, attached.

\_\_\_\_\_ The Local Child Support Agency has signed the attached one page approval form.

IV. SPOUSAL SUPPORT

\_\_\_\_\_ The Court reserves jurisdiction to award spousal support as to

\_\_\_\_\_ Petitioner

\_\_\_\_\_ Respondent

\_\_\_\_\_ The Court terminates jurisdiction to award spousal support to

\_\_\_\_\_ Petitioner

\_\_\_\_\_ Respondent

\_\_\_\_\_ The Court orders spousal support as attached on

\_\_\_\_\_ FL-343

\_\_\_\_\_ the attached \_\_\_\_\_-page document.

V. SEPARATE PROPERTY

A. \_\_\_\_\_ The court finds there are no separate property assets or debts.

B. \_\_\_\_\_ The court orders the division of separate property assets as follows:

a. Petitioner shall receive

b. Respondent shall receive

C. \_\_\_\_\_ The court finds there are no separate property debts.

D. \_\_\_\_\_ The court orders the division of separate debts as follows:

a. Petitioner shall be responsible for

b. Respondent shall be responsible for

E. \_\_\_\_\_ Other, see FL-345 attached.

VI. COMMUNITY PROPERTY

A. \_\_\_\_\_ The court finds there are no community property assets or debts.

B. \_\_\_\_\_ The court orders the division of community property assets as follows:

a. Petitioner shall receive

b. Respondent shall receive



- C. \_\_\_\_\_ The court finds there are no community property debts.
- D. \_\_\_\_\_ The court orders the division of community debts as follows:
  - a. Petitioner shall be responsible for
  - b. Respondent shall be responsible for
- E. \_\_\_\_\_ Other, see FL-345 attached.

SIGNATURES

The foregoing is agreed to by:

DATE: \_\_\_\_\_

\_\_\_\_\_

Petitioner

DATE: \_\_\_\_\_

\_\_\_\_\_

Respondent

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):       TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	COURT PERSONNEL: STAMP DATE RECEIVED HERE       <b>DO NOT FILE</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF:  RESPONDENT/DEFENDANT:  OTHER PARENT:	
<b>CHILD SUPPORT CASE REGISTRY FORM</b> <input type="checkbox"/> Mother <input type="checkbox"/> First form completed <input type="checkbox"/> Father <input type="checkbox"/> 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:
 

<u>Child Support:</u> (1) <input type="checkbox"/> Current base child support: \$ _____ <input type="checkbox"/> Reserved order <input type="checkbox"/> \$0 (zero) order (2) <input type="checkbox"/> Additional monthly support: \$ _____ (3) <input type="checkbox"/> Total past-due support: \$ _____ (4) <input type="checkbox"/> Payment on past-due support: \$ _____	<u>Family Support:</u> <input type="checkbox"/> Current base family support: \$ _____ <input type="checkbox"/> Reserved order <input type="checkbox"/> \$0 (zero) order <input type="checkbox"/> Additional monthly support: \$ _____ <input type="checkbox"/> Total past-due support: \$ _____ <input type="checkbox"/> Payment on past-due support: \$ _____	<u>Spousal Support:</u> <input type="checkbox"/> Current spousal support: \$ _____ <input type="checkbox"/> Reserved order <input type="checkbox"/> \$0 (zero) order  <input type="checkbox"/> Total past-due support: \$ _____ <input type="checkbox"/> Payment on past-due support: \$ _____
--	--	--

 (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**

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

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

- |  | <u>Child's name</u> | <u>Date of birth</u> | <u>Social security number</u> |
|--|---------------------|----------------------|-------------------------------|
| a.   |                     |                      |                               |
| b.   |                     |                      |                               |
| c.   |                     |                      |                               |
| <input type="checkbox"/> 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.

**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, you must fill out one of these forms:

- Form FL-300, *Request for Order* **or**
- Form FL-390, *Notice of Motion and Motion for Simplified Modification of Order for Child, Spousal, or Family Support*

You must also fill out one of these forms:

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

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

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

- Form FW-001, *Request to Waive Court Fees*
- Form FW-003, *Order on Court Fee Waiver (Superior Court)*

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

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

The server must also serve blank copies of these forms:

- Form FL-320, *Responsive Declaration to Request for Order* **and** form FL-150, *Income and Expense Declaration*, **or**
- Form FL-155, *Financial Statement (Simplified)*

Then the server fills out and signs a *Proof of Service* (form FL-330 or form 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:

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

### Need help?

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