

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

CASE NUMBER:

CHILD SUPPORT INFORMATION AND ORDER ATTACHMENT

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

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

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

2. ☐ **Income**
- a. Each parent's monthly income is as follows:
- | | Gross monthly
income | Net monthly
income | Receiving
TANF/CalWORKS |
|--------------------------|-------------------------|-----------------------|----------------------------|
| Petitioner/plaintiff: \$ | | \$ | <input type="checkbox"/> |
| Respondent/defendant: \$ | | \$ | <input type="checkbox"/> |
| Other parent/party: \$ | | \$ | <input type="checkbox"/> |
- 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. <input type="checkbox"/> Other minor children:	\$	\$	\$	
b. <input type="checkbox"/> Extraordinary medical expenses:	\$	\$	\$	
c. <input type="checkbox"/> Catastrophic losses:	\$	\$	\$	

THE COURT ORDERS

5. ☐ **Low-income adjustment**

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

6. ☐ **Child support**

- a. **Base child support**

☐ Petitioner/plaintiff ☐ Respondent/defendant ☐ Other parent/party must pay child support beginning (date): and continuing until further order of the court, or until the child marries, dies, is emancipated, reaches age 19, or reaches age 18 and is not a full-time high school student, whichever occurs first, as follows:

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

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

THIS IS A COURT ORDER.

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

THE COURT FURTHER ORDERS

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

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

- | | | | | | | | |
|--|---|----------|----|-----------------------------|--|-----------|-------------------|
| (a) <input type="checkbox"/> Petitioner/plaintiff must pay: | % | of total | or | <input type="checkbox"/> \$ | | per month | child-care costs. |
| (b) <input type="checkbox"/> Respondent/defendant must pay: | % | of total | or | <input type="checkbox"/> \$ | | per month | child-care costs. |
| (c) <input type="checkbox"/> Other parent/party must pay: | % | of total | or | <input type="checkbox"/> \$ | | per month | child-care costs. |
| (d) <input type="checkbox"/> Costs to be paid as follows (<i>specify</i>): | | | | | | | |

c. **Mandatory additional child support**

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

- | | | | | | | |
|--|---|----------|----|-----------------------------|--|------------|
| (a) <input type="checkbox"/> Petitioner/plaintiff must pay: | % | of total | or | <input type="checkbox"/> \$ | | per month. |
| (b) <input type="checkbox"/> Respondent/defendant must pay: | % | of total | or | <input type="checkbox"/> \$ | | per month. |
| (c) <input type="checkbox"/> Other parent/party must pay: | % | of total | or | <input type="checkbox"/> \$ | | per month. |
| (d) <input type="checkbox"/> Costs to be paid as follows (<i>specify</i>): | | | | | | |

d. ☐ **Additional child support**

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

- | | | | | | | |
|--|---|----------|----|-----------------------------|--|------------|
| (a) <input type="checkbox"/> Petitioner/plaintiff must pay: | % | of total | or | <input type="checkbox"/> \$ | | per month. |
| (b) <input type="checkbox"/> Respondent/defendant must pay: | % | of total | or | <input type="checkbox"/> \$ | | per month. |
| (c) <input type="checkbox"/> Other parent/party must pay: | % | of total | or | <input type="checkbox"/> \$ | | per month. |
| (d) <input type="checkbox"/> Costs to be paid as follows (<i>specify</i>): | | | | | | |

(2) ☐ Travel expenses for visitation

- | | | | | | | |
|--|---|----------|----|-----------------------------|--|------------|
| (a) <input type="checkbox"/> Petitioner/plaintiff must pay: | % | of total | or | <input type="checkbox"/> \$ | | per month. |
| (b) <input type="checkbox"/> Respondent/defendant must pay: | % | of total | or | <input type="checkbox"/> \$ | | per month. |
| (c) <input type="checkbox"/> Other parent/party must pay: | % | of total | or | <input type="checkbox"/> \$ | | per month. |
| (d) <input type="checkbox"/> Costs to be paid as follows (<i>specify</i>): | | | | | | |

e. ☐ **Non-Guideline Order**

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

Total child support per month: \$
--

7. **Health-care expenses**

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

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

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

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

8. **Earnings assignment**

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

THIS IS A COURT ORDER.

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

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

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

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

12. Notices

- a. *Notice of Rights and Responsibilities (Health-Care Costs and Reimbursement Procedures) and Information Sheet on Changing a Child Support Order* ([form FL-192](#)) must be attached and is incorporated into this order.
- b. If this form is attached to *Restraining Order After Hearing* ([form DV130](#)), the support orders issued on this form (form FL-342) remain in effect after the restraining orders issued on form DV-130 end.

13. Child Support Case Registry Form

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

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

THIS IS A COURT ORDER.