



SUPERIOR COURT OF CALIFORNIA
County of Kings
1640 Kings County Drive, Hanford, CA 93230
(559) 582-1010

REQUEST FOR ORDER PACKET



Online Assistance: www.courts.ca.gov/selfhelp.htm

The California Courts Self-Help Center

E-file California: <https://www.kings.courts.ca.gov/online-services/online-case-filing>

Kings County Superior Court: www.kings.courts.ca.gov

Hours of Operation (Except for Court Holidays): Monday – Friday 8:00a.m. to 4:00p.m.

FORMS INCLUDED IN THIS PACKET

Information Sheet for Request for Order	Judicial Council Form FL-300-INFO
Request for Order	Judicial Council Form FL-300
If applicable: <ul style="list-style-type: none"> • Temporary Emergency Court Order • Child Custody & Visitation Application Attachment • Request for Child Abduction Prevention Orders • Children’s Holiday Schedule Attachment • Additional Provisions Physical Custody Attachment • Joint Legal Custody Attachment • Spousal or Partner Support Declaration Attachment 	Judicial Council Form FL-305 Judicial Council Form FL-311 Judicial Council Form FL-312 Judicial Council Form FL-341(C) Judicial Council Form FL-341(D) Judicial Council Form FL-341(E) Judicial Council Form FL-157
The following form is completed if you have children (under the age of 18) with the other party: <ul style="list-style-type: none"> • Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA) 	Judicial Council Form FL-105 and FL-105(A)
Proof of Personal Service	Judicial Council Form FL-330
Proof of Service by Mail	Judicial Council Form FL-335
Complete the following forms if your Order includes Child Support: <ul style="list-style-type: none"> • Income and Expense Declaration • Child Support Case Registry Form • Notice of Rights and Responsibilities Health-Care Costs and Reimbursement Procedures • Order/Notice to Withhold Income for Child Support • Income Withholding for Support Instructions 	Judicial Council Form FL-150 Judicial Council Form FL-191 Judicial Council Form FL-192 Judicial Council Form FL-195 Judicial Council Form FL-196
Filing Fee: <ul style="list-style-type: none"> • Request for Order • Request for Order that includes <u>Modification of Custody and/or Visitation</u> • Court Reporter Fee 	\$60.00 85.00 30.00

1 USE Request for Order (form FL-300):

- To schedule a court hearing and ask the court to make new orders or to change orders in your case. The request can be about child custody, visitation (parenting time), child support, spousal or partner support, property, finances, attorney’s fees and costs, or other matters.
- To change or end the domestic violence restraining orders granted by the court in *Restraining Order After Hearing (form DV-130)*. See *How Do I Ask to Change or End a Domestic Violence Restraining Order (form DV-400-INFO)* for more information.

2 DO NOT USE Request for Order (form FL-300):

- Before you have filed a Petition to start your case (form FL-300 may be filed with the Petition).
- If you and the other party have an agreement. For information about how to write up your agreement, get it approved by the court, and filed in your case, see <http://www.courts.ca.gov/selfhelp-agreeFL>, talk to an attorney, or get help at your court’s Self-Help Center or Family Law Facilitator’s Office.
- When specific Judicial Council forms must be used to ask the court for orders. For example, to ask:
 - For a domestic violence restraining order, use forms [DV-100](#), [DV-109](#), and [DV-110](#).
 - For an order for contempt, use [form FL-410](#).
 - To cancel a child support order, use [form FL-360](#) or [form FL-640](#).
 - To cancel a voluntary declaration of parentage or paternity, use [form FL-280](#).

3 Forms checklist

- a. [Form FL-300, Request for Order](#), is the basic form you need to file with the court. Depending on your request, you may need these additional forms:
- b. To request child custody or visitation (parenting time) orders, you may need to complete some of these forms:
 - [FL-105, Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act](#)
 - [FL-311, Child Custody and Visitation \(Parenting Time\) Application Attachment](#)
 - [FL-312, Request for Child Abduction Prevention Orders](#)
 - [FL-341\(C\), Children’s Holiday Schedule Attachment](#)
 - [FL-341\(D\), Additional Provisions—Physical Custody Attachment](#)
 - [FL-341\(E\), Joint Legal Custody Attachment](#)
- c. If you want child support, you need:
 - A current [FL-150, Income and Expense Declaration](#). You may use [form FL-155, Financial Statement \(Simplified\)](#) instead of form FL-150 if you meet the requirements listed on page 2 of form FL-155.
- d. If you want spousal or partner support or orders about your finances, you need:
 - A current [FL-150, Income and Expense Declaration](#)
 - [FL-157, Spousal or Partner Support Declaration Attachment](#) (if the request is to change a support judgment)
- e. If you want attorney’s fees and costs, you need:
 - A current [FL-150, Income and Expense Declaration](#)
 - [FL-319, Request for Attorney’s Fees and Costs Attachment](#) (or provide the information in a declaration)
 - [FL-158, Supporting Declaration for Attorney’s Fees and Costs Attachment](#) (or provide the information in a declaration)
- f. To request temporary emergency (ex parte) orders, you need:
 - [FL-305, Temporary Emergency Orders](#) to serve as the proposed temporary emergency orders.
 - Your declaration describing how and when you gave notice about the request for temporary emergency orders. You may use [form FL-303, Declaration Regarding Notice and Service of Request for Temporary Emergency \(Ex Parte\) Orders](#).
 - Other forms required by local courts. See item 9 on page 3 of this form for more information.
- g. If you plan to have witnesses testify at the hearing, you need:
 - [FL-321, Witness List](#)
- h. If you want to request a separate trial (bifurcation) on an issue, you need:
 - [FL-315, Request or Response to Request for Separate Trial](#)



4 Complete form FL-300 (Page 1)

Caption: In the top box, print or type your name, address, telephone number, and email address if you have one. In the second box, put the court address. In the third box, write the name of the Petitioner, Respondent, and Other Parent/Party (if there is one). (You must use the party names as they appear in the petition that was originally filed with the court).

In the fourth box, check “CHANGE” if you want to change an existing order. Check “TEMPORARY EMERGENCY ORDERS” if you are asking the court to make emergency orders that will be effective until the hearing date. Then, check all the boxes that apply to the orders you are requesting. In the box on the right, write the case number.

Item 1: List the name(s) of the other person(s) in your case who will receive your request. In some cases, this might include a grandparent who is joined as a party in the case, a local child support agency, or a lawyer who represents a child in the case.

Item 2: Leave this blank. The court clerk will fill in the date, time, and place of the hearing.

Item 3: This is a notice to all other parties.

Items 4–5: Leave these blank. The court will complete them if it orders a hearing.

Item 6: In some counties, the court clerk will check item 6 and provide the details for your required child custody mediation or recommending counseling appointment. Other courts require the party or the party’s lawyer to make the appointment and then complete item 6 before filing form FL-300. Ask your court’s Family Law Facilitator or Self-Help Center to find out what your court requires.

Items 7–8: Leave these blank. The court will complete them, if needed.

5 Complete form FL-300 (pages 2–4)

6 Complete additional forms and make copies

Complete any additional forms that you need to file with the *Request for Order*. Make at least two copies of your full packet.

Note: You may file one form FL-150 to respond to items 3, 4, and 6.

7 File your documents

Give your paperwork and the copies you made to the court clerk to process. You may take them to the clerk’s office in person, mail them, or, in some counties, you can e-file them.

The clerk will keep the original and give you back the copies you made with a court date and time stamped on the first page of the *Request for Order*. The procedure may be different in some courts if you are requesting temporary emergency orders.

8 Pay filing fees

A fee is due at the time of filing. If you cannot afford to pay the filing fee, and you do not already have a valid fee waiver order in this case, you can ask the court to waive the fee by completing and filing form FW-001, Request to Waive Court Fees and form FW-003, Order on Court Fee Waiver.



9 Temporary Emergency (Ex Parte) Orders
(not domestic violence restraining orders)

Courts can make temporary orders in your family law case to respond to emergencies that cannot wait to be heard on the court’s regular hearing calendar.

The emergency must involve an immediate danger or irreparable harm to a party or children in the case, or an immediate loss or damage to property.

To request these orders:

- Complete form FL-300. Describe the emergency and explain why you need the temporary emergency orders before the hearing.
- Complete form FL-305 to serve as your proposed temporary orders.
- Include a declaration describing how and when you notified the other parties (or why you could not give notice) about your request and the hearing (see form FL-303).
- Complete other forms if required by your local court rules.
- Follow your court’s local procedures for reserving the day for the hearing, submitting your paperwork, and paying filing fees.

10 General information about “service”

“Service” is the act of giving your legal papers to all persons named as parties in the case so that they know what orders you are asking for and have information about the hearing.

If the other parties are NOT properly served, the judge cannot make the orders you requested on the date of the hearing.

11 Serve the Request for Order and blank forms

The other party must be “served” with a:

- Copy of the *Request for Order* and all the other forms and attachments filed with the court clerk.
- Copy of any temporary emergency orders granted.
- Blank form FL-320, *Responsive Declaration to Request for Order*.
- Blank form FL-150, *Income and Expense Declaration* (if you served form FL-150 or FL-155).

12 Who can be a “server”

You cannot serve the papers. Have someone else (who is at least 18 years old) do it. The “server” can be a friend, a relative who is not involved in your case, a sheriff, or a professional process server.

13 “Personal Service”

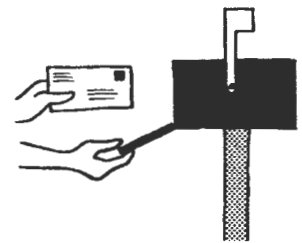
Personal service means that your “server” walks up to each person to be served, makes sure the right person is being served, and hand-delivers a copy of all the papers (and the blank forms). If the person served does not take the papers, the server may leave the papers near the person.



Note: Sometimes the papers may be personally served on the other party’s lawyer (if he or she has one) in the family law case.

14 “Service by mail”

means that your “server” places copies of all the papers (including blank forms) in a sealed envelope and mails them to the address of each party being served (or to the party’s lawyer, if the party has one).



The server must be 18 years of age or older and live or work in the county where the mailing took place.

Important! If you have questions about personal service or service by mail, talk to a lawyer or check with your court’s Family Law Facilitator or Self-Help Center at <http://www.courts.ca.gov/selfhelp-courtresources.htm>.



15 When to use personal service or service by mail

Personal Service

Personal service is the best way to make sure the other adults in your case are correctly served. Sometimes you **must** use personal service.

