

**15TH ANNUAL**

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**AB 1058**  
**Child Support**  
**Training Conference**

**SEPTEMBER 6–9, 2011**

Marriott Marquis Hotel

San Diego, California



*For Child Support Commissioners, Family Law Facilitators,  
Title IV-D Administrative and Accounting Staff,  
Paralegals, and Court Clerks*



**ADMINISTRATIVE OFFICE  
OF THE COURTS**

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**CENTER FOR FAMILIES, CHILDREN  
& THE COURTS**

**Conference CD Usage Instructions**  
**For Attendees of the 15th Annual AB 1058 Child Support Training Conference**

The Center for Families, Children & the Courts (CFCC) is pleased to release this conference CD, which serves as an electronic binder of handout materials from the 15th Annual AB 1058 Child Support Training Conference.

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The points of view expressed at the conference and in the conference materials are those of the author(s) and presenter(s) and do not necessarily represent the official positions or policies of the Judicial Council of California.

We appreciate your attendance at the 15th Annual AB 1058 Child Support Training Conference. If you have any questions or comments, please contact the editors:

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# Table of Contents

- Tab A: AB 1058 Primary Assignment Orientation**
- Tab B: New Child Support Commissioners' Orientation**
- Tab C: Plenary Session/Welcome and Updates**
- Tab D: Alternative Dispute Resolution and Child Support**
- Tab E: Facilitator Services at Your Local Child Support Agency – A WIN-WIN**
- Tab F: Interacting with Self-Represented Litigants – Effective Practices**
- Tab G: Welfare System/Disability Benefits/Unemployment Insurance Benefits**
- Tab H: Roundtables: Child Support Commissioners/Family Law Facilitators/Paralegals/General**
- Tab I: New Family Law Facilitators' Orientation**
- Tab J: Court Clerks' Training: Fundamentals/Advanced/Court Clerks' Roundtable/UIFSA**
- Tab K: AB 1058 Administration and Accounting**
- Tab L: Coping Effectively with the Challenges of the Legal World**
- Tab M: Creating a Work-Life Balance**
- Tab N: Best Courtroom Practices Roundtable**
- Tab O: Case Law Update**
- Tab P: DCSS Guideline Calculator Training: Beginning/Advanced**
- Tab Q: Income Determination: Beginning/Advanced**
- Tab R: UIFSA: Interjurisdictional Sites, Cites, and Sights/ Interjurisdictional Case Processing**
- Tab S: Decision-Making and Child Support: Merging New Case Law and Fairness**
- Tab T: DCSS Presents**
- Tab U: Helping the Military Member – Representation of Active Duty Service Members Under the SCRA, Collaboration for Homelessness Prevention and Outreach to Homeless Veterans (Stand Down, VA Outreach Project)**
- Tab V: Judicial Ethics for Child Support Commissioners**

# **TAB A**

## **AB 1058 Primary Assignment Orientation (For child support commissioners only)**

**Hon. Patti C. Ratekin**

***MATERIALS WERE DISTRIBUTED,  
NOT AVAILABLE ONLINE***

# **TAB B**

## **New Child Support Commissioners' Orientation (For child support commissioners only)**

**Hon. Adam Wertheimer,  
Hon. Rebecca L. Wightman,  
and Mr. Michael L. Wright**

***MATERIALS WERE DISTRIBUTED,  
NOT AVAILABLE ONLINE***

# **TAB C**

**Plenary Session/Welcome and  
Updates (AOC, DCSS,  
and Legislative)**

**Hon. Lorna A. Alksne, Ms. Diane Nunn,  
Mr. Michael L. Wright, and  
Ms. Anna L. Maves**

# **TAB C**

## **Judicial Council/AOC Update**

**Mr. Michael L. Wright and  
Ms. Anna L. Maves**



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Judicial Council of California · Administrative Office of the Courts

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## REPORT TO THE JUDICIAL COUNCIL

For business meeting on October 28, 2011

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<b>Title</b>	<b>Agenda Item Type</b>
Child Support: Revise Income Withholding for Support and Related Instructions	Action Required
<b>Rules, Forms, Standards, or Statutes Affected</b>	<b>Effective Date</b>
Revise forms FL-195 and FL-196	January 1, 2012
<b>Recommended by</b>	<b>Date of Report</b>
Family and Juvenile Law Advisory Committee Hon. Kimberly J. Nystrom-Geist, Cochair Hon. Dean Stout, Cochair	October 6, 2011
	<b>Contact</b>
	Anna L. Maves, 916-263-8624 anna.maves@jud.ca.gov

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### Executive Summary

The Family and Juvenile Law Advisory Committee recommends revising *Income Withholding for Support* (form FL-195/OMB No. 0970-0154) and *Income Withholding for Support—Instructions* (form FL-196/OMB No. 0970-0154) to comply with Family Code section 5208 and federal law.

### Recommendation

The Family and Juvenile Law Advisory Committee recommends that the Judicial Council, effective January 1, 2012, revise *Income Withholding for Support* (FL-195/OMB No. 0970-0154) and *Income Withholding for Support—Instructions* (FL-196/OMB No. 0970-0154) to comply with Family Code section 5208 and federal law.

The proposed forms are attached at pages 5–13.

### Previous Council Action

*Income Withholding for Support* (FL-195/OMB No. 0970-0154) was adopted by the Judicial Council on December 2, 1999, and was renumbered, effective January 1, 2003, as FL-195. (FL-



196 contains instructions for FL-195.) Most recently, the federal Office of Management and Budget (OMB) revised the form in 2007, and the Judicial Council revised FL-195 and FL-196 to incorporate the changes made to the federal form effective July 1, 2008.

## Rationale for Recommendation

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) (Pub.L. No. 104-193) instituted welfare reform which included a requirement that the Office of Child Support Enforcement (OCSE) develop a standardized form to collect child support payments in all title IV-D cases and in non-title IV-D cases with orders initially issued in the state on or after January 1, 1994. Local child support agencies and the courts authorized under state law to issue Income Withholding Orders (IWOs) must use the federal Office of Management and Budget–approved IWO for all child support income withheld by employers. Family Code section 5208 was amended in 1999 to comply with this federal mandate and requires that the federal form *Order/Notice to Withhold Income for Child Support*<sup>1</sup> be used as the earnings assignment order in any action in which child or family support is ordered.<sup>2</sup>

In governmental child support cases, after a judgment for child support is issued or child support is modified, the FL-195, *Order/Notice to Withhold Income for Child Support* is prepared by the local child support agency and sent to the obligor’s employer. The employer then withholds child support from the obligor’s earnings consistent with the instruction on the form and sends the child support to the State Distribution Unit. In family law cases where the local child support agency is not involved in enforcing the support order, the wage assignment is usually prepared by the obligee and then filed with the court. The court must issue the order and the order becomes part of the court’s record. The obligee then sends the order to the employer for withholding. The Judicial Council adopted the federal form as a Judicial Council form to make this commonly used form readily accessible to family law litigants who are often self-represented and because this form becomes part of the court’s record when the court issues the order.

In 2010, OCSE convened a workgroup composed of employers, members of the judiciary, and state and federal child support representatives to discuss how to improve the income withholding process and implement the suggested improvements. The workgroup recommended several changes that were circulated for public comment via the *Federal Register* on June 30, 2010.<sup>3</sup> The workgroup reviewed the comments and incorporated many of the recommended changes. The revised form was issued on May 16, 2011, and became effective immediately, but states are allowed until May 31, 2012, to implement the changes to the form.

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<sup>1</sup> In 2007, the federal form was renamed *Income Withholding for Support*.

<sup>2</sup> PRWORA requires that states transmit orders and notices for income withholding to employers using uniform formats prescribed by the Secretary of Health and Human Services. (42 U.S.C.S. § 666(b)(6)(A)(ii).) A copy of 42 U.S.C.S. § 666(b) can be found at [http://www.law.cornell.edu/uscode/42/usc\\_sec\\_42\\_00000666----000-.html](http://www.law.cornell.edu/uscode/42/usc_sec_42_00000666----000-.html). Family Code section 5208 is available at <http://www.leginfo.ca.gov/cgi-bin/waisgate?WAISdocID=2327708132+1+0+0&WAIAction=retrieve>.

