

SUPERIOR COURT OF STANISLAUS COUNTY

www.stanct.org (209) 530-3100

Street Address: 1100 I Street Modesto, CA 95353

Mailing Address: P.O. Box 1098 Modesto, CA 95353

Self Help Center: 800 11th Street Room #220 Modesto, CA 95353
(PROVIDING ASSISTANCE TO PARTIES REPRESENTING THEMSELVES)

Request to Enter Default and Judgment Packet

All documents must be typed or printed legibly per Rules of Court 2.104, in blue or black ink.

This packet includes some of the necessary forms to file a Request to Enter Default and Judgment. The Prehearing Statement and Judgment included in this packet do not include the necessary attachments. Every case is different and will require attachments specific to your case. You can download these forms from the courts website (www.stanct.org).

Judicial Council forms, local forms, and information are available in the Clerk's Office, the Stanislaus County Law Library located at 1101 13th Street, Modesto, CA and on the following websites:

- ☛ **Stanislaus County Superior Court:** www.stanct.org
- ☛ **Stanislaus County – Local Forms:** www.stanct.org/Forms.aspx?id=3
- ☛ **Judicial Council's Self Help:** www.courts.ca.gov/selfhelp.htm
- ☛ **Judicial Council Forms:** www.courts.ca.gov/formsrules.htm
- ☛ **Stanislaus County Law Library:** www.stanislauslawlibrary.org
- ☛ **Free Interactive Electronic Forms Program:** www.icandocs.org/ca/california.html
- ☛ **California's Free Website for Legal Help:** www.lawhelpcalifornia.org
- ☛ **Law Libraries, Websites, or Self-Help Legal Books:** www.courts.ca.gov/1091.htm

REQUIRED FORMS:

- **FL-165 - Request to Enter Default**
- **FL002 - Prehearing Statement (ATTACHMENTS NOT INCLUDED)**
 - You can pick up these forms at the Self Help Center or download them from the courts website (www.stanct.org).
- **FL-170 - Declaration for Default or Uncontested Dissolution or Legal Separation**
 - **Attach FL-160 – Property Declaration (ONLY REQUIRED if you have assets or debts to be divided)**
 - **Attach Attachment 14 – Parentage (ONLY REQUIRED if child(ren) was/were born prior to marriage)**
- **FL-180 – Judgment (ATTACHMENTS NOT INCLUDED)**
- You can download these forms from the courts website (www.stanct.org)
- **FL-190 - Notice of Entry of Judgment**
- **FL-191 - Child Support Case Registry Form (ONLY REQUIRED if you have minor children of the marriage)**
- **FL-192 -Notice of Rights and Responsibilities (ONLY REQUIRED if you have minor children of the marriage)**
- **Notice to Department of Child Support Services of Intent to File Judgment (ONLY REQUIRED if the Dept. of Child Support Services is/was enforcing child support)**

STEP 1. PREPARE THE REQUEST FOR DEFAULT FORM (FL-165)

- A Request for Default ends the other spouse's chance to file a response in the proceedings. This means that you can get a Judgment based on a signed settlement agreement or, if there is no agreement, based on what you requested in the Petition.
- Submit the completed Default along with (2) copies and take it to the Clerk's Office, along with two envelopes with postage, one addressed to you and one addressed to the other party.
- Once the Default has been entered a copy of the Default will be mailed to you and the other party containing the date the Default was entered. (See bottom of form entitled "For Court Use Only.")

STEP 2. PREPARE THE FOLLOWING FORMS:

- **PRE-HEARING STATEMENT** - A Pre-Hearing Statement informs the Judge what orders you are requesting in the final Judgment.
- **DECLARATION FOR DEFAULT OR UNCONTESTED MATTER**
- **JUDGMENT**
 - The orders set forth in the Judgment must match the orders requested in the Petition and the Pre-Hearing Statement.
 - If you have existing court orders, copies of those orders have be attached to your judgment.
 - Attach form FL-192 NOTICE OF RIGHTS AND RESPONSIBILITIES to the Judgment. **(ONLY REQUIRED IF YOU HAVE MINOR CHILDREN OF THE MARRIAGE)**
- **NOTICE OF ENTRY OF JUDGMENT**
- **CHILD SUPPORT CASE REGISTRY FORM (ONLY REQUIRED IF YOU HAVE MINOR CHILDREN OF THE MARRIAGE)**

After completing these forms, make 2 additional copies and submit them to the clerk's office along with two envelopes with sufficient postage (one addressed to you and one addressed to the other party). Please use large envelopes if your judgment has more than 6 pages.

IMPORTANT NOTICE IF FILING FEES WERE WAIVED:

It is the responsibility of the parties to pay any outstanding filing fees that have been waived **WITHIN 60 DAYS** after the entry of judgment pursuant to Government Code Section 68511.3.

Parties are encouraged to review and comply with Local Rules regarding Family Law proceedings. Local Rules can be located on the following Superior Court website: www.stanct.org.

Material distributed by the Superior Court Clerk's Office or Self Help Center **IS INTENDED FOR INFORMATIONAL AND EDUCATIONAL PURPOSES ONLY**. Such material is **NOT LEGAL ADVICE** and is not intended to be legal advice as to your specific case. **IT IS NOT INTENDED TO TAKE THE PLACE OF LEGAL ADVICE FROM AN ATTORNEY**. You are strongly urged to seek the advice of a licensed attorney before starting or completing your case in order to protect valuable legal rights that you may have, of which you may be unaware of. Please contact an attorney of your choice or contact the **LAWYERS REFERRAL SERVICE** of the **Stanislaus County Bar Association** at: (209) 571-5727 for a referral. The Clerk's Office cannot give you legal advice.

CASE NAME (Last name, first name of each party):	CASE NUMBER:

4. Memorandum of costs

a. Costs and disbursements are waived.

b. Costs and disbursements are listed as follows:

- (1) Clerk's fees \$
- (2) Process server's fees \$
- (3) Other (specify): \$
- \$
- \$
- \$
- TOTAL \$

c. I am the attorney, agent, or party who claims these costs. To the best of my knowledge and belief, the foregoing items of cost are correct and have been necessarily incurred in this cause or proceeding.

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) (SIGNATURE OF DECLARANT)

5. Declaration of nonmilitary status. The respondent is not in the military service of the United States as defined in section 511 et seq. of the Servicemembers Civil Relief Act (50 U.S.C. Appen. § 501 et seq.), and is not entitled to the benefits of such act.

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) (SIGNATURE OF DECLARANT)

PARTY WITHOUT ATTORNEY OR ATTORNEY STATE BAR NUMBER: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STANISLAUS STREET ADDRESS: 1100 I STREET MAILING ADDRESS: P.O. BOX 1098 CITY AND ZIP CODE: MODESTO, CA 95354 BRANCH NAME:	
PETITIONER: RESPONDENT:	
DECLARATION FOR DEFAULT OR UNCONTESTED <input type="checkbox"/> DISSOLUTION <input type="checkbox"/> LEGAL SEPARATION	
CASE NUMBER:	

(NOTE: Items 1 through 12 apply to both dissolution and legal separation proceedings.)

