

FINDINGS AND ORDER AFTER HEARING

What you will find in this packet:

- **Additional Resources** (FamLaw-101-INFO)
- **Requirements for Filing Court Papers** (MC-500-INFO)
- **Findings and Order After Hearing Instructions** (FamLaw-32a-INFO)
- **Findings and Order After Hearing** (FL-340)
- **Child Custody and Visitation Order Attachment** (FL-341)
- **Supervised Visitation Order** (FL-341(A))
- **Child Abduction Prevention Order Attachment** (FL-341(B))
- **Child Support Information and Order Attachment** (FL-342)
- **Non-Guideline Child Support Findings Attachment** (FL-342(A))
- **Spousal, Partner or Family Support Order Attachment** (FL-343)
- **Property Order Attachment to Findings and Order After Hearing** (FL-344)
- **Attorney's Fees and Costs Order Attachment** (FL-346)
- **Additional Page** (MC-020)
- **Notice of Rights and Responsibilities** (FL-192)
- **Child Support Case Registry Form** (FL-191)
- **Serving the Other Parties** (FamLaw-104e-INFO)
- **Proof of Personal Service** (FL-330)
- **Information Sheet for Proof of Personal Service** (FL-330-INFO)
- **Proof of Service by Mail** (FL-335)
- **Information Sheet for Proof of Service by Mail** (FL-335-INFO)

You Can Get Court Forms FREE at: www.cc-courts.org/forms

*If you don't find what you're looking for here, you may want to
check out the additional resources listed on the back of this page*

~ Additional Resources ~

Contra Costa Superior Court

www.cc-courts.org/familylaw

Virtual Self-Help Law Center

www.cc-courthelp.org/familylawtopics

Family Law court is for people who are ending a marriage or other committed relationship, dividing what they own and owe, working out child custody and visitation issues, dealing with child support or spousal support, addressing domestic violence issues, or identifying a child's legal parents.

Often, people involved in court cases need more than just legal help. It's important that you understand what is happening to you and get the help you need. For some suggestions about where to get other help, go to the California Court's Self-Help Center at www.courts.ca.gov/selfhelp.htm or check out one of the sites below:

Contra Costa County Bar Association's Lawyer Referral Service

www.cccba.org/community/find-a-lawyer/index.php

Contra Costa County (CA) Resource Center (211)

65.166.193.134/IFTWSQL4/cccc/public.aspx

(or do an internet search for 211 Contra Costa County Resource Center)

Legal glossaries in 12 languages, prepared by the Superior Court in Sacramento

www.saccourt.ca.gov

A Guide to California's Free Website for Legal Help

www.lawhelpcalifornia.org

The
Contra Costa County

Bar Association

is proud to sponsor

the

F a m i l y L a w

MODERATE MEANS PROGRAM

IF you qualify*,

we will refer you to an experienced Family Law Attorney
who has agreed to represent clients at a reduced rate.

Please telephone us at:

925 / 677- 0234

Monday - Friday 1:00-4:00 p.m.

**This is not a low income or pro-bono service.*

The Clerk of the Court cannot accept for filing any papers that do not comply with California Rules of Court 2.100 et seq. (CRC 2.118)

To avoid having your papers rejected by the clerk:

Use Judicial Council forms whenever possible

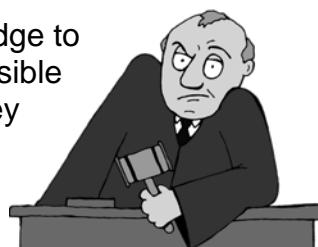
If you print Judicial Council forms from your computer, print them out single-sided. (Don't print double-sided unless you know how to tumble the pages). Judicial Council forms can be found at <http://www.courts.ca.gov/forms.htm>.

If the form you need is not on the Judicial Council website, you will have to make your own form which follows these rules

1. White or unbleached paper – 8 1/2 by 11 inches
2. One-sided paper – only one side of each page may be used
3. 12 pt font (Courier, Times New Roman, Arial or equivalent (Handwritten papers are OK – but write legibly)
4. Line spacing - One and one-half or double-spaced (use pleading paper – either the Judicial Council form MC-20 or create your own using the legal template in your word processor)
5. Margins – at least 1 inch from the left edge and ½ inch from right edge
6. Page Numbers – pages must be numbered consecutively on the bottom (1, 2, 3 ...)
7. Binding – Original and copies must be firmly bound (e.g. stapled) AND the Original must be 2-hole punched at the top.

You will need the **Original document**, signed in ink (blue is best), and correct number of identical copies (**original for the Court, a copy for each party**) for the clerk to file.

The Rules are important – Remember - You want the Judge to understand what you have written. Don't make that impossible by submitting papers that are too hard to read because they are upside down, the print is too small or too light, or the pages have fallen out of the file because they are too small or too large and/or not properly fastened.



FINDINGS AND ORDER AFTER HEARING

Instructions

After your hearing, *you* are responsible for preparing an order for the judge to sign. Use the forms in this packet and follow these directions.

1. Complete the Findings and Order After Hearing (Family Law - Custody and Support - Uniform Parentage) (FL-340) form and all applicable attachment pages.
2. The attachment pages should reflect the *exact orders* that were made at your court hearing. If any additional orders were made that are not covered in the attachment pages, type or write the additional orders on the blank "Additional Page" form and attach it to the Findings and Order After Hearing.
3. If the judge ordered child support, attach the Notice of Rights and Responsibilities (FL-192) to the order.
4. If the other party was present at the hearing, you must send your order to him or her before sending it to the judge for signature. Check the Local Rules of Court, Family Law for specific information about preparation and presentation of orders after hearing. You can find the Local Rules of Court at www.cc-courts.org/rules.
5. The completed form should be dropped off at the department where your hearing was held. When the Judge has signed it, it will be placed in the pick-up boxes in the down stair lobby under your last name. The process usually takes about one to two weeks.
6. After the order has been signed by the judge, make 2 copies. File the original and two copies at the Clerk's Office, 751 Pine Street, Martinez, CA. If your case is assigned to the judge in Pittsburg, file your papers at the Pittsburg courthouse.
7. If the judge ordered child support, complete and file the Child Support Case Registry Form (FL-191.)
8. Follow the instructions in this packet for serving the Findings and Order After Hearing on the other party.

Blank forms are attached. Additional forms can be downloaded for free from Contra Costa Superior Court website: www.cc-courts.org/forms or from the Judicial Council website: www.courts.ca.gov/forms

PARTY WITHOUT ATTORNEY OR ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: TELEPHONE NO.: EMAIL ADDRESS: ATTORNEY FOR (name):		STATE BAR NUMBER: STATE: ZIP CODE: FAX NO.:	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/PARTY:			
FINDINGS AND ORDER AFTER HEARING			CASE NUMBER:

1. This proceeding was heard
on (date): at (time): in Dept.: Room:
by Judge (name): Temporary Judge
On the order to show cause, notice of motion or request for order filed (date): by (name):
 a. Petitioner/plaintiff present Attorney present (name):
 b. Respondent/defendant present Attorney present (name):
 c. Other parent/party present Attorney present (name):

THE COURT ORDERS

2. Custody and visitation/parenting time: As attached on form FL-341 Other Not applicable
 3. Child support: As attached on form FL-342 Other Not applicable
 4. Spousal or family support: As attached on form FL-343 Other Not applicable
 5. Property orders: As attached on form FL-344 Other Not applicable
 6. Attorney's fees: As attached on form FL-346 Other Not applicable
 7. Other orders: As attached Not applicable
 8. All other issues are reserved until further order of court.
 9. This matter is rescheduled for further hearing on (date): at (time): in Dept.:
on the following issues:

Date:



JUDICIAL OFFICER

The order prepared by (specify): is approved as conforming to the court order.

