# SUPERIOR COURT OF CALIFORNIA
# COUNTY OF ORANGE
# SELF-HELP CENTER
**www.occourts.org**

## DEFAULT and JUDGMENT FOR DISSOLUTION OR LEGAL SEPARATION OF MARRIAGE OR DOMESTIC PARTNERSHIP (WITH CHILDREN)

**All documents must be typed or printed neatly.**

**Please use black ink.**

## Self-Help Center Locations:

Lamoreaux Justice Center
1st Floor
341 The City Drive
Orange, CA

Central Justice Center
Room G-100
700 Civic Center Drive
Santa Ana, CA

Superior Court
Service Center
27573 Puerta Real
Mission Viejo, CA

Harbor Justice Center
Room 150
4601 Jamboree Rd
Newport Beach, CA

North Justice Center
Room 360
1275 N. Berkeley Ave.
Fullerton, CA

| ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address):* | *FOR COURT USE ONLY* |
|---|---|
| TELEPHONE NO.: FAX NO. *(Optional):*<br>E-MAIL ADDRESS *(Optional):*<br>ATTORNEY FOR *(Name):* | |
| **SUPERIOR COURT OF CALIFORNIA, COUNTY OF** ORANGE<br>STREET ADDRESS: 341 THE CITY DRIVE<br>MAILING ADDRESS:<br>CITY AND ZIP CODE: ORANGE, CA 92868<br>BRANCH NAME: LAMOREAUX JUSTICE CENTER | |
| PETITIONER:<br>RESPONDENT: | |
| **REQUEST TO ENTER DEFAULT** | CASE NUMBER: |

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

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

Date:

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

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

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

Date:

(TYPE OR PRINT NAME) (SIGNATURE OF DECLARANT)

FOR COURT USE ONLY

☐ *Request to Enter Default* mailed to the respondent or the respondent's attorney on *(date):*
☐ Default entered as requested on *(date):*
☐ Default **not** entered. Reason:

Clerk, by _____, Deputy



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

**REQUEST TO ENTER DEFAULT**
**(Family Law—Uniform Parentage)**

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

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

4. **Memorandum of costs**
   a. ☐ Costs and disbursements are waived.
   b. Costs and disbursements are listed as follows:
      (1) ☐ Clerk's fees ..... $.....
      (2) ☐ Process server's fees ..... $.....
      (3) ☐ Other *(specify):* ..... $.....
      ..... $.....
      ..... $.....
      ..... $ _____
      TOTAL ..... $.....
   c. I am the attorney, agent, or party who claims these costs. To the best of my knowledge and belief, the foregoing items of cost are correct and have been necessarily incurred in this cause or proceeding.

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

Date:

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

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

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

Date:

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

| PARTY WITHOUT ATTORNEY OR ATTORNEY NAME: | STATE BAR NUMBER: | |
|---|---|---|
| FIRM NAME: | | |
| STREET ADDRESS: | | |
| CITY: | STATE: ZIP CODE: | |
| TELEPHONE NO.: | FAX NO.: | |
| E-MAIL ADDRESS: | | |
| ATTORNEY FOR (*name*): | | |
| **SUPERIOR COURT OF CALIFORNIA, COUNTY OF** Orange<br>STREET ADDRESS: 341 The City Drive<br>MAILING ADDRESS:<br>CITY AND ZIP CODE: Orange, CA 92868<br>BRANCH NAME: Lamoreaux Justice Center | | |
| PETITIONER:<br>RESPONDENT:<br>OTHER PARENT/PARTY: | | |
| [x] **PETITIONER'S** [ ] **RESPONDENT'S**<br>[x] **COMMUNITY AND QUASI-COMMUNITY PROPERTY DECLARATION**<br>[ ] **SEPARATE PROPERTY DECLARATION** | | CASE NUMBER: |

See *Instructions* on page 4 for information about completing this form. For additional space, use *Continuation of Property Declaration* (form FL-161).

| A | B | C - | D = | E | F | |
|---|---|---|---|---|---|---|
| ITEM NO. BRIEF DESCRIPTION | DATE ACQUIRED | GROSS FAIR MARKET VALUE | AMOUNT OF DEBT | NET FAIR MARKET VALUE | PROPOSAL FOR DIVISION Award or Confirm to: PETITIONER | RESPONDENT |
| 1. REAL ESTATE | | $ | $ | $ | $ | $ |
| 2. HOUSEHOLD FURNITURE, FURNISHINGS, APPLIANCES | | | | | | |
| 3. JEWELRY, ANTIQUES, ART, COIN COLLECTIONS, etc. | | | | | | |
| 4. VEHICLES, BOATS, TRAILERS | | | | | | |
| 5. SAVINGS ACCOUNTS | | | | | | |
| 6. CHECKING ACCOUNTS | | | | | | |

| A | B | C - D = E | | | F | |
|---|---|---|---|---|---|---|
| ITEM NO. BRIEF DESCRIPTION | DATE ACQUIRED | GROSS FAIR MARKET VALUE | AMOUNT OF DEBT | NET FAIR MARKET VALUE | PROPOSAL FOR DIVISION Award or Confirm to: PETITIONER | RESPONDENT |
| 7. CREDIT UNION, OTHER DEPOSITORY ACCOUNTS | | $ | $ | $ | $ | $ |
| 8. CASH | | | | | | |
| 9. TAX REFUND | | | | | | |
| 10. LIFE INSURANCE WITH CASH SURRENDER OR LOAN VALUE | | | | | | |
| 11. STOCKS, BONDS, SECURED NOTES, MUTUAL FUNDS | | | | | | |
| 12. RETIREMENT AND PENSIONS | | | | | | |
| 13. PROFIT-SHARING, IRAS, DEFERRED COMPENSATION, ANNUITIES | | | | | | |
| 14. ACCOUNTS RECEIVABLE, UNSECURED NOTES | | | | | | |
| 15. PARTNERSHIP, OTHER BUSINESS INTERESTS | | | | | | |
| 16. OTHER ASSETS | | | | | | |
| 17. ASSETS FROM CONTINUATION SHEET | | | | | | |
| 18. TOTAL ASSETS | | | | | | |

| A | B | C | D | |
|---|---|---|---|---|
| ITEM NO. DEBTS— SHOW TO WHOM OWED | DATE INCURRED | TOTAL OWING | PROPOSAL FOR DIVISION Award or Confirm to: PETITIONER | RESPONDENT |
| 19. STUDENT LOANS | | $ | $ | $ |
| 20. TAXES | | | | |
| 21. SUPPORT ARREARAGES | | | | |
| 22. LOANS—UNSECURED | | | | |
| 23. CREDIT CARDS | | | | |
| 24. OTHER DEBTS | | | | |
| 25. OTHER DEBTS FROM CONTINUATION SHEET | | | | |
| 26. TOTAL DEBTS | | | | |

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

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

Date:

(TYPE OR PRINT NAME)

SIGNATURE

# INFORMATION AND INSTRUCTIONS FOR COMPLETING FORM FL-160

*Property Declaration* (form FL-160) is a multipurpose form, which may be filed with the court as an attachment to a *Petition* or *Response* or served on the other party to comply with disclosure requirements in place of a *Schedule of Assets and Debts* (form FL-142). Courts may also require a party to file a *Property Declaration* as an attachment to a *Request to Enter Default* (form FL-165) or *Judgment* (form FL-180).