You **must** use personal service when the court:

- Ordered personal service;
- Granted temporary emergency orders;
- Does not yet have the power to make orders that apply to the other party because he or she has either NOT previously:

- Been served with a *Summons* and *Petition*;

OR

- Appeared in the case by filing a:
 - a. *Response to a Petition*;
 - b. *Appearance, Stipulations, and Waivers*;
 - c. Written notice of appearance;
 - d. Request to strike all or part of the *Petition*; or
 - e. Request to transfer the case.

*Note: A *Request for Order* may be served at the same time as the family law *Summons* and *Petition*.

1. After serving, the server must fill out a *Proof of Personal Service* (form FL-330) and give it to you. If the server needs instructions, the *Information Sheet for Proof of Personal Service* (form FL-330-INFO) can be provided.
2. Take the completed *Proof of Personal Service* form to the clerk’s office (or e-file it, if available in your court) at least 5 court days before your hearing.

Deadline: The deadline for personal service is **16 court days** before the hearing date, unless the court orders a different deadline.

Service by Mail

If you are not required to use personal service, you may use service by mail.

Important! Check with your court’s Family Law Facilitator’s Office or Self-Help Center, or ask a lawyer to be sure you are allowed to use service by mail in your case.

A *Request for Order* to change a judgment or final order on the issue of child custody, visitation (parenting time), or child support may be served by mail if:

- The documents do not include temporary emergency orders;
- The court did not order personal service; and
- You have verified the other party’s current home or office address. (You may use *Declaration Regarding Address Verification* (form FL-334).)

To change a judgment or final order on any other issue, including spousal or domestic partner support, the *Request for Order* may need to be personally served on the other party.

1. After serving, the server must fill out a *Proof of Service by Mail* (form FL-335) and give it to you. If the server needs instructions, the *Information Sheet for Proof of Service by Mail* (form FL-335-INFO) can be provided.
2. Take the completed *Proof of Personal Service* form to the clerk’s office (or e-file it, if available in your court) at least 5 court days before your hearing.

Deadline: Unless the court orders a different time, service by mail must be completed at least **16 court days PLUS 5 calendar days** before the hearing date (if service is in California). Other time lines apply for service outside of California.

16 Get ready for your hearing

- Take at least two copies of your documents and filed forms to the hearing. Include a filed *Proof of Service* form.
- Find more information about preparing for your hearing at <http://www.courts.ca.gov/1094.htm>.
- For information about having the other party testify in court, go to <http://www.courts.ca.gov/29283.htm>.

17 After the hearing, the order made on form FL-340, Findings and Order After Hearing, must be filed and served.

18 Do you have questions or need help?

- Find a lawyer 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.
- For free and low-cost legal help (if you qualify), go to <http://www.lawhelpca.org>.
- Contact the Family Law Facilitator or Self-Help Center for information and assistance, and referrals to local legal services providers. Go to <http://www.courts.ca.gov/selfhelp-courtresources.htm>.

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):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	
REQUEST FOR ORDER <input type="checkbox"/> CHANGE <input type="checkbox"/> TEMPORARY EMERGENCY ORDERS <input type="checkbox"/> Child Custody <input type="checkbox"/> Visitation (Parenting Time) <input type="checkbox"/> Spousal or Partner Support <input type="checkbox"/> Child Support <input type="checkbox"/> Domestic Violence Order <input type="checkbox"/> Attorney's Fees and Costs <input type="checkbox"/> Property Control <input type="checkbox"/> Other (specify):	CASE NUMBER:

NOTICE OF HEARING

1. TO (name(s)): _____
 Petitioner Respondent Other Parent/Party Other (specify):

2. A COURT HEARING WILL BE HELD AS FOLLOWS:

a. Date:	Time:	Dept.:	Room.:
b. Address of court <input type="checkbox"/> same as noted above <input type="checkbox"/> other (specify):			

3. **WARNING to the person served with the Request for Order:** The court may make the requested orders without you if you do not file a *Responsive Declaration to Request for Order* (form FL-320), serve a copy on the other parties at least nine court days before the hearing (unless the court has ordered a shorter period of time), and appear at the hearing. (See form FL-320-INFO for more information.)

(Forms FL-300-INFO and DV-400-INFO provide information about completing this form.)

COURT ORDER

(FOR COURT USE ONLY)

It is ordered that:

4. Time for service until the hearing is shortened. Service must be on or before (date):
5. A *Responsive Declaration to Request for Order* (form FL-320) must be served on or before (date):
6. The parties must attend an appointment for child custody mediation or child custody recommending counseling as follows (specify date, time, and location):
7. The orders in *Temporary Emergency (Ex Parte) Orders* (form FL-305) apply to this proceeding and must be personally served with all documents filed with this *Request for Order*.
8. Other (specify):

Date: _____

JUDICIAL OFFICER

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

REQUEST FOR ORDER

Note: Place a mark in front of the box that applies to your case or to your request. If you need more space, mark the box for "Attachment." For example, mark "Attachment 2a" to indicate that the list of children's names and birth dates continues on a paper attached to this form. Then, on a sheet of paper, list each attachment number followed by your request. At the top of the paper, write your name, case number, and "FL-300" as a title. (You may use *Attached Declaration* (form MC-031) for this purpose.)

1. **RESTRAINING ORDER INFORMATION**
 One or more domestic violence restraining/protective orders are now in effect between (specify):
 Petitioner Respondent Other Parent/Party (Attach a copy of the orders if you have one.)
 The orders are from the following court or courts (specify county and state):
 - a. Criminal: County/state (specify): _____ Case No. (if known): _____
 - b. Family: County/state (specify): _____ Case No. (if known): _____
 - c. Juvenile: County/state (specify): _____ Case No. (if known): _____
 - d. Other: County/state (specify): _____ Case No. (if known): _____

2. **CHILD CUSTODY** I request temporary emergency orders
 VISITATION (PARENTING TIME)
 - a. I request that the court make orders about the following children (specify):

<u>Child's Name</u>	<u>Date of Birth</u>	<input type="checkbox"/> <u>Legal Custody to (person who decides: health, education, etc):</u>	<input type="checkbox"/> <u>Physical Custody to (person with whom child lives):</u>
---------------------	----------------------	--	---

 - b. The orders I request for child custody visitation (parenting time) are:

Specified in the attached forms:

<input type="checkbox"/> Form FL-305	<input type="checkbox"/> Form FL-311	<input type="checkbox"/> Form FL-312	<input type="checkbox"/> Form FL-341(C)
<input type="checkbox"/> Form FL-341(D)	<input type="checkbox"/> Form FL-341(E)	<input type="checkbox"/> Other (specify):	

As follows (specify): _____ Attachment 2b.

 - c. The orders that I request are in the best interest of the children because (specify): _____ Attachment 2c.

 - d. This is a change from the current order for child custody visitation (parenting time).
 - (1) The order for legal or physical custody was filed on (date): _____ . The court ordered (specify): _____

 - (2) The visitation (parenting time) order was filed on (date): _____ . The court ordered (specify): _____

Attachment 2d.

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

3. CHILD SUPPORT

(Note: An earnings assignment may be issued. See *Income Withholding for Support* (form FL-195))

a. I request that the court order child support as follows:

Child's name and age

I request support for each child Monthly amount (\$) requested
based on the child support guideline. (if not by guideline)

b. I want to change a current court order for child support filed on (date):

Attachment 3a.

The court ordered child support as follows (specify):

c. I have completed and filed with this *Request for Order* a current *Income and Expense Declaration* (form FL-150) or I filed a current *Financial Statement (Simplified)* (form FL-155) because I meet the requirements to file form FL-155.

d. The court should make or change the support orders because (specify):

Attachment 3d.

4. SPOUSAL OR DOMESTIC PARTNER SUPPORT

(Note: An *Earnings Assignment Order For Spousal or Partner Support* (form FL-435) may be issued.)

a. Amount requested (monthly): \$

b. I want the court to change end the current support order filed on (date):

The court ordered \$ _____ per month for support.

c. This request is to modify (change) spousal or partner support after entry of a judgment.

I have completed and attached *Spousal or Partner Support Declaration Attachment* (form FL-157) or a declaration that addresses the same factors covered in form FL-157.

d. I have completed and filed a current *Income and Expense Declaration* (form FL-150) in support of my request.

e. The court should should make, change, or end the support orders because (specify):

Attachment 4e.

5. PROPERTY CONTROL

I request temporary emergency orders

a. The petitioner respondent other parent/party be given exclusive temporary use, possession, and control of the following property that we own or are buying lease or rent (specify):

b. The petitioner respondent other parent/party be ordered to make the following payments on debts and liens coming due while the order is in effect:

Pay to: _____ For: _____ Amount: \$ _____ Due date: _____

Pay to: _____ For: _____ Amount: \$ _____ Due date: _____

Pay to: _____ For: _____ Amount: \$ _____ Due date: _____

Pay to: _____ For: _____ Amount: \$ _____ Due date: _____

c. This is a change from the current order for property control filed on (date):

d. Specify in Attachment 5d the reasons why the court should make or change the property control orders.

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

6. **ATTORNEY'S FEES AND COSTS**
 I request attorney's fees and costs, which total (specify amount): \$ _____ . I filed the following to support my request:
- a. A current *Income and Expense Declaration* (form [FL-150](#)).
 - b. A *Request for Attorney's Fees and Costs Attachment* (form [FL-319](#)) or a declaration that addresses the factors covered in that form.
 - c. A *Supporting Declaration for Attorney's Fees and Costs Attachment* (form [FL-158](#)) or a declaration that addresses the factors covered in that form.

7. **DOMESTIC VIOLENCE ORDER**

- Do not use this form to ask for domestic violence restraining orders! Read form [DV-505-INFO](#), *How Do I Ask for a Temporary Restraining Order*, for forms and information you need to ask for domestic violence restraining orders.
- Read form [DV-400-INFO](#), *How to Change or End a Domestic Violence Restraining Order* for more information.

- a. The *Restraining Order After Hearing* (form DV-130) was filed on (date): _____
- b. I request that the court change end the personal conduct, stay-away, move-out orders, or other protective orders made in *Restraining Order After Hearing* (form DV-130). (If you want to change the orders, complete 7c.)
- c. I request that the court make the following changes to the restraining orders (specify): [Attachment 7c](#).
- d. I want the court to change or end the orders because (specify): [Attachment 7d](#).

8. **OTHER ORDERS REQUESTED** (specify): _____ [Attachment 8](#).