<sup>3</sup> The federal website does not provide the actual content of the comments, but more information on the comments and how to individually request them can be found at [www.federalregister.gov/articles/2010/09/22/2010-23562/submission-for-omb-review-comment-request](http://www.federalregister.gov/articles/2010/09/22/2010-23562/submission-for-omb-review-comment-request).

Consistent with the changes to the federal form, FL-195, *Order/Notice to Withhold Income for Child Support* has been revised to add a check box on page 2 for the employer to indicate that the IWO is being returned because it does not direct payments to the State Distribution Unit or that the IWO contained an obvious error on the face of the form. Section shading was removed because it obscured vital information when the form was faxed to employers and income withholders.

FL-196, *Income Withholding for Support—Instructions* has also been revised to indicate the circumstances under which an IWO must be rejected and returned to the sender. The note on page 1 of the instructions was reworded to clarify that if the employer or income withholder receives the IWO from someone other than a state or tribal child support agency or a court, a copy of the underlying order containing a provision authorizing income withholding must be attached.

FL-195, *Order/Notice to Withhold Income for Child Support* continues to require the employee's social security number be included on the form. The intention of this requirement is so that employers can do their due diligence in making sure that the wage assignment received is for the correct employee or where the employer may employ several people with the same name. There may be some concerns regarding potential identity theft and confidentiality. Because this is a mandatory federal form, it cannot be revised to remove this item or provide further instruction to the person completing the form. However, California Rule of Court 1.20(b)(2)(A) provides, "If an individual's social security number is required in a pleading or other paper filed in the public file, only the last four digits of that number may be used." Compliance with this Rule of Court by the person filling out the form will protect the obligor's confidential information while still adhering to the federal form.

Significant amounts of federal funding for both welfare and child support programs are contingent on compliance with federal child support program regulations, thus it is important that state forms and procedures comply with these regulations. The federal government requires that the form be adopted without any local changes to either content or format, although because these are Judicial Council forms, the Judicial Council form numbers would continue to appear on the forms. Forms FL-195 and FL-196 should be revised by the Judicial Council so that they can be published and made easily available for California users.

### **Comments, Alternatives Considered, and Policy Implications**

The Family and Juvenile Law Advisory Committee did not circulate FL-195 or FL-196 for comment because these forms must be implemented exactly as approved by the OMB without any local changes. The federal forms approval process included a public comment period and stakeholder input through a federal Office of Child Support Enforcement workgroup, review of the forms and recommendations for changes by the U.S. Government Accountability Office, and approval by OMB.

Because the recommended revisions of *Income Withholding for Support* (FL-195/OMB No. 0970-0154) and *Income Withholding for Support—Instructions* (FL-196/OMB No. 0970-0154) are necessary to comply with federal requirements, no alternative actions were considered.

## **Implementation Requirements, Costs, and Operational Impacts**

The committee is not aware of any implementation requirements, costs, or operational impacts affecting the local courts that will result from approval of the proposed forms. The forms will be posted on the California Courts website. Courts will not incur costs beyond those that they may incur if they provide the forms to the public.

## **Attachment**

1. Forms FL-195 and FL-196, at pages 5–13

### INCOME WITHHOLDING FOR SUPPORT

- ORIGINAL INCOME WITHHOLDING ORDER/NOTICE FOR SUPPORT (IWO)
- AMENDED IWO
- ONE-TIME ORDER/NOTICE FOR LUMP SUM PAYMENT
- TERMINATION of IWO

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

Child Support Enforcement (CSE) Agency     Court     Attorney     Private Individual/Entity (Check One)

**NOTE:** This IWO must be regular on its face. Under certain circumstances you must reject this IWO and return it to the sender (see IWO instructions <http://www.acf.hhs.gov/programs/cse/newhire/employer/publication/publication.htm> - forms). If you receive this document from someone other than a State or Tribal CSE agency or a Court, a copy of the underlying order must be attached.

State/Tribe/Territory \_\_\_\_\_ Remittance Identifier (include w/payment) \_\_\_\_\_  
 City/County/Dist./Tribe \_\_\_\_\_ Order Identifier \_\_\_\_\_  
 Private Individual/Entity \_\_\_\_\_ CSE Agency Case Identifier \_\_\_\_\_

_____ Employer/Income Withholder's Name _____ Employer/Income Withholder's Address _____ _____ Employer/Income Withholder's FEIN _____ Child(ren)'s Name(s) (Last, First, Middle) _____ _____ _____ _____ _____ _____	RE: _____ Employee/Obligor's Name (Last, First, Middle) _____ Employee/Obligor's Social Security Number _____ Custodial Party/Obligee's Name (Last, First, Middle) _____ <div style="border: 1px solid black; width: 100%; height: 100%; margin-top: 20px;"></div>
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**ORDER INFORMATION:** This document is based on the support or withholding order from \_\_\_\_\_ (State/Tribe). You are required by law to deduct these amounts from the employee/obligor's income until further notice.

\$ \_\_\_\_\_ Per \_\_\_\_\_ current child support  
 \$ \_\_\_\_\_ Per \_\_\_\_\_ past-due child support - **Arrears greater than 12 weeks?**  Yes  No  
 \$ \_\_\_\_\_ Per \_\_\_\_\_ current cash medical support  
 \$ \_\_\_\_\_ Per \_\_\_\_\_ past-due cash medical support  
 \$ \_\_\_\_\_ Per \_\_\_\_\_ current spousal support  
 \$ \_\_\_\_\_ Per \_\_\_\_\_ past-due spousal support  
 \$ \_\_\_\_\_ Per \_\_\_\_\_ other (must specify) \_\_\_\_\_  
 for a **Total Amount to Withhold** of \$ \_\_\_\_\_ per \_\_\_\_\_.

**AMOUNTS TO WITHHOLD:** You do not have to vary your pay cycle to be in compliance with the *Order Information*. If your pay cycle does not match the ordered payment cycle, withhold one of the following amounts:  
 \$ \_\_\_\_\_ per weekly pay period                      \$ \_\_\_\_\_ per semimonthly pay period (twice a month)  
 \$ \_\_\_\_\_ per biweekly pay period (every two weeks)    \$ \_\_\_\_\_ per monthly pay period  
 \$ \_\_\_\_\_ **Lump Sum Payment:** Do not stop any existing IWO unless you receive a termination order.

**REMITTANCE INFORMATION:** If the employee/obligor's principal place of employment is \_\_\_\_\_ (State/Tribe), you must begin withholding no later than the first pay period that occurs \_\_\_\_\_ days after the date of \_\_\_\_\_. Send payment within \_\_\_\_\_ working days of the pay date. If you cannot withhold the full amount of support for any or all orders for this employee/obligor, withhold up to \_\_\_\_\_% of disposable income for all orders. If the employee/obligor's principal place of employment is not \_\_\_\_\_ (State/Tribe), obtain withholding limitations, time requirements, and any allowable employer fees at [http://www.acf.hhs.gov/programs/cse/newhire/employer/contacts/contact\\_map.htm](http://www.acf.hhs.gov/programs/cse/newhire/employer/contacts/contact_map.htm) for the employee/obligor's principal place of employment.

For electronic payment requirements and centralized payment collection and disbursement facility information (State Disbursement Unit [SDU]), see [http://www.acf.hhs.gov/programs/cse/newhire/employer/contacts/contact\\_map.htm](http://www.acf.hhs.gov/programs/cse/newhire/employer/contacts/contact_map.htm).

Include the **Remittance Identifier with the payment** and if necessary this FIPS code: \_\_\_\_\_

Remit payment to \_\_\_\_\_ (SDU/Tribal Order Payee)  
 at \_\_\_\_\_ (SDU/Tribal Payee Address)

**Return to Sender [Completed by Employer/Income Withholder]**. Payment must be directed to an SDU in accordance with 42 USC §666(b)(5) and (b)(6) or Tribal payee (see Payments to SDU below). If payment is not directed to an SDU/Tribal Payee or this IWO is not regular on its face, you *must* check this box and return the IWO to the sender.

Signature of Judge/Issuing Official (if required by State or Tribal law): \_\_\_\_\_  
 Print Name of Judge/Issuing Official: \_\_\_\_\_  
 Title of Judge/Issuing Official: \_\_\_\_\_  
 Date of Signature: \_\_\_\_\_

If the employee/obligor works in a State or for a Tribe that is different from the State or Tribe that must issued this order, a copy of this IWO must be provided to the employee/obligor.