1. I declare that if I appeared in court and were sworn, I would testify to the truth of the facts in this declaration.
2. I agree that my case will be proven by this declaration and that I will not appear before the court unless I am ordered by the court to do so.
3. All the information in the amended Petition Response is true and correct.
4. **Type of case** (check a, b, or c):
 - a. **Default without agreement**
 - (1) No response has been filed and there is no written agreement or stipulated judgment between the parties;
 - (2) The default of the respondent was entered or is being requested, and I am not seeking any relief not requested in the petition; and
 - (3) The following statement is true (check one):
 - (A) There are no assets or debts to be disposed of by the court.
 - (B) The community and quasi-community assets and debts are listed on the **completed** current *Property Declaration* (form FL-160), which includes an estimate of the value of the assets and debts that I propose to be distributed to each party. The division in the proposed *Judgment* (form FL-180) is a fair and equal division of the property and debts, or if there is a negative estate, the debts are assigned fairly and equitably.
 - b. **Default with agreement**
 - (1) No response has been filed and the parties have agreed that the matter may proceed as a default matter without notice; and
 - (2) The parties have entered into a written agreement regarding their property and their marriage or domestic partnership rights, including support, the original of which is being or has been submitted to the court. I request that the court approve the agreement.
 - c. **Uncontested**
 - (1) Both parties have appeared in the case; and
 - (2) The parties have entered into a written agreement regarding their property and their marriage or domestic partnership rights, including support, the original of which is being or has been submitted to the court. I request that the court approve the agreement.
5. **Declaration of disclosure** (check a, b, c, or d):
 - a. Both the parties have filed, or are filing concurrently, a *Declaration Regarding Service of Declaration of Disclosure* (form FL-141) and an *Income and Expense Declaration* (form FL-150).
 - b. This matter is proceeding by default. I am the petitioner in this action and have filed a proof of service of the preliminary *Declaration of Disclosure* (form FL-140) with the court. I hereby waive receipt of the final *Declaration of Disclosure* (form FL-140) from the respondent.
 - c. This matter is proceeding by default. I am the petitioner in this action, and service of the summons on respondent was done by publication or posting under court order. Service of the preliminary *Declaration of Disclosure* (form FL-140) is not required. I hereby waive receipt of the final *Declaration of Disclosure* (form FL-140) from the respondent.

**DECLARATION FOR DEFAULT OR UNCONTESTED
DISSOLUTION OR LEGAL SEPARATION
(Family Law)**

PETITIONER: RESPONDENT:	CASE NUMBER:
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- d. This matter is proceeding as an uncontested action. Service of the final *Declaration of Disclosure* (form FL-140) is mutually waived by both parties. A waiver provision executed by both parties under penalty of perjury is contained on the *Stipulation and Waiver of Final Declaration of Disclosure* (form FL-144), in the settlement agreement or proposed judgment, or in another, separate stipulation.
6. **Child custody and visitation (parenting time)** should be ordered as set forth in the proposed *Judgment* (form FL-180).
- a. The information in *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act* (UCCJEA) (form FL-105) has has not changed since it was last filed with the court. (If changed, attach updated form.)
- b. There is an existing court order for custody/parenting time in another case in (county):
The case number is (specify):
- c. The current custody and visitation (parenting time) previously ordered in this case, or the current schedule is (specify):
- Contained on Attachment 6c.
- d. The facts that support the requested judgment are (In a default case, state your reasons below):
- Contained on Attachment 6d.
7. **Child support** should be ordered as set forth in the proposed *Judgment* (form FL-180).
- a. If there are minor children, check and complete item (1) if applicable and item (2) or (3):
- (1) Child support is being enforced in another case in (county):
The case number is (specify):
- (2) The information in the child support calculation attached to the proposed judgment is correct based on my personal knowledge.
- (3) I request that this order be based on the Petitioner's Respondent's earning ability. The facts in support of my estimate of earning ability are (specify):
- Continued on Attachment 7a(3).
- b. Complete items (1) and (2) regarding public assistance.
- (1) I am receiving am not receiving intend to apply for public assistance for the child or children listed in the proposed order.
- (2) To the best of my knowledge, the other party is is not receiving public assistance.
- Petitioner Respondent is presently receiving public assistance, and all support should be made payable to the local child support agency at the address set forth in the proposed judgment. A representative of the local child support agency has signed the proposed judgment.
8. **Spousal, Partner, and Family Support** (If a support order or attorney fees are requested, submit a completed Income and Expense Declaration (form FL-150) unless a current form is on file. Include your best estimate of the other party's income. Check at least one of the following.)
- a. I knowingly give up forever any right to receive spousal or partner support.
- b. I ask the court to reserve jurisdiction to award spousal or partner support in the future to:
 Petitioner Respondent
- c. I ask the court to terminate forever spousal or partner support for: Petitioner Respondent
- d. Spousal support or domestic partner support should be ordered as set forth in the proposed *Judgment* (form FL-180) based on the factors described in:
 Spousal or Partner Support Declaration Attachment (form FL-157)
 written agreement
 attached declaration (Attachment 8d)
- e. Family support should be ordered as set forth in the proposed *Judgment* (form FL-180).
- f. Other (specify):

PETITIONER: RESPONDENT:	CASE NUMBER:
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9. **Parentage** of the children of the petitioner and respondent born prior to their marriage or domestic partnership should be ordered as set forth in the proposed *Judgment* (form FL-180).
- a. A voluntary declaration of parentage or paternity is attached.
- b. Parentage was previously established by the court in (*county*):
 The case number is (*specify*):
- The written agreement of the parties regarding parentage is attached here (Attachment 9b) or to the proposed *Judgment* (form FL-180).
10. **Attorney fees** should be ordered as set forth in the proposed *Judgment* (form FL-180).
- The facts in support of this request are on *Request for Attorney's Fees and Costs Attachment* (form FL-319).
- Other (*specify facts below*):

11. The judgment should be entered nunc pro tunc for the following reasons (*specify*):

12. Petitioner Respondent requests restoration of the former name as set forth in the proposed *Judgment* (form FL-180) (*proceedings for dissolution or nullity of marriage only*).
13. Irreconcilable differences have led to the irremediable breakdown of the marriage or domestic partnership, and there is no possibility of saving the marriage or domestic partnership through counseling or other means.
14. This declaration may be reviewed by a commissioner sitting as a temporary judge, who may determine whether to grant this request or require my appearance under Family Code section 2336.

STATEMENTS IN THIS BOX APPLY ONLY TO DISSOLUTIONS

15. If this is a dissolution of a marriage or domestic partnership created in another state, the petitioner or the respondent has been a resident of this county for at least three months and of the state of California for at least six months continuously and immediately preceding the date of the filing of the petition for dissolution of marriage or domestic partnership.
16. I ask that the court grant the request for a judgment of dissolution of marriage or domestic partnership based on irreconcilable differences and that the court make the orders set forth in the proposed *Judgment* (form FL-180) submitted with this declaration.
17. **Status only judgment:** This declaration is only for the termination of marital or domestic partner status. I ask the court to reserve jurisdiction over all other issues not requested in this declaration for later determination.

THIS STATEMENT APPLIES ONLY TO LEGAL SEPARATIONS

18. I ask that the court grant the request of a judgment for legal separation based on irreconcilable differences and that the court make the orders set forth in the proposed *Judgment* (form FL-180) submitted with this declaration.
- I understand that a judgment of legal separation does not terminate a marriage or domestic partnership, and that I am still married or a partner in a domestic partnership.**

19. Other (*specify*):

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)

(SIGNATURE OF DECLARANT)

Petitioner:	Case Number
Respondent:	

**Attachment 19 to Declaration for Default or Uncontested
Dissolution or Legal Separation (Form FL-170)**

1. STATUS OF CASE

- a. The parties were married on _____ and separated on _____.
- b. This is a marriage of _____ year(s) and _____ month(s).
- c. Respondent was served with a Summons and Petition on _____.
- d. Respondent has not filed a Response and default has been submitted or entered.
- e. There is/are _____ minor child(ren) of this marriage.

2. NAME CHANGE *(Only if you checked Item 7(1) of the Petition for Dissolution)*

The Petitioner requests his/her former name be restored to _____.

3. CHILD PATERNITY *(Select if your child was **born prior to the date marriage** AND checked Item 3(d), 7(d) or both in the Petition for Dissolution)*

Petitioner requests that the Court find the minor child(ren), listed below and named on the Petition, was/were born to the parties prior to their marriage and request that judgment of parentage be entered herein.

