

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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**CHILD SUPPORT INFORMATION AND ORDER ATTACHMENT**

Attachment to  Findings and Order After Hearing  Restraining Order After Hearing (CLETS)  
 Judgment  Other

**THE COURT USED THE FOLLOWING INFORMATION IN DETERMINING THE AMOUNT OF CHILD SUPPORT:**

1.  A printout of a computer calculation and findings is attached and incorporated in this order for all required items not filled out below.

2.  **Income**

	<u>Gross monthly</u>	<u>Net monthly</u>	<u>Receiving</u>
a. Each parent's monthly income is as follows:	<u>income</u>	<u>income</u>	<u>TANF/CalWORKS</u>
petitioner/plaintiff:	\$	\$	<input type="text"/>
respondent/defendant:	\$	\$	<input type="text"/>
other parent:	\$	\$	<input type="text"/>

b. Imputation of income. The court finds that the  petitioner/plaintiff  respondent/defendant  
 other parent has the capacity to earn:  
 \$ \_\_\_\_\_ per: \_\_\_\_\_ and has based the support order upon this imputed income.

3.  **Children of This Relationship**

a. Number of children who are the subjects of the support order (*specify*): \_\_\_\_\_  
 b. Approximate percentage of time spent with: petitioner/plaintiff \_\_\_\_\_ %  
 respondent/defendant \_\_\_\_\_ %  
 other parent \_\_\_\_\_ %

4.  **Hardships**

Hardships for the following have been allowed in calculating child support:

	<u>petitioner/ plaintiff</u>	<u>respondent/ defendant</u>	<u>other parent</u>	<u>Approximate ending time for the hardship</u>
a. <input type="checkbox"/> Other minor children:	\$	\$	\$	
b. <input type="checkbox"/> Extraordinary medical expenses:	\$	\$	\$	
c. <input type="checkbox"/> Catastrophic losses:	\$	\$	\$	

**THE COURT ORDERS**

5.  **Low-Income Adjustment**

a.  The low-income adjustment applies.  
 b.  The low-income adjustment does not apply because (*specify reasons*): \_\_\_\_\_

6.  **Child Support**

a. **Base child support**

Petitioner/plaintiff  Respondent/defendant  Other parent must pay child support beginning (*date*): \_\_\_\_\_ and continuing until further order of the court, or until the child marries, dies, is emancipated, reaches age 19, or reaches age 18 and is not a full-time high school student, whichever occurs first, as follows:

<u>Child's name</u>	<u>Date of birth</u>	<u>Monthly amount</u>	<u>Payable to (name)</u>
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Payable  on the 1st of the month  one-half on the 1st and one-half on the 15th of the month  
 other (*specify*): \_\_\_\_\_

b.  **Mandatory additional child support**

(1)  Child-care costs related to employment or reasonably necessary job training.

<input type="checkbox"/> Petitioner/plaintiff must pay:	_____ % of total	or <input type="checkbox"/>	\$ _____	per month	child-care costs.
<input type="checkbox"/> Respondent/defendant must pay:	_____ % of total	or <input type="checkbox"/>	\$ _____	per month	child-care costs.
<input type="checkbox"/> Other parent must pay:	_____ % of total	or <input type="checkbox"/>	\$ _____	per month	child-care costs.
<input type="checkbox"/> Costs to be paid as follows ( <i>specify</i> ): _____					

**THIS IS A COURT ORDER.**

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**THE COURT FURTHER ORDERS**

6. b. **Mandatory additional child support (continued)**

- (2)  Reasonable uninsured health-care costs for the children
- |                          |                                |            |    |                             |  |            |
|--------------------------|--------------------------------|------------|----|-----------------------------|--|------------|
| <input type="checkbox"/> | Petitioner/plaintiff must pay: | % of total | or | <input type="checkbox"/> \$ |  | per month. |
| <input type="checkbox"/> | Respondent/defendant must pay: | % of total | or | <input type="checkbox"/> \$ |  | per month. |
| <input type="checkbox"/> | Other parent must pay:         | % of total | or | <input type="checkbox"/> \$ |  | per month. |
- Costs to be paid as follows (*specify*):

c.  **Additional child support**

- (1)  Costs related to the educational or other special needs of the children
- |                          |                                |            |    |                             |  |            |
|--------------------------|--------------------------------|------------|----|-----------------------------|--|------------|
| <input type="checkbox"/> | Petitioner/plaintiff must pay: | % of total | or | <input type="checkbox"/> \$ |  | per month. |
| <input type="checkbox"/> | Respondent/defendant must pay: | % of total | or | <input type="checkbox"/> \$ |  | per month. |
| <input type="checkbox"/> | Other parent must pay:         | % of total | or | <input type="checkbox"/> \$ |  | per month. |
- Costs to be paid as follows (*specify*):
- (2)  Travel expenses for visitation
- |                          |                                |            |    |                             |  |            |
|--------------------------|--------------------------------|------------|----|-----------------------------|--|------------|
| <input type="checkbox"/> | Petitioner/plaintiff must pay: | % of total | or | <input type="checkbox"/> \$ |  | per month. |
| <input type="checkbox"/> | Respondent/defendant must pay: | % of total | or | <input type="checkbox"/> \$ |  | per month. |
| <input type="checkbox"/> | Other parent must pay:         | % of total | or | <input type="checkbox"/> \$ |  | per month. |
- Costs to be paid as follows (*specify*):

**Total child support per month: \$**

7. **Health-Care Expenses**

- a. Health insurance coverage for the minor children of the parties must be maintained by the  petitioner/plaintiff  respondent/defendant  other parent if available at no or reasonable cost through their respective places of employment or self-employment. Both parties are ordered to cooperate in the presentation, collection, and reimbursement of any health-care claims.
- b.  Health insurance is not available to the  petitioner/plaintiff  respondent/defendant  other parent at a reasonable cost at this time.
- c.  The party providing coverage must assign the right of reimbursement to the other party.

8. **Earnings Assignment**

An *Income Withholding for Support* (form FL-195) must issue. **Note:** The payor of child support is responsible for the payment of support directly to the recipient until support payments are deducted from the payor's wages, and for any support not paid by the assignment.

9.  **Non-Guideline Order**

This order does not meet the child support guideline set forth in Family Code section 4055. A *Non-Guideline Child Support Findings Attachment* (form FL-342(A)) is attached.

10.  **Employment Search Order (Family Code, § 4505)**

Petitioner/plaintiff  Respondent/defendant  Other parent is ordered to seek employment with the following terms and conditions:

11. **Other Orders (specify):**

12. **Required Attachments**

A *Notice of Rights and Responsibilities—Health Care Costs and Reimbursement Procedures and Information Sheet on Changing a Child Support Order* (form FL-192) must be attached and is incorporated into this order.

13. **Child Support Case Registry Form**

Both parties must complete and file with the court a *Child Support Case Registry Form* (form FL-191) within 10 days of the date of this order. Thereafter, the parties must notify the court of any change in the information submitted within 10 days of the change by filing an updated form.

**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.**

**THIS IS A COURT ORDER.**