

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):		FOR COURT USE ONLY
TELEPHONE NO.: E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):		FAX NO. (Optional):
SUPERIOR COURT OF CALIFORNIA, COUNTY OF		
STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:		
REQUEST FOR HEARING REGARDING EARNINGS ASSIGNMENT		CASE NUMBER:

NOTICE: Complete and file this form with the court clerk to request a hearing *only if you object to the Income Withholding for Support (form FL-195/OMB0970-0154) or Earnings Assignment Order for Spousal or Partner Support (form FL-435).* This form may not be used to modify your current child support amount. (See page 2 of form FL-192, *Information Sheet on Changing a Child Support Order.*) Page 3 of this form is instructional only and does not need to be delivered to the court.

1. A hearing on this application will be held as follows (see instructions for getting a hearing date on page 3):

a. Date: _____ Time: _____ Dept.: _____ Div.: _____ Room: _____

b. The address of the court is: same as noted above other (specify): _____

2. I request that service of the *Earnings Assignment Order for Spousal or Partner Support* (form FL-435) or *Income Withholding for Support* (form FL-195/OMB0970-0154) be quashed (set aside) because

- a. I am not the obligor named in the earnings assignment.
 b. There is good cause to recall the earnings assignment because **all** of the following conditions exist:
 (1) Recalling the earnings assignment would be in the best interest of the children for whom I am ordered to pay support (*state reasons*):

- (2) I have paid court-ordered support fully and on time for the last 12 months without either an earnings assignment or another mandatory collection process.
 (3) I do not owe any arrearage (back support).
 (4) Service of the earnings assignment would cause extraordinary hardship for me, as follows (*state reasons; you must prove these reasons at any hearing on this application by clear and convincing evidence*):

- c. The other parent and I have a written agreement that allows the support order to be paid by an alternative method. A copy of the agreement is attached. (**NOTE: If the support obligation is paid to the local child support agency, this agreement must be signed by a representative of that agency.**)

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3. I request that the earnings assignment be modified because

a. the total amount of arrearages claimed as owing is incorrect. (Check one or more of the following reasons.)

(1) I did not receive credit for all of the payments I have made. (Check (a), (b), or both.)

(a) I have attached my statement of the payment history, which includes a monthly breakdown of amounts ordered and amounts paid.

(b) I made the following payments that were not credited (for each payment, specify the date, the amount, and the name of the person or agency paid):

(2) Child support was terminated (specify name of child, child's date of birth, date of termination, and reason support was terminated):

(3) Other (specify):

b. the monthly payment specified in the earnings assignment is more than half of my total net income each month from all sources.

c. the monthly arrearage payment stated in the earnings assignment creates an undue hardship because (describe the hardship and state the amount you are able to pay on your arrearage):

(NOTE: If you want to change the amount of money being deducted for arrearage because it creates a hardship, please attach a completed *Financial Statement (Simplified)* (form FL-155) or *Income and Expense Declaration* (form FL-150).)

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 OF PERSON REQUESTING HEARING)

(SIGNATURE OF PERSON REQUESTING HEARING)

CLERK'S CERTIFICATE OF MAILING

I certify that I am not a party to this action and that a true copy of the *Request for Hearing Regarding Earnings Assignment* (form FL-450) was mailed, with postage fully prepaid, in a sealed envelope addressed as shown below, and that the request was mailed at (place): on (date):

Date:

Clerk, by _____, Deputy

INFORMATION SHEET AND INSTRUCTIONS FOR REQUEST FOR HEARING REGARDING EARNINGS ASSIGNMENT

(Do not deliver this information sheet to the court clerk.)

Please follow these instructions to complete the *Request for Hearing Regarding Earnings Assignment* (form FL-450) if you do not have an attorney representing you. Your attorney, if you have one, should complete this form. You must file the completed *Request for Hearing* form and its attachments with the court clerk **within 10 days** after the date your employer gave you a copy of *Earnings Assignment Order for Spousal or Partner Support* (form FL-435) or an *Income Withholding for Support* (form FL-195/OMB0970-0154). The address of the court clerk is the same as the one shown for the superior court on the earnings assignment order. You may have to pay a filing fee. If you cannot afford to pay the filing fee, the court may waive it, but you will have to fill out some forms first. For more information about the filing fee and waiver of the filing fee, contact the court clerk or the family law facilitator in your county.

