GOVERNMENTAL AGENCY *(under Family Code, §§ 17400,17406):*	*FOR COURT USE ONLY*
TELEPHONE NO. *(Optional):* FAX NO. *(Optional):* E-MAIL ADDRESS *(Optional):* ATTORNEY FOR *(Name):*	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	
SHORT FORM ORDER AFTER HEARING	CASE NUMBER:

1. **This matter proceeded as follows:** ☐ Uncontested ☐ By stipulation ☐ Contested
   a. Date: Dept.: Judicial officer:
   b. ☐ Petitioner/plaintiff present ☐ Attorney present *(name):*
   c. ☐ Respondent/defendant present ☐ Attorney present *(name):*
   d. ☐ Other parent present ☐ Attorney present *(name):*
   e. Attorney for local child support agency present under Family Code sections 17400 and 17406 by *(name):*
   f. ☐ Other *(specify):*

2. **THE COURT FINDS,** based upon the moving papers:
   a. *(Name):* is the obligor (the parent ordered to pay support) in this proceeding.
   b. ☐ The obligor is and based thereon has no ability to pay support.
   c. ☐ Health insurance coverage at no or reasonable cost is currently not available to the obligor to cover the minor children in this action.

3. **THE COURT ORDERS:**
   a. All orders previously made in this action will remain in full force and effect except as specifically modified below.
   b. ☐ This matter is continued to in Dept.: for the following purposes only:
   c. ☐ Obligor is ordered to appear on the continuance date.
   d. ☐ Current child support is modified to $ per month beginning *(date):*
   e. ☐ The court retains jurisdiction to order support retroactive to:
      (1) ☐ *(Specify date):*
      (2) ☐ The date the obligor becomes employed or otherwise has the ability to pay support.
      (3) ☐ The date the obligor abandons or separates from the children at issue in this case.
   f. ☐ Any order to liquidate the support arrearage is suspended until further order of this court.
   g. The parents must notify the local child support agency in writing within 10 days of any change in residence or employment.
   h. ☐ The obligor is ordered to obtain health insurance coverage for the children in this action if it becomes available at no or reasonable cost.
   i. ☐ Other *(specify):*

4. Number of pages attached: _____

Date:

Approved as conforming to court order:

▶ _____ _____

(SIGNATURE OF ATTORNEY FOR OBLIGOR) JUDICIAL OFFICER

Form Adopted for Mandatory Use
Judicial Council of California
FL-688 [Rev. July 1, 2005]

SHORT FORM ORDER AFTER HEARING
(Governmental)

Family Code, §§ 17400, 17402, 1740, 17406
www.courtinfo.ca.gov

American LegalNet, Inc.
www.USCourtForms.com