If checked, the employer/income withholder must provide a copy of this form to the employer/obligor.

**ADDITIONAL INFORMATION FOR EMPLOYERS/INCOME WITHHOLDERS**

State-specific contact and withholding information can be found on the Federal Employer Services website located at: [http://www.acf.hhs.gov/programs/cse/newhire/employer/contacts/contact\\_map.htm](http://www.acf.hhs.gov/programs/cse/newhire/employer/contacts/contact_map.htm)

**Priority:** Withholding for support has priority over any other legal process under State law against the same income (USC 42 §666(b)(7)). If a Federal tax levy is in effect, please notify the sender.

**Combining Payments:** When remitting payments to an SDU or Tribal CSE agency, you may combine withheld amounts from more than one employee/obligor’s income in a single payment. You must, however, separately identify each employee/obligor’s portion of the payment.

**Payments to SDU:** You must send child support payments payable by income withholding to the appropriate SDU or to a Tribal CSE agency. If this IWO instructs you to send a payment to an entity other than an SDU (e.g., payable to the custodial party, court, or attorney), you must check the box above and return this notice to the sender. Exception: If this IWO was sent by a Court, Attorney, or Private Individual/Entity and the initial order was entered before January 1, 1994 or the order was issued by a Tribal CSE agency, you must follow the “Remit payment to” instructions on this form.

**Reporting the Pay Date:** You must report the pay date when sending the payment. The pay date is the date on which the amount was withheld from the employee/obligor’s wages. You must comply with the law of the State (or Tribal law if applicable) of the employee/obligor’s principal place of employment regarding time periods within which you must implement the withholding and forward the support payments.

**Multiple IWOs:** If there is more than one IWO against this employee/obligor and you are unable to fully honor all IWOs due to Federal, State, or Tribal withholding limits, you must honor all IWOs to the greatest extent possible, giving priority to current support before payment of any past-due support. Follow the State or Tribal law/procedure of the employee/obligor’s principal place of employment to determine the appropriate allocation method.

**Lump Sum Payments:** You may be required to notify a State or Tribal CSE agency of upcoming lump sum payments to this employee/obligor such as bonuses, commissions, or severance pay. Contact the sender to determine if you are required to report and/or withhold lump sum payments.

**Liability:** If you have any doubts about the validity of this IWO, contact the sender. If you fail to withhold income from the employee/obligor’s income as the IWO directs, you are liable for both the accumulated amount you should have withheld and any penalties set by State or Tribal law/procedure. \_\_\_\_\_

**Anti-discrimination:** You are subject to a fine determined under State or Tribal law for discharging an employee/obligor from employment, refusing to employ, or taking disciplinary action against an employee/obligor because of this IWO.

Employer's name: \_\_\_\_\_ Employer FEIN: \_\_\_\_\_  
Employee/Obligor's Name: \_\_\_\_\_  
CSE Agency Case Identifier: \_\_\_\_\_ Order Identifier \_\_\_\_\_

**Withholding Limits:** You may not withhold more than the lesser of: 1) the amounts allowed by the Federal Consumer Credit Protection Act (CCPA) (15 U.S.C. 1673(b)); or 2) the amounts allowed by the State or Tribe of the employee/obligor's principal place of employment (see *REMITTANCE INFORMATION*). Disposable income is the net income left after making mandatory deductions such as: State, Federal, local taxes; Social Security taxes; statutory pension contributions; and Medicare taxes. The Federal limit is 50% of the disposable income if the obligor is supporting another family and 60% of the disposable income if the obligor is not supporting another family. However, those limits increase 5% - to 55% and 65% - if the arrears are greater than 12 weeks. If permitted by the State or Tribe, you may deduct a fee for administrative costs. The combined support amount and the fee may not exceed the limit indicated in this section.

For Tribal orders, you may not withhold more than the amounts allowed under the law of the issuing Tribe. For Tribal employers/income withholder who receive a State IWO, you may not withhold more than the lesser of the limit set by the law of the jurisdiction in which the employer/income withholder is located or the maximum amount permitted under section 303(d) of the CCPA (15 U.S.C. 1673 (b)).

Depending upon applicable State law or Tribal law, you may need to also consider the amounts paid for health care premiums in determining disposable income and applying appropriate withholding limits.

**Arrears greater than 12 weeks?** If the *Order Information* does not indicate that the arrears are greater than 12 weeks, then the Employer should calculate the CCPA limit using the lower percentage.

**Additional Information:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTIFICATION OF EMPLOYMENT TERMINATION OR INCOME STATUS:** If this employee/obligor never worked for you or you are no longer withholding income for this employee/obligor, an employer must promptly notify the CSE agency and/or the sender by returning this form to the address listed in the Contact information below:

- This person has never worked for this employer nor received periodic income.
- This person no longer works for this employer nor receives periodic income.

Please provide the following information for the employee/obligor:

Termination date: \_\_\_\_\_ Last known phone number: \_\_\_\_\_  
Last known address \_\_\_\_\_

Final payment date to SDU/Tribal Payee: \_\_\_\_\_ Final payment amount: \_\_\_\_\_  
New employer's name: \_\_\_\_\_  
New employer's address: \_\_\_\_\_

**CONTACT INFORMATION**

**To Employer/Income Withholder:** If you have any questions, contact \_\_\_\_\_ (Issuer name)  
by phone at \_\_\_\_\_, by fax at \_\_\_\_\_, by email or website at: \_\_\_\_\_.

Send termination notice and other correspondence to: \_\_\_\_\_  
\_\_\_\_\_ (Issuer address).

**To Employer/Obligor:** If the employee/obligor has questions, contact \_\_\_\_\_ (Issuer name)  
by phone at \_\_\_\_\_, by fax at \_\_\_\_\_, by email or website at: \_\_\_\_\_.

## INCOME WITHHOLDING FOR SUPPORT - Instructions

The Income Withholding for Support (IWO) is the OMB-approved form used for income withholding in Tribal, intrastate, and interstate cases as well as all child support orders which are initially issued in the State on or after January 1, 1994, and all child support orders which are initially issued (or modified) in the State before January 1, 1994 if arrearages occur. This form is the standard format prescribed by the Secretary in accordance with USC 42 §666(b)(6)(A)(ii). Except as noted, the following information must be included.

**Please note:**

- For the purpose of this IWO form and these instructions, "State" is defined as a State or Territory.

### COMPLETED BY SENDER:

- 1a. **Original Income Withholding Order/Notice for Support (IWO).** Check the box if this is an original IWO.
- 1b. **Amended IWO.** Check the box to indicate that this form amends a previous IWO. Any changes to an IWO must be done through an amended IWO.
- 1c. **One-Time Order/Notice For Lump Sum Payment.** Check the box when this IWO is to attach a one-time collection of a lump sum payment. When this box is checked, enter the amount in field 14, Lump Sum Payment, in the *Amounts to Withhold* section. Additional IWOs must be issued to collect subsequent lump sum payments.
- 1d. **Termination of IWO.** Check the box to stop income withholding on an IWO. Complete all applicable identifying information to aid the employer/income withholder in terminating the correct IWO.
- 1e. **Date.** Date this form is completed and/or signed.
- 1f. **Child Support Enforcement (CSE) Agency, Court, Attorney, Private Individual/Entity (Check One).** Check the appropriate box to indicate which entity is sending the IWO. If this IWO is not completed by a State or Tribal CSE agency, the sender should contact the CSE agency (see [http://www.acf.hhs.gov/programs/cse/newhire/employer/contacts/contact\\_map.htm](http://www.acf.hhs.gov/programs/cse/newhire/employer/contacts/contact_map.htm)) to determine if the CSE agency needs a copy of this form to facilitate payment processing.

### NOTE TO EMPLOYER/INCOME WITHHOLDER:

This IWO must be regular on its face. Under the following circumstances, the IWO must be rejected and returned to sender:

- IWO instructs the employer/income withholder to send a payment to an entity other than a State Disbursement Unit (e.g., payable to the custodial party, court, or attorney). Each State is required to operate a State Disbursement Unit (SDU), which is a centralized facility for collection and disbursement of child support payments. Exception: If this IWO is issued by a Court, Attorney, or Private Individual/Entity and the initial child support order was entered before January 1, 1994 or the order was issued by a Tribal CSE agency, the employer/income withholder must follow the payment instructions on the form.
- Form does not contain all information necessary for the employer to comply with the withholding.
- Form is altered or contains invalid information.
- Amount to withhold is not a dollar amount.
- Sender has not used the OMB-approved form for the IWO (effective May 31, 2012).
- A copy of the underlying order is required and not included.