9. **TIME FOR SERVICE / TIME UNTIL HEARING** I urgently need:
- a. To serve the *Request for Order* no less than (number): _____ court days before the hearing.
 - b. The hearing date and service of the the *Request for Order* to be sooner.
 - c. I need the order because (specify): _____ [Attachment 9c](#).

10. **FACTS TO SUPPORT** the orders I request are listed below. The facts that I write in support and attach to this request cannot be longer than 10 pages, unless the court gives me permission. [Attachment 10](#).

I declare under penalty of perjury under the laws of the State of California that the information provided in this form and all attachments is true and correct.

Date: _____

 (TYPE OR PRINT NAME)

▶ _____
 (SIGNATURE OF APPLICANT)



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](#)). (Civ. Code, § 54.8.)

ATTORNEY OR PARTY WITHOUT ATTORNEY STATE BAR NUMBER: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	
TEMPORARY EMERGENCY (EX PARTE) ORDERS <input type="checkbox"/> Child Custody <input type="checkbox"/> Visitation (Parenting Time) <input type="checkbox"/> Property Control <input type="checkbox"/> Other (specify):	CASE NUMBER:

1. **TO (name(s)):** _____
 Petitioner Respondent Other Parent/Party Other (specify):

A court hearing will be held on the *Request for Order* (form FL-300) served with this order, as follows:

a. Date: _____ Time: _____ <input type="checkbox"/> Dept.: _____ <input type="checkbox"/> Room: _____
b. Address of court <input type="checkbox"/> same as noted above <input type="checkbox"/> other (specify): _____

2. **Findings:** Temporary emergency (ex parte) orders are needed to: (a) help prevent an immediate loss or irreparable harm to a party or to children in the case, (b) help prevent immediate loss or damage to property subject to disposition in the case, or (c) set or change procedures for a hearing or trial.

COURT ORDERS: The following temporary emergency orders expire on the date and time of the hearing scheduled in (1), unless extended by court order:

3. **CHILD CUSTODY**

	<u>Date of Birth</u>	<u>Temporary physical custody, care, and control to:</u>		
a. <u>Child's name</u>		Petitioner	Respondent	Other Party/Parent
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Continued on Attachment 3(a)

b. **Visitation (Parenting Time)** The temporary orders for physical custody, care, and control of the minor children in (3) are subject to the other party's or parties' rights of visitation (parenting time) as follows (specify):

See Attachment 3(b)

THIS IS A COURT ORDER.

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

3. **CHILD CUSTODY (continued)**

c. **Travel restrictions**

- (1) The party or parties with temporary physical custody, care, and control of minor children **must not remove the minor children from the state of California unless the court allows it after a noticed hearing.**
- (2) Petitioner Respondent Other Parent/Party must not remove their minor children (*specify*):
 - (a) from the state of California.
 - (b) from the following counties (*specify*):
 - (c) other (*specify*):

d. **Child abduction prevention orders** are attached (see form FL-341(B)).

- e. (1) **Jurisdiction:** This court has jurisdiction to make child custody orders in this case under the Uniform Child Custody Jurisdiction and Enforcement Act (part 3 of the California Family Code, commencing with section 3400).
- (2) **Notice and opportunity to be heard:** The responding party was given notice and an opportunity to be heard as provided by the laws of the State of California.
- (3) **Country of habitual residence:** The country of habitual residence of the child or children is (*specify*):
 - The United States of America Other (*specify*):
- (4) **If you violate this order, you may be subject to civil or criminal penalties, or both.**

4. **PROPERTY CONTROL**

a. Petitioner Respondent Other Parent/Party is given exclusive temporary use, possession, and control of the following property that the parties own or are buying lease or rent

b. Petitioner Respondent Other Parent/Party is ordered to make the following payments on the liens and encumbrances coming due while the order is in effect:

Pay to:	For:	Amount: \$	Due date:
Pay to:	For:	Amount: \$	Due date:
Pay to:	For:	Amount: \$	Due date:
Pay to:	For:	Amount: \$	Due date:

5. All other existing orders, not in conflict with these temporary emergency orders, remain in full force and effect.

6. **OTHER ORDERS** (*specify*): Additional orders are listed in Attachment 6.

Date:

 JUDGE OF THE SUPERIOR COURT

THIS IS A COURT ORDER.

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

CHILD CUSTODY AND VISITATION (PARENTING TIME) APPLICATION ATTACHMENT

—This is not a court order—

TO Petition Response Request for Order Responsive Declaration to Request for Order
 Other (specify):

1. a. **Custody.** Custody of the minor children of the parties is requested as follows: Attachment 1a.

<u>Child's Name</u>	<u>Date of Birth</u>	<u>Legal Custody to</u> <i>(person who decides about the child's health, education, and welfare)</i>	<u>Physical Custody to</u> <i>(person the child regularly lives with)</i>
---------------------	----------------------	---	--

b. **Custody with allegations of a history of abuse or substance abuse**

- (1) Petitioner Respondent Other parent/party is (or are) alleged to have a history of abuse against any of the following persons: a child, the other parent, their current spouse, or the person they live with or are dating or engaged to.
- (2) Petitioner Respondent Other parent/party is (or are) alleged to have the habitual or continual illegal use of controlled substances, or the habitual or continual abuse of alcohol, or the habitual or continual abuse of prescribed controlled substances.
- (3) I ask that the court NOT order sole or joint custody of the minor child to the person(s) alleged to have a history of abuse or substance abuse.
- (4) Even though there are allegations, I ask that the court make the child custody orders in item 1a.
(Write the reasons why you think it would be good for the children that the person(s) be granted custody, even though there are allegations against them of a history of abuse or substance abuse.)
 Below: Attachment 1b. Other (specify):

2. **Visitation (Parenting Time).**

Note: Unless specifically ordered, a child's holiday schedule order has priority over the regular parenting time.

- a. Reasonable right of parenting time (visitation) to the party without physical custody **(not appropriate in cases involving domestic violence).**
- b. See the attached _____ -page document dated *(specify date)*:
- c. The parties will go to child custody mediation or child custody recommending counseling at *(specify date, time, and location)*:
- d. No visitation (parenting time).

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

e. Visitation (parenting time). (Specify start and ending date and time. If applicable, check "start of" OR "after school.")

Petitioner's Respondent's Other Parent's/Party's parenting time (visitation) will be as follows:

(1) Weekends starting (date):

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

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

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

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

(a) The parties will alternate the fifth weekends, with the petitioner respondent other parent/party having the initial fifth weekend, which starts (date):

(b) The petitioner respondent other parent/party will have the fifth weekend in odd even numbered months.

(2) Alternate weekends starting (date):

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

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

(3) Weekdays starting (date):

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

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

(4) Other visitation (parenting time) days and restrictions are: listed in Attachment 2e(4) as follows:

3. Visitation (parenting time) with allegations of a history of abuse, substance abuse, or other parenting concerns

a. Supervised visitation (parenting time)

(1) I ask that petitioner respondent other parent/party have supervised visitation with the minor children according to the schedule in item 2 because of (specify):

(a) Domestic violence, child abuse, or neglect.

(b) Substance abuse: the habitual or continual illegal use of controlled substances, or the habitual or continual abuse of alcohol, or the habitual or continual abuse of prescribed controlled substances.

(c) Other parenting concerns (specify below):

(2) The reasons why the court should make the orders are (specify):

(Write the reasons why you think unsupervised visitation (parenting time) would be bad for the children.)

Below in Attachment 3a(2) Other (specify):

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

(3) I ask for the following orders about the supervised visitation provider:

(a) Visitation (parenting time) be monitored by (*name, if known*):

- (i) The person or agency is a professional provider. A professional provider must meet the requirements listed in *Declaration of Supervised Visitation Provider (Professional)* (form FL-324(P)) and sign the declaration.
- (ii) The person is a nonprofessional provider. That person must meet the requirements listed in *Declaration of Supervised Visitation Provider (Nonprofessional)* (form FL-324(NP)) and sign a declaration.
- (iii) The provider's phone number is (*specify*):

(b) Any costs of supervision be paid as follows: petitioner: _____ percent; respondent: _____ percent.
 other parent/party: _____ percent.

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

(Complete 3b only if you want the court to order unsupervised visitation to a person alleged to have a history of abuse or substance abuse.)

- (1) Petitioner Respondent Other parent/party _____ is (or are) alleged to have a history of abuse against any of the following persons: a child, the other parent, their current spouse, or the person they live with or are dating or engaged to.
- (2) Petitioner Respondent Other parent/party _____ is (or are) alleged to have the habitual or continual illegal use of controlled substances, or the habitual or continual abuse of alcohol, or the habitual or continual abuse of prescribed controlled substances.
- (3) Even though there are allegations of a history of abuse or substance abuse, I request that the court order unsupervised visitation to (*specify*): Petitioner Respondent Other parent/party _____
- (4) The reasons why the court should make the orders are (*specify*):
 (Write the reasons why you think it would be good for the children that the person(s) be granted unsupervised visitation (parenting time) even though there are allegations against them of a history of abuse or substance abuse.)
 Below: in Attachment 3b. Other (*specify*): _____

(5) The orders for visitation (parenting time) that you request must be specific as to time, day, place, and manner of transfer of the child, as Family Code section 6323(c) requires.

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

Note: In cases of domestic violence, the court must have enough information to make orders that are specific as to the time, place, and manner of transfer (exchange) of the child for custody and visitation under Family Code section 6323(c).

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

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

5. **Travel with children** The Petitioner Respondent Other parent/party **must** have written permission from the other parent or party, or a court order, to take the children out of the following places:
- a. the state of California.
 - b. the following counties (*specify*):
 - c. other places (*specify*):
6. **Child abduction prevention.** There is a risk that one of the parties will take the children out of California without the other party's permission. I request the orders set out on attached **form FL-312**.
7. **Children's holiday schedule.** I request the holiday and vacation schedule set out below on form **FL-341(C)**

8. **Additional custody provisions.** I request the additional orders for custody set out below on form **FL-341(D)**

9. **Joint legal custody provisions.** I request joint legal custody and want the additional orders set out below on form **FL-341(E)**

10. **Other.** I request the following additional orders (*specify*):

APPLICATION ATTACHMENT

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

REQUEST FOR CHILD ABDUCTION PREVENTION ORDERS

—This is not a court order—

TO Petition Response Request for Order Responsive Declaration to Request for Order
 Other (specify):

1. Your name:

2. I request orders to prevent child abduction by (specify): Petitioner Respondent Other Parent/Party

3. I think that he or she might take the children without my permission to (check all that apply):

- a. another county in California (specify the county):
- b. another state (specify the state):
- c. a foreign country (specify the foreign country):
 - (1) He or she is a citizen of that country.
 - (2) He or she has family or emotional ties to that country (explain):

4. I think that he or she might take the children without my permission because he or she (check all that apply):

- a. has violated—or threatened to violate—a custody or visitation (parenting time) order in the past.
 Explain:

- b. does not have strong ties to California.
 Explain any work, financial, social, or family situation that makes it easy for the party to leave California.