**When filing a *Property Declaration* with the court, do not include private financial documents listed below.**

**Identify the type of declaration completed**

1. Check "Community and Quasi-Community Property Declaration" on page 1 to use *Property Declaration* (form FL-160) to provide a combined list of community and quasi-community property assets and debts. Quasi-community property is property you own outside of California that would be community property if it were located in California.

2. Do not combine a separate property declaration with a community and quasi-community property declaration. Check "Separate Property Declaration" on page 1 when using *Property Declaration* to provide a list of separate property assets and debts.

**Description of the Property Declaration chart**

*Pages 1 and 2*

1. Column A is used to provide a brief description of each item of separate or community or quasi-community property.
2. Column B is used to list the date the item was acquired.
3. Column C is used to list the item's gross fair market value (an estimate of the amount of money you could get if you sold the item to another person through an advertisement).
4. Column D is used to list the amount owed on the item.
5. Column E is used to indicate the net fair market value of each item. The net fair market value is calculated by subtracting the dollar amount in column D from the amount in column C ("C minus D").
6. Column F is used to show a proposal on how to divide (or confirm) the item described in column A.

*Page 3*

1. Column A is used to provide a brief description of each separate or community or quasi-community property debt.
2. Column B is used to list the date the debt was acquired.
3. Column C is used to list the total amount of money owed on the debt.
4. Column D is used to show a proposal on how to divide (or confirm) the item of debt described in column A.

**When using this form only as an attachment to a *Petition* or *Response***

1. Attach a *Separate Property Declaration* (form FL-160) to respond to item 9. Only columns A and F on pages 1 and 2 and columns A and D on page 3 are required.
2. Attach a *Community or Quasi-Community Declaration* (form FL-160) to respond to item 10, and complete column A on all pages.

**When serving this form on the other party as an attachment to *Declaration of Disclosure* (form FL-140)**

1. Complete columns A through E on pages 1 and 2, and columns A through C on page 3.
2. Copies of the following documents must be attached and served on the other party:
   (a) *For real estate* (item 1): deeds with legal descriptions and the latest lender's statement.
   (b) *For vehicles, boats, trailers* (item 4): the title documents.
   (c) *For all bank accounts* (item 5, 6, 7): the latest statement.
   (d) *For life insurance policies with cash surrender or loan value* (item 10): the latest declaration page.
   (e) *For stocks, bonds, secured notes, mutual funds* (item 11): the certificate or latest statement.
   (f) *For retirement and pensions* (item 12): the latest summary plan document and latest benefit statement.
   (g) *For profit-sharing, IRAs, deferred compensation, and annuities* (item 13): the latest statement.
   (h) *For each account receivable and unsecured note* (item 14): documentation of the account receivable or note.
   (i) *For partnerships and other business interests* (item 15): the most current K-1 and Schedule C.
   (j) *For other assets* (item 16): the most current statement, title document, or declaration.
   (k) *For support arrearages* (item 21): orders and statements.
   (l) *For credit cards and other debts* (items 23 and 24): the latest statement.
3. Do not file copies of the above private financial documents with the court.

**When filing this form with the court as a attachment to *Request to Enter Default* (FL-165) or *Judgment* (FL-180)**
Complete all columns on the form.

**For more information** about forms required to process and obtain a judgment in dissolution, legal separation, and nullity cases, see *http://www.courts.ca.gov/8218.htm.*

| PARTY WITHOUT ATTORNEY OR ATTORNEY NAME: | STATE BAR NUMBER: | |
|---|---|---|
| FIRM NAME: | | |
| STREET ADDRESS: | | |
| CITY: | STATE: ZIP CODE: | |
| TELEPHONE NO.: | FAX NO.: | |
| E-MAIL ADDRESS: | | |
| ATTORNEY FOR (*name*): | | |
| **SUPERIOR COURT OF CALIFORNIA, COUNTY OF** Orange<br>STREET ADDRESS: 341 The City Drive<br>MAILING ADDRESS:<br>CITY AND ZIP CODE: Orange, CA 92868<br>BRANCH NAME: Lamoreaux Justice Center | | |
| PETITIONER:<br>RESPONDENT:<br>OTHER PARENT/PARTY: | | |
| [x] **PETITIONER'S** [ ] **RESPONDENT'S**<br>[ ] **COMMUNITY AND QUASI-COMMUNITY PROPERTY DECLARATION**<br>[x] **SEPARATE PROPERTY DECLARATION** | | CASE NUMBER: |

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|---|---|---|---|---|---|---|
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| 3. JEWELRY, ANTIQUES, ART, COIN COLLECTIONS, etc. | | | | | | |
| 4. VEHICLES, BOATS, TRAILERS | | | | | | |
| 5. SAVINGS ACCOUNTS | | | | | | |
| 6. CHECKING ACCOUNTS | | | | | | |

| A | B | C - D = E | | | F | |
|---|---|---|---|---|---|---|
| ITEM NO. BRIEF DESCRIPTION | DATE ACQUIRED | GROSS FAIR MARKET VALUE | AMOUNT OF DEBT | NET FAIR MARKET VALUE | PROPOSAL FOR DIVISION Award or Confirm to: PETITIONER | RESPONDENT |
| 7. CREDIT UNION, OTHER DEPOSITORY ACCOUNTS | | $ | $ | $ | $ | $ |
| 8. CASH | | | | | | |
| 9. TAX REFUND | | | | | | |
| 10. LIFE INSURANCE WITH CASH SURRENDER OR LOAN VALUE | | | | | | |
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| 15. PARTNERSHIP, OTHER BUSINESS INTERESTS | | | | | | |
| 16. OTHER ASSETS | | | | | | |
| 17. ASSETS FROM CONTINUATION SHEET | | | | | | |
| 18. TOTAL ASSETS | | | | | | |

| A | B | C | D | |
|---|---|---|---|---|
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| 22. LOANS—UNSECURED | | | | |
| 23. CREDIT CARDS | | | | |
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I declare under penalty of perjury under the laws of the State of California that, to the best of my knowledge, the foregoing is a true and correct listing of assets and obligations and the amounts shown are correct.

Date:

(TYPE OR PRINT NAME)

SIGNATURE

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*Pages 1 and 2*

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5. Column E is used to indicate the net fair market value of each item. The net fair market value is calculated by subtracting the dollar amount in column D from the amount in column C ("C minus D").
6. Column F is used to show a proposal on how to divide (or confirm) the item described in column A.