Date:

SIGNATURE OF ATTORNEY FOR PETITIONER / PLAINTIFF RESPONDENT/DEFENDANT OTHER PARENT/PARTY

Date:

SIGNATURE OF ATTORNEY FOR PETITIONER / PLAINTIFF RESPONDENT/DEFENDANT OTHER PARENT/PARTY

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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CHILD CUSTODY AND VISITATION (PARENTING TIME) ORDER ATTACHMENT

TO *Findings and Order After Hearing* (form FL-340) *Judgment* (form FL-180) *Judgment* (form FL-250)
 Stipulation and Order for Custody and/or Visitation (Parenting Time) (form FL-355)
 Other (specify):

- Jurisdiction.** This court has jurisdiction to make child custody orders in this case under the Uniform Child Custody Jurisdiction and Enforcement Act (Fam. Code, §§ 3400–3465).
- Notice and opportunity to be heard.** The responding party was given notice and an opportunity to be heard, as provided by the laws of the State of California.
- Country of habitual residence.** The country of habitual residence of the child or children in this case is
 the United States Other (specify):
- Penalties for violating this order.** If you violate this order, you may be subject to civil or criminal penalties, or both.
- Child abduction prevention.** There is a risk that one of the parties will take the children out of California without the other party's permission. (*Child Abduction Prevention Order Attachment* (form [FL-341\(B\)](#)) is attached and must be obeyed.)
- The court refers the parties to child custody mediation or child custody recommending counseling as follows:

- Child custody.** Custody of the minor children of the parties is awarded as follows:

a. <u>Child's Name</u>	<u>Birth Date</u>	Legal custody to: <i>(person who decides about the child's health, education, and welfare)</i>	Physical custody to: <i>(person the child regularly lives with)</i>
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- Joint legal custody of the child or children will be exercised as specified in the following order: [Attachment 7b](#)
 Joint Legal Custody Attachment (form FL-341(E))

- Child custody and visitation (parenting time) involving allegations of a history of abuse or substance abuse**

- Allegations have been raised in form FL-311, other documents filed in the court, or in a court hearing that
 - Petitioner Respondent Other parent/party is (or are) alleged to have a history of abuse against any of the following persons: a child, the other parent, their current spouse, or the person they live with or are dating or engaged to.
 - Petitioner Respondent Other parent/party is (or are) alleged to have the habitual or continual illegal use of controlled substances, or the habitual or continual abuse of alcohol, or the habitual or continual abuse of prescribed controlled substances.
- The court does NOT grant sole or joint custody of the minor children to:
 petitioner respondent other parent/party
- (1) Even though there are allegations of a history of abuse or substance abuse, the court GRANTS sole or joint custody of the minor child as set out in item 7.
 (2) As required by Family Code section 3011(a)(5)(A), the court's reasons for making the orders:
 - Are in writing and filed separately (form [FL-351](#) may be used for this purpose.)
 - Were recorded as follows: In a minute order By a court reporter
 Other (specify):
- The court finds that the order is in the best interests of the child, protects the safety of the parties and the child, and is specific as to time, day, place, and manner of transfer (exchange) of the child as Family Code sections 3011(a)(5)(A) and 6323(c) require.

THIS IS A COURT ORDER.

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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9. **Visitation (parenting time)**

- a. Reasonable right of visitation to the party without physical custody (**not appropriate in cases involving domestic violence**)
- b. See the attached _____ -page document
- c. No visitation (parenting time)
- d. The visitation (parenting time) will be supervised as specified in the attached *Supervised Visitation Order* (FL-341(A)).
- e. Visitation (parenting time) for the petitioner respondent other (name): will be in person, by virtual visitation (not in person), and/or other ways as specified below:

(1) **In person**, as follows(A) **Weekends starting (date):**

(Note: The first weekend of the month is the first weekend with a Saturday.)

<u>Weekend</u>	<u>Day(s)</u>	<u>Times</u>	<u>Start of (or After) School (if applicable)</u>
<input type="checkbox"/> 1st	from _____ to _____	at _____ a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> start of <input type="checkbox"/> after
<input type="checkbox"/> 2nd	from _____ to _____	at _____ a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> start of <input type="checkbox"/> after
<input type="checkbox"/> 3rd	from _____ to _____	at _____ a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> start of <input type="checkbox"/> after
<input type="checkbox"/> 4th	from _____ to _____	at _____ a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> start of <input type="checkbox"/> after
<input type="checkbox"/> 5th	from _____ to _____	at _____ a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> start of <input type="checkbox"/> after
(a) <input type="checkbox"/> The parties will alternate the fifth weekends, with the <input type="checkbox"/> petitioner <input type="checkbox"/> respondent <input type="checkbox"/> other parent/party having the initial fifth weekend, starting (date):			
(b) <input type="checkbox"/> The <input type="checkbox"/> petitioner <input type="checkbox"/> respondent <input type="checkbox"/> other parent/party will have the fifth weekend in <input type="checkbox"/> odd <input type="checkbox"/> even numbered months.			
(B) <input type="checkbox"/> Alternate weekends starting (date):			
from _____ to _____ at _____ a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> start of <input type="checkbox"/> after			
(C) <input type="checkbox"/> Weekdays starting (date):			
from _____ to _____ at _____ a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> start of <input type="checkbox"/> after			
(D) <input type="checkbox"/> Other visitation (parenting time) days and restrictions are <input type="checkbox"/> listed in Attachment 9e(1)(D) (form MC-025 may be used for this purpose) <input type="checkbox"/> as follows:			

(2) **Virtual visitation**, as follows:**THIS IS A COURT ORDER.**

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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(3) **Other ways visitation can happen** that are in the best interests of the child are as follows:

10. **Supervised visitation (parenting time).**

Until further order of the court other (specify):
 petitioner respondent other parent/party (name):

will have supervised visitation (parenting time) with the minor children according to the attached **Supervised Visitation Order (form FL-341(A))**.

11. **Transportation for visitation (parenting time) and place of exchange**

- a. The children must be driven only by a licensed and insured driver. The vehicle must be legally registered with the Department of Motor Vehicles, and must have child restraint devices properly installed, as required by law.
- b. Transportation **to** begin the visits will be provided by the petitioner respondent
 other (specify):
- c. Transportation **from** the visits will be provided by the petitioner respondent
 other (specify):
- d. The exchange point at the beginning of the visit will be at (address):
- e. The exchange point at the end of the visit will be at (address):
- f. During the exchanges, the party driving the children will wait in the car and the other party will wait in the home (or exchange location) while the children go between the car and the home (or exchange location).
- g. Other (specify):

12. **Travel with children.** The petitioner respondent other parent/party (name):

must have written permission from the other parent or a court order to take the children out of

- a. the state of California.
- b. the following counties (specify):
- c. other places (specify):

THIS IS A COURT ORDER.

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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13. **Holiday schedule.** The children will spend holiday time as listed below in the attached schedule. (*Children's Holiday Schedule Attachment* ([form FL-341\(C\)](#)) may be used for this purpose.)

14. **Additional custody provisions.** The parties will follow the additional custody provisions listed below in the attached schedule. (*Additional Provisions—Physical Custody Attachment* ([form FL-341\(D\)](#)) may be used for this purpose.)

15. **Access to children's records.** Both the custodial and noncustodial parent have the right to access records and information about their minor children (including medical, dental, and school records) and consult with professionals who are providing services to the children.

16. **Other (specify):**

THIS IS A COURT ORDER.

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	CASE NUMBER:
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SUPERVISED VISITATION (PARENTING TIME) AND EXCHANGES ORDER

ATTACHMENT TO: *Child Custody and Visitation (Parenting Time) Order Attachment (form FL-341)*
 Other (specify):

1. Evidence has been presented in support of a request that the contact of Petitioner Respondent Other Parent/Party with the child or children be supervised based upon allegations of
 child abduction physical abuse drug abuse neglect
 sexual abuse domestic violence alcohol abuse other (specify):
 Petitioner Respondent Other Parent/Party disputes these allegations and the court reserves the findings on these issues pending further investigation and hearing or trial.
2. The court finds, under Family Code section 3100, that the best interest of the child or children requires that visitation by Petitioner Respondent Other Parent/Party must, until further order of the court, be limited to contact supervised by the person or supervised visitation center set forth in this order pending further investigation and hearing or trial.

THE COURT MAKES THE FOLLOWING ORDERS**3. CHILDREN**

- a. Name: _____ Date of birth: _____
- b. Name: _____ Date of birth: _____
- c. Name: _____ Date of birth: _____

The names and birthdates of additional children are attached to the order.

4. PROFESSIONAL SUPERVISED VISITATION WITH CHILDREN**a. Provider Information (check one):**

- (1) Chosen provider (name): _____ Telephone: _____
Address (if known): _____

If the chosen provider cannot provide services, parties must use the alternate provider.

- Alternate provider (name): _____ Telephone: _____
Address (if known): _____

Petitioner Respondent Other Parent/Party to contact the provider by (date): _____

- (2) The parties have not yet chosen a provider. A list of professional providers (check all that apply):

is attached to this order.

was given in court to: Petitioner Respondent Other Parent/Party

Petitioner Respondent Other Parent/Party must choose and contact a provider by (date): _____

- (3) The professional provider will be a mutually agreed-upon third party as arranged by the parties.

- (4) Other (specify): _____

b. Frequency of visits (check one):

- (1) Once a week, for (number of hours for each visit): _____
- (2) Two times each week, for (number of hours for each visit): _____
- (3) According to the schedule specified in: Form FL-341 Other (specify): _____

c. Visits must be (check one):

- (1) In person at a safe location.
- (2) Virtual visitation (not in person).
- (3) Other (specify): _____

d. Payment responsibility: Petitioner: % Respondent: % Other: %

THIS IS A COURT ORDER.



PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	CASE NUMBER:
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5. **NONPROFESSIONAL SUPERVISED VISITATION WITH CHILDREN**

a. Nonprofessional provider (person) to supervise visits:

Name: _____ Relationship to child: _____
 Address (if known): _____
 Telephone (if known): _____

b. Frequency of visits (check one):

(1) Once a week, for (number of hours for each visit): _____
 (2) Two times each week, for (number of hours for each visit): _____
 (3) According to the schedule specified in: Form FL-341 Other (specify): _____

c. Visits must be (check one):

(1) In person at a safe location. (specify location): _____
 (2) Virtual visitation (not in person). (Provider, child, and visiting parent may need to access the internet.)
 (3) Other (specify): _____

d. Resources for nonprofessional providers:

(1) Find your Declaration (form FL-324(NP)) at: courts.ca.gov/sites/default/files/courts/default/2024-11/fl324np.pdf.
 (2) For online information, go to: www2.courtinfo.ca.gov/accesstovisitation/story_html5.html.
 (3) For information about safe locations and virtual visits, go to: selfhelp.courts.ca.gov/guide-supervised-visitation.

6. **SUPERVISED EXCHANGES (Drop-off and Pick-up of Children)**

a. Type of provider:

(1) Professional provider

Name: _____ Relationship to child: _____

Address (if known): _____

Payment responsibility Petitioner: % Respondent: % Other: %

Petitioner Respondent Other Parent/Party to contact the provider by (specify date) (date): _____

Location of supervised exchanges to be decided by the professional provider.

(2) Nonprofessional provider

Name: _____ Relationship to child: _____

Address (if known): _____

Telephone (if known): _____

Safe location for exchanges:

(For more information, see item 5d. Resources for nonprofessional providers.)

b. Supervised exchanges will be according to the schedule specified:

(1) In form FL-341

(2) Other (specify): _____

(3) Below:

7. **THE COURT FURTHER ORDERS**

THIS IS A COURT ORDER.

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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CHILD ABDUCTION PREVENTION ORDER ATTACHMENT

TO **Child Custody and Visitation (Parenting Time) Order Attachment (form FL-341)**
 Custody Order—Juvenile—Final Judgment (form JV-200)
 Other (specify):

1. The court finds there is a risk that (specify name of party): **will take the child without permission because that party (check all that apply):**

- has violated—or threatened to violate—a custody or visitation (parenting time) order in the past.
- does not have strong ties to California.
- has done things that make it easy for him or her to take the children away without any permission, such as (check all that apply):

<input type="checkbox"/> quit a job.	<input type="checkbox"/> sold his or her home.
<input type="checkbox"/> closed a bank account.	<input type="checkbox"/> ended a lease.
<input type="checkbox"/> sold or gotten rid of assets.	<input type="checkbox"/> hidden or destroyed documents.
<input type="checkbox"/> applied for a passport, birth certificate, or school or medical records.	
<input type="checkbox"/> Other (specify):	
- has a history of (check all that apply):

<input type="checkbox"/> domestic violence.
<input type="checkbox"/> child abuse.
<input type="checkbox"/> not cooperating with the other parent or party in parenting.
- has a criminal record.
- has family or emotional ties to another county, state, or foreign country.

(NOTE: If item "f" is checked, at least one other factor must be checked, too.)

THE COURT ORDERS, to prevent the party in item 1 from taking the children without permission:

- Supervised visitation (parenting time).** The terms are (check one):

<input type="checkbox"/> as specified on attached form FL-341(A)	<input type="checkbox"/> as follows:
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- The party in item 1 must post a bond for \$** . The terms of the bond are (specify):
- The party in item 1 must not move from the following locations with the children without permission in writing from the other parent or party or a court order:**

<input type="checkbox"/> Current residence	<input type="checkbox"/> Current school district (specify):
<input type="checkbox"/> This county	<input type="checkbox"/> Other (specify):
- The party in item 1 must not travel with the children out of (check all that apply):**

<input type="checkbox"/> this county.	<input type="checkbox"/> the United States.
<input type="checkbox"/> California.	<input type="checkbox"/> Other (specify):
- The party in item 1 must register this order** in the state of (specify): before the children can travel to that state for visits.
- The party in item 1 must not apply for a passport or any other vital document**, such as a visa or birth certificate, that can be used for travel.

THIS IS A COURT ORDER.

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PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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8. **The party in item 1 must turn in all the children's passports and other vital documents in the party's possession or control as specified below** (List the documents that must be turned in. Include the details for turning in the documents to the court, one of the attorneys, the other party, or another person):

9. **The party in item 1 must give the other parent or party the following before traveling with the children:**

- The children's travel itinerary
- Copies of round-trip airline tickets
- Addresses and telephone numbers where the children can be reached at all times
- An open airline ticket for the other parent in case the children are not returned
- Other (specify):

10. **The party in item 1 must notify the embassy or consulate of (specify country):** about this order and provide the court with proof of that notification within (specify number): days.

11. **The party in item 1 must get a custody and visitation (parenting time) order** equivalent to the most recent U.S. order before the children may travel to that country for visits. The court recognizes that foreign orders may be changed or enforced according to the laws of that country.

12. **Enforcing the order.** The court authorizes any law enforcement officer to enforce this order. In this county, contact the Child Abduction Unit of the Office of the District Attorney at (phone number and address):

13. **Other orders (specify):**

14. This order is valid in other states and in any country that has signed the Hague Convention on Child Abduction.

NOTICE TO AUTHORITIES IN OTHER STATES AND COUNTRIES

This court has jurisdiction to make child custody orders under California's Uniform Child Custody Jurisdiction and Enforcement Act (Fam. Code, § 3400 et seq.) and the Hague Convention on Civil Aspects of International Child Abduction (22 U.S.C. § 9001 et seq.). If jurisdiction is based on other factors, they are listed above in item 13.

Date:

JUDICIAL OFFICER

THIS IS A COURT ORDER.

PETITIONER:	CASE NUMBER:
RESPONDENT:	
OTHER PARENT/PARTY:	

CHILD SUPPORT INFORMATION AND ORDER ATTACHMENT

Attachment to: **Findings and Order After Hearing (form FL-340)** **Judgment (form FL-180)**
 Judgment (form FL-250) **Restraining Order After Hearing (form DV-130)**
 Other (specify):

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**

a. Each parent's monthly income is as follows:	Gross monthly income	Net monthly income	Receiving TANF/CalWORKs
	Petitioner: \$	\$	<input type="checkbox"/>
	Respondent: \$	\$	<input type="checkbox"/>
	Other Parent/Party: \$	\$	<input type="checkbox"/>

b. **Earning capacity.** The court finds that the (check all that apply):

(1) petitioner has the ability to earn \$ per month.

(2) respondent has the ability to earn \$ per month.

(3) other parent/party has the ability to earn \$ per month.

(4) The factors used to calculate earning capacity under Family Code section 4058(b) are stated

(a) in *Earning Capacity Factors Attachment* (form FL-302).

(b) as follows (specify):

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: %

respondent: %

other parent/party: %

4. **Hardships**

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

	<u>Petitioner</u>	<u>Respondent</u>	<u>Other Parent/Party</u>	<u>Approximate end date 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 at the lowest amount of the range.

b. The lowest amount of the low-income adjustment has been rebutted and does not apply because (specify reasons):

THIS IS A COURT ORDER.

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PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:
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6. **Child support**a. **Base child support**

Petitioner Respondent Other parent/party 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>
		\$	
		\$	
		\$	
		\$	

Payable on the 1st of the month other (specify):

b. **Mandatory additional child support**

(1) Childcare costs related to employment or reasonably necessary job training

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

(2) Reasonable uninsured health care costs for the children

(a) <input type="checkbox"/> Petitioner must pay:	% of total	or	<input type="checkbox"/> \$	per month.
(b) <input type="checkbox"/> Respondent must pay:	% of total	or	<input type="checkbox"/> \$	per month.
(c) <input type="checkbox"/> Other parent/party must pay:	% of total	or	<input type="checkbox"/> \$	per month.
(d) <input type="checkbox"/> Costs to be paid as follows (specify):				

c. **Additional child support**(1) Costs related to the educational or other special needs of the children

(a) <input type="checkbox"/> Petitioner must pay:	% of total	or	<input type="checkbox"/> \$	per month.
(b) <input type="checkbox"/> Respondent must pay:	% of total	or	<input type="checkbox"/> \$	per month.
(c) <input type="checkbox"/> Other parent/party must pay:	% of total	or	<input type="checkbox"/> \$	per month.
(d) <input type="checkbox"/> Costs to be paid as follows (specify):				

(2) Travel expenses for visitation

(a) <input type="checkbox"/> Petitioner must pay:	% of total	or	<input type="checkbox"/> \$	per month.
(b) <input type="checkbox"/> Respondent must pay:	% of total	or	<input type="checkbox"/> \$	per month.
(c) <input type="checkbox"/> Other parent/party must pay:	% of total	or	<input type="checkbox"/> \$	per month.
(d) <input type="checkbox"/> Costs to be paid as follows (specify):				

d. **Non-Guideline Order**

This order is below above the child support guideline set forth in Family Code section 4055. *Non-Guideline Child Support Findings Attachment* (form [FL-342\(A\)](#)) is attached.

Total child support per month: \$

THIS IS A COURT ORDER.

