

GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406):	FOR COURT USE ONLY
TELEPHONE NO.:	FAX NO.:
E-MAIL ADDRESS:	
ATTORNEY FOR (name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF	
STREET ADDRESS:	
MAILING ADDRESS:	
CITY AND ZIP CODE:	
BRANCH NAME:	
PETITIONER/PLAINTIFF:	
RESPONDENT/DEFENDANT:	
OTHER PARENT/PARTY:	
STIPULATION AND ORDER	
CASE NUMBER:	

1. This matter proceeded as follows:

a. By written stipulation without court appearance.

b. By court hearing, appearances as follows:

(1) Date: _____ Dept: _____ Judicial Officer: _____

(2) Petitioner/plaintiff present Attorney present (name): _____

(3) Respondent/defendant present Attorney present (name): _____

(4) Other parent/party present Attorney present (name): _____

(5) Local child support agency (Family Code, §§ 17400, 17406) by (name): _____

(6) Other (specify): _____

c. The parent ordered to pay support is the petitioner/plaintiff respondent/defendant other parent/party.

2. This order is based on the attached documents (specify): _____

3. The parties agree that

a. All orders previously made in this action remain in full force and effect except as specifically modified below.

b. The amount of support payable by the parent ordered to pay support as calculated under the guideline is: \$ _____ per month.

We agree to guideline support.

The guideline amount should be rebutted because of the following:

(1) We have been fully informed of the guideline amount of support; we agree voluntarily to child support of: \$ _____ per month; the agreement is in the best interest of the children; the needs of the children will be met adequately by the agreed amount; the children are not receiving public assistance; no application for public assistance is pending; and application of the guideline would be unjust and inappropriate in this case. We understand that if the order is below the guideline, no change of circumstances need be shown for the court to raise this order to the guideline amount. If the order is above the guideline, a change of circumstances will be required to modify this order.

(2) Other rebutting factors (specify): _____

c. The attached computer printout shows the parents' incomes 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.

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.

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OTHER PARENT/PARTY:	

3. d. The parent ordered to pay support must pay current child support as follows:

Name of child	Date of birth	Monthly support amount
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(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.

(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.

e. The parent ordered to pay support The parent receiving support (1) must 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.

f. 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.

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	CASE NUMBER:
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3. g. No provision of this judgment 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.
- h. All payments, unless specified in item 3d(1) above, must be made to the State Disbursement Unit at the address listed below (specify address):
- i. An ***Income Withholding for Support (form FL-195/OMB No. 0970-0154) will issue.***
- j. 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.
- k. If "The parent ordered to pay support" box is checked in item 3e, a health insurance coverage assignment must issue.
- l. The parents must notify the local child support agency in writing within 10 days of any change in residence or employment.
- m. 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.
- n. The following person (the "other parent/party") is added as a party to this action (name):
- o. Other (specify):

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF ATTORNEY FOR LOCAL CHILD SUPPORT AGENCY)

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF PETITIONER)

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF ATTORNEY FOR PETITIONER)

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF RESPONDENT)

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF ATTORNEY FOR RESPONDENT)

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

(TYPE OR PRINT NAME)

(SIGNATURE OF OTHER PARENT)

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF ATTORNEY FOR OTHER PARENT)

ORDER**4. THE COURT SO ORDERS.**

Date:

Number of pages attached: _____

JUDICIAL OFFICER

 SIGNATURE FOLLOWS LAST ATTACHMENT

DECLARATION OF PERSON PROVIDING INTERPRETATION/TRANSLATION: The party/parties indicated below is/are unable to read or understand this *Stipulation and Order* because

(Insert name) 's primary language is (*specify*):

and the party has has not read the form stipulation translated into this language.

(Insert name) 's primary language is (*specify*):

and the party has has not read the form stipulation translated into this language.

I certify under penalty of perjury under the laws of the State of California that I am competent to interpret or translate in the primary language indicated above and that I have, to the best of my ability, read to, interpreted for, or translated for the above-named party the *Stipulation and Order* in the party's primary language. The above-named party said that the terms of this *Stipulation and Order* were understood by that party before it was signed.

Date:

Date:

(TYPE OR PRINT NAME)

(TYPE OR PRINT NAME)

(SIGNATURE)

(SIGNATURE)