GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406):

TELEPHONE NO. *(Optional)*:

E-MAIL ADDRESS *(Optional)*: FAX NO. *(Optional)*:

ATTORNEY FOR *(Name)*:

To keep other people from seeing what you entered on your form, please press the Clear This Form button at the end of the form when finished.

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 *(name)*:
   f. ☐ Other *(specify)*:

2. **THE COURT FINDS,** based upon the moving papers:
   a. *(Name)*: is the "obligor" 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 suspended commencing *(date)*: . Any order to liquidate support arrearages is suspended until further order of the court. Obligor must notify the local child support agency in writing within 10 days of any change in income, employment status, residence or availability of health insurance coverage for the children in this action. The court retains jurisdiction to order support retroactive to the date when obligor becomes employed or otherwise able to pay support.
   e. ☐ Obligor is not ordered to provide health insurance coverage for the children in this action at this time. Obligor is ordered to obtain health insurance coverage for the children in this action if it becomes available at no or reasonable cost.
   f. ☐ Other *(specify)*:

4. Number of pages attached: _____

Date:

Approved as conforming to court order:

(SIGNATURE OF ATTORNEY FOR OBLIGOR)

(JUDICIAL OFFICER OF THE SUPERIOR COURT)

Form Approved for Optional Use
Judicial Council of California
FL-688 [Rev. July 1, 2003]

Family Code, §§ 17400, 17402, 17404, 17406

www.courtinfo.ca.gov

For your protection and privacy, please press the Clear This Form button after you have printed the form.

Print This Form

Clear This Form