PETITIONER:	CASE NUMBER:
RESPONDENT:	
OTHER PARENT/PARTY:	

7. Health care expenses

- Health insurance coverage for the minor children of the parties must be maintained by the petitioner respondent other parent/party 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. The parent ordered to provide health insurance must seek continuation of coverage for the child after the child attains the age when the child is no longer considered eligible for coverage as a dependent under the insurance contract, if the child is incapable of self-sustaining employment because of a physically or mentally disabling injury, illness, or condition and is chiefly dependent on the parent providing health insurance for support and maintenance.
- Health insurance is not available to the petitioner respondent other parent/party at a reasonable cost at this time.
- The party providing coverage must assign the right of reimbursement to the other party.

8. Earnings assignment

An earnings assignment order is issued. **Note:** The parent ordered to pay support is responsible for the payment of support directly to the recipient until support payments are deducted from the payor's wages and for payment of any support not paid by the assignment.

- In the event that there is a contract between a person ordered to receive support and a private child support collector, the parent ordered to pay support must pay the fee charged by the private child support collector. This fee must not exceed 33-1/3 percent of the total amount of past due support nor may it exceed 50 percent of any fee charged by the private child support collector. The money judgment created by this provision is in favor of the private child support collector and the person ordered to receive support, jointly.

10. Employment search order (Family Code section 4505)

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

11. Other orders (specify):

12. Notices

- Notice of Rights and Responsibilities Regarding Child Support* (form [FL-192](#)) must be attached and is incorporated into this order.
- If this form is attached to *Restraining Order After Hearing* (form [DV-130](#)), the support orders issued on this form (form FL-342) remain in effect after the restraining orders issued on form DV-130 end.

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 parent ordered 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.

PETITIONER:	CASE NUMBER:
RESPONDENT:	
OTHER PARENT/PARTY:	

NON-GUIDELINE CHILD SUPPORT FINDINGS ATTACHMENT

Attachment to Child Support Information and Order Attachment (form FL-342)
 Other (specify):

The court makes the following findings required by Family Code sections 4056, 4057, and 4065:

STIPULATION TO NON-GUIDELINE ORDER

1. The child support agreed to by the parties is below or above the statewide child support guideline. The amount of support that would have been ordered under the guideline formula is: \$ per month. The parties have been fully informed of their rights concerning child support. Neither party is acting out of duress or coercion. Neither party is receiving public assistance and no application for public assistance is pending. The needs of the children will be adequately met by this agreed-upon amount of child support. If the order is below the guideline, no change of circumstances will be required to modify this order. If the order is above the guideline, a change of circumstances will be required to modify this order.

OTHER REBUTTAL FACTORS

2. **Support calculation**

a. The guideline amount of child support calculated is: \$ per month payable by petitioner respondent other parent/party

b. The court finds by a preponderance of the evidence that rebuttal factors exist. The rebuttal factors result in an increase decrease in child support. The revised amount of support is: \$ per month.

c. The court finds the child support amount revised by these factors to be in the best interest of the children and that application of the formula would be unjust or inappropriate in this case under Family Code section 4057(b). These changes remain in effect until (date): until further order

d. **The factors are:**

- (1) The sale of the family residence is deferred under Family Code section 3800, and the rental value of the family residence in which the children reside exceeds the mortgage payments, homeowners insurance, and property taxes by: \$ per month.
- (2) The parent ordered to pay support has extraordinarily high income, and the amount determined under the guideline would exceed the needs of the children.
- (3) The parent ordered to pay support person ordered to receive support is not contributing to the needs of the children at a level commensurate with that party's custodial time.
- (4) After application of the low-income adjustment, guideline child support would be greater than 50 percent of the net disposable income of the parent ordered to pay support.
- (5) Special circumstances exist in this case. The special circumstances are:
 - (a) The parents have different time-sharing arrangements for different children.
 - (b) The parents have substantially equal custody of the children and one parent has a much lower or higher percentage of income used for housing than the other parent.
 - (c) A child has special medical or other needs that require support greater than the formula amount. These needs are (specify):

(d) Other (specify):

PETITIONER: RESPONDENT:	CASE NUMBER:
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SPOUSAL, DOMESTIC PARTNER, OR FAMILY SUPPORT ORDER ATTACHMENT

TO *Findings and Order After Hearing* (form FL-340) *Judgment* (form FL-180)
 Restraining Order After Hearing (CLETs-OAH) (form DV-130) *Other (specify):*
 Parties' Stipulation (Written Agreement) dated *(specify):* _____

THE COURT FINDS THE PARTIES STIPULATE (AGREE)

Specify if this attachment is about an order for temporary support or a judgment for permanent support (check either 1 or 2 below).

1. This attachment relates to temporary spousal or domestic partner support.

a. This order attachment modifies an order or agreement for temporary support entered on *(date)*:
b. **Net income.** The parties' monthly income and deductions are as follows *(complete (1), (2), or both)*:

	Total gross monthly income	Total monthly deductions	Total hardship deductions	Net monthly disposable income
(1) Petitioner: <input type="checkbox"/> receiving TANF/CalWORKS	\$	\$	\$	\$
(2) Respondent: <input type="checkbox"/> receiving TANF/CalWORKS	\$	\$	\$	\$

c. A printout of a computer calculation of the parties' financial circumstances is attached for all required items not filled out above *(for temporary support only)*.

2. This attachment relates to a judgment for permanent spousal or domestic partner support.

a. This order attachment modifies a judgment entered on *(date)*:
b. The parties were married for *(specify)*: *years* and *months*.
c. The parties were registered as domestic partners or the equivalent for *(specify)*: *years* and *months*.
d. Family Code section 4320 factors *(check either (1) or (2) below, then complete (3))*.
(1) The parties agreed to some or all of the factors as stated in *Spousal or Domestic Partner Support Declaration Attachment* (form FL-157) or in a similar written declaration filed with the court.
(2) The court considered the parties' declarations and supporting documents regarding each Family Code section 4320 factor as stated in testimony, in *Spousal or Domestic Partner Support Declaration Attachment* (form FL-157), or in a similar written declaration filed with the court.
(3) The parties' agreement, or the court's findings, on Family Code section 4320 factors are *(specify)*:
(A) included in [Attachment 2d\(3\)\(A\)](#).
(B) included in *Spousal or Domestic Partner Support Factors Under Family Code Section 4320—Attachment* (form [FL-349](#)).
(C) specified below:

THIS IS A COURT ORDER.

Page 1 of 3

PETITIONER: RESPONDENT:	CASE NUMBER:
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2. e. The parties are both self-supporting.
f. The standard of living established during the marriage or domestic partnership was (describe): [See Attachment 2f.](#)

g. The court finds that the parties have knowingly, intelligently, and voluntarily entered into a stipulation.

3. Jurisdiction

a. The issue of support for the petitioner respondent is reserved for later determination.
b. The court terminates jurisdiction over the issue of support for the petitioner respondent.
c. The court's jurisdiction over the issue of support will end on (specify date):

4. Support amount and payment terms

a. The petitioner respondent must pay to the petitioner respondent as temporary permanent spousal support family support domestic partner support the following amount each month: \$

b. Support payments will begin (date):

c. Support payments are:

(1) payable through (specify end date):

(2) payable on the: day of each month.

(3) Other (specify):

d. Support must be paid by check, money order, or cash other method (specify):

5. Earnings assignment

a. An earnings assignment for the support will issue as requested by petitioner respondent.
Note: The payor of spousal, family, or domestic partner support is responsible for the payment of support directly to the recipient until support payments are deducted from the earnings, and for any support not paid by the assignment.

b. Service of the earnings assignment is stayed provided the payor is not more than (specify number): days late in paying spousal, family, or domestic partner support.

6. Termination (end) of support

a. By law, unless the parties otherwise agree in writing, the support payor's obligation to pay support will end when either party dies or the support payee remarries or registers a new domestic partnership.

b. **Parties' agreement**
The parties agree that the support payor's obligation to pay support will not end as described in 6a. Instead, the support payor's obligation to pay support will continue until (specify below the terms of your agreement about when the support payee's obligation to pay support will end):

THIS IS A COURT ORDER.

PETITIONER: RESPONDENT:	CASE NUMBER:
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7. **Family support orders.** This order is for family support.

- a. 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.
- b. The parents must notify the court of any change of information submitted within 10 days of the change by filing an updated form.
- c. A *Notice of Rights and Responsibilities Regarding Child Support* (form [FL-192](#)) must be attached to the court order.

8. **Notice of change of employment**

The parties must inform each other in writing within 10 days of any change of employment, and include the new employer's name, address, and telephone number.

9. **Duty to become self-supporting**

- a. Notice: It is the goal of this state that each party must make reasonable good-faith efforts to become self-supporting as provided in Family Code section 4320. Failure to make reasonable good-faith efforts may be one of the factors considered by the court as a basis for modifying or terminating support.
- b. The petitioner respondent should make reasonable good-faith efforts to become self-supporting.
- c. Other (*specify*):

10. **Attachment to Restraining Order After Hearing (form DV-130)**

- a. This form is attached to *Restraining Order After Hearing (CLETS-OAH) (Order of Protection)* (form DV-130).
- b. The orders issued on this form (FL-343) do not expire on termination of the restraining orders issued on form DV-130.