*Page 3*

1. Column A is used to provide a brief description of each separate or community or quasi-community property debt.
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**When using this form only as an attachment to a *Petition* or *Response***

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   (c) *For all bank accounts* (item 5, 6, 7): the latest statement.
   (d) *For life insurance policies with cash surrender or loan value* (item 10): the latest declaration page.
   (e) *For stocks, bonds, secured notes, mutual funds* (item 11): the certificate or latest statement.
   (f) *For retirement and pensions* (item 12): the latest summary plan document and latest benefit statement.
   (g) *For profit-sharing, IRAs, deferred compensation, and annuities* (item 13): the latest statement.
   (h) *For each account receivable and unsecured note* (item 14): documentation of the account receivable or note.
   (i) *For partnerships and other business interests* (item 15): the most current K-1 and Schedule C.
   (j) *For other assets* (item 16): the most current statement, title document, or declaration.
   (k) *For support arrearages* (item 21): orders and statements.
   (l) *For credit cards and other debts* (items 23 and 24): the latest statement.
3. Do not file copies of the above private financial documents with the court.

**When filing this form with the court as a attachment to *Request to Enter Default* (FL-165) or *Judgment* (FL-180)**
Complete all columns on the form.

**For more information** about forms required to process and obtain a judgment in dissolution, legal separation, and nullity cases, see *http://www.courts.ca.gov/8218.htm.*

| ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address):* | *FOR COURT USE ONLY* |
|---|---|
| TELEPHONE NO.:<br>E-MAIL ADDRESS *(Optional):*<br>ATTORNEY FOR *(Name):* | |
| **SUPERIOR COURT OF CALIFORNIA, COUNTY OF** ORANGE<br>STREET ADDRESS: 341 THE CITY DRIVE<br>MAILING ADDRESS:<br>CITY AND ZIP CODE: ORANGE, CA<br>BRANCH NAME: LAMOREAUX JUSTICE CENTER | |
| PETITIONER/PLAINTIFF:<br>RESPONDENT/DEFENDANT:<br>OTHER PARENT/CLAIMANT: | |
| **INCOME AND EXPENSE DECLARATION** | CASE NUMBER: |

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

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

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

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

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

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

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

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

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

Date:

(TYPE OR PRINT NAME) (SIGNATURE OF DECLARANT)



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



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

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

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

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

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

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

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

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

I am the ☐ owner/sole proprietor ☐ business partner ☐ other *(specify):*

Number of years in this business *(specify):*

Name of business *(specify):*

Type of business *(specify):*

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

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

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

10. **Deductions**

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

11. **Assets**

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

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

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

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

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

a. Home:

(1) ☐ Rent or ☐ mortgage. . . $ _____

If mortgage:

(a) average principal: $ _____

(b) average interest: $ _____

(2) Real property taxes . . . . . $ _____

(3) Homeowner's or renter's insurance (if not included above) . . . . . $ _____

(4) Maintenance and repair . . . . . $ _____

b. Health-care costs not paid by insurance. . . $ _____

c. Child care . . . . . $ _____

d. Groceries and household supplies. . . . . $ _____

e. Eating out. . . . . $ _____

f. Utilities (gas, electric, water, trash) . . . . . $ _____

g. Telephone, cell phone, and e-mail . . . . . $ _____

h. Laundry and cleaning . . . . . $ _____

i. Clothes . . . . . $ _____

j. Education . . . . . $ _____

k. Entertainment, gifts, and vacation. . . . . $ _____

l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.) . . . . . $ _____

m. Insurance (life, accident, etc.; do not include auto, home, or health insurance). . . $ _____

n. Savings and investments. . . . . $ _____

o. Charitable contributions. . . . . $ _____

p. Monthly payments listed in item 14 *(itemize below in 14 and insert total here)*. . $ _____

q. Other *(specify)*: . . . . . $ _____

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

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

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

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

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

a. To date, I have paid my attorney this amount for fees and costs *(specify)*: $

b. The source of this money was *(specify)*:

c. I still owe the following fees and costs to my attorney *(specify total owed)*: $

d. My attorney's hourly rate is *(specify)*: $

I confirm this fee arrangement.

Date:

▶

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

| PETITIONER/PLAINTIFF:<br>RESPONDENT/DEFENDANT:<br>OTHER PARENT/CLAIMANT: | CASE NUMBER: |
|---|---|

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

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

17. **Children's health-care expenses**
    a. ☐ I do ☐ I do not have health insurance available to me for the children through my job.
    b. Name of insurance company:
    c. Address of insurance company:
    d. The monthly cost for the **children's** health insurance is or would be *(specify):* $
    *(Do not include the amount your employer pays.)*

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

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

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

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

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

| ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name & Address)*: | *FOR COURT USE ONLY* |
|---|---|
| Telephone No.: Fax No. (Optional):<br>E-Mail Address (Optional):<br>ATTORNEY FOR *(Name)*: Bar No: | |
| **SUPERIOR COURT OF CALIFORNIA, COUNTY OF ORANGE**<br>JUSTICE CENTER:<br>☐ Central - 700 Civic Center Dr. West, Santa Ana, CA 92704-4045<br>☐ Civil Complex Center - 751 W. Santa Ana Blvd., Santa Ana, CA 92701-4512<br>☐ Harbor - Newport Beach - 4601 Jamboree Rd., Newport Beach, CA 92660-2595<br>☑ Lamoreaux - 341 The City Drive South, Orange, CA 92868-3205<br>☐ North - 1275 N. Berkeley Ave., Fullerton, CA 92832-1206 | |
| PLAINTIFF/PETITIONER:<br><br>DEFENDANT/RESPONDENT: | CASE NUMBER: |
| **MEMORANDUM FOR SETTING FOR HEARING (UNCONTESTED MATTER)**<br>☐ **RESETTING** | Case assigned to:<br>Judge:<br>Department:<br>Date complaint filed:<br>Hearing/trial date: |

The clerk is requested to set/reset the above-entitled proceeding for hearing.

Nature of Proceeding:

☐ Adoption ☐ Dissolution ☐ Legal Separation ☑ Prove-Up
☐ Minor's Compromise ☐ Bifurcated Hearing ☐ Nullity ☐ Paternity
☐ General Civil ☐ Other:

I represent to the Court that this proceeding is ready for hearing; and I know of no reason why this matter should not be heard as soon as the Court's calendar will permit.

Estimated time for hearing:

Hearing date(s) preferred:

Date: _____

_____ (TYPE OR PRINT NAME)

_____ (SIGNATURE OF APPLICANT OR ATTORNEY)

**For Court Use Only**

The above case has been set on the calendar in Department_____on _____at _____A.M. /P.M. at the

☐Central ☐Civil Complex Center ☐ Harbor-Newport Beach ☐ Lamoreaux ☐ North

Attorney/Attorney's Agent/Party notified on_____ DAVID H. YAMASAKI, Clerk of the Court

By:_____ Deputy Clerk

**NOTICE TO ATTORNEYS AND SELF-REPRESENTED LITIGANTS***

Rule 384 of the Local Rules - Superior Court of California, County of Orange is quoted for your information and compliance:

Rule 384 Default Judgments

"All Requests for Entry of Default, declarations for entry of default judgment, supporting evidence, and judgments must be submitted together as a single packet. Each exhibit must be separated by a hard 8 ½ x 11 sheet with hard paper or plastic tabs extending below the bottom of the page, bearing the exhibit designation. Any provision for attorney fees must be highlighted within the written contract with a light-colored highlighter pen. Parties should file such default packets in the Clerk's Office within five court days prior to any scheduled hearing date."