- c. has recently done things that make it easy for him or her to take the children away without permission. He or she has (check all that apply):
 - quit his or her job.
 - sold his or her home.
 - closed a bank account.
 - ended a lease.
 - sold or gotten rid of assets.
 - hidden or destroyed documents.
 - applied for a passport, birth certificate, or school or medical records.
 - Other (specify):

- d. has a history of (check all that apply and explain your answers in the space provided in this section):
 - domestic violence.
 - child abuse.
 - not cooperating with me in parenting.
 - taking the children without my permission.
 Explain your answers to item d.

- e. has a criminal record. Explain:

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

I REQUEST THE FOLLOWING ORDERS AGAINST (*specify*): Petitioner Respondent Other Parent/Party

5. **Supervised Visitation (Parenting Time)**

I ask the court to order supervised visitation (parenting time). I understand that the person I request to supervise the visits must meet the qualifications listed in *Declaration of Supervised Visitation Provider (form FL-324)*. The specific terms are attached (*check one*): form FL-311 as follows:

6. **Post a Bond**

I ask the court to order the posting of a bond for \$ _____. If the party takes the children without my permission, I can use this money to bring the children back.

7. **Do Not Move Without My Permission or Court Order**

I ask for a court order preventing the party from moving with the children without my written permission or a court order.

8. **No Travel Without My Permission or Court Order**

I ask for a court order preventing the party from traveling with the children outside (*check all that apply*):

- this county the United States
- California Other (*specify*):

without my written permission or a court order.

9. **Notify Other State of Travel Restrictions**

I ask the court to order the party to register this order in the state of _____ and provide the court with proof of the registration before the children can travel to that state for child visitation (parenting time).

10. **Turn In and Do Not Apply for Passports or Other Vital Documents**

I ask for a court order (*check all that apply*):

- requiring the party to turn in all the children's passports and other documents (such as visas, birth certificates, and other documents used for travel) that are in his or her possession and control.
- preventing the party from applying for passports or other documents (such as visas or birth certificates) that can be used to travel with the children.

11. **Provide Itinerary and Other Travel Documents**

If the party is allowed to travel with the children, I ask the court to order the party to give me before leaving (*specify*):

- the children's travel itinerary.
- copies of round-trip airline tickets.
- addresses and telephone numbers where the children can be reached at all times.
- an open airline ticket for me in case the children are not returned.
- other (*specify*):

12. **Notify Foreign Embassy or Consulate of Passport Restrictions**

I ask the court to order the party to notify the embassy or consulate of _____ of this order and to provide the court with proof of that notification within _____ calendar days.

13. **Foreign Custody and Visitation (Parenting Time) Order**

I ask the court to order the party to get a custody and visitation (parenting time) order in a foreign country equal to the most recent United States order before the children can travel to that country for visits. I understand that foreign orders may be changed or enforced depending on the laws of that country.

14. **Other (*specify*):**

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

Date:



(SIGNATURE)

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

CHILDREN'S HOLIDAY SCHEDULE ATTACHMENT

TO Petition Response Request for Order Responsive Declaration to Request for Order
 Stipulation and Order for Custody and/or Visitation of Children Findings and Order After Hearing or Judgment
 Visitation Order—Juvenile Other (specify):

1. **Holiday parenting.** The following table shows the holiday parenting schedules. Write "Petitioner," "Respondent," "Other Parent," or "Other Party" to specify each parent's (or party's) years—odd or even numbered years or both ("every year")—and under "Times," specify the starting and ending days and times.

Note: Unless specifically ordered, a child's holiday schedule order has priority over the regular parenting time.

Holidays	Times (from when to when) <i>(Unless noted below, all single-day holidays start at ____ a.m. and end at ____ p.m.)</i>	Every Year <i>Petitioner/ Respondent/ Other Parent/Party</i>	Even Numbered Years <i>Petitioner/ Respondent/ Other Parent/Party</i>	Odd Numbered Years <i>Petitioner/ Respondent/ Other Parent/Party</i>
December 31 (New Year's Eve)				
January 1 (New Year's Day)				
Martin Luther King's Birthday (weekend)				
February 12 (Lincoln's Birthday)				
President's Day (Weekend)				
President's Week Recess, first half				
President's Week Recess, second half				
Spring Break, first half				
Spring Break, second half				
Mother's Day				
Memorial Day (weekend)				
Father's Day				
July 4th				
Summer Break:				
Labor Day (weekend)				
Columbus Day (weekend)				
Halloween				
November 11 (Veterans Day)				
Thanksgiving Day				
Thanksgiving weekend				
December/January School Break				
Child's birthday (date):				
Child's birthday (date):				
Child's birthday (date):				
Mother's birthday (date):				
Father's birthday (date):				
Other Parent's/Party's birthday (date):				
Breaks for year-round schools:				

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

ADDITIONAL PROVISIONS—PHYSICAL CUSTODY ATTACHMENT

- TO Petition Response Request for Order Responsive Declaration to Request for Order
 Stipulation and Order for Custody and/or Visitation of Children Findings and Order After Hearing or Judgment
 Custody Order—Juvenile—Final Judgment Other (*specify*):

The additional provisions to physical custody apply to (*specify parties*): Petitioner Respondent Other Parent/Party

1. **Notification of parties' current address.** Petitioner Respondent Other Parent/Party
 must notify all parties within (*specify number*): _____ days of any change in his or her
 - a. address for residence mailing work e-mail
 - b. telephone/message number at home cell phone work the children's schools
 The parties may not use such information for the purpose of harassing, annoying, or disturbing the peace of the other or invading the other's privacy. No residence or work address is needed if a party has an address with the State of California's Safe at Home confidential address program.

2. **Notification of proposed move of child.** Each party must notify the other (*specify number*): _____ days before any planned change in residence of the children. The notification must state, to the extent known, the planned address of the children, including the county and state of the new residence. The notification must be sent by certified mail, return receipt requested.

3. **Child care.**
 - a. The children must not be left alone without age-appropriate supervision.
 - b. The parties must let each other know the name, address, and phone number of the children's regular child-care providers.

4. **Right of first option of child care.** In the event any party requires child care for (*specify number*): _____ hours or more while the children are in his or her custody, the other party or parties must be given first opportunity, with as much prior notice as possible, to care for the children before other arrangements are made. Unless specifically agreed or ordered by the court, this order does not include regular child care needed when a party is working.

5. **Canceled visitation (parenting time).**
 - a. If the noncustodial party fails to arrive at the appointed time and fails to notify the custodial party that he or she will be late, then the custodial party need wait for only (*specify number*): _____ minutes before considering the visitation (parenting time) canceled.
 - b. If the noncustodial party is unable to exercise visitation (parenting time) on a given occasion, he or she must notify the custodial party (*specify*):
 at the earliest possible opportunity.
 Other (*specify*): _____
 - c. If the children are ill and unable to participate in the scheduled visitation (parenting time), the custodial party must give the noncustodial party (*specify*):
 as much notice as possible.
 A doctor's excuse.
 Other (*specify*): _____

6. **Phone contact between parties and children.**
 - a. The children may have telephone access to the parties and the parties may have telephone access to the children at reasonable times, for reasonable durations.
 - b. The custodial parent must make the child available for the following scheduled telephone contact (*specify child's telephone contact with each party*): _____

 - c. No party or any other third party may listen to, monitor, or interfere with the calls.

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

7. **No negative comments.** The parties will not make or allow others to make negative comments about each other or about their past or present relationships, family, or friends within hearing distance of the children.
8. **Discussion of court proceedings with children.** Other than age-appropriate discussion of the parenting plan and the children's role in mediation or other court proceedings, the parties will not discuss with the children any court proceedings relating to custody or visitation (parenting time).
9. **No use of children as messengers.** The parties will communicate directly with each other on matters concerning the children and may not use the children as messengers between them.
10. **Alcohol or substance abuse.** The petitioner respondent other parent/party may not consume alcoholic beverages, narcotics, or restricted dangerous drugs (except by prescription) within (*specify number*): _____ hours before or during periods of time with the children and may not permit any third party to do so in the presence of the children.
11. **No exposure to cigarette or medical marijuana smoke.** The parties will not expose the children to secondhand cigarette or medical marijuana smoke.
12. **No interference with schedule of any party without that party's consent.** The parties will not schedule activities for the children during the other party's scheduled visitation (parenting time) without the other party's prior agreement.
13. **Third-party contact.**
- a. The children will have no contact with (*specify name*): _____
- b. The children must not be left alone in the presence of (*specify name*): _____
14. **Children's clothing and belongings.**
- a. Each party will maintain clothing for the children so that the children do not have to make the exchanges with additional clothing.
- b. The children will be returned to the other party with the clothing and other belongings they had when they arrived.
15. **Log book.** The parties will maintain a "log book" and make sure that the book is sent with the children between their homes. Using businesslike notes (no personal comments), parties will record information related to the health, education, and welfare issues that arise during the time the children are with them.
16. **Terms and conditions of order may be changed.** The terms and conditions of this order may be added to or changed as the needs of the children and parties change. Such changes will be in writing, dated and signed by the parties; each party will retain a copy. If the parties want a change to be a court order, it must be filed with the court in the form of a court document.
17. **Other (*specify*):** _____

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

JOINT LEGAL CUSTODY ATTACHMENT

- TO Petition Response Request for Order Responsive Declaration to Request for Order
 Stipulation and Order for Custody and/or Visitation of Children Findings and Order After Hearing or Judgment
 Custody Order—Juvenile—Final Judgment Other (*specify*):

NOTICE! In exercising joint legal custody, the parties may act alone, as long as the action does not conflict with any orders about the physical custody of the children. **Use this form only if you want to ask the court to make orders specifying when the consent of both parties is required to exercise legal control of the children and the consequences for failing to obtain mutual consent.**