11. **Other orders or agreements (*specify*):**

NOTICE: Any party required to pay support must pay interest on overdue amounts at the "legal" rate, which is currently 10 percent.

THIS IS A COURT ORDER.

PETITIONER :	CASE NUMBER:
RESPONDENT:	

**PROPERTY ORDER ATTACHMENT
TO FINDINGS AND ORDER AFTER HEARING**

THE COURT ORDERS

1. **Property restraining orders**
 - a. The petitioner respondent claimant is restrained from transferring, encumbering, hypothecating, concealing, or in any way disposing of any property, real or personal, whether community, quasi-community, or separate, except in the usual course of business or for the necessities of life.
 - b. The petitioner respondent must notify the other party of any proposed extraordinary expenses at least five business days before incurring such expenses, and make an accounting of such to the court.
 - c. The petitioner respondent is restrained from cashing, borrowing against, cancelling, transferring, disposing of, or changing the beneficiaries of any insurance or other coverage, including life, health, automobile, and disability, held for the benefit of the parties or their minor child or children.
 - d. The petitioner respondent must not incur any debts or liabilities for which the other may be held responsible, other than in the ordinary course of business or for the necessities of life.
2. **Possession of property.** The exclusive use, possession, and control of the following property that the parties own or are buying is given as specified:

<u>Property</u>	<u>Given to</u>
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See Attachment 2.

3. **Payment of debts.** Payments on the following debts that come due while this order is in effect must be paid as follows:

Total debt	Amount of payments	Pay to	Paid by
\$	\$		
\$	\$		
\$	\$		
\$	\$		

See Attachment 3.

4. These are temporary orders only. The court will make final orders at the time of judgment.
5. Other (specify):

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARTY:	CASE NUMBER:
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ATTORNEY'S FEES AND COSTS ORDER ATTACHMENT

Attached to:

- Findings and Orders After Hearing (form FL-340)*
- Judgment (Uniform Parentage—Custody and Support) (form FL-250)*
- Judgment (form FL-180)*
- Other (specify):*

THE COURT FINDS

1. An award of attorney's fees and costs is appropriate because there is a demonstrated disparity between the parties in access to funds to retain or maintain counsel and in the ability to pay for legal representation.
 - a. The party requested to pay attorney's fees and costs has or is reasonably likely to have the ability to pay for legal representation for both parties.
 - b. The requested attorney's fees and costs are reasonable and necessary.
2. An award of attorney's fees and costs is not appropriate because (*check all that apply*):
 - a. there is not a demonstrated disparity between the parties in access to funds to retain or maintain counsel or in the ability to pay for legal representation.
 - b. the party requested to pay attorney's fees and costs does not have or is not reasonably likely to have the ability to pay for legal representation for both parties.
 - c. the requested attorney's fees and costs are not reasonable or necessary.
3. Other (*specify*):

THE COURT ORDERS

4. a. The petitioner/plaintiff respondent/defendant other party to pay attorney's fees and costs in this legal proceeding
- b. in the amount of:
 - (1) Fees: \$
 - (2) Costs: \$
 - (3) Interest is not included and is not waived.
- c. Payable to petitioner/plaintiff respondent/defendant other party
- d. From the payment sources of (*if specified*):

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARTY:	CASE NUMBER:
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4. e. With a payment schedule of (*specify*):

- (1) Due in full, on or before (*date*):
- (2) Due in installments, with monthly payments of (*specify*): \$_____, on the (*specify*): ____ day of each month, beginning (*date*): _____ until paid in full.
- (3) If any payment is not timely made and more than _____ days overdue, the entire unpaid balance will immediately become due with interest at the legal rate, which is currently 10 percent per year, from the date of default to the date payment is finally made.
- (4) No interest will accrue as long as payments are timely made.
- (5) Other (*specify*): _____

5. This amount includes (*check all that apply*):

- a. a fee in the amount of (*specify*): \$_____ to hire an attorney in a timely manner before the proceedings in the matter go forward.
- b. attorney's fees and costs incurred to date in the amount of (*specify*): \$_____
- c. estimated attorney's fees and costs in the amount of (*specify*): \$_____
- d. attorney's fees and costs for limited scope representation in the amount of (*specify*): \$_____
- e. any amounts previously ordered that have not yet been paid (*specify*): \$_____
- f. Other (*specify*): _____

6. Other orders (*specify*): _____

NOTICE: Any party required to pay attorney's fees and costs must pay interest on overdue amounts at the legal rate, which is currently 10 percent per year.

SHORT TITLE:	CASE NUMBER:
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(Required for verified pleading) The items on this page stated on information and belief are (specify item numbers, **not** line numbers):

This page may be used with any Judicial Council form or any other paper filed with the court.

NOTICE OF RIGHTS AND RESPONSIBILITIES REGARDING CHILD SUPPORT

Childcare and Health Care Costs and Reimbursement Procedures

Your child support order may include a provision for payment of childcare or uninsured health care costs. Childcare costs may be included as part of the monthly child support payment or reimbursable as a percentage of the costs. If the childcare costs are included as part of the monthly child support payment, you must pay that amount each month until the court changes (modifies) the child support order. If you need to change your child support order because there has been a change in the cost of childcare, see page 2.

If you have a child support order that includes a provision for the reimbursement of a percentage of childcare costs or a portion of the child's or children's health care costs and those costs are not paid by insurance, the **law says**:

1. **Notice.** You must give the other parent an itemized statement of the charges that have been billed for any childcare costs or health care costs not paid by insurance. You must give this statement to the other parent within a reasonable time, but no more than 90 days after those costs were given to you.
2. **Proof of full payment.** If you have already paid all of the childcare costs or uninsured health care costs, you must (1) give the other parent proof that you paid them and (2) ask for reimbursement for the other parent's court-ordered share of those costs.
3. **Proof of partial payment.** If you have paid only your share of the childcare costs or uninsured health care costs, you must (1) give the other parent proof that you paid your share, (2) ask that the other parent pay his or her share of the costs directly to the childcare or health care provider, and (3) give the other parent the information necessary for that parent to be able to pay the bill.
4. **Payment by notified parent.** If you receive notice from a parent that a childcare or uninsured health care cost has been incurred, you must pay your share of that cost within the time the court orders; or if the court has not specified a period of time, you must make payment (1) within 30 days from the time you were given notice of the amount due, (2) according to any payment schedule set by the health care provider, (3) according to a schedule agreed to in writing by you and the other parent, or (4) according to a schedule adopted by the court.
5. **Going to court.** Sometimes parents get into disagreements about childcare and health care costs. If you and the other parent cannot resolve the situation after talking about it, you can request that the court make a decision.

- a. **Disputed requests for payment.** If you dispute a request for payment made by the other parent, you may file a request for the court to resolve the dispute, but only if you pay the requested amount before filing your request.
- b. **Nonpayment.** If you claim that the other parent has failed to pay you back for a payment, or they have failed to make a payment to the provider after proper notice, you may file a request for the court to resolve the dispute.
- c. **Paid charges.** The court will presume that if uninsured health care costs or childcare costs for employment or necessary training for job skills have been paid, those costs were reasonable. If you want to dispute paid charges, you will have to show the court that the costs were unreasonable.
- d. **Attorney's fees.** If the court decides one parent has been unreasonable, it can order that parent to pay the other parent's attorney's fees and costs.
- e. **Court forms.** Use forms [FL-300](#) and [FL-490](#) to get a court date. See form [FL-300-INFO](#) for information about completing, filing, and serving your court papers.
6. **Court-ordered insurance coverage.** If a parent provides health care insurance as ordered by the court, that insurance must be used at all times to the extent that it is available for health care costs.
 - a. **Burden to prove.** The parent claiming that the coverage is inadequate to meet the child's needs has the burden of proving that to the court.
 - b. **Cost of additional coverage.** If a parent purchases health care insurance in addition to that ordered by the court, that parent must pay all the costs of the additional coverage. In addition, if a parent uses alternative coverage that costs more than the coverage provided by court order, that parent must pay the difference.
7. **Preferred health providers.** If the court-ordered coverage designates a preferred health care provider, that provider must be used at all times consistent with the terms of the health insurance policy. When any parent uses a health care provider other than the preferred provider, any health care costs that would have been paid by the preferred health provider if that provider had been used must be the sole responsibility of the parent incurring those costs.
8. **Need help?** Contact the [family law facilitator](#) in your county or call your county's bar association and ask for an experienced family lawyer.