If you receive this document from an Attorney or Private Individual/Entity, a copy of the underlying order containing a provision authorizing income withholding must be attached.

**COMPLETED BY SENDER:**

- 1g. **State/Tribe/Territory.** Name of State or Tribe sending this form. This must be a governmental entity of the State or a Tribal organization authorized by a Tribal government to operate a CSE program. If you are a Tribe submitting this form on behalf of another Tribe, complete line 1i.
- 1h. **Remittance Identifier (include w/payment).** Identifier that employers must include when sending payments for this IWO. The remittance identifier is entered as the case identifier on the Electronic Funds Transfer/Electronic Data Interchange (EFT/EDI) record.

**NOTE TO EMPLOYER/INCOME WITHHOLDER:**

The employer/income withholder must use the Remittance Identifier when remitting payments so the SDU or Tribe can identify and apply the payment correctly. The remittance identifier is entered as the case identifier on the EFT/EDI record.

**COMPLETED BY SENDER:**

- 1i. **City/County/Dist./Tribe.** Name of the city, county or district sending this form. This must be a governmental entity of the State or the name of the Tribe authorized by a Tribal government to operate a CSE program for which this form is being sent. (A Tribe should leave this field blank unless submitting this form on behalf of another Tribe.)
- 1j. **Order Identifier.** Unique identifier that is associated with a specific child support obligation. It could be a court case number, docket number, or other identifier designated by the sender.
- 1k. **Private Individual/Entity.** Name of the private individual/entity or non-IV-D Tribal CSE organization sending this form.
- 1l. **CSE Agency Case Identifier.** Unique identifier assigned to a State or Tribal CSE case. In a State CSE case, this is the identifier that is reported to the Federal Case Registry (FCR). For Tribes this would be either the FCR identifier or other applicable identifier.

Fields 2 and 3 refer to the employee/obligor's employer/income withholder and specific case information.

- 2a. **Employer/Income Withholder's Name.** Name of employer or income withholder.
- 2b. **Employer/Income Withholder's Address.** Employer/income withholder's mailing address including street/PO box, city, state and zip code. (This may differ from the employee/obligor's work site.) If the employer/income withholder is a federal government agency, the IWO should be sent to the address listed under Federal Agencies – Addresses for Income Withholding Purposes at [http://www.acf.hhs.gov/programs/cse/newhire/contacts/iw\\_fedcontacts.htm](http://www.acf.hhs.gov/programs/cse/newhire/contacts/iw_fedcontacts.htm)
- 2c. **Employer/Income Withholder's FEIN.** Employer/income withholder's nine-digit Federal Employer Identification Number (FEIN) (if available).
- 3a. **Employee/Obligor's Name.** Employee/obligor's last name, first name, middle name.
- 3b. **Employee/Obligor's Social Security Number.** Employee/obligor's Social Security number or other taxpayer identification number.
- 3c. **Custodial Party/Obligee's Name.** Custodial party/obligee's last name, first name, middle name.
- 3d. **Child(ren)'s Name(s).** Child(ren)'s last name(s), first name(s), middle name(s). (Note: If there are more than six children for this IWO, list additional children's names and birth dates in field 33 - Additional Information).



- 3e. **Child(ren)'s Birth Date(s).** Date of birth for each child named.
- 3f. **Blank box.** Space for court stamps, bar codes, or other information.

**ORDER INFORMATION** - Fields 5 through 12 identify the dollar amount to withhold for a specific kind of support (taken directly from the support order) for a specific time period.

#### **NOTE TO EMPLOYER/INCOME WITHHOLDER:**

Payments are forwarded to the SDU within each State, unless the order was issued by a Tribal CSE agency. If the order was issued by a Tribal CSE agency, the employer/income withholder must follow the remittance instructions on the form.

#### **COMPLETED BY SENDER:**

4. **State/Tribe.** Name of the State or Tribe that issued the order.
- 5a-b. **Current Child Support.** Dollar amount to be withheld **per** the time period (e.g., week, month) specified in the underlying order.
- 6a-b. **Past-due Child Support.** Dollar amount to be withheld **per** the time period (e.g., week, month) specified in the underlying order.
- 6c. **Arrears Greater Than 12 Weeks?** The appropriate box (Yes/No) must be checked indicating whether arrears are greater than 12 weeks so the employer/income withholder can determine the withholding limit.
- 7a-b. **Current Cash Medical Support.** Dollar amount to be withheld **per** the time period (e.g., week, month) specified in the underlying order.
- 8a-b. **Past-due Cash Medical Support.** Dollar amount to be withheld **per** the time period (e.g., week, month) specified in the underlying order.
- 9a-b. **Current Spousal Support.** (Alimony) dollar amount to be withheld **per** the time period (e.g., week, month) specified in the underlying order.
- 10a-b. **Past-due Spousal Support.** (Alimony) dollar amount to be withheld **per** the time period (e.g., week, month) specified in the underlying order.
- 11a-c. **Other.** Miscellaneous obligations dollar amount to be withheld **per** the time period (e.g., week, month) specified in the underlying order. **Must specify.** Description of the obligation.
- 12a-b. **Total Amount to Withhold.** The total amount of the deductions per the corresponding time period. Fields 5a, 6a, 7a, 8a, 9a, 10a, and 11a should total the amount in 12a.

**AMOUNTS TO WITHHOLD** - Fields 13a through 13d specify the dollar amount to be withheld for this IWO if the employer/income withholder's pay cycle does not correspond with field 12b.

- 13a. **Per Weekly Pay Period.** Total amount an employer/income withholder should withhold if the employee/obligor is paid weekly.
- 13b. **Per Semimonthly Pay Period.** Total amount an employer/income withholder should withhold if the employee/obligor is paid twice a month.
- 13c. **Per Biweekly Pay Period.** Total amount an employer/income withholder should withhold if the employee/obligor is paid every two weeks.

- 13d. **Per Monthly Pay Period.** Total amount an employer/income withholder should withhold if the employee/obligor is paid once a month.
14. **Lump Sum Payment.** Dollar amount to be withheld when the IWO is used to attach a lump sum payment. This field should be used when field 1c is checked.

#### **REMITTANCE INFORMATION**

15. **State/Tribe.** Name of the State or Tribe sending this document.
16. **Days.** Number of days after the effective date noted in field 17 in which withholding must begin according to the State or Tribal laws/procedures for the employee/obligor's principal place of employment.
17. **Date.** Effective date of this IWO.
18. **Working Days.** Number of working days within which an employer/income withholder must remit amounts withheld pursuant to the State or Tribal laws/procedures of the principal place of employment.
19. **% of Disposable Income.** The percentage of disposable income that may be withheld from the employee/obligor's paycheck.

#### **NOTE TO EMPLOYER/INCOME WITHHOLDER:**

For State orders, the employer/income withholder may not withhold more than the lesser of: 1) the amounts allowed by the Federal Consumer Credit Protection Act (15 U.S.C. § 1673(b)); or 2) the amounts allowed by the State of the employee/obligor's principal place of employment.

For Tribal orders, the employer/income withholder may not withhold more than the amounts allowed under the law of the issuing Tribe. For Tribal employer/income withholders who receive a State order, the employer/income withholder may not withhold more than the limit set by the law of the jurisdiction in which the employer/income withholder is located or the maximum amount permitted under section 303(d) of the Federal Consumer Credit Protection Act (15 U.S.C. §1673 (b)).

A federal government agency may withhold from a variety of incomes and forms of payment, including voluntary separation incentive payments (buy-out payments), incentive pay, and cash awards. For a more complete list, see 5 Code of Federal Regulations (CFR) 581.103.

#### **COMPLETED BY SENDER:**

20. **State/Tribe.** Name of the State or Tribe sending this document.
21. **Document Tracking Identifier.** Optional unique identifier for this form assigned by the sender.
22. **FIPS Code.** Federal Information Processing Standards (FIPS) code.
23. **SDU/Tribal Order Payee.** Name of SDU (or payee specified in the underlying Tribal support order) to which payments are required to be sent. Federal law requires payments made by IWO to be sent to the SDU except for payments in which the initial child support order was entered before January 1, 1994 or payments in Tribal CSE orders.