***Does not apply to Family Law cases**

*****SUBMIT FORM IN DUPLICATE*****

# The following forms are for your hearing.

Please prepare them, and then bring them to your hearing, along with two complete copies and two regular-sized envelopes with one stamp each. Address one envelope to you and one to your ex. Please visit the Self-Help Center for any questions regarding other documents that you may need to bring.

**********

# Las siguientes formas son para su cita en corte

Favor de preparer las formas, y traerlas a su cita en corte, junto a dos copieas de las mismas, y dos sobres tamano normal con una estampilla cada uno. En el centro de los sobres, en el primero escribira su nombre y direccion y en el Segundo escribira el nombre y direccion de la otro parte. Por cualquier pregunta dobre otros documentos que podria necesitar, favor de pasar al Centro de Ayuda (“Self-Help Center”)

.

| ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address):* | *FOR COURT USE ONLY* |
|---|---|
| TELEPHONE NO.: FAX NO. *(Optional):*<br>E-MAIL ADDRESS *(Optional):*<br>ATTORNEY FOR *(Name):* | |
| **SUPERIOR COURT OF CALIFORNIA, COUNTY OF** ORANGE<br>STREET ADDRESS: 341 THE CITY DRIVE<br>MAILING ADDRESS:<br>CITY AND ZIP CODE: ORANGE, CA 92868<br>BRANCH NAME: LAMOREAUX JUSTICE CENTER | |
| PETITIONER:<br>RESPONDENT: | |
| **DECLARATION FOR DEFAULT OR UNCONTESTED**<br>☐ **DISSOLUTION** ☐ **LEGAL SEPARATION** | CASE NUMBER: |

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

1. I declare that if I appeared in court and were sworn, I would testify to the truth of the facts in this declaration.
2. I agree that my case will be proven by this declaration and that I will not appear before the court unless I am ordered by the court to do so.
3. All the information in the ☐ amended ☐ *Petition* ☐ *Response* is true and correct.
4. **Type of case** *(check a, b, or c):*
   a. ☐ **Default without agreement**
      (1) No response has been filed and there is no written agreement or stipulated judgment between the parties;
      (2) The default of the respondent was entered or is being requested, and I am not seeking any relief not requested in the petition; and
      (3) The following statement is true *(check one):*
         (A) ☐ There are no assets or debts to be disposed of by the court.
         (B) ☐ The community and quasi-community assets and debts are listed on the **completed** current *Property Declaration* (form FL-160), which includes an estimate of the value of the assets and debts that I propose to be distributed to each party. The division in the proposed *Judgment* (form FL-180) is a fair and equal division of the property and debts, or if there is a negative estate, the debts are assigned fairly and equitably.

   b. ☐ **Default with agreement**
      (1) No response has been filed and the parties have agreed that the matter may proceed as a default matter without notice; and
      (2) The parties have entered into a written agreement regarding their property and their marriage or domestic partnership rights, including support, the original of which is being or has been submitted to the court. I request that the court approve the agreement.

   c. ☐ **Uncontested**
      (1) Both parties have appeared in the case; and
      (2) The parties have entered into a written agreement regarding their property and their marriage or domestic partnership rights, including support, the original of which is being or has been submitted to the court. I request that the court approve the agreement.
5. **Declaration of disclosure** *(check a, b, or c):*
   a. ☐ Both the petitioner and respondent have filed, or are filing concurrently, a *Declaration Regarding Service of Declaration of Disclosure* (form FL-141) and an *Income and Expense Declaration* (form FL-150).
   b. ☐ This matter is proceeding by default. I am the petitioner in this action and have filed a proof of service of the preliminary *Declaration of Disclosure* (form FL-140) with the court. I hereby waive receipt of the final *Declaration of Disclosure* (form FL-140) from the respondent.
   c. ☐ This matter is proceeding as an uncontested action. Service of the final *Declaration of Disclosure* (form FL-140) is mutually waived by both parties. A waiver provision executed by both parties under penalty of perjury is contained on the *Stipulation and Waiver of Final Declaration of Disclosure* (form FL-144), in the settlement agreement or proposed judgment or another, separate stipulation.

| PETITIONER:<br><br>RESPONDENT: | CASE NUMBER: |
|---|---|

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

7. ☐ **Child support** should be ordered as set forth in the proposed *Judgment* (form FL-180).
   a. If there are minor children, check and complete item (1) if applicable and item (2) or (3):
      (1) ☐ Child support is being enforced in another case in *(county):*
      The case number is *(specify):*
      (2) ☐ The information in the child support calculation attached to the proposed judgment is correct based on my personal knowledge.
      (3) ☐ I request that this order be based on the ☐ petitioner's ☐ respondent's earning ability. The facts in support of my estimate of earning ability are *(specify):*
      ☐ Continued on Attachment 7a(3).
   b. Complete items (1) and (2) regarding public assistance.
      (1) I ☐ am receiving ☐ am not receiving ☐ intend to apply for public assistance for the child or children listed in the proposed order.
      (2) To the best of my knowledge, the other party ☐ is ☐ is not receiving public assistance.
   c. ☐ The petitioner ☐ respondent is presently receiving public assistance, and all support should be made payable to the local child support agency at the address set forth in the proposed judgment. A representative of the local child support agency has signed the proposed judgment.

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

| PETITIONER: RESPONDENT: | CASE NUMBER: |
|---|---|

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

10. ☐ **Attorney fees** should be ordered as set forth in the proposed *Judgment* (form FL-180)
   ☐ facts in support in form FL-319
   ☐ other *(specify facts below)*:

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

12. ☐ The petitioner ☐ respondent requests restoration of his or her former name as set forth in the proposed *Judgment* (form FL-180).

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

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

**STATEMENTS IN THIS BOX APPLY ONLY TO DISSOLUTIONS**

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

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

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

**THIS STATEMENT APPLIES ONLY TO LEGAL SEPARATIONS**

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

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

19. ☐ Other *(specify):*

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

Date:

(TYPE OR PRINT NAME) (SIGNATURE OF DECLARANT)

| PETITIONER/PLAINTIFF:<br>RESPONDENT/DEFENDANT:<br>OTHER PARTY: | CASE NUMBER: |
|---|---|

## SPOUSAL OR PARTNER SUPPORT DECLARATION ATTACHMENT

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

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:



Form Approved for Optional Use
Judicial Council of California
FL-157 [New January 1, 2012]



Family Code, §§ 270, 2030,2032, 4320, 6344, 7640
*www.courts.ca.gov*

| PETITIONER/PLAINTIFF:<br>RESPONDENT/DEFENDANT:<br>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:<br>RESPONDENT/DEFENDANT:<br>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:<br>RESPONDENT/DEFENDANT:<br>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:

| ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address):* | *FOR COURT USE ONLY* |
|---|---|
| TELEPHONE NO.: FAX NO. *(Optional):*<br>E-MAIL ADDRESS *(Optional):*<br>ATTORNEY FOR *(Name):* | |
| **SUPERIOR COURT OF CALIFORNIA, COUNTY OF** ORANGE<br>STREET ADDRESS: 341 THE CITY DRIVE<br>MAILING ADDRESS:<br>CITY AND ZIP CODE: ORANGE, CA 92868<br>BRANCH NAME: LAMOREAUX JUSTICE CENTER | |
| **MARRIAGE OR PARTNERSHIP OF**<br>PETITIONER:<br>RESPONDENT: | |
| **JUDGMENT**<br>☐ **DISSOLUTION** ☐ **LEGAL SEPARATION** ☐ **NULLITY**<br>☐ **Status only**<br>☐ **Reserving jurisdiction over termination of marital or domestic partnership status**<br>☐ **Judgment on reserved issues**<br>**Date marital or domestic partnership status ends:** | CASE NUMBER: |

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

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

3. The court acquired jurisdiction of the respondent on *(date):*
   a. ☐ The respondent was served with process.
   b. ☐ The respondent appeared.