(TYPE OR PRINT IN INK)

Front page, first box, top of form, left side: Print your name, address, and telephone number in this box if they are not already there.

Item 1. a-b. You must contact the court clerk's office and ask that a hearing date be set for this motion. The court clerk will give you the information you need to complete this section.

Item 2. Check this box if you want the court to stop the local child support agency or the other parent from collecting any support from your earnings. If you check this box, you must check the box for either a, b, or c beneath it.

- a. Check this box if you are not the person required to pay support in the earnings assignment.
- b. Check this box if you believe that there is "good cause" to recall the earnings assignment. **Note:** The court must find that **all** of the conditions listed in item 2b exist in order for good cause to apply.
- c. Check this box if you and the other parent have a written agreement that allows you to pay the support another way. **You must attach a copy of the agreement**, which must be signed by both the other parent and a representative of the local child support agency if payments are made to a county office.

Item 3. Check this box if you want to change the earnings assignment. If you check this box, you must check the box for either a, b, or c beneath it.

- a. Check this box if the total arrearages listed in item 9 on the earnings assignment order are wrong. If you check this box, you must check one or more of (1), (2), and (3). You must attach the original of your statement of arrearages. Keep one copy for yourself.

- (1) Check this box if you believe the amount of arrearages listed on the earnings assignment order does not give you credit for all the payments you have made. If you check this box, you must check one or both of the boxes beneath it.
 - (a) Check this box if you are attaching your own statement of arrearages. This statement must include a monthly listing of what you were ordered to pay and what you actually paid.
 - (b) Check this box if you wish to list any payments that you believe were not included in the arrearages amount. For each payment you must list the date you paid it, the amount paid, and the person or agency (such as the local child support agency) to whom you made the payment. Bring to the hearing proof of any payment that is in dispute.

- (2) Check this box if the child support for any of the children in the case has been terminated (ended). If you check this box, you must list the following information for each child:

- The name and birthdate of each child.
- The date the child support order was terminated.
- The reason child support was terminated.

- (3) Check this box if there is another reason you believe the amount of arrearages is incorrect. You must explain the reasons in detail.

- b. Check this box if the total monthly payment shown in item 1 of the earnings assignment order is more than half of your monthly net income.
- c. Check this box if the total monthly payment shown in item 1 of the earnings assignment order causes you a serious hardship. You must write the reasons for the hardship in this space.

You must date this *Request for Hearing* form, print your name, and sign the form under penalty of perjury. You must also complete the certificate of mailing at the bottom of page 2 of the form by printing the name and address of the other parties in brackets and providing a stamped envelope addressed to each of the parties. When you sign this *Request for Hearing* form, you are stating that the information you have provided is true and correct. After you file the request, the court clerk will notify you by mail of the date, time, and location of the hearing.

You must file your request within 10 days of receiving the *Earnings Assignment Order for Spousal or Partner Support* or the *Income Withholding for Support* from your employer. You may file your request in person at the clerk's office or mail it to the clerk. In either event, it must be received by the clerk within the 10-day period.

If you need additional assistance with this form, contact an attorney or the family law facilitator in your county. Your family law facilitator can help you, for free, with any questions you have about the above information. For more information on finding a lawyer or family law facilitator, see the California Courts Online Self-Help Center at www.courtinfo.ca.gov/selfhelp/.

NOTICE: Use form FL-450 to request a hearing only if you object to the *Income Withholding for Support* (form FL-195/OMB0970-0154) or *Earnings Assignment Order for Spousal or Partner Support* (form FL-435). This form will not modify your current support amount. (See page 2 of form FL-192, *Information Sheet on Changing a Child Support Order*.)