<u>Child's Name(s)</u>	<u>Date of Birth</u>
_____	_____
_____	_____

4. CHILD CUSTODY AND VISITATION *(Select all that apply)*

Petitioner requests that the custody and visitation ordered on _____ shall remain in full force and effect.

The Petitioner requests that the Court order:

Petitioner **Respondent** shall have **SOLE LEGAL** **JOINT LEGAL** and **Petitioner** **Respondent** shall have **SOLE PHYSICAL** **SHARED PHYSICAL CUSTODY** of the minor child(ren), namely:

<u>Child's Name(s)</u>	<u>Date of Birth</u>
_____	_____
_____	_____

Petitioner:	Case Number
Respondent:	

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- Petitioner** **Respondent** be designated primary caretaker. *(Not applicable if you requested **sole physical custody** above)*
- Petitioner** **Respondent** to have reasonable rights of visitation as the parties can agree.
- Petitioner** **Respondent** to have no visitation rights for the following reasons:

5. CHILD SUPPORT *(Select one)*

- Petitioner requests that the child support ordered on _____ shall remain in full force and effect.
- Petitioner requests that the Court order child support as set forth in the attachment.

6. SPOUSAL SUPPORT *(Only if you checked Item 7(f), 7(g) or both in the Petition for Dissolution)*

- Petitioner requests that the Court find that Petitioner has **WAIVED** spousal support and that Respondent has not requested spousal support. Accordingly, **spousal support is denied** to both parties and the Courts jurisdiction to award spousal support is terminated.
- Petitioner requests that the Court find the issue of spousal support as to both parties is **RESERVED** effective forthwith upon entry of Judgment.
- Petitioner requests that the Court order **permanent spousal support** based on the facts set forth in the attached Spousal Support Questionnaire, pursuant to Family Code Section 4320.

7. PROPERTY DIVISION *(Only if you checked Item 4, 5(a or b) or 7(h) of the Petition for Dissolution)*

- Petitioner requests that the Court find that there are no community assets and or debts to divide.
- Petitioner requests that the Court order the community assets and debts to be divided as set forth in the attached COMMUNITY PROPERTY DECLARATION (FL-160).
- Petitioner requests that the Court confirm the separate property assets and/or debts as set forth in the attached SEPARATE PROPERTY ATTACHMENT.

8. OTHER ORDERS *(Optional)*

- Petitioner requests that the Court make other orders as set forth on OTHER ORDERS attachment.

I declare under penalty of perjury under the laws of the State of California that the above stated facts are true and correct.

Dated: _____ (Sign)
 _____ (Print name), Petitioner

Petitioner:	Case Number
Respondent:	

CHILD SUPPORT

*(Use this attachment if the Department of Child Support Services is **NOT** involved in your case **AND** no prior court order has been entered. **SELECT ONLY ONE.**)*

The Petitioner requests that the Court order **Petitioner** **Respondent** to pay the sum of \$_____ per month for child support to **Petitioner** **Respondent**, payable on the first day of each month commencing _____. A computer calculation printout is attached as **Exhibit A**.

Petitioner requests that the obligation to pay child support shall continue until further order of the Court, or until the child(ren) marries, dies, is emancipated, or reaches age 18. The duty of support continues as to an unmarried child(ren) who has attained the age of 18 years, if a full-time high school student, and resides with a parent, until the time the child completes the 12th grade or attained the age of 19 years, whichever first occurs.

Petitioner requests that the Court order that child support is **RESERVED** effective forthwith upon entry of Judgment. The request is being made without coercion or duress and in the best interest of the children involved as their needs will be adequately met. The right to support has not been assigned to the County pursuant to Section 11477 of the Welfare and Institutions Code and no public assistance application is pending. A computer calculation printout is attached as **Exhibit A**.

Petitioner requests that the obligation to pay child support shall continue until further order of the Court, or until the child(ren) marries, dies, is emancipated, or reaches age 18. The duty of support continues as to an unmarried child(ren) who has attained the age of 18 years, if a full-time high school student, and resides with a parent, until the time the child completes the 12th grade or attained the age of 19 years, whichever first occurs.

Petitioner:	Case Number
Respondent:	

CHILD SUPPORT

(Use this attachment ONLY if the Department of Child Support Services has established a support order)

Petitioner requests that the Court find the matter of child support is currently assigned to the County of Stanislaus. This case is currently enforced by the Department of Child Support Services under the jurisdiction of Superior Court case # _____, entitled _____ vs. _____, in the amount of \$ _____ per month.

Petitioner requests that the Court finds that sufficient notice has been given and payment shall be made to the Department of Child Support Services. **Only payments made to the Department of Child Support Services shall be considered as payments towards the above obligation.**

Petitioner requests that Respondent shall apply for, obtain, and maintain health insurance coverage of the minor if it is available at no or reasonable costs, and notify the Department of Child Support Services or the local child support agency within 30 days of obtaining such insurance coverage. A health insurance coverage assignment shall issue as provided by law.

Petitioner requests that Petitioner and Respondent are ordered to notify the Department of Child Support Services of any change of address, employment, or employment status within 10 days of such change.

Petitioner requests that the obligation to pay child support shall continue until further order of the Court, or until the child(ren) marries, dies, is emancipated, or reaches age 18. The duty of support continues as to an unmarried child(ren) who has attained the age of 18 years, if a full-time high school student, and resides with a parent, until the time the child completes the 12th grade or attained the age of 19 years, whichever first occurs.

Petitioner:	Case Number
Respondent:	

CHILD SUPPORT

(Use this attachment ONLY if you are receiving public assistance and the Department of Child Support Services has not yet established a support order)

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Petitioner requests that the Court find the matter of child support is currently assigned to the County of Stanislaus. This case is pending enforcement by the Department of Child Support Services. A Superior Court case **WILL BE DETERMINED** in the monthly amount **TO BE DETERMINED**.

Petitioner requests that the Court finds that sufficient notice has been given and payment shall be made to the Department of Child Support Services. **Only payments made to the Department of Child Support Services shall be considered as payments towards the above obligation.**

Petitioner requests that Respondent shall apply for, obtain, and maintain health insurance coverage of the minor if it is available at no or reasonable costs, and notify the Department of Child Support Services or the local child support agency within 30 days of obtaining such insurance coverage. A health insurance coverage assignment shall issue as provided by law.

Petitioner requests that Petitioner and Respondent are ordered to notify the Department of Child Support Services or the local child support agency of any change of address, employment, or employment status within 10 days of such change.

Petitioner requests that the obligation to pay child support shall continue until further order of the Court, or until the child(ren) marries, dies, is emancipated, or reaches age 18. The duty of support continues as to an unmarried child(ren) who has attained the age of 18 years, if a full-time high school student, and resides with a parent, until the time the child completes the 12th grade or attained the age of 19 years, whichever first occurs.

Petitioner:	Case Number
Respondent:	

SPOUSAL SUPPORT QUESTIONNAIRE
(Complete if requesting a permanent spousal support order)

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The Petitioner requests spousal support commencing *(date)* _____, in the amount **TO BE DETERMINED** by court based upon the following facts:

EARNING CAPACITY/MARITAL STANDARD OF LIVING:

Marketable skills:

I have the following job skills:

Job market for those skills:

I am currently employed with *(employer's name)* _____ and have been since *(date)* _____. My position there is as a *(position title)* _____ earning \$_____ per hour/week/month.