**THE COURT ORDERS, GOOD CAUSE APPEARING**

4. a. ☐ Judgment of dissolution is entered. Marital or domestic partnership status is terminated and the parties are restored to the status of single persons
   (1) ☐ on *(specify date):*
   (2) ☐ on a date to be determined on noticed motion of either party or on stipulation.
   b. ☐ Judgment of legal separation is entered.
   c. ☐ Judgment of nullity is entered. The parties are declared to be single persons on the ground of *(specify):*
   d. ☐ This judgment will be entered nunc pro tunc as of *(date):*
   e. ☐ Judgment on reserved issues.
   f. The ☐ petitioner's ☐ respondent's former name is restored to *(specify):*
   g. ☐ Jurisdiction is reserved over all other issues, and all present orders remain in effect except as provided below.
   h. ☐ This judgment contains provisions for child support or family support. Each party must complete and file with the court a *Child Support Case Registry Form* (form FL-191) within 10 days of the date of this judgment. The parents must notify the court of any change in the information submitted within 10 days of the change, by filing an updated form. The *Notice of Rights and Responsibilities—Health-Care Costs and Reimbursement Procedures and Information Sheet on Changing a Child Support Order* (form FL-192) is attached.



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



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

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

4. i. ☐ The children of this marriage or domestic partnership are:
   (1) ☐ Name Birthdate
   (2) ☐ Parentage is established for children of this relationship born prior to the marriage or domestic partnership

   j. ☐ Child custody and visitation (parenting time) are ordered as set forth in the attached
   (1) ☐ Settlement agreement, stipulation for judgment, or other written agreement which contains the information required by Family Code section 3048(a).
   (2) ☐ *Child Custody and Visitation Order Attachment* (form FL-341).
   (3) ☐ *Stipulation and Order for Custody and/or Visitation of Children* (form FL-355).
   (4) ☐ Previously established in another case. Case number: Court:

   k. ☐ Child support is ordered as set forth in the attached
   (1) ☐ Settlement agreement, stipulation for judgment, or other written agreement which contains the declarations required by Family Code section 4065(a).
   (2) ☐ *Child Support Information and Order Attachment* (form FL-342).
   (3) ☐ *Stipulation to Establish or Modify Child Support and Order* (form FL-350).
   (4) ☐ Previously established in another case. Case number: Court:

   *l.* ☐ Spousal, domestic partner, or family support is ordered:
   (1) ☐ Reserved for future determination as relates to ☐ petitioner ☐ respondent
   (2) ☐ Jurisdiction terminated to order spousal or partner support to ☐ petitioner ☐ respondent
   (3) ☐ As set forth in the attached *Spousal, Partner, or Family Support Order Attachment* (form FL-343).
   (4) ☐ As set forth in the attached settlement agreement, stipulation for judgment, or other written agreement.
   (5) ☐ Other *(specify):*

   m. ☐ Property division is ordered as set forth in the attached
   (1) ☐ Settlement agreement, stipulation for judgment, or other written agreement.
   (2) ☐ *Property Order Attachment to Judgment* (form FL-345).
   (3) ☐ Other *(specify):*

   n. ☐ Attorney fees and costs are ordered as set forth in the attached
   (1) ☐ Settlement agreement, stipulation for judgment, or other written agreement.
   (2) ☐ *Attorney Fees and Costs Order* (form FL-346).
   (3) ☐ Other *(specify):*

   o. ☐ Other *(specify):*

Each attachment to this judgment is incorporated into this judgment, and the parties are ordered to comply with each attachment's provisions. Jurisdiction is reserved to make other orders necessary to carry out this judgment.

Date:

JUDICIAL OFFICER

5. Number of pages attached: _____ ☐ SIGNATURE FOLLOWS LAST ATTACHMENT

**NOTICE**

Dissolution or legal separation may automatically cancel the rights of a spouse or domestic partner under the other spouse's or domestic partner's will, trust, retirement plan, power of attorney, pay-on-death bank account, transfer-on-death vehicle registration, survivorship rights to any property owned in joint tenancy, and any other similar property interest. It does not automatically cancel the rights of a spouse or domestic partner as beneficiary of the other spouse's or domestic partner's life insurance policy. You should review these matters, as well as any credit cards, other credit accounts, insurance policies, retirement plans, and credit reports, to determine whether they should be changed or whether you should take any other actions.

A debt or obligation may be assigned to one party as part of the dissolution of property and debts, but if that party does not pay the debt or obligation, the creditor may be able to collect from the other party.

An earnings assignment may be issued without additional proof if child, family, partner, or spousal support is ordered.

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

# NOTICE OF RIGHTS AND RESPONSIBILITIES

## Health-Care Costs and Reimbursement Procedures

## IF YOU HAVE A CHILD SUPPORT ORDER THAT INCLUDES A PROVISION FOR THE REIMBURSEMENT OF A PORTION OF THE CHILD'S OR CHILDREN'S HEALTH-CARE COSTS AND THOSE COSTS ARE NOT PAID BY INSURANCE, THE LAW SAYS:

1. **Notice.** You must give the other parent an itemized statement of the charges that have been billed for any health-care costs not paid by insurance. You must give this statement to the other parent within a reasonable time, but no more than 30 days after those costs were given to you.

2. **Proof of full payment.** If you have already paid all of the uninsured costs, you must (1) give the other parent proof that you paid them and (2) ask for reimbursement for the other parent's court-ordered share of those costs.

3. **Proof of partial payment.** If you have paid only your share of the uninsured costs, you must (1) give the other parent proof that you paid your share, (2) ask that the other parent pay his or her share of the costs directly to the health-care provider, and (3) give the other parent the information necessary for that parent to be able to pay the bill.

4. **Payment by notified parent.** If you receive notice from a parent that an uninsured health-care cost has been incurred, you must pay your share of that cost within the time the court orders; or if the court has not specified a period of time, you must make payment (1) within 30 days from the time you were given notice of the amount due, (2) according to any payment schedule set by the health-care provider, (3) according to a schedule agreed to in writing by you and the other parent, or (4) according to a schedule adopted by the court.