1. The parties (*specify*): Petitioner Respondent Other Parent/Party will have joint legal custody of the children.
2. In exercising joint legal custody, the parties will share in the responsibility and discuss in good faith matters concerning the health, education, and welfare of the children. The parties must discuss and consent in making decisions on the following matters:
 - a. Enrollment in or leaving a particular private or public school or daycare center
 - b. Beginning or ending of psychiatric, psychological, or other mental health counseling or therapy
 - c. Participation in extracurricular activities
 - d. Selection of a doctor, dentist, or other health professional (except in emergency situations)
 - e. Participation in particular religious activities or institutions
 - f. Out-of-country or out-of-state travel
 - g. Other (*specify*):
3. **If a party does not obtain the consent of the other party to those items in 2, which are granted as court orders:**
 - a. He or she may be subject to civil or criminal penalties.
 - b. The court may change the legal and physical custody of the minor children.
 - c. Other consequences (*specify*):
4. **Special decision making designation and access to children's records**
 - a. The petitioner respondent other parent/party will be responsible for making decisions regarding the following issues (*specify*):
 - b. Both the custodial and noncustodial parent have the right to access records and information about their minor children (including medical, dental, and school records) and consult with professionals who are providing services to the children.
5. **Health-care notification.**
 - a. Each party must notify the other of the name and address of each health practitioner who examines or treats the children; such notification must be made within (*specify number*): _____ days of the first treatment or examination.
 - b. Each party is authorized to take any and all actions necessary to protect the health and welfare of the children, including but not limited to consent to emergency surgical procedures or treatment. The party authorizing such emergency treatment must notify the other party as soon as possible of the emergency situation and of all procedures or treatment administered to the children.
 - c. The parties are required to administer any prescribed medications for the children.
6. **School notification.** Each party will be designated as a person the children's school will contact in the event of an emergency.
7. **Name.** The parties will not change the last name of the children or have a different name used on the children's medical, school, or other records without the written consent of the other party.
8. **Other (*specify*):**

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

SPOUSAL OR PARTNER SUPPORT DECLARATION ATTACHMENT

- Declaration for Default or Uncontested Judgment (form FL-170)
 Supporting Declaration for Attorney's Fees and Costs Attachment (form FL-158)
- Other (specify):

1. **Spousal or domestic partner support.** I request that the court (check all that apply):

- a. Enter a judgment for spousal or domestic partner support for Petitioner Respondent.
- b. Modify the judgment for spousal or domestic partner support for Petitioner Respondent.
- c. Deny the request to modify the judgment for spousal or domestic partner support.
- d. Terminate jurisdiction to award spousal or domestic partner support to Petitioner Respondent.

2. **Attorney fees and costs.** I request that the court (check one):

- a. Order my attorney fees and costs to be paid by my spouse or domestic partner a joined party (specify):
- b. Deny the request for attorney fees and costs.

3. The facts in support of my request are:

a. **Family Code section 4320(a)(1)**

(1) The supported party has the following training, job skills, and work history:

(2) The current job market for the job skills of the supported party described in item 3a(1) is:

(3) The supported party would need the following time and expense to acquire the education or training to develop the job skills described in item 3a(1):

(4) To develop other, more marketable job skills or employment, the supported party would need the following retraining or education:

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

3. Facts in support of request.

b. **Family Code section 4320(a)(2)**

Provide any facts that indicate the supported party's earning ability is, or is not, lower than it might be if he or she had not had periods of unemployment because of the time needed to attend to domestic duties (*explain*):

c. **Family Code section 4320(b)**

Provide any facts that indicate that the supported party contributed to the education, training, career position, or license of the supporting party.

d. **Family Code section 4320(c)**

(1) The supporting party does does not have the ability to pay spousal or domestic partner support.

(2) The supporting party's current gross income from employment or self-employment is (*specify*):

(3) The supporting party's current income from investments, retirement, other sources is (*specify*):

(4) The supporting party's current assets and their values and balances are (*specify*):

(5) The supporting party's standard of living is (*describe, for example, type and frequency of vacations, value of home and other real estate, value of investments, type of vehicles owned, credit card use or nonuse*):

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

3. Facts in support of request.

e. **Family Code section 4320(d)**

The supported party does does not need support to maintain the standard of living we enjoyed during the marriage or domestic partnership.

f. **Family Code Section 4320(e)**

(1) The supported party's assets and obligations, including separate property, are *(list values and balances)*:

(2) The supporting party's assets and obligations, including separate property, are *(list values and balances)*:

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

3. Facts in support of request.

g. **Family Code section 4320(f)**

Length of marriage or domestic partnership (*specify*):

h. **Family Code section 4320(g)**

Provide any facts indicating whether or not the supported party is able to work without unduly interfering with the interests of the children in his or her care (*describe*):

i. **Family Code section 4320(h)**

(1) Petitioner's age is (*specify*): _____ Respondent's age is (*specify*): _____

(2) Petitioner's current health condition is (*describe*): _____

(3) Respondent's current health condition is (*describe*): _____

j. **Additional factors (Family Code sections 4320(i)–(n))**

The court will also consider the following factors before making a judgment for spousal or domestic partner support:

- (1) Any documented evidence of domestic violence between the parties as defined in Family Code section 6211.
- (2) The immediate and specific tax consequences for each party;
- (3) The balance of the hardships on each party;
- (4) The criminal conviction of an abusive spouse in reducing or eliminating support in accordance with Family Code section 4325;
- (5) The goal that the supported party will be self-supporting within a reasonable period of time; and
- (6) Any other factors the court determines are just and equitable.

Describe below any additional information that will assist the court in considering the above factors:

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. <input type="checkbox"/> Family						
b. <input type="checkbox"/> Guardianship						
c. <input type="checkbox"/> Other						

Proceeding	Case Number	Court (name, state, location)
d. <input type="checkbox"/> Juvenile Delinquency/ Juvenile Dependency		
e. <input type="checkbox"/> 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. <input type="checkbox"/> Criminal				
b. <input type="checkbox"/> Family				
c. <input type="checkbox"/> Juvenile Delinquency/ Juvenile Dependency				
d. <input type="checkbox"/> 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 <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights Name of each child	b. Name and address of person <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights Name of each child	c. Name and address of person <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights 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.

CASE NAME: _____	CASE NUMBER: _____
-------------------------	---------------------------

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

<input type="checkbox"/> Child's name <input type="checkbox"/> 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 to present	Present address <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) <input type="checkbox"/> Confidential		Relationship
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)		

<input type="checkbox"/> Child's name <input type="checkbox"/> 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 to present	Address <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) <input type="checkbox"/> Confidential		Relationship
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)		

<input type="checkbox"/> Child's name <input type="checkbox"/> 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 to present	Address <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) <input type="checkbox"/> Confidential		Relationship
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)		

ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400,17406 <i>(Name, State Bar number, and address):</i> <hr/> TELEPHONE NO.: _____ FAX NO.: _____ ATTORNEY FOR <i>(Name):</i> _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	CASE NUMBER: HEARING DATE: <i>(If applicable, provide):</i> 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. <input type="checkbox"/> not a registered California process server. | d. <input type="checkbox"/> exempt from registration under Business & Profession Code section 22350(b). |
| b. <input type="checkbox"/> a registered California process server. | e. <input type="checkbox"/> a California sheriff or marshal. |
| c. <input type="checkbox"/> an employee or independent contractor of a registered California process server. | |

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 <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> _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	CASE NUMBER: <i>(If applicable, provide):</i> HEARING DATE: HEARING TIME: DEPT.:
PROOF OF SERVICE BY MAIL	

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

1. I am at least 18 years of age, not a party to this action, and I am a resident of or employed in the county where the mailing took place.
2. My residence or business address is:
3. I served a copy of the following documents *(specify):*

by enclosing them in an envelope AND

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

Date:

(TYPE OR PRINT NAME)



(SIGNATURE OF PERSON COMPLETING 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):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT: OTHER PARTY/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 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:
--	--------------

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*):

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. | | | |

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. Going to court.** Sometimes parents get into disagreements about health-care costs. If you and the other parent cannot resolve the situation after talking about it, you can request that the court make a decision.
 - a. Disputed charges.** If you dispute a charge made by the other parent, you may file a request for the court to resolve the dispute, but only if you pay that charge before filing your request.
- b. Nonpayment.** If you claim that the other parent has failed to pay you back for a payment, or they have failed to make a payment to the provider after proper notice, you may file a request for the court to resolve the dispute. The court will presume that if uninsured costs have been paid, those costs were reasonable.
- c. Attorney's fees.** If the court decides one parent has been unreasonable, it can order that parent to pay the other parent's attorney's fees and costs.
- d. Court forms.** Use forms [FL-300](#) and [FL-490](#) to get a court date. See form [FL-300-INFO](#) for information about completing, filing, and serving your court papers.
- 6. Court-ordered insurance coverage.** If a parent provides health-care insurance as ordered by the court, that insurance must be used at all times to the extent that it is available for health-care costs.
 - a. Burden to prove.** The parent claiming that the coverage is inadequate to meet the child's needs has the burden of proving that to the court.
 - b. Cost of additional coverage.** If a parent purchases health-care insurance in addition to that ordered by the court, that parent must pay all the costs of the additional coverage. In addition, if a parent uses alternative coverage that costs more than the coverage provided by court order, that parent must pay the difference.
- 7. Preferred health providers.** If the court-ordered coverage designates a preferred health-care provider, that provider must be used at all times consistent with the terms of the health insurance policy. When any parent uses a health-care provider other than the preferred provider, any health-care costs that would have been paid by the preferred health provider if that provider had been used must be the sole responsibility of the parent incurring those costs.

Information About Child Support for Incarcerated or Confined Parents

1. Child support. As of September 27, 2022, child support automatically stops if the parent who has to pay is confined against their will for more than 90 days in a row in jail, prison, juvenile detention, a mental health facility, or other institution.

Exception. Child support does not automatically stop if the parent who has to pay has money available to pay child support.

2. Past confinement. Child support also stops during past confinement if it was ordered from October 8, 2015, through December 31, 2019, or January 1, 2021, through September 26, 2022, and the parent who has to pay was confined for more than 90 days in a row during the same time frame.

Exceptions for past confinement. Child support does not automatically stop if the parent who has to pay was in jail or prison for failing to pay child support or for domestic violence against the other parent or the child, or if they had money available to pay support.

3. Timing. Child support automatically restarts the first day of the first full month after the parent is released. If you need to change your child support order, see page 2.

4. More info. For more information about child support and incarcerated parents, see [Family Code section 4007.5](#) or go to <https://selfhelp.courts.ca.gov/child-support/incarcerated-parent>.

