

GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406):

☐ RECORDING REQUESTED BY AND WHEN RECORDED MAIL TO:

TEL NO.:

FAX NO. (optional):

EMAIL ADDRESS:

SUPERIOR COURT OF CALIFORNIA, COUNTY OF

STREET ADDRESS:

MAILING ADDRESS:

CITY AND ZIP CODE:

BRANCH NAME:

FOR RECORDER'S USE ONLY

PETITIONER:

RESPONDENT:

OTHER PARENT/PARTY:

FOR COURT USE ONLY

NOTICE REGARDING PAYMENT OF SUPPORT☐ NOTICE OF ASSIGNED SUPPORT ☐ SUBSTITUTION OF PAYEE**INFORMATION ABOUT THIS FORM**

- This form is used to tell the parents and the court when the local child support agency is or is not enforcing support orders in this case.
- For more information about this form, see *Information Sheet: Notice Regarding Payment of Support* (form _____).

CASE NUMBER:

1. a. The parent ordered to pay support is the: ☐ Petitioner ☐ Respondent ☐ Other Parent/Party
(specify name and address):

b. The person ordered to receive support is the: ☐ Petitioner ☐ Respondent ☐ Other Parent/Party
(specify name and address, if parent is payee):

2. ☐ The substituted payee is:

a. ☐ The local child support agency (specify name and address):

b. ☐ Other (specify name and address):

NOTICE TO THE CLERK:

If item 3b is checked, no matters should be heard by a child support commissioner.

The following matters should be heard by a child support commissioner, unless one is not available due to exceptional circumstances (Fam. Code, §§ 4250–4252): A request to modify ongoing child support, if item 3a(1) is checked; a request to determine back support (arrears) if item 3a(2) or 3a(3) is checked; and a request regarding medical support if item 3a(4) is checked.

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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3. a. ☐ The local child support agency is providing the following enforcement services in this case *(check all that apply)*:
- (1) ☐ Current support
 - (2) ☐ Back support (arrear) owed to the parent listed in Item 1b
 - (3) ☐ Back support (arrear) owed for public assistance paid by the county
 - (4) ☐ Medical support
- b. ☐ The local child support agency is no longer providing any enforcement services in this case.

4. All payments must be made as follows:

- a. Payments collected by an Income Withholding Order must be sent to:
California State Disbursement Unit, P.O. Box 989067, West Sacramento, CA 95798-9067.
- b. All payments, **other than income withholding payments**, must be sent to *(check all that apply)*:

Type of support	California State Disbursement Unit listed in Item 4a	Person listed in Item 1b
Current support	<input type="checkbox"/>	<input type="checkbox"/>
Back support (arrear) owed to the person listed in Item 1b	<input type="checkbox"/>	<input type="checkbox"/>
Back support (arrear) owed for public assistance paid by the county	<input type="checkbox"/>	<input type="checkbox"/>
Other <i>(specify)</i> :	<input type="checkbox"/>	<input type="checkbox"/>

5. ☐ One of the parents has applied for and received public assistance for the children. This means that under California law they gave away (assigned) their right to receive support, while aid is being paid, to the county of *(specify)*: .
6. The substituted payee must be contacted when notice to a lienholder may or must be given. An abstract or notice of support judgment or support judgment was recorded as follows:

<u>County</u>	<u>Date of recording</u>	<u>Instrument number</u>	<u>Book number</u>	<u>Page number</u>
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Date: _____

 (TYPE OR PRINT NAME)



 (SIGNATURE)

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

NOTICE:
No acknowledgment is required when this form is recorded by a local child support agency.

ACKNOWLEDGMENT
(To be completed when this form is recorded by a person or entity
other than a local child support agency.)

STATE OF CALIFORNIA
COUNTY OF

On _____, before me, _____ (here insert name and title of the officer),
personally appeared _____,

who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that they executed the same in their authorized capacity, and that by their signature on the instrument the person, or the entity on behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

(SIGNATURE OF NOTARY)