24. **SDU/Tribal Payee Address.** Address of the SDU (or payee specified in the underlying Tribal support order) to which payments are required to be sent. Federal law requires payments made by IWO to be sent to the SDU except for payments in which the initial child support order was entered before January 1, 1994 or payments in Tribal CSE orders.

**COMPLETED BY EMPLOYER/INCOME WITHHOLDER:**

25. **Return to Sender Checkbox.** The employer/income withholder should check this box and return the IWO to the sender if this IWO is not payable to an SDU or Tribal Payee or this IWO is not regular on its face. Federal law requires payments made by IWO to be sent to the SDU except for payments in which the initial child support order was entered before January 1, 1994 or payments in Tribal CSE orders.

**COMPLETED BY SENDER:**

26. **Signature of Judge/Issuing Official.** Signature (if required by State or Tribal law) of the official authorizing this IWO.
27. **Print Name of Judge/Issuing Official.** Name of the official authorizing this IWO.
28. **Title of Judge/Issuing Official.** Title of the official authorizing this IWO.
29. **Date of Signature.** Optional date the judge/issuing official signs this IWO.
30. **Copy of IWO checkbox.** If checked, the employer/income withholder is required to provide a copy of the IWO to the employee/obligor.

***ADDITIONAL INFORMATION FOR EMPLOYERS/INCOME WITHHOLDERS***

The following fields refer to Federal, State, or Tribal laws that apply to issuing an IWO to an employer/income withholder. State- or Tribal-specific information may be included only in the fields below.

**COMPLETED BY SENDER:**

31. **Liability.** Additional information on the penalty and/or citation of the penalty for an employer/income withholder who fails to comply with the IWO. The State or Tribal law/procedures of the employee/obligor's principal place of employment govern the penalty.
32. **Anti-discrimination.** Additional information on the penalty and/or citation of the penalty for an employer/income withholder who discharges, refuses to employ, or disciplines an employee/obligor as a result of the IWO. The State or Tribal law/procedures of the employee/obligor's principal place of employment govern the penalty.
33. **Additional Information.** Any additional information, e.g., fees the employer/income withholder may charge the obligor for income withholding or children's names and DOBs if there are more than six children on this IWO. Additional information must be consistent with the requirements of the form and the instructions.

**COMPLETED BY EMPLOYER/INCOME WITHHOLDER:**

***NOTIFICATION OF EMPLOYMENT TERMINATION OR INCOME STATUS***

The employer must complete this section when the employee/obligor's employment is terminated, income withholding ceases, or if the employee/obligor has never worked for the employer.

**Please Note:** Employer's Name, FEIN, Employee/Obligor's Name, CSE Agency Case Identifier, and Order Identifier must appear in the header on the page with the Notification of Employment Termination or Income Status.

- 34a-b. **Employment/Income Status Checkbox.** Check the employment/income status of the employee/obligor.
35. **Termination Date.** If applicable, date employee/obligor was terminated.
36. **Last Known Phone Number.** Last known (home/cell/other) phone number of the employee/obligor.
37. **Last Known Address.** Last known home/mailling address of the employee/obligor.
38. **Final Payment Date.** Date employer sent final payment to SDU/Tribal payee.
39. **Final Payment Amount.** Amount of final payment sent to SDU/Tribal payee.
40. **New Employer's Name.** Name of employee's/obligor's new employer (if known).
41. **New Employer's Address.** Address of employee's/obligor's new employer (if known).

## COMPLETED BY SENDER:

### *CONTACT INFORMATION*

42. **Issuer Name (Employer/Income Withholder Contact).** Name of the contact person that the employer/income withholder can call for information regarding this IWO.
43. **Issuer Phone Number.** Phone number of the contact person.
44. **Issuer Fax Number.** Fax number of the contact person.
45. **Issuer Email/Website.** Email or website of the contact person.
46. **Termination/Income Status and Correspondence Address.** Address to which the employer should return the Employment Termination or Income Status notice. It is also the address that the employer should use to correspond with the issuing entity.
47. **Issuer Name (Employee/Obligor Contact).** Name of the contact person that the employee/obligor can call for information.
48. **Issuer Phone Number.** Phone number of the contact person.
49. **Issuer Fax Number.** Fax number of the contact person.
50. **Issuer Email/Website.** Email or website of the contact person.

### The Paperwork Reduction Act of 1995

This information collection and associated responses are conducted in accordance with 45 CFR 303.100 of the Child Support Enforcement Program. This form is designed to provide uniformity and standardization. Public reporting for this collection of information is estimated to average two to five minutes per response. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.



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## REPORT TO THE JUDICIAL COUNCIL

For business meeting on October 28, 2011

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**Title**

Family Law: Forms for Postjudgment Address Verification and Governmental Motions for Modifying or Enforcing Child Support

**Agenda Item Type**

Action Required

**Effective Date**

January 1, 2012

**Rules, Forms, Standards, or Statutes Affected**

Adopt forms FL-330-INFO, FL-335-INFO, FL-640-INFO, FL-661-INFO, FL-662-INFO, FL-686; approve form FL-334; and revise forms FL-330, FL-335, FL-640, FL-661, FL-662, FL-676, FL-677, FL-679, FL-680, and FL-685

**Date of Report**

October 18, 2011

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**Recommended by**

Family and Juvenile Law Advisory Committee

Hon. Kimberly J. Nystrom-Geist, Cochair

Hon. Dean Stout, Cochair

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### Executive Summary

To implement changes to the California Family Code section 215 made by Assembly Bill 939<sup>1</sup> (Assembly Committee on Judiciary; Stats. 2010, ch. 352), the Family and Juvenile Law Advisory Committee recommends that the Judicial Council revise its family law proof of service by mail form and governmental child support forms that have a proof of service as part of the form, adopt a stand alone governmental proof of service by mail form, and approve a declaration regarding address verification. These statutory changes allow a party to serve the other party by mail with a postjudgment motion to modify a child custody, visitation, or child support judgment

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<sup>1</sup> Available at [http://leginfo.ca.gov/pub/09-10/bill/asm/ab\\_0901-0950/ab\\_939\\_bill\\_20100927\\_chaptered.html](http://leginfo.ca.gov/pub/09-10/bill/asm/ab_0901-0950/ab_939_bill_20100927_chaptered.html)

or permanent order. These changes also provide that the proof of service must include an address verification for any party served by mail.

## **Recommendation**

The Family and Juvenile Law Advisory Committee recommends that the Judicial Council, effective January 1, 2012, take the following actions to ensure compliance with the requirements of Assembly Bill 939 (Assem. Com. on Judiciary; Stats. 2010, ch. 352):

1. Revise form FL-330, *Proof of Personal Service*;
2. Adopt form FL-330-INFO, *Information Sheet for Personal Service*;
3. Approve form FL-334, *Declaration Regarding Address Verification—Postjudgment Request to Modify a Child Custody, Visitation, or Child Support Order*;
4. Revise form FL-335, *Proof of Service by Mail*;
5. Adopt form FL-335-INFO, *Information Sheet for Service by Mail*;
6. Revise form FL-640, *Notice and Motion to Cancel (Set Aside) Support Order Based on Presumed Income (Governmental)*;
7. Adopt form FL-640-INFO, *Information Sheet for Notice and Motion to Cancel (Set Aside) Support Order Based on Presumed Income (Governmental)*;
8. Revise form FL-661, *Notice of Motion and Declaration for Joinder of Other Parent in Governmental Action*;
9. Adopt form FL-661-INFO, *Information Sheet for Notice of Motion and Declaration for Joinder of Other Parent in Governmental Action*;
10. Revise form FL-662, *Responsive Declaration to Motion for Joinder of Other Parent—Consent Order of Joinder (Governmental)*;
11. Adopt form FL-662-INFO, *Information Sheet for Responsive Declaration to Motion for Joinder of Other Parent—Consent Order of Joinder (Governmental)*;
12. Revise form FL-676, *Request for Judicial Determination of Support Arrearages or Adjustment of Arrearages Due to Incarceration or Involuntary Institutionalization (Governmental)*;
13. Revise form FL-677, *Notice of Opposition and Notice of Motion on Claim of Exemption (Governmental)*;
14. Revise form FL-679, *Request for Telephone Appearance (Governmental)*;
15. Revise form FL-680, *Notice of Motion (Governmental)*;
16. Revise form FL-685, *Response to Governmental Notice of Motion or Order to Show Cause*; and
17. Adopt form FL-686, *Proof of Service by Mail (Governmental)*.