Page 1 of 2

NOTICE OF RIGHTS AND RESPONSIBILITIES

Information Sheet on Changing a Child Support Order

General Info

The court has made a child support order in your case. This order will remain the same unless one of the parents requests that the support be changed (modified). An order for child support can be modified by filing a request to change child support and serving the other parent. If both parents agree on a new child support amount, they can complete, sign, and file with the court a *Stipulation to Establish or Modify Child Support and Order* (form FL-350). (**Note:** If the local child support agency is involved in your case, it must be served with any request to change child support and approve any agreement.)

Online Self-Help Guide

For more information about how child support works, visit: <https://selfhelp.courts.ca.gov/child-support>.

When a Child Support Order May Be Changed

The court considers several things when ordering the payment of child support.

- First, the number of children is considered, along with the percentage of time each parent has physical custody of the children.
- Next, the net disposable incomes of both parents are determined (which is how much money is left each month after taxes and certain other items like health insurance, union dues, or other child support ordered and paid are subtracted from a parent's paycheck). The court can also look at earning ability if a parent is not working.
- The court considers both parents' tax filing status and may consider hardships, such as the cost of raising a child of another relationship who lives with a parent.

A parent can request to change an existing order for child support when circumstances change significantly. For example if the net disposable income of one of the parents changes, parenting time changes, or a new child is born.

Examples

- You have been ordered to pay \$500 per month in child support. You lose your job. You will continue to owe \$500 per month, plus 10 percent interest on any unpaid support, unless you file a motion to modify your child support to a lower amount and the court orders a reduction.
- You are currently receiving \$300 per month in child support from the other parent, whose net income has just increased substantially. You will continue to receive \$300 per month unless you file a motion to modify your child support to a higher amount and the court orders an increase.
- You are paying child support based upon having physical custody of your children 30 percent of the time. After several months it turns out that you actually have physical custody of the children 50 percent of the time. You may file a motion to modify child support to a lower amount.

How to Change a Child Support Order

To change a child support order, you must file papers with the court. **Remember:** You must follow the order you have now.

What forms do I need?

If you are asking to change a child support order, you must fill out one of these forms:

- [Form FL-300, Request for Order](#) or
- [Form FL-390, Notice of Motion and Motion for Simplified Modification of Order for Child, Spousal, or Family Support](#)

You must also fill out one of these forms, and attach proof of income for the past two months (like your paycheck stubs):

- [Form FL-150, Income and Expense Declaration](#) or
- [Form FL-155, Financial Statement \(Simplified\)](#)

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

Contact the family law facilitator in your county. You can find them here: <https://www.courts.ca.gov/selfhelp-facilitators.htm>.

After you fill out the forms, file them with the court clerk and ask for a hearing date. Write the hearing date on the form. The clerk may ask you to pay a filing fee. If you cannot afford the fee, fill out these forms, too:

- [Form FW-001, Request to Waive Court Fees and](#)
- [Form FW-003, Order on Court Fee Waiver \(Superior Court\)](#)

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

- This means someone 18 or over—not you—must deliver copies of your filed court forms to the other parent, at least **16 court days** before the hearing. Add **5 calendar days** if delivered 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.

Blank copies of both of these forms must also be served:

- [Form FL-320, Responsive Declaration to Request for Order](#)
- [Form FL-150, Income and Expense Declaration](#)

Then the server fills out and signs a *Proof of Service* Take this form, plus one copy, to the clerk and file it at least one week before your hearing.

Go to your hearing and ask the judge to change the support. Bring your tax returns from the last two years and your last two months' pay stubs. The judge will look at your information, listen to both parents, and make an order. After the hearing, fill out:

- [Form FL-340, Findings and Order After Hearing and](#)
- [Form FL-342, Child Support Information and Order](#)

Need help?

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

INCOME WITHHOLDING FOR SUPPORT

OMB 0970-0154
Expiration Date: 08/31/2026

I. Sender Information: (Completed by the Sender)

Date: _____

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

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

NOTE: This IWO must be regular on its face. Under certain circumstances you must reject this IWO and return it to the sender (see IWO instructions www.acf.hhs.gov/css/resource/income-withholding-for-support-instructions). If you receive this document from someone other than a state or tribal CSA agency or a court, a copy of the underlying support order must be attached.

State/Tribe/Territory _____ Remittance ID (include w/payment) _____
 City/County/Dist./Tribe _____ Order ID _____
 Private Individual/Entity _____ Case ID _____

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

Employer/Income Withholder's Name	RE:	Employee/Obligor's Name (Last, First, Middle)
Employer/Income Withholder's Address		Employee/Obligor's Social Security Number
		Employee/Obligor's Date of Birth
		Custodial Party/Obligee's Name (Last, First, Middle)
Employer/Income Withholder's FEIN _____		
Child(ren)'s Name(s) (Last, First, Middle)	Child(ren)'s Birth Date(s)	

III. Order Information: (Completed by the Sender)

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

- \$ _____ Per _____ current child support
- \$ _____ Per _____ past-due child support - Arrears greater than 12 weeks? Yes No
- \$ _____ Per _____ current cash medical support
- \$ _____ Per _____ past-due cash medical support
- \$ _____ Per _____ current spousal support
- \$ _____ Per _____ past-due spousal support
- \$ _____ Per _____ other (must specify) _____

for a **Total Amount to Withhold** of \$ _____ per _____ .

IV. Amounts to Withhold: (Completed by the Sender)

You do not have to vary your pay cycle to be in compliance with the *Order Information*. If your pay cycle does not match the ordered payment cycle, withhold one of the following amounts:

- \$ _____ per weekly pay period \$ _____ per semimonthly pay period (twice a month)
 - \$ _____ per biweekly pay period (every two weeks) \$ _____ per monthly pay period
- Lump Sum Payment:** Do not stop any existing IWO unless you receive a termination order.

Document Tracking ID _____

Employer/Income Withholder's Name: _____ Employer/Income Withholder's FEIN: _____
 Employee/Obligor's Name: _____ SSN: _____
 Case ID: _____ Order ID: _____

V. Remittance Information: (Completed by the Sender except for the "Return to Sender" check box.)

If the employee/obligor's principal place of employment is _____ (State/Tribe), you must begin withholding no later than the first pay period that occurs _____ days after the date of _____ of the order/notice. Send payment within _____ business days of the pay date. If you cannot withhold the full amount of support for any or all orders for this employee/obligor, withhold _____ % of disposable income for all orders. If the employee/obligor's principal place of employment is not _____ (State/Tribe), obtain withholding limitations, time requirements, the appropriate method to allocate among multiple child support cases/orders, and any allowable employer fees from the jurisdiction of the employee/obligor's principal place of employment.

State-specific withholding limit information is available at www.acf.hhs.gov/css/resource/state-income-withholding-contacts-and-program-requirements. For tribe-specific contacts, payment addresses, and withholding limitations, please contact the tribe at www.acf.hhs.gov/sites/default/files/programs/css/tribal_agency_contacts_printable_pdf.pdf or www.bia.gov/tribalmmap/DataDotGovSamples/tld_map.html.

You may not withhold more than the lesser of: 1) the amounts allowed by the Federal Consumer Credit Protection Act (CCPA) [15 USC § 1673 (b)]; or 2) the amounts allowed by the law of the state of the employee/obligor's principal place of employment if the place of employment is in a state; or the tribal law of the employee/obligor's principal place of employment if the place of employment is under tribal jurisdiction. The CCPA is available at <https://www.dol.gov/agencies/whd/fact-sheets/30-cppa>. If the Order Information section does not indicate that the arrears are greater than 12 weeks, then the employer should calculate the CCPA limit using the lower percentage.

If there is more than one IWO against this employee/obligor and you are unable to fully honor all IWOs due to federal, state, or tribal withholding limits, you must honor all IWOs to the greatest extent possible, giving priority to current support before payment of any past-due support.

If the obligor is a nonemployee, obtain withholding limits from the **Supplemental Information** section in this IWO. This information is also available at www.acf.hhs.gov/css/resource/state-income-withholding-contacts-and-program-requirements.

Remit payment to	<u>California State Disbursement Unit</u>	(SDU/Tribal Order Payee)
at	<u>P.O. Box 989067, West Sacramento, CA 95798-9067</u>	(SDU/Tribal Payee Address)
Include the Remittance ID with the payment and if necessary this locator code of the SDU/Tribal order payee _____ on the payment.		
To set up electronic payments or to learn state requirements for checks, contact the State Disbursement Unit (SDU). Contacts and information are found at www.acf.hhs.gov/css/resource/sdu-eft-contacts-and-program-requirements .		

Return to Sender (Completed by Employer/Income Withholder). Payment must be directed to an SDU in accordance with sections 466(b)(5) and (6) of the Social Security Act or Tribal Payee (see Payments in Section VI). If payment is not directed to an SDU/Tribal Payee or this IWO is not regular on its face, you must check this box and return the IWO to the sender.

If Required by State or Tribal Law:	
Signature of Judge/Issuing Official:	_____
Print Name of Judge/Issuing Official:	_____
Title of Judge/Issuing Official:	_____
Date of Signature:	_____

If the employee/obligor works in a state or for a tribe that is different from the state or tribe that issued this order, a copy of this IWO must be provided to the employee/obligor.

If checked, the employer/income withholder must provide a copy of this form to the employee/obligor.

Employer/Income Withholder's Name: _____ Employer/Income Withholder's FEIN: _____

Employee/Obligor's Name: _____ SSN: _____

Case ID: _____ Order ID: _____

VI. Additional Information for Employers/Income Withholders: (Completed by the Sender)

Priority: Withholding for support has priority over any other legal process under state law against the same income (section 466(b)(7) of the Social Security Act). If a federal tax levy is in effect, please notify the sender.

Payments: You must send child support payments payable by income withholding to the appropriate SDU or to a tribal CSA within 7 business days, or fewer if required by state law, after the date the income would have been paid to the employee/obligor and include the date you withheld the support from his or her income. You may combine withheld amounts from more than one employee/obligor's income in a single payment as long as you separately identify each employee/obligor's portion of the payment. Child support payments may not be made through the federal Office of Child Support Services (OCSS) Child Support Portal.

Lump Sum Payments: You may be required to notify a state or tribal CSA of upcoming lump sum payments, such as bonuses, commissions, or severance pay, to this employee/obligor. Contact the sender to determine if you are required to report and/or withhold lump sum payments. Employers/income withholders may use the OCSS Child Support Portal (ocsp.acf.hhs.gov/csp/) to provide information about employees who are eligible to receive lump sum payments and to provide contacts, addresses, and other information about their companies. Child support payments may not be made through the federal OCSS Child Support Portal.

