

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar number, and address</i>): TELEPHONE NO.: _____ FAX NO. (<i>Optional</i>): _____ E-MAIL ADDRESS (<i>Optional</i>): _____ ATTORNEY FOR (<i>Name</i>): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	
FINDINGS AND RECOMMENDATION OF COMMISSIONER	CASE NUMBER:

1. Name (*specify*): _____ objected to Commissioner (*name*): _____
 hearing this matter as a temporary judge.
2. **THIS MATTER PROCEEDED AS FOLLOWS**
 - a. By court hearing, appearances as follows:

(1) Date: _____	Dept.: _____	Judicial officer: _____
(2) <input type="checkbox"/> Petitioner/plaintiff present	<input type="checkbox"/> Attorney present (<i>name</i>): _____	
(3) <input type="checkbox"/> Respondent/defendant present	<input type="checkbox"/> Attorney present (<i>name</i>): _____	
(4) <input type="checkbox"/> Other parent present	<input type="checkbox"/> Attorney present (<i>name</i>): _____	
(5) Local child support agency attorney (Family Code, §§ 17400, 17406) by (<i>name</i>): _____		
(6) <input type="checkbox"/> Other (<i>specify</i>): _____		
 - b. The obligor (the parent ordered to pay support) is the petitioner/plaintiff respondent/defendant other parent.
3. Attached is a computer printout showing the parents' income and percentage of time each parent spends with the child(ren).
 The printout, which shows the calculation of child support payable, will become the court's findings.
4. This recommended order is based on the attached documents (*specify*): _____
5. **THE COMMISSIONER RECOMMENDS THE FOLLOWING**
 - a. All orders previously made in this action remain in full force and effect except as modified below.
 - b. (*Name of parent*): _____ mother father
 (*Name of parent*): _____ mother father
 are the parents of the children listed below.
 - c. Obligor must pay current child support as follows:

<u>Name</u>	<u>Date of birth</u>	<u>Monthly support amount</u>
(1) <input type="checkbox"/> Other (<i>specify</i>): _____		
(2) <input type="checkbox"/> For a total of: \$ _____ payable on the: _____ day of each month beginning (<i>date</i>): _____		
(3) <input type="checkbox"/> The low-income adjustment applies. <input type="checkbox"/> The low-income adjustment does not apply because (<i>specify reasons</i>): _____		

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/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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5. c. (4) Any support ordered will continue until further order of court, unless terminated by operation of law.

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

<u>Name</u>	<u>Date of birth</u>	<u>Period of support</u>	<u>Amount</u>
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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.

e. Obligor owes support arrears as follows, as of (*date*):

(1) Child support: \$ Spousal support: \$ Family support: \$

(2) Interest is not included and is not waived.

(3) Payable: \$ on the: day of each month beginning (*date*):

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

f. No provision of this judgment/order may operate to limit any right to collect the principal (total amount of unpaid support) or to charge and collect interest and penalties as allowed by law. All payments ordered are subject to modification.

g. All payments must be made to (*name and address of agency*):

h. **An Income Withholding for Support (form FL-195) must issue.**

i. Obligor Obligee 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 must 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 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; (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.

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

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

l. The following person (the other parent) is added as a party to this action under Family Code section 17404 (*name*):

m. Obligor must pay costs of (*specify*):
to (*specify*):

n. The court further recommends (*specify*):

Date:

6. Number of pages attached: _____

 COMMISSIONER
 SIGNATURE FOLLOWS LAST ATTACHMENT

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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CLERK'S CERTIFICATE OF MAILING OR SERVICE

I certify that I am not a party to this cause and that

- Personal service.** A true copy of this *Findings and Recommendation of Commissioner* was handed to the petitioner/plaintiff respondent/defendant other parent at the hearing of this matter before the commissioner.
- Mail.** A true copy of this *Findings and Recommendation of Commissioner* was mailed first class, postage fully prepaid, in a sealed envelope addressed as shown below, and that the request was mailed at (place): _____ California, on (date): _____

Date: _____ Clerk, by _____, Deputy

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