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

6. **Court-ordered insurance coverage.** If a parent provides health-care insurance as ordered by the court, that insurance must be used at all times to the extent that it is available for health-care costs.

   a. **Burden to prove.** The party claiming that the coverage is inadequate to meet the child's needs has the burden of proving that to the court.

   b. **Cost of additional coverage.** If a parent purchases health-care insurance in addition to that ordered by the court, that parent must pay all the costs of the additional coverage. In addition, if a parent uses alternative coverage that costs more than the coverage provided by court order, that parent must pay the difference.

7. **Preferred health providers.** If the court-ordered coverage designates a preferred health-care provider, that provider must be used at all times consistent with the terms of the health insurance policy. When any party uses a health-care provider other than the preferred provider, any health-care costs that would have been paid by the preferred health provider if that provider had been used must be the sole responsibility of the party incurring those costs.

# INFORMATION SHEET ON CHANGING A CHILD SUPPORT ORDER

**General Information**

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

**When a Child Support Order May Be Modified**

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

**Examples**

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

**How to Change a Child Support Order**

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

**What forms do I need?**

If you are asking to change a child support order open with the local child support agency, you must fill out one of these forms:

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

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

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

You must also fill out one of these forms:

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

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

Talk to the family law facilitator at your court.

**After you fill out the forms,** file them with the court clerk and ask for a hearing date. Write the hearing date on the form.

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

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

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

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

The server must also serve blank copies of these forms:

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

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

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

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

**Need help?**

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

| PETITIONER:<br>RESPONDENT:<br>OTHER PARENT/PARTY: | CASE NUMBER: |
|---|---|

# CHILD CUSTODY AND VISITATION (PARENTING TIME) ORDER ATTACHMENT

**TO** ☐ ***Findings and Order After Hearing*** **(form FL-340)** ***Judgment*** **(form FL-180)** ☐ ***Judgment*** **(form FL-250)**
☐ ***Stipulation and Order fo Custody and/or Visitation of Children*** **(form FL-355)**
☐ Other *(specify):*

1. **Jurisdiction.** This court has jurisdiction to make child custody orders in this case under the Uniform Child Custody Jurisdiction and Enforcement Act (Fam. Code, §§ 3400–3465).
2. **Notice and opportunity to be heard.** The responding party was given notice and an opportunity to be heard, as provided by the laws of the State of California.
3. **Country of habitual residence.** The country of habitual residence of the child or children in this case is
   ☐ the United States ☐ Other *(specify):*
4. **Penalties for violating this order.** If you violate this order, you may be subject to civil or criminal penalties, or both.
5. ☐ **Child Custody**. Custody of the minor children of the parties is awarded as follows:

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

6. ☐ **Child abduction prevention.** There is a risk that one of the parties will take the children out of California without the other party's permission. (*Child Abduction Prevention Orders Attachment* (form FL-341(B)) must be attached and must be obeyed.)
7. ☐ **Visitation (Parenting Time)**
   a. ☐ Reasonable right of visitation to the party without physical custody **(not appropriate in cases involving domestic violence)**
   b. ☐ See the attached _____ -page document
   c. ☐ The parties will go to child custody mediation or child custody recommending counseling at *(specify date, time, and location):*
   d. ☐ No Visitation (Parenting Time)
   e. ☐ Visitation (Parenting Time) for the ☐ petitioner ☐ respondent ☐ other *(name):* will be as follows:
      (1) ☐ **Weekends starting***(date):*
      *(Note: The first weekend of the month is the first weekend with a Saturday.)*
      ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th weekend of the month
      from *(day of week)* at *(time)* ☐ a.m. ☐ p.m./ if applicable, specify: ☐ start of school ☐ after school
      to *(day of week)* at *(time)* ☐ a.m. ☐ p.m./ if applicable, specify: ☐ start of school ☐ after school
      (a) ☐ The parties will alternate the fifth weekends, with the ☐ petitioner ☐ respondent ☐ other parent/party having the initial fifth weekend, which starts *(date):*
      (b) ☐ The ☐ petitioner ☐ respondent ☐ other parent/party will have the fifth weekend in ☐ odd ☐ even numbered months.

***THIS IS A COURT ORDER.***

| PETITIONER:<br>RESPONDENT:<br>OTHER PARENT/PARTY: | CASE NUMBER: |
|---|---|

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

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

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

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

(3) ☐ **Weekdays starting** *(date):*

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

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

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

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

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

a. The children must be driven only by a licensed and insured driver. The car or truck must have legal child restraint devices.

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

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

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

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

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

g. ☐ Other *(specify):*

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

a. ☐ the state of California.

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

c. ☐ other places *(specify):*

***THIS IS A COURT ORDER.***

| PETITIONER:<br>RESPONDENT:<br>OTHER PARENT/PARTY: | CASE NUMBER: |
|---|---|

11. ☐ **Holiday schedule**. The children will spend holiday time as listed ☐ below ☐ in the attached schedule (*Children's Holiday Schedule Attachment* (form FL-341(C)) may be used for this purpose.)

12. ☐ **Additional custody provisions**. The parties will follow the additional custody provisions listed ☐ below ☐ in the attached schedule. (*Additional Provisions—Physical Custody Attachment* (form FL-341(D)) may be used for this purpose.)

13. ☐ **Joint legal custody**. The parties will share joint legal custody as listed ☐ below ☐ in the attached schedule. (*Joint Legal Custody Attachment* (form FL-341(E)) may be used for this purpose.)

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

15. ☐ **Other** *(specify):*

***THIS IS A COURT ORDER.***

| PETITIONER/PLAINTIFF:<br>RESPONDENT/DEFENDANT:<br>OTHER PARENT/PARTY: | CASE NUMBER: |
|---|---|

## CHILD SUPPORT INFORMATION AND ORDER ATTACHMENT

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

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

1. ☐ A printout of a computer calculation and findings is attached and incorporated in this order for all required items not filled out below.
2. ☐ **Income**
   a. Each parent's monthly income is as follows:

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

   b. Imputation of income. The court finds that the ☐ Petitioner/plaintiff ☐ Respondent/defendant ☐ Other parent/party has the capacity to earn:
   $ per and has based the support order upon this imputed income.
3. ☐ **Children of this relationship**
   a. Number of children who are the subjects of the support order *(specify):*
   b. Approximate percentage of time spent with petitioner/plaintiff: $ %
   Respondent/defendant: $ %
   Other parent/party: $ %
4. ☐ **Hardships**

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

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

**THE COURT ORDERS**

5. ☐ **Low-income adjustment**
   a. ☐ The low-income adjustment applies.
   b. ☐ The low-income adjustment does not apply because *(specify reasons):*
6. ☐ **Child support**
   a. **Base child support**
   ☐ Petitioner/plaintiff ☐ Respondent/defendant ☐ Other parent/party must pay child support beginning *(date):* and continuing until further order of the court, or until the child marries, dies, is emancipated, reaches age 19, or reaches age 18 and is not a full-time high school student, whichever occurs first, as follows:

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

Payable ☐ on the 1st of the month ☐ one-half on the 1st and one-half on the 15th of the month
☐ Other *(specify):*

***THIS IS A COURT ORDER.***

| PETITIONER/PLAINTIFF:<br>RESPONDENT/DEFENDANT:<br>OTHER PARENT/PARTY: | CASE NUMBER: |
|---|---|

**THE COURT FURTHER ORDERS**

6. b. ☐ **Mandatory additional child support**

(1) Child-care costs related to employment or reasonably necessary job training

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

c. **Mandatory additional child support**

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

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

d. ☐ **Additional child support**

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

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

(2) ☐ Travel expenses for visitation

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

e. ☐ **Non-Guideline Order**

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

**Total child support per month: $**

f. **Child Support Order Suspension**

When a person who has been ordered to pay child support is in jail or prison or is involuntarily institutionalized for any period of more than 90 days in a row, the child support order is temporarily stopped. However, the child support order will not be stopped if the person who owes support has the financial ability to pay that support while in jail, prison, or an institution. It will also not be stopped if the reason the person is in jail, prison, or an institution is because the person didn't pay court ordered child support or committed domestic violence against the supported person or child. The child support order starts again on the first day of the month after the person is released from jail, prison, or an institution.