I am currently unemployed. I am making the following attempts to seek employment:

I have been unable to find employment that utilizes my marketable job skills for the following reasons: *(Describe the possible need for retraining or education to get more marketable skills or employment, the time and expense to get education/training to develop skills, and if your earning ability was impaired by periods of unemployment during the marriage devoted to domestic duties.)*

CONTRIBUTIONS TO SUPPORTING SPOUSE:

During the marriage I contributed to the education, training, career, or license of my spouse or partner as follows:

///

///

Petitioner:	Case Number
Respondent:	

1 ABILITY TO PAY/EARNING CAPACITY:

2 The other party has the ability to pay spousal support because: *(Describe current employment and earning*
 3 *capacity, all other sources of income other than employment and their current standard of living.)*

4

5 NEEDS OF EACH PARTY/MARITAL STANDARD OF LIVING:

6 During the marriage I was able to do the following which I am currently unable to do without an order for
 7 spousal support: *(Describe whether you were able to buy property, vehicles or other assets; if you took vacations, had club*
 8 *memberships, etc.; and, if you were able to build a savings or incurred debt.)*

9

10 OBLIGATIONS AND ASSETS:

11 I currently have the following assets and obligations:

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15 The other party has the following assets and obligations:

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18 DURATION OF MARRIAGE:

19 We were married on _____, and separated on _____, which is _____
 20 year(s) and _____ month(s) of marriage.

21 GAINFUL EMPLOYMENT/INTERESTS OF CHILDREN:

22 My ability to work will will not unduly interfere with the interests of the dependent children in my
 23 custody because:

Petitioner:	Case Number
Respondent:	

AGE AND HEALTH:

I am _____ years old and my health is as follows:

The other party is _____ years old and his her health is as follows:

HISTORY OF DOMESTIC VIOLENCE:

There is is not a history of domestic violence between myself and the other party which has been documented by the following: *(Describe any restraining orders, arrests, convictions and any emotional distress and consequences of such violence against you by the other party.)*

TAX CONSEQUENCES:

I understand that any award of spousal support will be tax deductible to the other party and will be taxable to me.

BALANCE OF HARDSHIPS:

I understand that the court will be considering the status of both parties based upon the information contained herein.

GOAL OF BECOMING SELF-SUPPORTING:

I understand that it is the goal of the State of California that a supported party will be self-supporting within a "reasonable period of time" and except in marriages of long duration (10 years or more, or as determined by the court), a "reasonable period of time" to be self-supporting may be one-half the length of the marriage (calculated from date of marriage to date of separation) or as determined by the court.

JUST AND EQUITABLE:

In considering this request, I ask the court to consider the following additional factors: *(Describe any other factors you would like the court to know in making its order.)*

Petitioner:	Case Number
Respondent:	

COMMUNITY ASSETS AND DEBTS

Petitioner requests that the Court order the community assets and or debts are divided as follows:

Petitioner be awarded the following community assets and or debts as his/her sole and separate property:

Description of Asset/Debt	Market Value		Loan or Debt		Net Value
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
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		-		=	
		-		=	
Total awarded to Petitioner:				\$	

Respondent be awarded the following community assets and or debts as his/her sole and separate property:

Description of Asset/Debt	Market Value		Loan or Debt		Net Value
		-		=	
		-		=	
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Total awarded to Respondent:				\$	

Petitioner:	Case Number
Respondent:	

EQUALIZATION OF PROPERTY DIVISION

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Equalizing Amount *(Check and complete only if property division was unequal)*

Petitioner requests that the Court find the division of assets and debts results in
 Petitioner **Respondent** receiving \$_____ more in net assets and debts
resulting in an equalization payment due to **Petitioner** **Respondent** in the amount of
\$_____ which is one-half the difference between the total net assets and debts going
to each party.

Payment Terms *(Check and complete if you are NOT waiving an equalizing payment)*

In order to equalize the division of assets and debts, **Petitioner** **Respondent** requests
that **Petitioner** **Respondent** pay the sum of \$_____, payable as follows:

\$_____ per month commencing within thirty (30) days of entry of judgment
until paid in full.

Per the following terms:

Waiver of Equalizing Payment *(Check box below if you are waiving the right to receive an equalizing payment. Note: you CANNOT waive the Respondent's right to receive an equalizing payment.)*

Petitioner requests that the Court find the division of assets and debts results in Respondent
more in net assets and debts than the other party. Petitioner knowingly, freely and without duress
or undo pressure **WAIVES** and releases all rights and claims to receive an equalizing payment
from the other party at any time.

Equal Division *(Check if the division of property was equal)*

Petitioner acknowledges the division of community assets and debts constitutes an equal
division of property.

Petitioner:	Case Number
Respondent:	

RETIREMENT BENEFITS

1
2
3
4
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WAIVER OF RETIREMENT BENEFITS

Petitioner requests that the Court order that all benefits accrued during the marriage, now or in the future by Respondent under the employee benefit plan:

_____ ,
[Name of pension or other employee benefit plan]

based on Respondent's employment with _____ , shall be awarded to Respondent as his/her sole and separate property. Petitioner will not assert any claim to these benefits, and **WAIVES** and releases all claims, rights, and interest in and to these benefits under the plan, including, but not limited to, survivor benefits and agrees to execute all documents required by the Plan or employer to release said interest.

DIVISION OF RETIREMENT BENEFITS

Petitioner requests that the Court find that based on **Petitioner's** **Respondent's** employment with _____ , during the marriage, a community interest has arisen in the following plan:

_____ ,
[Name of pension or other employee benefit plan]

The parties shall cooperate in the preparation of a Qualified Domestic Relations Order (QDRO) or retirement benefits order for each plan, which proposed order(s) shall set forth the respective community interests of the parties and govern the disposition of benefits upon qualification by the plan(s) based upon the *time rule*. The court shall reserve jurisdiction over the preparation of the order(s), and division of said retirement benefits.

Petitioner:	Case Number
Respondent:	

SEPARATE PROPERTY

Petitioner requests that the Court find the following assets and or debts shall be established as **Petitioner's** separate property:

Description of Asset/Debt	Date Acquired	Why do you believe this is Separate Property? (Examples: Acquired prior to Marriage, After Separation, Inheritance, Gift or Bequest)

Petitioner requests that the Court find the following assets and or debts shall be established as **Respondent's** separate property:

Description of Asset/Debt	Date Acquired	Why do you believe this is Separate Property? (Examples: Acquired prior to Marriage, After Separation, Inheritance, Gift or Bequest)

Petitioner:	Case Number
Respondent:	

OTHER ORDERS:

- 1
- 2
- 3
- 4
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- 6
- 7
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PARTY WITHOUT ATTORNEY OR ATTORNEY STATE BAR NO.: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STANISLAUS STREET ADDRESS: 1100 I STREET MAILING ADDRESS: P.O. BOX 1098 CITY AND ZIP CODE: MODESTO, CA 95354 BRANCH NAME:	
PETITIONER: RESPONDENT: OTHER PARENT/PARTY	
<input type="checkbox"/> PETITIONER'S <input type="checkbox"/> RESPONDENT'S <input type="checkbox"/> COMMUNITY AND QUASI-COMMUNITY PROPERTY DECLARATION <input type="checkbox"/> SEPARATE PROPERTY DECLARATION	CASE NUMBER:

See *Instructions* on page 4 for information about completing this form. For additional space, use *Continuation of Property Declaration* (form FL-161).