Information Sheet on Changing a Child Support Order

General Info

The court has made a child support order in your case. This order will remain the same unless one of the parents requests that the support be changed (modified). An order for child support can be modified by filing a request to change child support and serving the other parent. If both parents agree on a new child support amount, they can complete, sign, and file with the court a *Stipulation to Establish or Modify Child Support and Order* (form [FL-350](#)). (Note: If the local child support agency is involved in your case, it must be served with any request to change child support and approve any agreement.)

Online Self-Help Guide

For more information about how child support works, visit: <https://selfhelp.courts.ca.gov/child-support>.

When a Child Support Order May Be Changed

The court considers several things when ordering the payment of child support.

- First, the number of children is considered, along with the percentage of time each parent has physical custody of the children.
- Next, the net disposable incomes of both parents are determined (which is how much money is left each month after taxes and certain other items like health insurance, union dues, or other child support ordered and paid are subtracted from a parent's paycheck). The court can also look at a parent's earning ability.
- The court considers both parents' tax filing status and may consider hardships, such as the cost of raising the parent's child from another relationship who lives with the parent.

A parent can request to change an existing order for child support when circumstances change significantly. For example if the net disposable income of one of the parents changes, parenting time changes, or a new child is born.

Examples

- You have been ordered to pay \$500 per month in child support. You lose your job. You will continue to owe \$500 per month, plus 10 percent interest on any unpaid support, unless you file a motion to modify your child support to a lower amount and the court orders a reduction.
- You are currently receiving \$300 per month in child support from the other parent, whose net income has just increased substantially. You will continue to receive \$300 per month unless you file a motion to modify your child support to a higher amount and the court orders an increase.
- You are paying child support based on having physical custody of your children 30 percent of the time. After several months it turns out that you actually have physical custody of the children 50 percent of the time. You may file a motion to modify child support to a lower amount.

How to Change a Child Support Order

To change a child support order, you must file papers with the court. Remember: You must follow the order you have now.

What forms do I need?

If you are asking to change a child support order, you must fill out one of these forms:

- Form [FL-300](#), *Request for Order* or
- Form [FL-390](#), *Notice of Motion and Motion for Simplified Modification of Order for Child, Spousal, or Family Support*

You must also fill out one of these forms, and attach proof of income for the past two months (like your paycheck stubs):

- Form [FL-150](#), *Income and Expense Declaration* or
- Form [FL-155](#), *Financial Statement (Simplified)*

What if I am not sure which forms to fill out?

Contact the family law facilitator in your county. You can find them here: www.courts.ca.gov/selfhelp-facilitators.htm.

After you fill out the forms, file them with the court clerk and ask for a hearing date. Write the hearing date on the form.

The clerk may ask you to pay a filing fee. If you cannot afford the fee, fill out these forms, too:

- Form [FW-001](#), *Request to Waive Court Fees and*
- Form [FW-003](#), *Order on Court Fee Waiver (Superior Court)*

You must serve the other parent. If the local child support agency is involved, serve it too.

- This means someone 18 or over—not you—must deliver copies of your filed court forms to the other parent, at least **16 court days** before the hearing. Add **5 calendar days** if delivered by mail within California (see Code of Civil Procedure section 1005 for other situations).
- **Court days** are weekdays when the court is open for business (Monday through Friday except court holidays). **Calendar days** include all days of the month, including weekends and holidays. To find court holidays, go to: www.courts.ca.gov/holidays.htm.

Blank copies of both of these forms must also be served:

- Form [FL-320](#), *Responsive Declaration to Request for Order*
- Form [FL-150](#), *Income and Expense Declaration*

Then the server fills out and signs a *Proof of Service*. Take this form, plus one copy, to the clerk and file it at least one week before your hearing.

Go to your hearing and ask the judge to change the support. Bring your tax returns from the last two years and your proof of income for the past two months (like your paycheck stubs). The judge will look at your information, listen to both parents, and make an order. After the hearing, fill out:

- Form [FL-340](#), *Findings and Order After Hearing and*
- Form [FL-342](#), *Child Support Information and Order Attachment*

Need help?

Contact the [family law facilitator](#) in your county or call your county's bar association and ask for an experienced family lawyer.

Information About Child Support for Incarcerated or Confined Parents

- Child support.** As of September 27, 2022, child support automatically stops if the parent who has to pay is confined against their will for more than 90 days in a row in jail, prison, juvenile detention, a mental health facility, or other institution.

Exception. Child support does not automatically stop if the parent who has to pay has money available to pay child support.

- Past confinement.** Child support also automatically stops during past confinement if it was ordered from October 8, 2015, through December 31, 2019, or January 1, 2021, through September 26, 2022, and the parent who has to pay was confined for more than 90 days in a row during the same time frame.

Exceptions for past confinement. Child support does not automatically stop if the parent who has to pay was in jail or prison for failing to pay child support or for domestic violence against the other parent or the child, or if they had money available to pay support.

- Timing.** The date child support automatically restarts will depend on the parent's release date. If you need to change your child support order, see page 2.

- If released before January 1, 2024,** child support automatically restarts the first day of the first full month after the parent is released.
- If released after January 1, 2024,** child support will automatically restart the first day of the 10th month after the parent is released.

Employment before the 10-month period ends: If the parent who has to pay support starts working before the date child support is set to automatically restart, the person who is owed support or the local child support agency can request the court restart the child support order early. The court may order a different amount of child support if appropriate.

- More info.** For more information about child support and incarcerated parents, see [Family Code section 4007.5](#) or go to <https://selfhelp.courts.ca.gov/child-support/incarcerated-parent>. You can also contact the family law facilitator in your county and can find them here: www.courts.ca.gov/selfhelp-facilitators.htm.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):

COURT PERSONNEL:
STAMP DATE RECEIVED HERE

DO NOT FILE

TELEPHONE NO.:

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:

CHILD SUPPORT CASE REGISTRY FORM

 Mother Father

First form completed

Change to previous information

CASE NUMBER:

**THIS FORM WILL NOT BE PLACED IN THE COURT FILE. IT WILL BE
MAINTAINED IN A CONFIDENTIAL FILE WITH THE STATE OF CALIFORNIA.**

Notice: Pages 1 and 2 of this form must be completed and delivered to the court along with the court order for support. Pages 3 and 4 are instructional only and do not need to be delivered to the court. If you did not file the court order, you must complete this form and deliver it to the court within 10 days of the date on which you received a copy of the support order. Any later change to the information on this form must be delivered to the court on another form within 10 days of the change. It is important that you keep the court informed in writing of any changes of your address and telephone number.

1. Support order information (*this information is on the court order you are filing or have received*).

a. Date order filed:

b. Initial child support or family support order Modification

c. Total monthly base current child or family support amount ordered for children listed below, plus any monthly amount ordered payable on past-due support:

Child Support:

(1) Current \$
base child support: Reserved order
 \$0 (zero) order

(2) Additional \$
monthly support:

(3) Total \$
past-due support:

(4) Payment \$
on past-
due support:

(5) Wage withholding was ordered ordered but stayed until (date):

Family Support:

Current \$
base family support: Reserved order
 \$0 (zero) order

Additional \$
monthly support:

Total \$
past-due support:

Payment \$
on past-
due support:

Spousal Support:

Current \$
spousal support: Reserved order
 \$0 (zero) order

Total \$
past-due support:

Payment \$
on past-
due support:

2. Person required to pay child or family support (*name*):

Relationship to child (*specify*):

3. Person or agency to receive child or family support payments (*name*):

Relationship to child (*if applicable*):

TYPE OR PRINT IN INK

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
---	--------------

4. The child support order is for the following children:

Child's name

Date of birth

Social security number

- a.
- b.
- c.

Additional children are listed on a page attached to this document.

You are required to complete the following information about yourself. You are not required to provide information about the other person, but you are encouraged to provide as much as you can. This form is confidential and will not be filed in the court file. It will be maintained in a confidential file with the State of California.

5. Father's name:

- a. Date of birth:
- b. Social security number:
- c. Street address:

6. Mother's name:

- a. Date of birth:
- b. Social security number:
- c. Street address:

City, state, zip code:

City, state, zip code:

d. Mailing address:

d. Mailing address:

City, state, zip code:

City, state, zip code:

e. Driver's license number:

e. Driver's license number:

State:

State:

f. Telephone number:

f. Telephone number:

g. Employed Not employed Self-employed g. Employed Not employed Self-employed

Employer's name:

Employer's name:

Street address:

Street address:

City, state, zip code:

City, state, zip code:

Telephone number:

Telephone number:

7. A restraining order, protective order, or nondisclosure order due to domestic violence is in effect.

a. The order protects: Father Mother Children

b. From: Father Mother

c. The restraining order expires on (date):

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:



(TYPE OR PRINT NAME)

(SIGNATURE OF PERSON COMPLETING THIS FORM)

INFORMATION SHEET FOR CHILD SUPPORT CASE REGISTRY FORM

(Do NOT deliver this Information Sheet to the court clerk.)

Please follow these instructions to complete the *Child Support Case Registry Form* (form FL-191) if you do not have an attorney to represent you. Your attorney, if you have one, should complete this form.