Liability: If you have any doubts about the validity of this IWO, contact the sender. If you fail to withhold income from the employee/obligor's income as the IWO directs, you are liable for both the accumulated amount you should have withheld and any penalties set by state or tribal law/procedure.

Anti-Discrimination: You are subject to a fine determined under state or tribal law for discharging an employee/obligor from employment, refusing to employ, or taking disciplinary action against an employee/obligor because of this IWO.

Supplemental Information:

Employer/Income Withholder's Name: _____ Employer/Income Withholder's FEIN: _____
Employee/Obligor's Name: _____ SSN: _____
Case ID: _____ Order ID: _____

VII. Notification of Employment Termination or Income Status: (Completed by the Employer/Income Withholder)

If this employee/obligor never worked for you or you are no longer withholding income for this employee/obligor, you must promptly notify the CSA and/or the sender by returning this form to the address listed in the **Contact Information** section below or by using the OCSS Child Support Portal (ocsp.acf.hhs.gov/csp/). Please report the new employer or income withholder, if known.

- This person has never worked for this employer nor received periodic income.
- This person no longer works for this employer nor receives periodic income.

Please provide the following information for the employee/obligor:

Termination date: _____ Last known telephone number: _____

Last known address: _____

Final payment date to SDU/Tribal Payee: _____ Final payment amount: _____

New employer's or income withholder's name: _____

New employer's or income withholder's address: _____

VIII. Contact Information: (Completed by the Sender)

To Employer/Income Withholder: If you have questions, contact _____ (sender name) by telephone: _____, by fax: _____, by email or website: _____.

Send termination/income status notice and other correspondence to: _____ (sender address).

To Employee/Obligor: If the employee/obligor has questions, contact _____ (sender name) by telephone: _____, by fax: _____, by email or website: _____.

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

Encryption Requirements:

When communicating this form through electronic transmission, precautions must be taken to ensure the security of the data. Child support agencies are encouraged to use the electronic applications provided by the federal Office of Child Support Services. Other electronic means, such as encrypted attachments to emails, may be used if the encryption method is compliant with Federal Information Processing Standard (FIPS) Publication 140-2 (FIPS PUB 140-2).

The Income Withholding for Support (IWO) is the OMB-approved form used for income withholding in:

- Tribal, intrastate, and interstate cases enforced under Title IV-D of the Social Security Act
- All child support orders initially issued in the state on or after January 1, 1994
- All child support orders initially issued (or modified) in the state before January 1, 1994 if arrearages occur.

This form is the standard format prescribed by the Secretary in accordance with section 466(b)(6)(a)(ii) of the Social Security Act. **Except as noted, the following information is required and must be included.**

Please note:

- For the purpose of this IWO form and these instructions, “state” is defined as a state or territory.
- Dos and don'ts on using this form are found at www.acf.hhs.gov/css/resource/using-the-income-withholding-for-support-form-dos-and-donts.

I. Sender Information: (Completed by the sender) Check one box for fields 1a–1d.

1a. **Income Withholding Order/Notice for Support (IWO).** Check the box if this is an initial IWO.

1b. **Amended IWO.** Check the box to indicate that this form amends a previous IWO. Any changes to an IWO must be done through an amended IWO.

1c. **One-Time Order/Notice For Lump Sum Payment.** Check the box when this IWO is to attach a one-time collection of a lump sum payment after receiving notification from an employer/income withholder or other source. When this box is checked, enter the amount in field 14, Lump Sum Payment, in the Amounts to Withhold section. Additional IWOs must be issued to collect subsequent lump sum payments.

1d. **Termination of IWO.** Check the box to stop income withholding on a child support order. Complete all applicable identifying information to aid the employer/income withholder in terminating the correct IWO.

- The OMB expiration date is printed on the IWO form.
 - However, the IWO sent on a case does not expire on the OMB expiration date—once the IWO has been sent to the employer, then the IWO is in effect until it is terminated by the Issuing Agency.
 - The Issuing Agency must make any system updates to implement the currently approved IWO form as soon as possible. In the interim, OMB extended the expiration date of the previously approved form to allow child support agencies to issue an IWO until programming for the currently approved form is complete.

1e. **Date.** Date this form is completed and/or signed.

1f. **Child Support Agency (CSA), Court, Attorney, Private Individual/Entity (Check one box).** Check the appropriate box to indicate which entity is sending the IWO. If this IWO is **not** completed by a state or tribal CSA, the sender should contact the CSA (see www.acf.hhs.gov/programs/css/resource/state-income-withholding-contacts-and-program-requirements) to determine if the CSA needs a copy of this form to facilitate payment processing.

NOTE TO EMPLOYER/INCOME WITHHOLDER: This IWO must be regular on its face. The IWO must be rejected and returned to sender under the following circumstances:

- IWO instructs the employer/income withholder to send a payment to an entity other than a state disbursement unit (for example, payable to the custodial party, court, or attorney). Each state is required to operate a state disbursement unit (SDU), which is a centralized facility for collection and disbursement of child support payments. Exception: If this IWO is issued by a court, attorney, or private individual/entity and the initial child support order was entered before January 1, 1994 or the **order was issued by a tribal CSA, the employer/income withholder must follow the payment instructions on the form.**
- After processing an IWO, the payment is returned to the income withholder because the order information is not on the child support system and the SDU could not process the payment. The income withholder should return the payment to employee.

- Form does not contain all information necessary for the employer to comply with the withholding, such as missing Remittance Identifier, invalid case identifier, or missing sender contact information.
- Form is altered or contains invalid information, such as "step-down" provisions or other future events that an employer is not required to monitor.
- Amount to withhold is not a dollar amount.
- Sender has not used the OMB-approved form for the IWO.
- A copy of the underlying order is required and not included. If you receive this document from an attorney or private individual/entity, a copy of the underlying support order containing a provision authorizing income withholding must be attached.

1g. **State/Tribe/Territory.** Name of state or tribe sending this form. This must be a government entity of the state or a tribal organization authorized by a tribal government to operate a child support program. If you are a tribe submitting this form on behalf of another tribe, complete field 1i.

1h. **Remittance ID (include w/payment).** Identifier for the SDU/Tribal Payee designated in the Remittance Information section, field 22, that employers/income withholders must include when sending payments for this IWO. The Remittance ID is entered as the case identifier on the electronic funds transfer/ electronic data interchange (EFT/EDI) record.

NOTE TO EMPLOYER/INCOME WITHHOLDER: The employer/income withholder must use the Remittance ID when remitting payments so the SDU or tribe can identify and apply the payment correctly. The Remittance ID is entered as the case identifier on the EFT/EDI record.

1i. **City/County/Dist./Tribe. *Optional*** field for the name of the city, county, or district sending this form. If entered, this must be a government entity of the state or the name of the tribe authorized by a tribal government to operate a child support program for which this form is being sent. If a tribe is submitting this form on behalf of another tribe, enter the name of that tribe.

1j. **Order ID. *Optional*** unique identifier associated with a specific child support obligation. It could be a court case number, docket number, or other identifier designated by the sender.

1k. **Private Individual/Entity.** Name of the private individual/entity or non-IV-D tribal CSE organization sending this form.

1l. **Case ID.** Unique identifier assigned to a state or tribal CSA case. In a state IV-D case as defined at 45 Code of Federal Regulations (CFR) 305.1, this is the identifier reported to the Federal Case Registry (FCR). One IWO must be issued for each IV-D case and must use the unique CSA Case ID. For tribes, this would be either the FCR identifier or other applicable identifier.

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

2a. **Employer/Income Withholder's Name.** Name of employer or income withholder.

2b. **Employer/Income Withholder's Address.** Employer/income withholder's mailing address including street/PO box, city, state, and zip code. (This may differ from the employee/obligor's work site.) If the employer/income withholder is a federal government agency, the IWO should be sent to the address listed under Federal Agency Income Withholding Contacts and Program Information at www.acf.hhs.gov/css/resource/federal-agency-iwo-and-medical-contact-information.

2c. **Employer/Income Withholder's FEIN.** Employer/income withholder's nine-digit Federal Employer Identification Number (if available).

3a. **Employee/Obligor's Name.** Employee/obligor's last name and first name. A middle name is *optional*.

3b. **Employee/Obligor's Social Security Number.** Employee/obligor's Social Security number or other taxpayer identification number.

3c. **Employee/Obligor's Date of Birth.** Employee/obligor's date of birth is *optional*.

3d. **Custodial Party/Obligee's Name.** Custodial party/obligee's last name and first name. A middle name is *optional*. Enter one custodial party/obligee's name on each IWO form. Multiple custodial parties/obligees are not to be entered on a single IWO. Issue one IWO per state IV-D case as defined at 45 CFR 305.1.

3e. **Child(ren)'s Name(s).** Child(ren)'s last name(s) and first name(s). A middle name(s) is **optional**. (Note: If there are more than six children for this IWO, list additional children's names and birth dates in the **Supplemental Information** section, field 33). Enter the child(ren) associated with the custodial party/obligee and employee/obligor only. Child(ren) of multiple custodial parties/obligees is not to be entered on an IWO.

3f. **Child(ren)'s Birth Date(s).** Date of birth for each child named.

3g. **Blank box.** Space for court stamps, bar codes, or other information.

III. Order Information: (Completed by the Sender)

The first field identifies which state or tribe issued the order. The other fields identify the dollar amounts for specific kinds of support (taken directly from the support order) and the total amount to withhold for specific time periods.

4. **State/Tribe.** Name of the state or tribe that issued the support order.

5a–b. **Current Child Support.** Dollar amount to be withheld **per** the time period (for example, week, month) specified in the underlying support order.

6a–b. **Past-due Child Support.** Dollar amount to be withheld **per** the time period (for example, week, month) specified in the underlying support order.

6c. **Arrears Greater Than 12 Weeks?** The appropriate box (Yes/No) must be checked indicating whether arrears are greater than 12 weeks.

7a–b. **Current Cash Medical Support.** Dollar amount to be withheld **per** the time period (for example, week, month) specified in the underlying support order.

8a–b. **Past-due Cash Medical Support.** Dollar amount to be withheld **per** the time period (for example, week, month) specified in the underlying support order.

9a–b. **Current Spousal Support.** (Alimony) Dollar amount to be withheld **per** the time period (for example, week, month) specified in the underlying support order.