The proposed forms are attached at pages 15–44.

## **Previous Council Action**

Effective July 1, 2011, the Judicial Council revised *Request for Judicial Determination of Support Arrearages (Governmental)* (form FL-676) to implement changes to the Family Code

made by Senate Bill 1355 (Wright; Stats. 2010, ch. 495), 45 Code of Federal Regulations section 303.31, and Senate Bill 580, that require that every child support order enforced by the local child support agency (LCSA) include a provision regarding the effect of incarceration or involuntary institutionalization on child support orders and an order for medical support, including a definition of the reasonable cost for medical insurance.

Effective January 1, 2008, the Judicial Council revised *Request for Telephone Appearance (Governmental)* (form FL-679) to allow a LCSA to request a telephone appearance in title IV-D child support cases on behalf of a parent, a party, or a witness and adopted *Information Sheet—Request for Telephone Appearance* (form FL-679-INFO) as a separate Judicial Council form.

Effective January 1, 2007, the Judicial Council revised *Notice of Opposition and Notice of Motion on Claim of Exemption* (form FL-677) to add the inadvertently omitted “Other Parent” to the caption box on page 1 of the form and to correct the numbering of the form.

Effective January 1, 2003, the Judicial Council revised *Proof of Service by Mail* (form FL-335), *Notice of Motion and Declaration for Joinder of Other Parent in Governmental Action* (form FL-661), and *Response to Governmental Notice of Motion or Order to Show Cause* (form FL-685) to renumber the forms in an effort to help users locate needed forms more easily.

Effective July 1, 2005, the Judicial Council revised *Responsive Declaration to Motion for Joinder of Other Parent—Consent Order of Joinder (Governmental)* (form FL-662) and *Notice of Motion (Governmental)* (form FL-680) to implement changes made by Assembly Bill 3078 (Assem. Com. on Judiciary; Stats. 2004, ch. 171), which revised the deadlines from calendar days to court days for service and filing of specified moving, supporting, opposing, and reply papers regarding motions and other hearings.

Effective January 1, 2005, the Judicial Council revised *Notice and Motion to Cancel (Set Aside) Support Order Based on Presumed Income (Governmental)* (form FL-640) to correct the format of the form and to add language that was omitted from the information sheet.

### **Rationale for Recommendation**

Effective January 1, 2011, Assembly Bill 939 (Assem. Com. on Judiciary; Stats. 2010, ch. 352) amended Family Code section 215 to allow a party to serve a postjudgment motion to modify a child custody, visitation, or child support judgment or permanent order on the other party or parties by first-class mail or air mail, postage prepaid. The law also provides that, for any party served by mail, the proof of service must include an address verification.

To implement these statutory changes, the Family and Juvenile Law Advisory Committee recommends modification or adoption of proof-of-service forms used in family law proceedings.

## **Family law forms**

*Declaration Regarding Address Verification—Postjudgment Request to Modify a Child Custody, Visitation, or Child Support Order* (form FL-334) would serve as an optional address verification declaration as required under Family Code section 215. Modeled after the existing *Declaration in Support of Attorney’s Motion to Be Relieved as Counsel—Civil* (form MC-052), form FL-334 would require that the declarant verify the residence or office address of the other party 30 days before serving the party with the request for order and supporting documents, including the address verification form.

In addition, *Proof of Service by Mail* (form FL-335) would be revised to include a new item with a check box to specify that service of a request to modify a child custody, visitation, or child support judgment or permanent order must include a declaration verifying the address of the party being served by mail. The form would reference proposed new form FL-334 to inform a party or the person effecting service that a verification form approved by the Judicial Council is available for use.

Postjudgment motions filed by a LCSA will have a different address verification procedure because of the automated verification process used by the local child support agency as discussed below. A proof of service for use by the local child support agency is discussed below.

The proposed new *Information Sheet for Proof of Service by Mail* (form FL-335-INFO) would be approved as a separate form rather than as part of *Proof of Service by Mail* (form FL-335). This separation is part of the Judicial Council’s ongoing effort to make information sheets readily available to the public and eliminate excess and unnecessary paper from being filed with the court. It also eliminates the potential problem of a motion or request for order being rejected by the clerk of the court if a party fails to include the instruction sheet at the time of filing.

*Proof of Personal Service* (form FL-330) would be revised at the caption to be consistent with a revision made to FL-335 which changed “Other Party” to “Other Parent/Party.” Because this is a minor technical change, this form was not circulated for comment.

Proposed new form FL-330-INFO, *Information Sheet for Proof of Personal Service* would be approved as a separate form rather than as part of *Proof of Personal Service* (form FL-330). This separation is part of the ongoing effort of the Judicial Council to make information sheets readily available to the public and eliminate excess and unnecessary paper from being filed with the court. Also it eliminates the potential problem of a motion or request for order being rejected by the clerk of the court if a party fails to include the instruction sheet at the time of filing.

## **Governmental child support forms**

Local child support agencies provide services in more than 1.5 million child support cases statewide. The LCSAs generate all pleadings from a federally certified statewide child support case management system. This case management system is programmed to verify addresses through interfaces with various state and federal databases, including the Federal Case Registry



(FCR), the National Directory of New Hires (NDNH), the National Change of Address (NCOA), and the California Employment Development Department's New Employee Registry (NER). The process for verifying addresses is standard for all LCSAs and does not vary from case to case.

Given the highly automated process for address verifications for cases with services provided by the LCSA, developing a governmental proof-of-service form with standardized language regarding the address verifications for these cases is the most effective way to comply with the requirements of Family Code section 215.

To implement the provision of AB 939 in governmental child support matters, the Family and Juvenile Law Advisory Committee recommends that the Judicial Council adopt *Proof of Service by Mail (Governmental)* (form FL-686). This would serve as a mandatory form for use by the LCSAs and would include a standard address verification declaration that references that the address was verified using the Department of Child Support Services statewide automated child support enforcement system.

In addition to adopting a new governmental proof-of-service-by-mail form, other governmental Judicial Council forms that include a proof of service as part of the form would be revised to comply with the requirements of AB 939. These governmental forms are routinely filed by parents whose support obligation is being enforced by the LCSA. These forms would be revised to parallel the language and declaration process proposed for the family law forms.

*Notice and Motion to Cancel (Set Aside) Support Order Based on Presumed Income* (form FL-640) would be revised to include a section that specifies that the service of the motion included an address verification declaration and would reference the proposed new *Declaration Re Address Verification—Postjudgment Request to Modify a Child Custody, Visitation, or Child Support Order* (form FL-334).

The proposed new *Information Sheet for Notice and Motion to Cancel (Set Aside) Support Order Based on Presumed Income* (form FL-640-INFO) would be approved as a separate form rather than as part of form FL-640. This separation is part of the Judicial Council's ongoing effort to make information sheets readily available to the public and eliminate excess and unnecessary paper from being filed with the court. It also eliminates the potential problem of a motion being rejected by the clerk of the court if a party fails to include the instruction sheet at the time of filing.

*Notice of Motion and Declaration for Joinder of Other Parent in Governmental Action* (form FL-661) would be revised to include a section that specifies that the service of the motion included an address verification declaration and would reference the proposed new declaration form, form FL-334.

The proposed new *Information Sheet for Notice of Motion and Declaration for Joinder of Other Parent in Governmental Action* (form FL-661-INFO) would be approved as a separate form rather than as part of form FL-661. This separation is part of the ongoing effort of the Judicial Council to make information sheets readily available to the public and eliminate excess and unnecessary paper from being filed with the court. It also eliminates the possibility that the clerk of the court may reject a motion if a party fails to include the instruction sheet at the time of filing.

*Responsive Declaration to Motion for Joinder of Other Parent—Consent Order of Joinder* (form FL-662) would be revised to include a section that specifies that the service of the motion included an address verification declaration and would reference the proposed new declaration form, form FL-334.

The proposed new *Information Sheet for Responsive Declaration to Motion for Joinder of Other Parent—Consent Order of Joinder* (form FL-662-INFO) would be approved as a separate form rather than as part of form FL-662. This separation is part of the ongoing effort of the Judicial Council to make information sheets readily available to the public and eliminate excess and unnecessary paper from being filed with the court. It also eliminates the potential problem of a motion being rejected by the clerk of the court if a party fails to include the instruction sheet at the time of filing.

