

GOVERNMENTAL AGENCY (under Family Code, §§ 17400,17406):    TELEPHONE NO.: _____ FAX NO.: _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER:  RESPONDENT:  OTHER:	
<b>JUDGMENT REGARDING PARENTAL OBLIGATIONS (UIFSA)</b> <input type="checkbox"/> _____ AMENDED <input type="checkbox"/> _____ SUPPLEMENTAL	CASE NUMBER:

1. a.  **NOTICE: THIS IS A PROPOSED JUDGMENT.** This *Judgment Regarding Parental Obligations (UIFSA)* will be entered by the court and will become legally binding unless you fill out and file the *Response to Uniform Support Petition (UIFSA)* (form FL-520) with the court clerk within 30 days of the date you were served with the *Summons (UIFSA)* (form FL-510) and *Uniform Support Petition* (form FL-500/OMB 0970-0085). If you need a *Response* form, you may get one from the local child support agency, the court clerk, or the family law facilitator. The family law facilitator will help you fill out the forms. To file the *Response*, follow the procedures listed in the information sheet attached to that form.
- b.  **NOTICE: THIS IS A JUDGMENT.** It is now legally binding.
2. **THIS MATTER PROCEEDED AS FOLLOWS:**
  - a.  Judgment entered under Family Code section 5002.
  - b.  By court hearing, appearances as follows:
 

(1) Date: _____	Dept.: _____	Judicial officer: _____
(2) <input type="checkbox"/> Petitioner present	<input type="checkbox"/> Attorney present (name): _____	
(3) <input type="checkbox"/> Respondent present	<input type="checkbox"/> Attorney present (name): _____	
(4) Child support agency (Family Code, §§ 17400, 17406) by (name): _____		
(5) <input type="checkbox"/> Other (specify): _____		
  - c. The obligor (the parent ordered to pay support) is  petitioner  respondent  other (specify): \_\_\_\_\_
3.  This order is based on presumed income for the obligor under Family Code section 5002.
4.  Attached is a computer printout showing the parents' income and percentage of time each parent spends with the children. The printout, which shows the calculation of child support payable, shall become the court's findings.
5.  This order is based on the attached documents (specify): \_\_\_\_\_
6. **THE COURT ORDERS:**
  - a. Obligor  is the parent of the children named in item 6b.  
 has previously been determined to be the parent of the children named in item 6b.
  - b. Obligor must pay current child support as follows:
 

<u>Name</u>	<u>Date of birth</u>	<u>Monthly support amount</u>
  - (1)  Other (specify): \_\_\_\_\_

**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.**

PETITIONER: RESPONDENT: OTHER:	CASE NUMBER:
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6. b. (2)  For a total of: \$ \_\_\_\_\_ payable on the: \_\_\_\_\_ day of each month beginning (date): \_\_\_\_\_

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

(4) Any support ordered will continue until further order of court, unless terminated by operation of law.

c.  Obligor must pay child support for the past periods and in the amounts set forth below:

Name	Date of birth	Period of support	Amount
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(1)  Other (specify): \_\_\_\_\_

(2)  For a total of: \$ \_\_\_\_\_ payable: \$ \_\_\_\_\_ on the: \_\_\_\_\_ day of each month beginning (date): \_\_\_\_\_

(3)  Interest accrues on the entire principal balance owing and not on each installment as it becomes due.

d. No provision of this judgment operates 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.

e. All payments must be made to (name and address of agency): \_\_\_\_\_

**f. An earnings assignment order for support must issue.**

g.  Obligor  Obligees must (1) provide and maintain health insurance coverage for the children if it is available through employment or a group plan, or otherwise available at no or reasonable cost, and keep the local child support agency informed of the availability of the coverage; (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. If the "Obligor" box is checked, a health insurance coverage assignment must issue.

h. The parents must notify the local child support agency in writing within 10 days of any change in residence or employment.

i. The *Notice of Rights and Responsibilities and Information Sheet on Changing a Child Support Order* (form FL-192) is attached.

j.  Obligor must pay costs of: \$ \_\_\_\_\_


k.  The court further orders (specify): \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
 JUDICIAL OFFICER

7. Number of pages attached: \_\_\_\_\_

SIGNATURE FOLLOWS LAST ATTACHMENT

Approved as conforming to court order: Date: _____   _____ (SIGNATURE OF ATTORNEY FOR OBLIGOR)
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