10a–b. **Past-due Spousal Support.** (Alimony) Dollar amount to be withheld **per** the time period (for example, week, month) specified in the underlying order.

11a–c. **Other.** Miscellaneous obligations' dollar amount to be withheld **per** the time period (for example, week, month) specified in the underlying order. **Must specify** a description of the obligation (for example, court fees).

12a–b. **Total Amount to Withhold.** The total amount of the deductions **per** the corresponding time period. Fields 5a, 6a, 7a, 8a, 9a, 10a, and 11a should total the amount in 12a.

NOTE TO EMPLOYER/INCOME WITHHOLDER: An acceptable method of determining the amount to be paid on a weekly or biweekly basis is to multiply the monthly amount due by 12 and divide that result by the number of pay periods in a year. Additional information about this topic is available in [Action Transmittal 16-04, Correctly Withholding Child Support from Weekly and Biweekly Pay Cycles](https://www.acf.hhs.gov/css/resource/correctly-withholding-child-support-from-weekly-and-biweekly-pay-cycles) (<https://www.acf.hhs.gov/css/resource/correctly-withholding-child-support-from-weekly-and-biweekly-pay-cycles>)

IV. Amount to Withhold: (Completed by the Sender)

Fields 13a through 13d specify the dollar amount to be withheld for this IWO if the employer/income withholder's pay cycle does not correspond with field 12b.

13a. **Per Weekly Pay Period.** Total amount an employer/income withholder should withhold if the employee/obligor is paid weekly.

13b. **Per Semimonthly Pay Period.** Total amount an employer/income withholder should withhold if the employee/obligor is paid twice a month.

13c. **Per Biweekly Pay Period.** Total amount an employer/income withholder should withhold if the employee/obligor is paid every two weeks.

13d. **Per Monthly Pay Period.** Total amount an employer/income withholder should withhold if the employee/obligor is paid once a month.

14. **Lump Sum Payment.** Dollar amount withheld when the IWO is used to attach a lump sum payment. This field should be used when field 1c is checked.

15. **Document Tracking ID.** *Optional* unique identifier for this form assigned by the sender.

Please Note: Employer/Income Withholder's Name, FEIN, Employee/Obligor's Name and SSN, Case ID, and Order ID must appear in the header on page 2 and subsequent pages.

V. Remittance Information: (Completed by the Sender except for the "Return to Sender" check box, field 25. Fields 26–29 are completed only if required by state or tribal law.)

Payments are forwarded to the SDU in each state, unless the initial child support order was entered by a state before January 1, 1994, and never modified, accrued arrears, or was enforced by a child support agency or by a tribal CSA. **If the order was issued by a tribal CSA, the employer/income withholder must follow the remittance instructions on the form in the Supplemental Information Section.**

16. **State/Tribe.** Name of the state or tribe sending this document.

17. **Days.** Number of days after the effective date noted in field 18 in which withholding must begin, according to the state or tribal laws/procedures for the employee/obligor's principal place of employment.

18. **Date.** Implementation date of this IWO, expressed as date of "service," "receipt," or "mailing." Only one of the three choices is to be entered in the blank line.

19. **Business Days.** Number of business days within which an employer/income withholder must remit amounts withheld pursuant to the state or tribal laws/procedures of the principal place of employment.

20. **Percentage of Disposable Income.** The percentage of disposable income that may be withheld from the employee/obligor's paycheck. It is the sender's responsibility to determine the percentage an employer/income withholder is required to withhold. Senders must enter a specific percentage and not a range of percentages.

NOTE TO EMPLOYER/INCOME WITHHOLDER: The employer/income withholder may not withhold more than the lesser of: 1) the amounts allowed by the Federal Consumer Credit Protection Act [15 USC §1673(b)]; or 2) the amounts allowed by the jurisdiction of the employee/obligor's principal place of employment (i.e., the amounts allowed by state law if the employee/obligor's principal place of employment is in a state; or the amounts allowed by tribal law if the employee/obligor's principal place of employment is under tribal jurisdiction).

If permitted by the state or tribe, you may deduct a fee for administrative costs. The combined support amount and fee may not exceed the limit on the IWO.

State-specific withholding limitations, time requirements, and any allowable employer fees are available at www.acf.hhs.gov/css/resource/state-income-withholding-contacts-and-program-requirements.

For tribe-specific contacts, payment addresses, and withholding limitations, please contact the tribe at www.acf.hhs.gov/sites/default/files/programs/css/tribal_agency_contacts_printable_pdf.pdf or https://www.bia.gov/tribalmmap/DataDotGovSamples/tld_map.html.

Depending on applicable state or tribal law, you may need to consider amounts paid for health care premiums to determine disposable income and apply appropriate withholding limits.

A federal government agency may withhold from a variety of incomes and forms of payment, including voluntary separation incentive payments (buy-out payments), incentive pay, and cash awards. For a more complete list, see 5 CFR 581.103.

21. **State/Tribe.** Name of the state or tribe sending this document.

NOTE TO SENDER: The Sender must designate the correct SDU. In certain cases, the Sender may be required to designate an SDU (field 22), corresponding SDU Address (field 23), and if required Locator Code (field 24) that is different than the Sender's SDU (see OCSS's AT-17-07: Interstate Child Support Payment Processing, <https://www.acf.hhs.gov/css/resource/interstate-child-support-payment-processing>). The Remittance ID in field 1h must correspond with the SFDU identified in field 22.

22. **SDU/Tribal Order Payee.** Name of SDU (or payee specified in the underlying tribal support order) to which payments must be sent.

23. **SDU/Tribal Payee Address.** Address of the SDU (or payee specified in the underlying tribal support order) to which payments must be sent.

24. **Locator Code.** *Optional* code of the SDU/Tribal Order payee state where payment is being remitted. Geographic Locator Codes are standard codes for states, counties, cities, and territories issued by the National Institute of Standards and Technology. These were formerly known as Federal Information Processing Standards (FIPS) codes.

25. **Return to Sender Checkbox.** The employer/income withholder should check this box and return the IWO to the sender if this IWO is not payable to an SDU or Tribal Payee or this IWO is not regular on its face as indicated on page 1 of these instructions.

26. **Signature of Judge/Issuing Official.** Signature of the official authorizing this IWO if required by state or tribal law.

27. **Print Name of Judge/Issuing Official.** Name of the official authorizing this IWO if required by state or tribal law.

28. **Title of Judge/Issuing Official.** Title of the official authorizing this IWO if required by state or tribal law.

29. **Date of Signature.** Date the judge/issuing official signs this IWO if required by state or tribal law.

30. **Copy of IWO checkbox.** Check this box for all intergovernmental IWOs. If checked, the employer/income withholder is required to provide a copy of the IWO to the employee/obligor.

VI. Additional Information for Employers/Income Withholders: (Completed by the Sender)

The following fields refer to federal, state, or tribal laws that apply to issuing an IWO to an employer/income withholder. State- or tribal-specific information may be included only in the fields below.

31. **Liability.** Additional information on the penalty and/or citation of the penalty for an employer/income withholder who fails to comply with the IWO. The state or tribal law/procedures of the employee/obligor's principal place of employment govern the penalty.

32. **Anti-discrimination.** Additional information on the penalty and/or citation of the penalty for an employer/income withholder who discharges, refuses to employ, or disciplines an employee/obligor as a result of the IWO. The state or tribal law/procedures of the employee/obligor's principal place of employment govern the penalty.

33. **Supplemental Information.** Any state-specific information needed, such as maximum withholding percentage for nonemployees/independent contractors, fees the employer/income withholder may charge the obligor for income withholding, or children's names and DOBs if there are more than six children on this IWO. Additional information must be consistent with the requirements of the form and the instructions.

VII. Notification of Employment Termination or Income Status: (Completed by the Employer/Income Withholder)

The employer must complete this section when the employee/obligor's employment is terminated, income withholding ceases, or if the employee/obligor has never worked for the employer. The employer/income withholder may report new payment sources such as workers' compensation, if known.

34a–b. **Employment/Income Status Checkbox.** Check the employment/income status of the employee/obligor.

35. **Termination Date.** If applicable, date employee/obligor was terminated.

36. **Last Known Telephone Number.** Last known (home/cell/other) telephone number of the employee/obligor.

37. **Last Known Address.** Last known home/mailling address of the employee/obligor.

38. **Final Payment Date.** Date employer sent final payment to SDU/Tribal Payee.

39. **Final Payment Amount.** Amount of final payment sent to SDU/Tribal Payee.

40. **New Employer's or Income Withholder's Name.** Name of employee's/obligor's new employer or income withholder (if known).

41. **New Employer's or Income Withholder's Address.** Address of employee's/obligor's new employer or income withholder (if known).

VIII. Contact Information: (Completed by the Sender)

42. **Sender Contact for Employer/Income Withholder.** Name of the person that the employer/income withholder can call for information regarding this IWO. If the sender is a victim of family or domestic violence, rather than including direct contact information, enter contact information for someone else who will communicate for you.

43. **Sender Telephone Number.** Telephone number of the contact person.

44. **Sender Fax Number.** *Optional* fax number of the contact person.
45. **Sender Email/Website.** *Optional* email or website of the contact person.
46. **Sender Address (Termination/Income Status and Correspondence Address).** Address to which the employer should return the Employment Termination or Income Status notice. It is also the address that the employer should use to correspond with the issuing entity.
47. **Sender Contact for Employee/Obligor.** Name of the contact person that the employee/obligor can call for information.
48. **Sender Telephone Number.** Telephone number of the contact person.
49. **Sender Fax Number.** *Optional* fax number of the contact person.
50. **Sender Email/Website.** *Optional* email or website of the contact person.

Encryption Requirements:

You must take precautions to secure data when transmitting the IWO electronically. Child support agencies are encouraged to use the electronic applications provided by the federal Office of Child Support Services. Other electronic means, such as encrypted attachments to emails, may be used if the encryption method is compliant with Federal Information Processing Standard (FIPS) Publication 140-2 (FIPS PUB 140-2).

The Paperwork Reduction Act of 1995 (Pub.L. 104-13): Public reporting burden for this mandatory collection of information [42 U.S.C. §§ 66(a)(1), (a)(8) and 666(b)(6)] is estimated to average two to five minutes per response. Information collected for this program is subject to the subject to the federal confidentiality requirements [45 CFR 303.21]. A federal agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless it displays a currently valid OMB control number. If you have any comments on this collection of information, please contact OCSSFedSystems@acf.hhs.gov