*Request for Judicial Determination of Support Arrearages or Adjustment of Arrearages Due to Incarceration or Involuntary Institutionalization* (form FL-676) would be revised to include a section that specifies that the service of the motion included an address verification declaration and would reference the proposed new declaration, form FL-334.

*Notice of Opposition and Notice of Motion on Claim of Exemption* (form FL-677), which is a form only filed by the local child support agency, would be revised to delete the existing proof of service by mail. The LCSA will then be able to attach the new *Proof of Service by Mail (Governmental)* (form FL-686), which would meet the requirements of AB 939.

*Request for Telephone Appearance* (form FL-679) would be revised to include a section that specifies that the service of the motion included an address verification declaration and would reference the proposed new declaration, form FL-334.

*Notice of Motion (Governmental)* (form FL-680), which is only filed by the LCSA, would be revised to include a standard address verification declaration that references the address was verified using the Department of Child Support Services statewide automated child support enforcement system.

*Response to Governmental Notice of Motion or Order to Show Cause* (form FL-685) would be revised to include a section that specifies that the service of the motion included an address verification declaration and would reference the proposed new declaration, form FL-334.

## **Comments, Alternatives Considered, and Policy Implications**

### **Comment process**

The invitation to comment on the proposal was circulated for public comment from April 21, 2011, through June 20, 2011, to the standard mailing list for family and juvenile law proposals including child support professionals, as well as to the regular rules and forms mailing list. These distribution lists include appellate presiding justices, appellate court administrators, trial court presiding judges, trial court executive officers, judges, child support commissioners, court administrators, attorneys, family law facilitators, court clerks, social workers, probation officers, mediators, the California Department of Child Support Services, Child Support Directors Association (CSDA) forms committee and legal practices committee, title IV-D program directors, and other family and juvenile law professionals.

During the formal comment period, the committee received 21 written comments. Of these, 5 commentators agreed with the proposed revisions, 8 agreed if suggested modifications were made, 5 did not indicate a position, 2 disagreed with the proposed revisions in their entirety; and 1 specifically disagreed with form FL-334. The committee reviewed and analyzed the comments and responded to many with revisions to the proposed forms. A chart of comments received and the committee's responses is attached at pages 45–105.

### **Comments on family law forms**

As described below, commentators proposed several changes to *Declaration Regarding Address Verification—Postjudgment Request to Modify a Child Custody, Visitation, or Child Support Order* (form FL-334).

One commentator stated that “visitation” should be replaced with “parenting time” throughout forms FL-334, FL-335, FL-661, and in all forms that make reference to form FL-334. To be consistent with the language in Family Code section 215(b), the committee recommends the continued use of the term “visitation” on form FL-334. The committee recommends the use of the term “parenting time” on information sheets relating to child custody proceedings.

In addition, the commentator suggested a change to the caption in form FL-334 relating to the term “Other Parent.” The commentator believes that the forms should be consistent and allow for cases in which the caption would be completed by a parent or a joined party. Currently, some family law form captions have a space for “Other Parent” and others for “Other Party.” The commentator favors using the term “Other Party” and believes this would encompass a variety of parties that may be joined. The commentator assumes that the terms “Other Parent” and “Other Party” are interchangeable. However, they are not. The term “Other Parent” is the legally required designation for the custodial parent in a governmental child support case under Family Code section 17404. In order to encompass use of these forms in both family and governmental cases, the term “Other Parent/Party” will be used in the caption, and a check box at item 1 will be added to include “Other Party” on the form.

The CSDA suggested that the form include a separate item to cover postjudgment requests solely to change a child support order in which the local child support agency is providing services. In such cases, Family Code section 17404(e)(3) allows the nonmoving party to be served by mail at the address of the local child support agency. Further, the LCSA must serve on a parent all pleadings relating to support that have been served on the agency by the other parent under Family Code section 17406(f). The committee believes that this change will assist a greater number of litigants and has agreed to incorporate language substantially similar to that proposed by the commentator into the revised recommendation. In addition, the committee agreed to change the instructions on page 2 of the form to provide for service in this situation.

Another commentator disagreed with multiple items on the form and provided legal analysis of statutes and case law to support the need for specific changes. These included (1) changing the form to require verification of the other party's current "residence or office address" instead of his or her "current address"; (2) deleting item 4, as service by mail is not permitted at the other party's last known address (it should be noted that the committee received another comment on this point); (3) removing reference to the limitation regarding service on an address of record; and (4) expanding the 30-day timeframe for the moving party to verify the other party's current residence or business address.

The committee agreed with most of these suggestions and incorporated them, with some changes, into the revised form it recommends for adoption. The committee agreed to make the change indicated in (1) to avoid the implication that a moving party may serve the other party at a post office box or an address that isn't the party's residence or office address. The committee also agreed with the suggested changes in (2) and recommended deleting item 4 on the form. Instead, the form would provide a notice that if the other party's current residence or office address cannot be verified, the motion must not be served by mail; it must be personally served on the other parent or other party.

With regard to (3), the commentator disagreed with form item 3c, which provided, "It is the same address that the other party gave to the court within the past 30 days." The commentator stated that there is no time limit or expiration time of the validity of service on an address of record and suggested there be a separate section of the proof-of-service form for service on the party at an address of record that does not reference the 30-day limit for the other methods of verification. The committee agreed and revised the form by creating a separate item (see item 3b(4)) to provide for situations in which the verification is based on obtaining the other party's address of record. The committee also changed item 3c (now item 3b(3)) to provide an option indicating that the party obtained the information from the court file in which the other party filed notice of a change of address. Specifically, the form would provide, "It is the new address provided on *Notice of Change of Address* (form MC-040) or other pleading that the other party filed with the court on (specify date):"

Finally, the commentator disagreed with the 30-day period the party is given to verify the other party's address and stated that it would not be unreasonable to use another time period of 45

days, 60 days, or even 90 days for this verification. The committee believes that 30 days to verify the other party's address is a reasonable period of time. The timeframe is based, in part, on rule 3.1362 and the companion *Declaration in Support of Attorney's Motion to Be Relieved as Counsel—Civil* (form MC-052). In that rule and form, "current" means that the address was confirmed within 30 days before the filing of the motion to be relieved. However, for purposes of proposed new form FL-334, the committee believes it reasonable that verification of the other's party's current address be made within 30 days of serving (not filing) a request to modify the judgment or permanent orders for child custody, visitation, or child support. This difference could provide the party with more time to obtain service information than if the period were measured from the date of filing.

Two commentators suggested changes to the second page of form FL-334. One commentator suggested that the form clarify whether a party must complete an address verification form when filing a postjudgment motion for issues other than modifying child support, custody, or visitation/parenting time or when the postjudgment motion includes one of these issues in addition to another issue. As this form relates only to the requirements for requests to modify judgments or permanent orders for child custody, visitation, or child support, the committee prefers to limit the form accordingly and does not agree to recommend that the form include a legal interpretation of Family Code section 215.

The other commentator suggested that the form be revised to make service requirements on the form clearer to reduce procedural delays that might otherwise arise. The committee agreed to revise the form to make it more consistent with the requirements of Code of Civil Procedure sections 1013 and 1013a in terms of the addresses at which a nonmoving party may be served with the postjudgment request. To this end and to avoid confusion, the committee agreed to delete the instruction on the form that the request may not be served on the other party's attorney.

One commentator disagreed with the committee's recommendation to approve form FL-334 before adoption of a rule that addresses address verification. The commentator stated that form FL-334 does not give guidance to judicial officers making decisions as to whether the attempts made to verify the address are sufficient to constitute "address verification" under Family Code section 215(b) and the form does not detail for litigants what efforts will be sufficient to constitute address verification.

While Family Code section 215 does not define what efforts will be sufficient to constitute "address verification," proposed form FL-334 at item 3b (1)-(6) includes a list of methods which the litigant may check to demonstrate how he or she obtained the other party or the other parent's current business or office address. The list is based, in part, on existing forms and statutes. The list also includes a section for the litigant to describe any other method used to obtain the service address. As with the pre-printed list, the court will have to interpret the statute as it is currently worded and make the necessary determination as to whether the attempts to verify the address are adequate to effect service of the motion by mail.

