

GOVERNMENTAL AGENCY (<i>under Family Code, §§ 17400, 17406</i>): OR ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, state bar number, and address</i>):		FOR COURT USE ONLY
TELEPHONE NO.:	FAX NO. (<i>Optional</i>):	
E-MAIL ADDRESS:		
ATTORNEY FOR (<i>Name</i>):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF		
STREET ADDRESS:		
MAILING ADDRESS:		
CITY AND ZIP CODE:		
BRANCH NAME:		
PETITIONER/PLAINTIFF:		
RESPONDENT/DEFENDANT:		
OTHER PARENT:		
ORDER AFTER HEARING		CASE NUMBER:

1. **This matter proceeded as follows:** Uncontested By stipulation Contested
 - a. Date: _____ Dept.: _____ Judicial officer: _____
 - b. Petitioner/plaintiff present Attorney present (*name*): _____
 - c. Respondent/defendant present Attorney present (*name*): _____
 - d. Other parent/party present Attorney present (*name*): _____
 - e. Local child support agency attorney (*Family Code, §§ 17400, 17406*) by (*name*): _____
 - f. Other (*specify*): _____
- g. The parent ordered to pay support is the petitioner/plaintiff respondent/defendant other parent/party.
2. Attached is a computer printout showing the parents' income and percentage of time each parent spends with the children. The printout, which shows the calculation of child support payable, will become the court's findings.
3. This order is based on the attached documents (*specify*): _____

THE COURT ORDERS

4. a. All orders previously made in this action remain in full force and effect except as specifically modified below.
 b. The parent ordered to pay support is the parent of _____ and must pay current child support for the following children:

Name of child	Date of birth	Monthly support amount

- (1) Mandatory additional child support.
 - (a) The parent ordered to pay support must pay additional monthly support for reasonable child-care costs, as follows:
 One-half or % or (*specify amount*): \$ _____ per month of the costs
 Payments must be made to the other parent State Disbursement Unit child-care provider.
 - (b) The parent ordered to pay support must pay reasonable uninsured health-care costs for the children, as follows:
 One-half or % or (*specify amount*): \$ _____ per month of the costs
 Payments must be made to the other parent State Disbursement Unit health-care provider.

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.

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	CASE NUMBER:
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4. b.(2) Other (specify):

(3) For a total of: \$ _____ payable on the: _____ day of each month
beginning (date): _____

(4) The low-income adjustment applies.

The low-income adjustment does not apply because (specific reasons): _____

(5) Any support ordered will continue until further order of court, unless terminated by operation of law.

c. The parent ordered to pay support The parent receiving support must (1) provide and maintain health insurance coverage for the children if available at no or reasonable cost, and keep the local child support agency informed of the availability of the coverage (the cost is presumed to be reasonable if it does not exceed 5 percent of gross income to add a child); (2) if health insurance is not available, provide coverage when it becomes available; (3) within 20 days of the local child support agency's request, complete and return a health insurance form; (4) provide to the local child support agency all information and forms necessary to obtain health-care services for the children; (5) present any claim to secure payment or reimbursement to the other parent or caretaker who incurs costs for health-care services for the children; and (6) assign any rights to reimbursement to the other parent or caretaker who incurs costs for health-care services for the children. 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.

d. The parent ordered to pay support owes support arrears as follows, as of (date):

(1) Child support: \$ _____ Spousal support: \$ _____ Family support: \$ _____

(2) Interest is not included and is not waived.

(3) Payable: \$ _____ on the: _____ day of each month
beginning (date): _____

(4) Interest accrues on the entire principal balance owing and not on each installment as it becomes due.

e. No provision of this order may operate to limit any right to collect the principal (total amount of unpaid support) or to charge and collect interest and penalties as allowed by law. All payments ordered are subject to modification.

f. All payments, unless specified in item 4b(1) above, must be made to the State Disbursement Unit at the address listed below (specify address):

g. An earnings assignment order is issued.

h. 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.

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

4. i. If "The parent ordered to pay support" box is checked in item 4c, a health insurance coverage assignment must issue.
- j. The parents must notify the local child support agency in writing within 10 days of any change in residence or employment.
- k. The form *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.
- l. The following person (the "other parent/party") is added as a party to this action (*name*):
- m. The court further orders (*specify*):

Date:

JUDICIAL OFFICER

Number of pages attached: _____

SIGNATURE FOLLOWS LAST ATTACHMENT

Approved as conforming to court order.

Date:



(SIGNATURE OF ATTORNEY FOR THE PARENT ORDERED TO PAY SUPPORT)