Both parents must complete a *Child Support Case Registry Form*. The information on this form will be included in a national database that, among other things, is used to locate absent parents. When you file a court order, you must deliver a completed form to the court clerk along with your court order. If you did not file a court order, you must deliver a completed form to the court clerk **WITHIN 10 DAYS** of the date you received a copy of your court order. If any of the information you provide on this form changes, you must complete a new form and deliver it to the court clerk within 10 days of the change. The address of the court clerk is the same as the one shown for the superior court on your order. This form is confidential and will not be filed in the court file. It will be maintained in a confidential file with the State of California.

INSTRUCTIONS FOR COMPLETING THE *CHILD SUPPORT CASE REGISTRY FORM* (TYPE OR PRINT IN INK):

If the top section of the form has already been filled out, skip down to number 1 below. If the top section of the form is blank, you must provide this information.

Page 1, first box, top of form, left side: Print your name, address, telephone number, fax number, and e-mail address, if any, in this box. Attorneys must include their State Bar identification numbers.

Page 1, second box, top of form, left side: Print the name of the county and the court's address in this box. Use the same address for the court that is on the court order you are filing or have received.

Page 1, third box, top of form, left side: Print the names of the petitioner/plaintiff, respondent/defendant, and other parent in this box. Use the same names listed on the court order you are filing or have received.

Page 1, fourth box, top of form, left side: Check the box indicating whether you are the mother or the father. If you are the attorney for the mother, check the box for mother. If you are the attorney for the father, check the box for father. Also, if this is the first time you have filled out this form, check the box by "First form completed." If you have filled out form FL-191 before, and you are changing any of the information, check the box by "Change to previous information."

Page 1, first box, right side: Leave this box blank for the court's use in stamping the date of receipt.

Page 1, second box, right side: Print the court case number in this box. This number is also shown on the court papers.

Instructions for numbered paragraphs:

1. a. Enter the date the court order was filed. This date is shown in the "COURT PERSONNEL: STAMP DATE RECEIVED HERE" box on page 1 at the top of the order on the right side. If the order has not been filed, leave this item blank for the court clerk to fill in.

b. If the court order you filed or received is the first child or family support order for this case, check the box by "Initial child support or family support order." If this is a change to your order, check the box by "Modification."

c. Information regarding the amount and type of support ordered and wage withholding is on the court order you are filing or have received.
 - (1) If your order provides for any type of current support, check all boxes that describe that support. For example, if your order provides for both child and spousal support, check both of those boxes. If there is an amount, put it in the blank provided. If the order says the amount is reserved, check the "Reserved order" box. If the order says the amount is zero, check the "\$0 (zero) order" box. Do not include child care, special needs, uninsured medical expenses, or travel for visitation here. These amounts will go in (2). Do NOT complete the Child Support Case Registry form if you receive spousal support only.
 - (2) If your order provides for a set monthly amount to be paid as additional support for such needs as child care, special needs, uninsured medical expenses or travel for visitation check the box in Item 2 and enter the monthly amount. For example, if your order provides for base child support and in addition the paying parent is required to pay \$300 per month, check the box in item 2 underneath the "Child Support" column and enter \$300. Do NOT check this box if your order provides only for a payment of a percentage, such as 50% of the childcare.

(3) If your order determined the amount of past due support, check the box in Item 3 that states the type of past due support and enter the amount. For example, if the court determined that there was \$5000 in past due child support and \$1000 in past due spousal support, you would check the box in item 3 in the "Child Support" column and enter \$5000 and you would also check the box in item 3 in the "Spousal Support" column and enter \$1000.

(4) If your order provides for a specific dollar amount to be paid towards any past due support, check the box in Item 4 that states the type of past due support and enter the amount. For example, the court ordered \$350 per month to be paid on the past due child support, you would check the box in Item 4 in the "Child Support" column and enter \$350.

(5) Check the "ordered" box if wage withholding was ordered with no conditions. Check the box "ordered but stayed until" if wage withholding was ordered but is not to be deducted until a later date. If the court delayed the effective date of the wage withholding, enter the specific date. Check only one box in this item.

2. a. Write the name of the person who is supposed to pay child or family support.
b. Write the relationship of that person to the child.
3. a. Write the name of the person or agency supposed to receive child or family support payments.
b. Write the relationship of that person to the child.
4. List the full name, date of birth, and social security number for each child included in the support order. If there are more than five children included in the support order, check the box below item 4e and list the remaining children with dates of birth and social security numbers on another sheet of paper. Attach the other sheet to this form.

The local child support agency is required, under section 466(a)(13) of the Social Security Act, to place in the records pertaining to child support the social security number of any individual who is subject to a divorce decree, support order, or paternity determination or acknowledgment. This information is mandatory and will be kept on file at the local child support agency.

Top of page 2, box on left side: Print the names of the petitioner/plaintiff, respondent/defendant, and other parent in this box. Use the same names listed on page 1.

Top of page 2, box on right side: Print your court case number in this box. Use the same case number as on page 1, second box, right side.

You are required to complete information about yourself. If you know information about the other person, you may also fill in what you know about him or her.

5. If you are the father in this case, list your full name in this space. See instructions for a-g under item 6 below.
6. If you are the mother in this case, list your full name in this space.
 - a. List your date of birth.
 - b. Write your social security number.
 - c. List the street address, city, state, and zip code where you live.
 - d. List the street address, city, state, and zip code where you want your mail sent, if different from the address where you live.
 - e. Write your driver's license number and the state where it was issued.
 - f. List the telephone number where you live.
 - g. Indicate whether you are employed, not employed, self-employed, or by checking the appropriate box. If you are employed, write the name, street address, city, state, zip code, and telephone number where you work.
7. If there is a restraining order, protective order, or nondisclosure order, check this box.
 - a. Check the box beside each person who is protected by the restraining order.
 - b. Check the box beside the parent who is restrained.
 - c. Write the date the restraining order expires. See the restraining order, protective order, or nondisclosure order for this date.

If you are in fear of domestic violence, you may want to ask the court for a restraining order, protective order, or nondisclosure order.

You must type or print your name, fill in the date, and sign the *Child Support Case Registry Form* under penalty of perjury. When you sign under penalty of perjury, you are stating that the information you have provided is true and correct.

SERVING THE OTHER PARTIES AND FILING PROOF OF SERVICE

WHO: Who do I have to have served?

EVERYONE who is a party to the case, including all joined parties. If Contra Costa County is involved in your case, you must serve the Department of Child Support Services at 50 Douglas Drive, Martinez, CA.

Who does the service?

Someone age 18 years old *or* over *and* who is not a party to the case.

- You cannot serve your own papers.
- If you have a fee waiver, the Sheriff will serve your papers for you. (Civil Division, 920 Mellus Street, Martinez, CA, 8:00 am – 4:00 pm)

WHAT: What do I have the parties to the case served with?

- A filed copy of the Findings and Order After Hearing.

What should I do after the parties have been served?

- Make a copy of the Proof of Service and file the original and copy at the Clerk's Office in Martinez, 751 Pine Street, Martinez, CA. If your case is assigned to the judge in Pittsburg, file your papers at the Pittsburg courthouse.

WHEN: When do I have to have the other parties served?

- As soon as the Findings and Order After Hearing is filed.
- You can have the parties served either in person or by mail. Both forms are included in this packet.

WHERE: Where do I get a Proof of Service form?

- At the Law Library in any of the courthouses. You can also download court forms online at www.cc-courts.org/forms.

Where do I file the Proof of Service?

- File the completed Proof of Service and 1 copy at the Clerk's Office, 751 Pine Street, Martinez, CA. If your case is assigned to the judge in Pittsburg, file your papers at the Pittsburg courthouse.

ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400,17406
(Name, State Bar number, and address):

FOR COURT USE ONLY

TELEPHONE NO.:

FAX NO.:

ATTORNEY FOR (Name):

SUPERIOR COURT OF CALIFORNIA, COUNTY OF

STREET ADDRESS:

MAILING ADDRESS:

CITY AND ZIP CODE:

BRANCH NAME:

PETITIONER/PLAINTIFF:

CASE NUMBER:

RESPONDENT/DEFENDANT:

(If applicable, provide):

OTHER PARENT/PARTY:

HEARING DATE:

HEARING TIME:

DEPT.:

PROOF OF PERSONAL SERVICE

1. I am at least 18 years old, not a party to this action, and not a protected person listed in any of the orders.
2. Person served (name):
3. I served copies of the following documents (specify):

4. By personally delivering copies to the person served, as follows:

- a. Date: _____
- b. Time: _____
- c. Address: _____

5. I am

- a. not a registered California process server.
- b. a registered California process server.
- c. an employee or independent contractor of a registered California process server.
- d. exempt from registration under Business & Profession Code section 22350(b).
- e. a California sheriff or marshal.

6. My name, address, and telephone number, and, if applicable, county of registration and number (specify):

7. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
8. I am a California sheriff or marshal and I certify that the foregoing is true and correct.