A	B	C	- D	= E	F	
ITEM NO.	DATE ACQUIRED	GROSS FAIR MARKET VALUE	AMOUNT OF DEBT	NET FAIR MARKET VALUE	PROPOSAL FOR DIVISION Award or Confirm to: PETITIONER RESPONDENT	
1. REAL ESTATE		\$	\$	\$	\$	\$
2. HOUSEHOLD FURNITURE, FURNISHINGS, APPLIANCES						
3. JEWELRY, ANTIQUES, ART, COIN COLLECTIONS, etc.						
4. VEHICLES, BOATS, TRAILERS						
5. SAVINGS ACCOUNTS						
6. CHECKING ACCOUNTS						

A		B	C	-	D	=	E	F	
ITEM NO.	BRIEF DESCRIPTION	DATE ACQUIRED	GROSS FAIR MARKET VALUE		AMOUNT OF DEBT		NET FAIR MARKET VALUE	PROPOSAL FOR DIVISION Award or Confirm to: PETITIONER RESPONDENT	
7.	CREDIT UNION, OTHER DEPOSITORY ACCOUNTS				\$		\$	\$	\$
8.	CASH								
9.	TAX REFUND								
10.	LIFE INSURANCE WITH CASH SURRENDER OR LOAN VALUE								
11.	STOCKS, BONDS, SECURED NOTES, MUTUAL FUNDS								
12.	RETIREMENT AND PENSIONS								
13.	PROFIT-SHARING, IRAS, DEFERRED COMPENSATION, ANNUITIES								
14.	ACCOUNTS RECEIVABLE, UNSECURED NOTES								
15.	PARTNERSHIP, OTHER BUSINESS INTERESTS								
16.	OTHER ASSETS								
17.	ASSETS FROM CONTINUATION SHEET								
18.	TOTAL ASSETS								

INFORMATION AND INSTRUCTIONS FOR COMPLETING FORM FL-160

Property Declaration (form FL-160) is a multipurpose form, which may be filed with the court as an attachment to a *Petition* or *Response* or served on the other party to comply with disclosure requirements in place of a *Schedule of Assets and Debts* (form FL-142). Courts may also require a party to file a *Property Declaration* as an attachment to a *Request to Enter Default* (form FL-165) or *Judgment* (form FL-180).

When filing a *Property Declaration* with the court, do not include private financial documents listed below.

Identify the type of declaration completed

1. Check "Community and Quasi-Community Property Declaration" on page 1 to use *Property Declaration* (form FL-160) to provide a combined list of community and quasi-community property assets and debts. Quasi-community property is property you own outside of California that would be community property if it were located in California.
2. Do not combine a separate property declaration with a community and quasi-community property declaration. Check "Separate Property Declaration" on page 1 when using *Property Declaration* to provide a list of separate property assets and debts.

Description of the Property Declaration chart

Pages 1 and 2

1. Column A is used to provide a brief description of each item of separate or community or quasi-community property.
2. Column B is used to list the date the item was acquired.
3. Column C is used to list the item's gross fair market value (an estimate of the amount of money you could get if you sold the item to another person through an advertisement).
4. Column D is used to list the amount owed on the item.
5. Column E is used to indicate the net fair market value of each item. The net fair market value is calculated by subtracting the dollar amount in column D from the amount in column C ("C minus D").
6. Column F is used to show a proposal on how to divide (or confirm) the item described in column A.

Page 3

1. Column A is used to provide a brief description of each separate or community or quasi-community property debt.
2. Column B is used to list the date the debt was acquired.
3. Column C is used to list the total amount of money owed on the debt.
4. Column D is used to show a proposal on how to divide (or confirm) the item of debt described in column A.

When using this form only as an attachment to a *Petition* or *Response*

1. Attach a *Separate Property Declaration* (form FL-160) to respond to item 9. Only columns A and F on pages 1 and 2 and columns A and D on page 3 are required.
2. Attach a *Community or Quasi-Community Declaration* (form FL-160) to respond to item 10, and complete column A on all pages.

When serving this form on the other party as an attachment to *Declaration of Disclosure* (form FL-140)

1. Complete columns A through E on pages 1 and 2, and columns A through C on page 3.
2. Copies of the following documents must be attached and served on the other party:
 - (a) *For real estate* (item 1): deeds with legal descriptions and the latest lender's statement.
 - (b) *For vehicles, boats, trailers* (item 4): the title documents.
 - (c) *For all bank accounts* (item 5, 6, 7): the latest statement.
 - (d) *For life insurance policies with cash surrender or loan value* (item 10): the latest declaration page.
 - (e) *For stocks, bonds, secured notes, mutual funds* (item 11): the certificate or latest statement.
 - (f) *For retirement and pensions* (item 12): the latest summary plan document and latest benefit statement.
 - (g) *For profit-sharing, IRAs, deferred compensation, and annuities* (item 13): the latest statement.
 - (h) *For each account receivable and unsecured note* (item 14): documentation of the account receivable or note.
 - (i) *For partnerships and other business interests* (item 15): the most current K-1 and Schedule C.
 - (j) *For other assets* (item 16): the most current statement, title document, or declaration.
 - (k) *For support arrearages* (item 21): orders and statements.
 - (l) *For credit cards and other debts* (items 23 and 24): the latest statement.
3. Do not file copies of the above private financial documents with the court.

When filing this form with the court as an attachment to *Request to Enter Default* (FL-165) or *Judgment* (FL-180)

Complete all columns on the form.

For more information about forms required to process and obtain a judgment in dissolution, legal separation, and nullity cases, see <http://www.courts.ca.gov/8218.htm>.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STANISLAUS STREET ADDRESS: 1100 I STREET MAILING ADDRESS: P.O. BOX 1098 CITY AND ZIP CODE: MODESTO, CA 95354 BRANCH NAME: _____	
MARRIAGE OR PARTNERSHIP OF PETITIONER: RESPONDENT:	
<div style="text-align: center;">JUDGMENT</div> <input type="checkbox"/> DISSOLUTION <input type="checkbox"/> LEGAL SEPARATION <input type="checkbox"/> NULLITY <input type="checkbox"/> Status only <input type="checkbox"/> Reserving jurisdiction over termination of marital or domestic partnership status <input type="checkbox"/> Judgment on reserved issues Date marital or domestic partnership status ends:	CASE NUMBER:

1. This judgment contains personal conduct restraining orders modifies existing restraining orders.
 The restraining orders are contained on page(s) _____ of the attachment. They expire on (date): _____
2. This proceeding was heard as follows: Default or uncontested By declaration under Family Code section 2336
 Contested Agreement in court
 - a. Date: _____ Dept.: _____ Room: _____
 - b. Judicial officer (name): _____ Temporary judge
 - c. Petitioner present in court Attorney present in court (name): _____
 - d. Respondent present in court Attorney present in court (name): _____
 - e. Claimant present in court (name): _____ Attorney present in court (name): _____
 - f. Other (specify name): _____
3. The court acquired jurisdiction of the respondent on (date):
 - a. The respondent was served with process.
 - b. The respondent appeared.

THE COURT ORDERS, GOOD CAUSE APPEARING

4. a. Judgment of dissolution is entered. Marital or domestic partnership status is terminated and the parties are restored to the status of single persons
 - (1) on (specify date): _____
 - (2) on a date to be determined on noticed motion of either party or on stipulation.
- b. Judgment of legal separation is entered.
- c. Judgment of nullity is entered. The parties are declared to be single persons on the ground of (specify): _____
- d. This judgment will be entered nunc pro tunc as of (date): _____
- e. Judgment on reserved issues.
- f. The petitioner's respondent's former name is restored to (specify): _____
- g. Jurisdiction is reserved over all other issues, and all present orders remain in effect except as provided below.
- h. This judgment contains provisions for child support or family support. Each party must complete and file with the court a *Child Support Case Registry Form* (form FL-191) within 10 days of the date of this judgment. The parents must notify the court of any change in the information submitted within 10 days of the change, by filing an updated form. 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.