7. **Health-care expenses**

a. Health insurance coverage for the minor children of the parties must be maintained by the

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

| PETITIONER/PLAINTIFF:<br>RESPONDENT/DEFENDANT:<br>OTHER PARENT/PARTY: | CASE NUMBER: |
|---|---|

7. b. ☐ Health insurance is not available to the ☐ petitioner/plaintiff ☐ respondent/defendant ☐ other parent/party at a reasonable cost at this time.
   c. ☐ The party providing coverage must assign the right of reimbursement to the other party.

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

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

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

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

12. **Notices**
    a. *Notice of Rights and Responsibilities (Health-Care Costs and Reimbursement Procedures) and Information Sheet on Changing a Child Support Order* (form FL-192) must be attached and is incorporated into this order.
    b. If this form is attached to *Restraining Order After Hearing* (form DV-130), the support orders issued on this form (form FL-342) remain in effect after the restraining orders issued on form DV-130 end.

13. **Child Support Case Registry Form**
    Both parties must complete and file with the court a *Child Support Case Registry Form* (form FL-191) within 10 days of the date of this order. Thereafter, the parties must notify the court of any change in the information submitted within 10 days of the change by filing an updated form.

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

***THIS IS A COURT ORDER.***

| PETITIONER/PLAINTIFF:<br>RESPONDENT/DEFENDANT:<br>OTHER PARENT: | CASE NUMBER: |
|---|---|

# SPOUSAL, PARTNER, OR FAMILY SUPPORT ORDER ATTACHMENT

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

## THE COURT FINDS

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

| | | Total gross monthly income | Total monthly deductions | Total hardship deductions | Net monthly disposable income |
|---|---|---|---|---|---|
| a. Petitioner: ☐ | receiving TANF/CalWORKS | $ | $ | $ | $ |
| b. Respondent: ☐ | receiving TANF/CalWORKS | $ | $ | $ | $ |

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

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

   ☐ See Attachment 3d.

## THE COURT ORDERS

4. ☐ The issue of spousal or partner support for the ☐ petitioner ☐ respondent is reserved for a later determination.

5. ☐ The court terminates jurisdiction over the issue of spousal or partner support for the ☐ petitioner ☐ respondent.

6. a. The ☐ petitioner ☐ respondent must pay to the ☐ petitioner ☐ respondent
   as ☐ temporary ☐ spousal support ☐ family support ☐ partner support
   $ per month, beginning *(date):* , payable through *(specify end date):*

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

   b. ☐ Support must be paid by check, money order, or cash. The support payor's obligation to pay support will terminate on the death of either party, remarriage, or registration of a new domestic partnership of the support payee.

   c. ☐ An earnings assignment for the foregoing support will issue. (**Note:** The payor of spousal, family, or partner support is responsible for the payment of support directly to the recipient until support payments are deducted from the payor's earnings, and for any support not paid by the assignment.)

   d. ☐ Service of the earnings assignment is stayed provided the payor is not more than *(specify number):* days late in the payment of spousal, family, or partner support.

***THIS IS A COURT ORDER.***



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



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

| PETITIONER/PLAINTIFF:<br>RESPONDENT/DEFENDANT:<br>OTHER PARENT: | CASE NUMBER: |
|---|---|

7. ☐ The ☐ petitioner ☐ respondent should make reasonable efforts to assist in providing for his or her support needs.

8. ☐ The parties must promptly inform each other of any change of employment, including the employer's name, address, and telephone number.

9. ☐ This order is for family support. Both parties must complete and file with the court a *Child Support Case Registry Form* (form FL-191) within 10 days of the date of this order. The parents must notify the court of any change of information submitted within 10 days of the change by filing an updated form. A *Notice of Rights and Responsibilities (Health-Care Costs and Reimbursement Procedures) and Information Sheet on Changing a Child Support Order* (form FL-192) is attached.

10. ☐ Notice: If this form is attached to *Restraining Order After Hearing (CLETS-OAH) (Order of Protection)* (form DV-130), the orders issued on this form (FL-343) do not expire upon termination of the restraining orders issued on form DV-130.

11. ☐ Other orders (*specify):*

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

***THIS IS A COURT ORDER.***

| PETITIONER:<br>RESPONDENT: | CASE NUMBER: |
|---|---|

# PROPERTY ORDER ATTACHMENT TO JUDGMENT

1. **Division of community property assets**
   a. ☐ There are no community property assets.
   b. ☐ The court finds that the net value of the community estate is less than $5,000 and that the ☐ petitioner ☐ respondent cannot be found. Under Family Code section 2604, the entire community estate is awarded to the ☐ petitioner ☐ respondent.
   c. ☐ The petitioner will receive the following assets: *(Attach additional page if necessary.)*

   d. ☐ The respondent will receive the following assets: *(Attach additional page if necessary.)*

   e. The ☐ petitioner ☐ respondent will be responsible for preparing and filing a *Qualified Domestic Relations Order* (QDRO) to divide the following plan or retirement account(s) *(specify):*

   The fee for preparation of the QDRO shall be shared as follows *(specify):*

   f. ☐ Other orders:

   g. ☐ Each spouse will receive the assets listed above as his or her sole and separate property. The parties must execute any and all documents required to carry out this division.
   h. The court reserves jurisdiction to divide any community assets not listed here and enforce the terms of this order.
2. **Division of community property debts**
   a. ☐ There are no community debts.
   b. ☐ All community debts have been paid by the ☐ petitioner ☐ respondent.
   The ☐ petitioner ☐ respondent must reimburse the other party: $
   The payment plan is as follows:

   c. ☐ The petitioner will be responsible for the following debts: *(Attach additional page if necessary.)*

   d. ☐ The respondent will be responsible for the following debts: *(Attach additional page if necessary.)*



Form Approved for Optional Use
Judicial Council of California
FL-345 [Rev. January 1, 2007]



Family Code, §§ 299, 2500–2660
www.courtinfo.ca.gov

| PETITIONER: RESPONDENT: | CASE NUMBER: |
|---|---|

e. ☐ Other orders:

f. Each party will be solely responsible for paying the debts assigned to him or her and will hold the other harmless from those debts. The parties understand that the creditors are not bound by this judgment. If a creditor seeks payment from the party who is not listed as responsible for the debt, that party can file a motion to seek reimbursement from the defaulting party.

g. The court reserves jurisdiction to divide any community debts not listed here.