Date:



(TYPE OR PRINT NAME OF PERSON WHO SERVED THE PAPERS)

(SIGNATURE OF PERSON WHO SERVED THE PAPERS)

INFORMATION SHEET FOR PROOF OF PERSONAL SERVICE

Use these instructions to complete the *Proof of Personal Service* (form FL-330).

A person at least 18 years of age or older must serve the documents. There are two ways to serve documents: (1) personal delivery and (2) by mail. See the *Proof of Service by Mail* (form FL-335) if the documents are being served by mail. The person who serves the documents must complete a proof of service form for the documents being served. **You cannot serve documents if you are a party to the action.**

INSTRUCTIONS FOR THE PERSON WHO SERVES THE DOCUMENTS (TYPE OR PRINT IN BLACK INK)

You must complete a proof of service for each package of documents you serve. For example, if you serve the respondent and the other parent, you must complete two proofs of service; one for the respondent and one for the other parent.

Complete the top section of the proof of service forms as follows:

First box, left side: In this box print the name, address, and phone number of the person for whom you are serving the documents.

Second box, left side: Print the name of the county in which the legal action is filed and the court's address in this box. Use the same address for the court that is on the documents you are serving.

Third box, left side: Print the names of the petitioner/plaintiff, respondent/defendant, and other parent in this box. Use the same names listed on the documents you are serving.

First box, top of form, right side: Leave this box blank for the court's use.

Second box, right side: Print the case number in this box. This number is also stated on the documents you are serving.

Third box, right side: Print the hearing date, time, and department. Use the same information that is on the documents you are serving.

1. You are stating that you are over the age of 18 and that you are neither a party of this action nor a protected person listed in any of the orders.
2. Print the name of the party to whom you handed the documents.
3. List the name of each document that you delivered to the party.
4. a. Write in the date that you delivered the documents to the party.
b. Write in the time of day that you delivered the documents to the party.
c. Print the address where you delivered the documents.
5. Check the box that applies to you. If you are a private person serving the documents for a party, check box "a."
6. Print your name, address, and telephone number. If applicable, include the county in which you are registered as a process server and your registration number.
7. You must check this box if you are not a California sheriff or marshal. You are stating under penalty of perjury that the information you have provided is true and correct.
8. Do not check this box unless you are a California sheriff or marshal.

Print your name, fill in the date, and sign the form.

If you need additional assistance with this form, contact the family law facilitator in your county.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): ____		FOR COURT USE ONLY
<p>TELEPHONE NO.: FAX NO. (Optional):</p> <p>E-MAIL ADDRESS (Optional):</p> <p>ATTORNEY FOR (Name):</p>		
<p>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</p> <p>STREET ADDRESS:</p> <p>MAILING ADDRESS:</p> <p>CITY AND ZIP CODE:</p> <p>BRANCH NAME:</p>		
<p>PETITIONER/PLAINTIFF:</p> <p>RESPONDENT/DEFENDANT:</p> <p>OTHER PARENT/PARTY:</p>		<p>CASE NUMBER:</p> <p>(If applicable, provide):</p> <p>HEARING DATE:</p> <p>HEARING TIME:</p> <p>DEPT.:</p>
<p>PROOF OF SERVICE BY MAIL</p>		

NOTICE: To serve temporary restraining orders you must use personal service (see form FL-330).

1. I am at least 18 years of age, not a party to this action, and I am a resident of or employed in the county where the mailing took place.
2. My residence or business address is:
3. I served a copy of the following documents (*specify*):

by enclosing them in an envelope AND

3. **depositing** the sealed envelope with the United States Postal Service with the postage fully prepaid.

placing the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.

4. The envelope was addressed and mailed as follows:

- a. Name of person served:
- b. Address:
- c. Date mailed:
- d. Place of mailing (*city and state*):

5. I served a request to modify a child custody, visitation, or child support judgment or permanent order which included an address verification declaration. (*Declaration Regarding Address Verification—Postjudgment Request to Modify a Child Custody, Visitation, or Child Support Order* (form FL-334) may be used for this purpose.)

6. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF PERSON COMPLETING THIS FORM)

Page 1 of 1

INFORMATION SHEET FOR PROOF OF SERVICE BY MAIL

Use these instructions to complete the *Proof of Service by Mail* (form FL-335).

A person at least 18 years of age or older must serve the documents. There are two ways to serve documents: (1) personal delivery and (2) by mail. See the *Proof of Personal Service* (form FL-330) if the documents are being personally served. The person who serves the documents must complete a proof of service form for the documents being served. **You cannot serve documents if you are a party to the action.**

INSTRUCTIONS FOR THE PERSON WHO SERVES THE DOCUMENTS (TYPE OR PRINT IN BLACK INK)

You must complete a proof of service for each package of documents you serve. For example, if you serve the respondent and the other parent, you must complete two proofs of service; one for the respondent and one for the other parent.

Complete the top section of the proof of service forms as follows:

First box, left side: In this box print the name, address, and phone number of the person for whom you are serving the documents.

Second box, left side: Print the name of the county in which the legal action is filed and the court's address in this box. Use the same address for the court that is on the documents you are serving.

Third box, left side: Print the names of the petitioner/plaintiff, respondent/defendant, and other parent in this box. Use the same names listed on the documents you are serving.

First box, top of form, right side: Leave this box blank for the court's use.

Second box, right side: Print the case number in this box. This number is also stated on the documents you are serving.

Third box, right side: Print the hearing date, time, and department. Use the same information that is on the documents you are serving.

You cannot serve a temporary restraining order by mail. You must serve those documents by personal service.

1. You are stating that you are at least 18 years old and that you are not a party to this action. You are also stating that you either live in or are employed in the county where the mailing took place.
2. Print your home or business address.
3. List the name of each document that you mailed (the exact names are listed on the bottoms of the forms).
 - a. Check this box if you put the documents in the regular U.S. mail.
 - b. Check this box if you put the documents in the mail at your place of employment.
4. a. Print the name you put on the envelope containing the documents.
 - b. Print the address you put on the envelope containing the documents.
 - c. Print the date that you put the envelope containing the documents in the mail.
 - d. Print the city and state you were in when you mailed the envelope containing the documents.
5. Check this box if you are serving an address verification form (required for service by mail of a postjudgment request to change a child custody, visitation, or child support order).
6. You are stating under penalty of perjury that the information you have provided is true and correct.

Print your name, fill in the date, and sign the form.

If you need additional assistance with this form, contact the family law facilitator in your county.

Findings and Order After Hearing

FamLaw-32

Forms List & Instructions

Revised 1/1/26

LIST OF FORMS IN PACKET				PRINT INSTRUCTIONS			
DOC #	FORM #	FORM NAME	REVISED DATE	IMAGES	SIDES	COLOR	ORIENTATION
1	FamLaw-32	Findings and Order After Hearing Cover Sheet	1/1/26	1	2	White	
2	FamLaw-101-INFO	Additional Resources	12/8/16				Head to Head
3	MC-500-INFO	Requirements for Filing Court Papers	10/6/16	3	One Sided	Blue	
4	FamLaw-32a-INFO	Findings and Order After Hearing Instructions	12/8/16	4	One sided	Blue	
5	FL-340	Findings and Order After Hearing	7/1/25	5	One sided	White	
6	FL-341	Child Custody and Visitation Order Attachment	1/1/26	6 8 7 9	One sided	White	
7	FL-341(A)	Supervised Visitation Order	1/1/26	10 11	One sided	White	
8	FL-341(B)	Child Abduction Prevention Order Attachment	7/1/25	12 13	One sided	White	
9	FL-342	Child Support Information and Order Attachment	9/1/24	14 15 16	One sided	White	
10	FL-342(A)	Non-Guideline Child Support Findings Attachment	9/1/24	17	One sided	White	
11	FL-343	Spousal, Partner or Family Support Order Attachment -	7/1/25	18 19 20	One sided	White	
12	FL-344	Property Order Attachment to Findings and Order After Hearing	1/1/07	21	One sided	White	
13	FL-346	Attorney's Fees and Costs Order Attachment	1/1/12	22 23	One sided	White	
14	MC-020	Additional Page	1/1/87	24	One sided	White	
15	FL-192	Notice of Rights and Responsibilities	9/1/24	25 26 27	Two sided One sided	Pink	Head to Head
16	FL-191	Child Support Case Registry Form	7/1/05	28 30 29 31	One sided	White White	
17	FamLaw-104e-INFO	Serving the Other Parties	12/8/16	32	One sided	Blue	
18	FL-330	Proof of Personal Service	1/1/12	33	One Sided	White	
19	FL-330-INFO	Information Sheet for Proof of Personal Service	1/1/12	34	One Sided	Gold	
20	FL-335	Proof of Service by Mail	1/1/12	35	One Sided	White	
21	FL-335-INFO	Information Sheet for Proof of Service by Mail	1/1/12	36	One Sided	Gold	
21	TOTAL DOCS						

***Packets will no longer be 2-hole punched. Staple together with one staple in top left corner.**