CASE NAME (Last name, first name of each party): _____	CASE NUMBER: _____
---	-----------------------

4. i. The children of this marriage or domestic partnership are:
- (1) Name _____ Birthdate _____
- (2) Parentage is established for children of this relationship born prior to the marriage or domestic partnership
- j. Child custody and visitation (parenting time) are ordered as set forth in the attached
- (1) Settlement agreement, stipulation for judgment, or other written agreement which contains the information required by Family Code section 3048(a).
- (2) *Child Custody and Visitation Order Attachment* (form FL-341).
- (3) *Stipulation and Order for Custody and/or Visitation of Children* (form FL-355).
- (4) Previously established in another case. Case number: _____ Court: _____
- k. Child support is ordered as set forth in the attached
- (1) Settlement agreement, stipulation for judgment, or other written agreement which contains the declarations required by Family Code section 4065(a).
- (2) *Child Support Information and Order Attachment* (form FL-342).
- (3) *Stipulation to Establish or Modify Child Support and Order* (form FL-350).
- (4) Previously established in another case. Case number: _____ Court: _____
- l. Spousal, domestic partner, or family support is ordered:
- (1) Reserved for future determination as relates to petitioner respondent
- (2) Jurisdiction terminated to order spousal or partner support to petitioner respondent
- (3) As set forth in the attached *Spousal, Partner, or Family Support Order Attachment* (form FL-343).
- (4) As set forth in the attached settlement agreement, stipulation for judgment, or other written agreement.
- (5) Other (specify): _____
- m. Property division is ordered as set forth in the attached
- (1) Settlement agreement, stipulation for judgment, or other written agreement.
- (2) *Property Order Attachment to Judgment* (form FL-345).
- (3) Other (specify): _____
- n. Attorney fees and costs are ordered as set forth in the attached
- (1) Settlement agreement, stipulation for judgment, or other written agreement.
- (2) *Attorney Fees and Costs Order* (form FL-346).
- (3) Other (specify): _____
- o. Other (specify): _____

Each attachment to this judgment is incorporated into this judgment, and the parties are ordered to comply with each attachment's provisions. Jurisdiction is reserved to make other orders necessary to carry out this judgment.

Date: _____

JUDICIAL OFFICER

5. Number of pages attached: _____

SIGNATURE FOLLOWS LAST ATTACHMENT

NOTICE

Dissolution or legal separation may automatically cancel the rights of a spouse or domestic partner under the other spouse's or domestic partner's will, trust, retirement plan, power of attorney, pay-on-death bank account, transfer-on-death vehicle registration, survivorship rights to any property owned in joint tenancy, and any other similar property interest. It does not automatically cancel the rights of a spouse or domestic partner as beneficiary of the other spouse's or domestic partner's life insurance policy. You should review these matters, as well as any credit cards, other credit accounts, insurance policies, retirement plans, and credit reports, to determine whether they should be changed or whether you should take any other actions.

A debt or obligation may be assigned to one party as part of the dissolution of property and debts, but if that party does not pay the debt or obligation, the creditor may be able to collect from the other party.

An earnings assignment may be issued without additional proof if child, family, partner, or spousal support is ordered.

Any party required to pay support must pay interest on overdue amounts at the "legal rate," which is currently 10 percent.

NOTICE OF RIGHTS AND RESPONSIBILITIES

Health-Care Costs and Reimbursement Procedures

IF YOU HAVE A CHILD SUPPORT ORDER THAT INCLUDES A PROVISION FOR THE REIMBURSEMENT OF A PORTION OF THE CHILD'S OR CHILDREN'S HEALTH-CARE COSTS AND THOSE COSTS ARE NOT PAID BY INSURANCE, THE LAW SAYS:

1. **Notice.** You must give the other parent an itemized statement of the charges that have been billed for any health-care costs not paid by insurance. You must give this statement to the other parent within a reasonable time, but no more than 30 days after those costs were given to you.
2. **Proof of full payment.** If you have already paid all of the uninsured costs, you must (1) give the other parent proof that you paid them and (2) ask for reimbursement for the other parent's court-ordered share of those costs.
3. **Proof of partial payment.** If you have paid only your share of the uninsured costs, you must (1) give the other parent proof that you paid your share, (2) ask that the other parent pay his or her share of the costs directly to the health-care provider, and (3) give the other parent the information necessary for that parent to be able to pay the bill.
4. **Payment by notified parent.** If you receive notice from a parent that an uninsured health-care cost has been incurred, you must pay your share of that cost within the time the court orders; or if the court has not specified a period of time, you must make payment (1) within 30 days from the time you were given notice of the amount due, (2) according to any payment schedule set by the health-care provider, (3) according to a schedule agreed to in writing by you and the other parent, or (4) according to a schedule adopted by the court.
5. **Disputed charges.** If you dispute a charge, you may file a motion in court to resolve the dispute, but only if you pay that charge before filing your motion. If you claim that the other party has failed to reimburse you for a payment, or the other party has failed to make a payment to the provider after proper notice has been given, you may file a motion in court to resolve the dispute. The court will presume that if uninsured costs have been paid, those costs were reasonable. The court may award attorney fees and costs against a party who has been unreasonable.
6. **Court-ordered insurance coverage.** If a parent provides health-care insurance as ordered by the court, that insurance must be used at all times to the extent that it is available for health-care costs.
 - a. **Burden to prove.** The party claiming that the coverage is inadequate to meet the child's needs has the burden of proving that to the court.
 - b. **Cost of additional coverage.** If a parent purchases health-care insurance in addition to that ordered by the court, that parent must pay all the costs of the additional coverage. In addition, if a parent uses alternative coverage that costs more than the coverage provided by court order, that parent must pay the difference.
7. **Preferred health providers.** If the court-ordered coverage designates a preferred health-care provider, that provider must be used at all times consistent with the terms of the health insurance policy. When any party uses a health-care provider other than the preferred provider, any health-care costs that would have been paid by the preferred health provider if that provider had been used must be the sole responsibility of the party incurring those costs.

INFORMATION SHEET ON CHANGING A CHILD SUPPORT ORDER

FL-192

General Information

The court has just made a child support order in your case. This order will remain the same unless a party to the action requests that the support be changed (modified). An order for child support can be modified only by filing a motion to change child support and serving each party involved in your case. If both parents and the local child support agency (if it is involved) agree on a new child support amount, you can complete, have all parties sign, and file with the court a *Stipulation to Establish or Modify Child Support and Order* (form FL-350) or *Stipulation and Order (Governmental)* (form FL-625).

When a Child Support Order May Be Modified

The court takes several things into account when ordering the payment of child support. First, the number of children is considered. Next, the net incomes of both parents are determined, along with the percentage of time each parent has physical custody of the children. The court considers both parties' tax filing status and may consider hardships, such as a child of another relationship. An existing order for child support may be modified when the net income of one of the parents changes significantly, the parenting schedule changes significantly, or a new child is born.

Examples

- You have been ordered to pay \$500 per month in child support. You lose your job. You will continue to owe \$500 per month, plus 10 percent interest on any unpaid support, unless you file a motion to modify your child support to a lower amount and the court orders a reduction.
- You are currently receiving \$300 per month in child support from the other parent, whose net income has just increased substantially. You will continue to receive \$300 per month unless you file a motion to modify your child support to a higher amount and the court orders an increase.
- You are paying child support based upon having physical custody of your children 30 percent of the time. After several months it turns out that you actually have physical custody of the children 50 percent of the time. You may file a motion to modify child support to a lower amount.

How to Change a Child Support Order

To change a child support order, you must file papers with the court. *Remember:* You must follow the order you have now.

What forms do I need?

If you are asking to change a child support order, you must fill out one of these forms:

- [Form FL-300, Request for Order](#) *or*
- [Form FL-390, Notice of Motion and Motion for Simplified Modification of Order for Child, Spousal, or Family Support](#)

You must also fill out one of these forms:

- [Form FL-150, Income and Expense Declaration](#) *or*
- [Form FL-155, Financial Statement \(Simplified\)](#)

What if I am not sure which forms to fill out?