3. ☐ **Equalization of division of property and debt orders.** To equalize the division of the community property assets and debts, the ☐ petitioner ☐ respondent must pay to the other the sum of: $ , payable as follows *(specify):*

4. **Separate property**

a. ☐ The court confirms the following assets or debts as the sole separate property, or sole responsibility, of the petitioner:

b. ☐ The court confirms the following assets or debts as the sole separate property, or sole responsibility, of the respondent:

5. ☐ The settlement agreement between the parties dated *(date):* is attached and made a part of this judgment.

6. ☐ **Sale of property.** The following property will be offered for sale and sold for the fair market value as soon as a willing buyer can be found, and the net proceeds from the sale will be ☐ divided equally ☐ other *(specify):*

7. ☐ Other orders *(specify):*

| PETITIONER/PLAINTIFF:<br><br>RESPONDENT/DEFENDANT: | CASE NUMBER: |
|---|---|

# PENSION BENEFITS—ATTACHMENT TO JUDGMENT
***(Attach to form FL-180)***

This order concerns the division of retirement and survivor benefits between the following two parties:

Name of petitioner: Name of respondent:

Address of petitioner: Address of respondent:

Date of marriage or registration of domestic partnership: Date of separation:

**TO THE EMPLOYER/PLAN ADMINISTRATOR OF EACH PLAN IDENTIFIED BELOW:**

Each party identified above is provisionally awarded without prejudice, and subject to adjustment by a later domestic relations order, a separate interest equal to one-half of all benefits accrued or to be accrued under any retirement plan in which one party has accrued a benefit, including but not limited to the plans listed below, as a result of employment of the other party during the marriage or domestic partnership and before the date of separation. In addition, pending further notice, the plan must, as allowed by law, or as allowed by the terms of the plan in the case of a governmental plan, continue to treat the parties as married persons or domestic partners for purposes of any survivor rights and benefits available under the plan to the extent necessary to provide for payment to the surviving spouse or domestic partner of an amount equal to that separate interest or of all of the survivor benefits if at the time of death of the participant there is no other eligible recipient of the survivor benefit.

**TO THE PARTIES:**

Each party must provide the information and take the required actions listed below to protect the other party's interest in retirement benefits:

1. List below (or on a page attached) the name and address of each employer for which you or the other party work or worked where either of you participated in a retirement plan during the marriage and before your separation. Include the name (or a description if you do not have the name) of each of these plans.

   ☐ See Attached

2. For each plan you listed under item 1, promptly deliver a copy of this order to the plan's administrator. You can deliver a copy of this order in person or by mail. Provide a proof of service to the court and the other party.
   If you do not know the plan's administrator, deliver a copy to
   - the employer or plan sponsor, or, if unknown,
   - the trustee or custodian of any assets of the plan.

3. Each party who is a participant in a plan listed under item 1 must join that plan as a party to this case when joinder is required by law. *(See* Retirement Plan Joinder—Information Sheet *[form FL-318-INFO].)*

4. If you are not the party who participated in a plan listed in item 1 and are concerned that you have not received proof that notice of your interest has been delivered to that plan, you are encouraged to deliver a copy of this order to the appropriate plan administrator as described in item 2. You also have a right to join any plan that requires joinder in the event that no joinder documents have been filed with the court or served on the plan's administrator.

5. Each party must promptly let each plan representative know of any change in that party's mailing address until all benefits due that party under the plan have been paid.

| ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address):* | *FOR COURT USE ONLY* |
|---|---|
| TELEPHONE NO.: FAX NO. *(Optional):*<br>E-MAIL ADDRESS *(Optional):*<br>ATTORNEY FOR *(Name):* | |
| **SUPERIOR COURT OF CALIFORNIA, COUNTY OF** ORANGE<br>STREET ADDRESS: 341 THE CITY DRIVE<br>MAILING ADDRESS:<br>CITY AND ZIP CODE: ORANGE, CA 92868<br>BRANCH NAME: LAMOREAUX JUSTICE CENTER | |
| PETITIONER:<br>RESPONDENT: | |
| **NOTICE OF ENTRY OF JUDGMENT** | CASE NUMBER: |

You are notified that the following judgment was entered on *(date):*

1. ☑ Dissolution
2. ☐ Dissolution—status only
3. ☐ Dissolution—reserving jurisdiction over termination of marital status or domestic partnership
4. ☐ Legal separation
5. ☐ Nullity
6. ☐ Parent-child relationship
7. ☐ Judgment on reserved issues
8. ☐ Other *(specify):*

Date:

Clerk, by _____, Deputy

**—NOTICE TO ATTORNEY OF RECORD OR PARTY WITHOUT ATTORNEY—**

Under the provisions of Code of Civil Procedure section 1952, if no appeal is filed the court may order the exhibits destroyed or otherwise disposed of after 60 days from the expiration of the appeal time.

**STATEMENT IN THIS BOX APPLIES ONLY TO JUDGMENT OF DISSOLUTION**

Effective date of termination of marital or domestic partnership status *(specify):*

**WARNING: Neither party may remarry or enter into a new domestic partnership until the effective date of the termination of marital or domestic partnership status, as shown in this box.**

**CLERK'S CERTIFICATE OF MAILING**

I certify that I am not a party to this cause and that a true copy of the *Notice of Entry of Judgment* was mailed first class, postage fully prepaid, in a sealed envelope addressed as shown below, and that the notice was mailed

at *(place):* , California, on *(date):*

Date: Clerk, by _____, Deputy

Name and address of petitioner or petitioner's attorney

Name and address of respondent or respondent's attorney



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

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

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

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

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

E-MAIL ADDRESS *(Optional):*

ATTORNEY FOR *(Name):*

*COURT PERSONNEL:*
*STAMP DATE RECEIVED HERE*

**DO NOT FILE**

**SUPERIOR COURT OF CALIFORNIA, COUNTY OF** ORANGE

STREET ADDRESS: 341 THE CITY DRIVE

MAILING ADDRESS:

CITY AND ZIP CODE: ORANGE, CA 92868

BRANCH NAME: LAMOREAUX JUSTICE CENTER

PETITIONER/PLAINTIFF:

RESPONDENT/DEFENDANT:

OTHER PARENT:

**CHILD SUPPORT CASE REGISTRY FORM**

☐ Mother ☐ First form completed

☐ Father ☐ Change to previous information

CASE NUMBER:

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

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

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

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

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

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

**TYPE OR PRINT IN INK**

| PETITIONER/PLAINTIFF:<br>RESPONDENT/DEFENDANT:<br>OTHER PARENT: | CASE NUMBER: |
|---|---|

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

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

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

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

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

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

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

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

      Employer's name:

      Street address:

      City, state, zip code:

      Telephone number:

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

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

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

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

      Employer's name:

      Street address:

      City, state, zip code:

      Telephone number:

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

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

Date:

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

# INFORMATION SHEET FOR CHILD SUPPORT CASE REGISTRY FORM

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

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

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

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

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

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

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

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

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

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

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

**Instructions for numbered paragraphs:**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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