Talk to the family law facilitator at your court.

After you fill out the forms, file them with the court clerk and ask for a hearing date. Write the hearing date on the form.

The clerk may ask you to pay a filing fee. If you cannot afford the fee, fill out these forms, too:

- [Form FW-001, Request to Waive Court Fees](#)
- [Form FW-003, Order on Court Fee Waiver \(Superior Court\)](#)

You must serve the other parent. If the local child support agency is involved, serve it too.

This means someone 18 or over - **not you** - must serve the other parent copies of your filed court forms at least **16 court days** before the hearing. Add **5 calendar days** if you serve by mail within California (see Code of Civil Procedure section 1005 for other situations).

Court days are weekdays when the court is open for business (Monday through Friday except court holidays). **Calendar days** include all days of the month, including weekends and holidays. To find court holidays, go to www.courts.ca.gov/holidays.htm.

The server must also serve blank copies of these forms:

- [Form FL-320, Responsive Declaration to Request for Order](#) *and* [form FL-150, Income and Expense Declaration](#), *or*
- [Form FL-155, Financial Statement \(Simplified\)](#)

Then the server fills out and signs a *Proof of Service* (form FL-330 or form FL-335). Take this form to the clerk and file it.

Go to your hearing and ask the judge to change the support. Bring your tax returns from the last two years and your last two months' pay stubs. The judge will look at your information, listen to both parents, and make an order. After the hearing, fill out:

- [Form FL-340, Findings and Order After Hearing](#) *and*
- [Form FL-342, Child Support Information and Order Attachment](#)

Need help?

Contact the [family law facilitator](#) in your county or call your county's bar association and ask for an experienced family lawyer.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STANISLAUS STREET ADDRESS: 1100 I STREET MAILING ADDRESS: P.O. BOX 1098 CITY AND ZIP CODE: MODESTO, CA 95354 BRANCH NAME: _____	
PETITIONER: RESPONDENT:	
NOTICE OF ENTRY OF JUDGMENT	CASE NUMBER: _____

You are notified that the following judgment was entered on (date) :

1. Dissolution
2. Dissolution - status only
3. Dissolution - reserving jurisdiction over termination of marital status or domestic partnership
4. Legal separation
5. Nullity
6. Parent-child relationship
7. Judgment on reserved issues
8. Other (specify) :

Date:

Clerk, by _____, Deputy

-NOTICE TO ATTORNEY OF RECORD OR PARTY WITHOUT ATTORNEY-

Under the provisions of Code of Civil Procedure section 1952, if no appeal is filed the court may order the exhibits destroyed or otherwise disposed of after 60 days from the expiration of the appeal time.

STATEMENT IN THIS BOX APPLIES ONLY TO JUDGMENT OF DISSOLUTION Effective date of termination of marital or domestic partnership status (specify) : WARNING: Neither party may remarry or enter into a new domestic partnership until the effective date of the termination of marital or domestic partnership status, as shown in this box.
--

CLERK'S CERTIFICATE OF MAILING

I certify that I am not a party to this cause and that a true copy of the *Notice of Entry of Judgment* was mailed first class, postage fully prepaid, in a sealed envelope addressed as shown below, and that the notice was mailed

at (place) : _____, California, on (date) :

Date: _____ Clerk, by _____, Deputy

Name and address of petitioner or petitioner's attorney

Name and address of respondent or respondent's attorney

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	COURT PERSONNEL: STAMP DATE RECEIVED HERE DO NOT FILE
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STANISLAUS STREET ADDRESS: 1100 I STREET MAILING ADDRESS: P.O. BOX 1098 CITY AND ZIP CODE: MODESTO, CA 95354 BRANCH NAME: _____	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT: _____	
<p style="text-align: center;">CHILD SUPPORT CASE REGISTRY FORM</p> <input type="checkbox"/> Mother <input type="checkbox"/> First form completed <input type="checkbox"/> Father <input type="checkbox"/> Change to previous information	CASE NUMBER: _____

THIS FORM WILL NOT BE PLACED IN THE COURT FILE. IT WILL BE MAINTAINED IN A CONFIDENTIAL FILE WITH THE STATE OF CALIFORNIA.

Notice: Pages 1 and 2 of this form must be completed and delivered to the court along with the court order for support. Pages 3 and 4 are instructional only and do not need to be delivered to the court. If you did not file the court order, you must complete this form and deliver it to the court within 10 days of the date on which you received a copy of the support order. Any later change to the information on this form must be delivered to the court on another form within 10 days of the change. It is important that you keep the court informed in writing of any changes of your address and telephone number.

1. Support order information (*this information is on the court order you are filing or have received*).
 - a. Date order filed:
 - b. Initial child support or family support order Modification
 - c. Total monthly base current child or family support amount ordered for children listed below, plus any monthly amount ordered payable on past-due support:

<u>Child Support:</u> (1) <input type="checkbox"/> Current \$ _____ base child support: <input type="checkbox"/> Reserved order <input type="checkbox"/> \$0 (zero) order (2) <input type="checkbox"/> Additional monthly support: \$ _____ (3) <input type="checkbox"/> Total past-due support: \$ _____ (4) <input type="checkbox"/> Payment on past-due support: \$ _____ (5) <input type="checkbox"/> Wage withholding was <input type="checkbox"/> ordered <input type="checkbox"/> ordered but stayed until (date) :	<u>Family Support:</u> <input type="checkbox"/> Current \$ _____ base family support: <input type="checkbox"/> Reserved order <input type="checkbox"/> \$0 (zero) order <input type="checkbox"/> Additional monthly support: \$ _____ <input type="checkbox"/> Total past-due support: \$ _____ <input type="checkbox"/> Payment on past-due support: \$ _____	<u>Spousal Support:</u> <input type="checkbox"/> Current \$ _____ spousal support: <input type="checkbox"/> Reserved order <input type="checkbox"/> \$0 (zero) order <input type="checkbox"/> Total past-due support: \$ _____ <input type="checkbox"/> Payment on past-due support: \$ _____
---	--	--
2. Person required to pay child or family support (*name*):
 Relationship to child (*specify*):
3. Person or agency to receive child or family support payments (*name*):
 Relationship to child (*if applicable*):

TYPE OR PRINT IN INK

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

4. The child support order is for the following children:

- | | <u>Child's name</u> | <u>Date of birth</u> | <u>Social security number</u> |
|----|---------------------|----------------------|-------------------------------|
| a. | | | |
| b. | | | |
| c. | | | |

Additional children are listed on a page attached to this document.

You are required to complete the following information about yourself. You are not required to provide information about the other person, but you are encouraged to provide as much as you can. This form is confidential and will not be filed in the court file. It will be maintained in a confidential file with the State of California.

5. Father's name:

- a. Date of birth:
- b. Social security number:
- c. Street address:

City, state, zip code:

d. Mailing address:

City, state, zip code:

e. Driver's license number:

State:

f. Telephone number:

g. Employed Not employed Self-employed

Employer's name:

Street address:

City, state, zip code:

Telephone number:

6. Mother's name:

- a. Date of birth:
- b. Social security number:
- c. Street address:

City, state, zip code:

d. Mailing address:

City, state, zip code:

e. Driver's license number:

State:

f. Telephone number:

g. Employed Not employed Self-employed

Employer's name:

Street address:

City, state, zip code:

Telephone number:

7. A restraining order, protective order, or nondisclosure order due to domestic violence is in effect.

- a. The order protects: Father Mother Children
- b. From: Father Mother
- c. The restraining order expires on (*date*):

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)



(SIGNATURE OF PERSON COMPLETING THIS FORM)

INFORMATION SHEET FOR CHILD SUPPORT CASE REGISTRY FORM

(Do NOT deliver this Information Sheet to the court clerk.)

Please follow these instructions to complete the *Child Support Case Registry Form* (form FL-191) if you do not have an attorney to represent you. Your attorney, if you have one, should complete this form.

Both parents must complete a *Child Support Case Registry Form*. The information on this form will be included in a national database that among other things, is used to locate absent parents. When you file a court order, you must deliver a completed form to the court clerk along with your court order. If you did not file a court order, you must deliver a completed form to the court clerk **WITHIN 10 DAYS** of the date you received a copy of your court order. If any of the information you provide on this form changes, you must complete a new form and deliver it to the court clerk within 10 days of the change. The address of the court clerk is the same as the one shown for the superior court on your order. This form is confidential and will not be filed in the court file. It will be maintained in a confidential file with the State of California.

INSTRUCTIONS FOR COMPLETING THE *CHILD SUPPORT CASE REGISTRY FORM* (TYPE OR PRINT IN INK):

If the top section of the form has already been filled out, skip down to number 1 below. If the top section of the form is blank, you must provide this information.

Page 1, first box, top of form, left side: Print your name, address, telephone number, fax number, and e-mail address, if any, in this box. Attorneys must include their State Bar identification numbers.

Page 1, second box, top of form, left side: Print the name of the county and the court's address in this box. Use the same address for the court that is on the court order you are filing or have received.

Page 1, third box, top of form, left side: Print the names of the petitioner/plaintiff, respondent/defendant, and other parent in this box. Use the same names listed on the court order you are filing or have received.

Page 1, fourth box, top of form, left side: Check the box indicating whether you are the mother or the father. If you are the attorney for the mother, check the box for mother. If you are the attorney for the father, check the box for father. Also, if this is the first time you have filled out this form, check the box by "First form completed." If you have filled out form FL-191 before, and you are changing any of the information, check the box by "Change to previous information."

Page 1, first box, right side: Leave this box blank for the court's use in stamping the date of receipt.

Page 1, second box, right side: Print the court case number in this box. This number is also shown on the court papers.

Instructions for numbered paragraphs:

1. a. Enter the date the court order was filed. This date is shown in the "COURT PERSONNEL: STAMP DATE RECEIVED HERE" box on page 1 at the top of the order on the right side. If the order has not been filed, leave this item blank for the court clerk to fill in.
- b. If the court order you filed or received is the first child or family support order for this case, check the box by "Initial child support or family support order." If this is a change to your order, check the box by "Modification."
- c. Information regarding the amount and type of support ordered and wage withholding is on the court order you are filing or have received.
 - (1) If your order provides for any type of current support, check all boxes that describe that support. For example, if your order provides for both child and spousal support, check both of those boxes. If there is an amount, put it in the blank provided. If the order says the amount is reserved, check the "Reserved order" box. If the order says the amount is zero, check the "\$0 (zero) order" box. Do not include child care, special needs, uninsured medical expenses, or travel for visitation here. These amounts will go in (2). Do NOT complete the Child Support Case Registry form if you receive spousal support only.
 - (2) If your order provides for a set monthly amount to be paid as additional support for such needs as child care, special needs, uninsured medical expenses or travel for visitation check the box in Item 2 and enter the monthly amount. For example, if your order provides for base child support and in addition the paying parent is required to pay \$300 per month, check the box in item 2 underneath the "Child Support" column and enter \$300. Do NOT check this box if your order provides only for a payment of a percentage, such as 50% of the childcare.

- (3) If your order determined the amount of past due support, check the box in Item 3 that states the type of past due support and enter the amount. For example, if the court determined that there was \$5000 in past due child support and \$1000 in past due spousal support, you would check the box in item 3 in the "Child Support" column and enter \$5000 and you would also check the box in item 3 in the "Spousal Support" column and enter \$1000.
 - (4) If your order provides for a specific dollar amount to be paid towards any past due support, check the box in item 4 that states the type of past due support and enter the amount. For example, the court ordered \$350 per month to be paid on the past due child support, you would check the box in Item 4 in the "Child Support" column and enter \$350.
 - (5) Check the "ordered" box if wage withholding was ordered with no conditions. Check the box "ordered but stayed until" if wage withholding was ordered but is not to be deducted until a later date. If the court delayed the effective date of the wage withholding, enter the specific date. Check only one box in this item.
2. a. Write the name of the person who is supposed to pay child or family support.
 - b. Write the relationship of that person to the child.
 3. a. Write the name of the person or agency supposed to receive child or family support payments.
 - b. Write the relationship of that person to the child.
 4. List the full name, date of birth, and social security number for each child included in the support order. If there are more than five children included in the support order, check the box below item 4e and list the remaining children with dates of birth and social security numbers on another sheet of paper. Attach the other sheet to this form.

The local child support agency is required, under section 466(a)(13) of the Social Security Act, to place in the records pertaining to child support the social security number of any individual who is subject to a divorce decree, support order, or paternity determination or acknowledgment. This information is mandatory and will be kept on file at the local child support agency.

Top of page 2, box on left side: Print the names of the petitioner/plaintiff, respondent/defendant, and other parent in this box. Use the same names listed on page 1.

Top of page 2, box on right side: Print your court case number in this box. Use the same case number as on page 1, second box, right side.

You are required to complete information about yourself. If you know information about the other person, you may also fill in what you know about him or her.

5. If you are the father in this case, list your full name in this space. See instructions for a-g under item 6 below.
6. If you are the mother in this case, list your full name in this space.
 - a. List your date of birth.
 - b. Write your social security number.
 - c. List the street address, city, state, and zip code where you live.
 - d. List the street address, city, state, and zip code where you want your mail sent, if different from the address where you live.
 - e. Write your driver's license number and the state where it was issued.
 - f. List the telephone number where you live.
 - g. Indicate whether you are employed, not employed, self-employed, or by checking the appropriate box. If you are employed, write the name, street address, city, state, zip code, and telephone number where you work.
7. If there is a restraining order, protective order, or nondisclosure order, check this box.
 - a. Check the box beside each person who is protected by the restraining order.
 - b. Check the box beside the parent who is restrained.
 - c. Write the date the restraining order expires. See the restraining order, protective order, or nondisclosure order for this date.

If you are in fear of domestic violence, you may want to ask the court for a restraining order, protective order, or nondisclosure order.

You must type or print your name, fill in the date, and sign the *Child Support Case Registry Form* under penalty of perjury. When you sign under penalty of perjury, you are stating that the information you have provided is true and correct.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STANISLAUS STREET ADDRESS: 1100 I STREET MAILING ADDRESS: P.O. BOX 1098 CITY AND ZIP CODE: MODESTO, CA 95354 BRANCH NAME: _____	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY: _____	CASE NUMBER: <i>(If applicable, provide):</i>
PROOF OF SERVICE BY MAIL	HEARING DATE: HEARING TIME: DEPT.:

NOTICE: To serve temporary restraining orders you must use personal service (see form FL-330).

1. I am at least 18 years of age, not a party to this action, and I am a resident of or employed in the county where the mailing took place.
2. My residence or business address is:

3. I served a copy of the following documents (*specify*):

by enclosing them in an envelope AND

- a. **depositing** the sealed envelope with the United States Postal Service with the postage fully prepaid.
- b. **placing** the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.

4. The envelope was addressed and mailed as follows:


- a. Name of person served:
- b. Address:

- c. Date mailed:
- d. Place of mailing (*city and state*):

5. I served a request to modify a child custody, visitation, or child support judgment or permanent order which included an address verification declaration. (*Declaration Regarding Address Verification—Postjudgment Request to Modify a Child Custody, Visitation, or Child Support Order* (form FL-334) may be used for this purpose.)

6. 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) (SIGNATURE OF PERSON COMPLETING THIS FORM)