The committee notes that form FL-334 is both a rule and a form under rule 5.25, Status of family law and domestic violence forms, which provides that all forms adopted or approved by the Judicial Council for use in any proceeding under the Family Code, including any form in the FL, ADOPT, DV, and FJ series, are adopted as rules of court under the authority of Family Code section 211; article VI, section 6 of the California Constitution; and other applicable law. Based on the foregoing, the committee does not agree to withhold form FL-334 from the proposal it is recommending for adoption.

#### **Comments on *Proof of Service by Mail* (form FL-335)**

The committee received several comments relating to form FL-335. One commentator stated that it should be only a one-page form to be consistent with the practice of the Judicial Council with regard to the information sheets for other form sets. The committee agrees to recommend that the Judicial Council adopt separate information sheets for service by mail and for personal service, respectively titled *Information Sheet for Service by Mail* (form FL-335-INFO) and *Information Sheet for Personal Service* (form FL-330-INFO).

Another comment stated that changing the form to include an additional check box (item 5) is unnecessary, because the same information could be and in fact is part of check box item 3, and a separate check box presents one more opportunity for the self-represented to make a mistake. The committee does not agree with this comment. Family Code section 215(b) is a new law that requires an address verification be attached to the proof of service. Item 5 would increase compliance with the new law by informing parties and process servers of the new requirement and by specifying that an approved Judicial Council form is available for use. Further, the committee believes that a party would not be prejudiced if the same form were listed in item 3 and not listed in item 5. The statute requires that the verification be attached to the proof of service. As long as the address verification is listed somewhere on the form and attached to the proof of service by mail, the party has complied with the statute.

Finally, a commentator suggested deleting the hearing date, time, and department number from the revised form FL-335, as this information is not necessary for all mail services and will confuse self-represented litigants. The committee prefers that the information appear on form FL-335 as well as *Proof of Personal Service* (form FL-330) to provide additional information to the parties, their attorneys, and the court about the proceeding; however, the committee also agrees to include on the form that the information be provided, if applicable.

#### **Comments on governmental child support forms**

One commentator did not agree with the proposed form changes because he believes that the proposed verification language with regard to the local child support agencies fails to comply with the requirements of Family Code section 215. He contends that the address information contained in the Department of Child Support Services automated child support enforcement system is neither accurate nor current. He alleges that address information for every party is accessible by any LCSA worker and can be changed by any worker in any county with access to the case management system. This information is also changed automatically as the system

receives and processes information from its interfaces with other databases. The commentator claims that, as a result, recent information that has been confirmed as correct is overwritten by old, and often previously deactivated, address information within the CSE system, and such automated replacement of address information puts into question the reliability of the information in the system.

There is no dispute that the changes to Family Code section 215, which require that every proof of service include an address verification, apply to motions filed by the local child support agencies. The LCSAs, however, are in a unique position from other family law litigants, as they provide services in over 1.5 million child support cases statewide and are mandated by both state and federal law to maintain a federally certified statewide child support enforcement system. This system, which has as a primary business and legal function to perform “locate” functions for both parents, has the advantage of interfacing with various state and federal databases, including the Federal Case Registry (FCR), National Directory of New Hires (NDNH), National Change of Address (NCOA), and New Employee Registry (NER). This allows the LCSA to obtain and update addresses for the parties that are not available to other litigants. Addresses within the system are updated in one of two ways: by automated interface or by user input. The source of the address is always provided, either by the user making a manual address entry or by the system if the address is received via an automated interface file. While the system will maintain an unlimited number of addresses for a party (called a “participant” within the system), the party can only have one primary mailing address and one primary physical address.

The child support enforcement system receives daily address data from the FCR and the NHR. This data is considered reliable and is updated within the child support enforcement system as a verified address. Addresses received from interfaces considered potentially unreliable will be updated to the system as unverified. If a party has an unverified primary address within the system, a US Postal Verification letter will be automatically generated in an attempt to verify the address.

If the system has a primary verified address, regardless of the effective date, the system will not override it and update it with another address obtained via automated interface. The primary verified address is considered good. Any new addresses received from an interface will be added to the party’s address list as secondary addresses. The only time that a primary address will be changed by the system and updated with a new address is if mail is returned by the post office. If returned mail is received, the system will evaluate all of the secondary addresses to determine which one to promote to a primary address.

In addition to the child support enforcement system’s automated updates to the address information, a local child support agency employee will also verify and update addresses on confirmation with the parties. LCSA employees receive training and are instructed to inquire about current address information every time there is contact with a party. The employee will update the address after evaluation of current address information in the system as well as new information received from the parties. As appropriate, the employee will update the address

status (both primary and secondary), address source, and effective date of the updated address. The primary address will not be automatically overridden. The primary address must be inactivated by the worker or because of returned mail. Only if a worker manually adds a new primary address and chooses to make the other secondary will the confirmed primary be made secondary.

Additionally, if a secondary address in the system is promoted to primary automatically, as when returned mail from the post office is scanned and inactivates the address, the system will automatically send out a postmaster verification letter to the post office to confirm that the party receives mail at that location. Additionally, the system sends many documents and notices to that address, such as monthly billing statements and complaint resolution forms. If the address is not good, mail will be returned and the address inactivated. Generally, returned mail is received faster than verifications from the post office.

This address information is received on a daily basis through the state and federal interfaces. Further, the system sends out dozens of documents to participants yearly, and if the participant is no longer at that address, the documents are returned. Also, the parties' address data continues to be verified in the "locate" section of the database. Additionally, the system is programmed to reject data from all sources (based on source-specific logic) when it would be considered stale—for example, IRS data not processed after the reporting year.

The new requirement of Family Code section 215 applies to all parties in a family law action including LCSAs. Contrary to the commentator's claim, the child support enforcement system meets the address verification requirement through its automated interfaces with other reliable databases, and the training of LCSA employees to request updated address information when making contact with the parties, and the process of independently verifying addresses through these automated interfaces on a daily basis.

The Child Support Directors Association (CSDA) requested that, in an effort to bring consistency and uniformity to the numerous proofs of service that are incorporated into a number of Judicial Council family law and governmental forms, the Judicial Council delete and eliminate all current proofs of service that are an integrated part of any form set and replace them with standard proofs of service by mail, one for use by LCSAs and the other for use by parties or their attorneys. They argued that any revisions that may be required by future legislative or regulatory changes will be more quickly and efficiently implemented if such changes need only be made to two forms rather than a wide number of forms. CSDA is correct that there are a number of proofs of services that have been incorporated into family law and governmental child support forms. Incorporating the proof of service as part of the form provides a benefit to both the court and the parties in the case, particularly self-represented litigants. Increasingly, in family law and governmental child support cases, the parties to the action are self-represented. Having a proof of service as part of the form is helpful to the litigant because he or she only has to complete one Judicial Council form to file the motion with the court rather than finding and completing a separate proof-of-service form. It also serves as a reminder of the requirement and provides



instruction regarding the service of the pleading to all of the other parties to the action. It also provides a convenience for the court. When reviewing the file to ensure due process, the court only has to review one Judicial Council form rather than searching through the file for an additional form. This practice also reduces the amount of paper necessarily generated and contained in a court file. Finally, making the suggested change would cause substantial programming costs for the Department of Child Support Service to remove the proofs of service from the forms in its automated child support enforcement system. Because of these benefits, the proofs of service will not be removed from the Judicial Council forms.

CSDA also suggested that a number of forms be revised to allow the LCSA to have the authority to use the form by adding them to the caption. These governmental child support forms were revised to make this change. In addition, the incorporated proofs of service were revised to add a check box in front of the address verification language, and the address verification particular to the LCSA was added to the form with a check box.

Several commentators requested that many minor technical changes, unrelated to the reason for the circulation of the forms, be made throughout the forms to provide more information and clarity for the parties using the forms. These requests included removing references to the payment of filing fees where the pleading is being filed in governmental child support cases and including additional instruction on the information sheets that the person serving the pleading must be 18 years of age or older and not a party to the action. These requested changes were made on the governmental child support forms.

These commentators also requested that some changes be made to the caption of the forms. First the commentators suggested that the caption be changed to combine the “department,” “division,” and “room” boxes into one check box. The committee rejected this request, as the requested change is inconsistent with other Judicial Council forms. Also, having this information available to the parties provides them with more accurate information without regard to differing practices throughout the state by individual courts in titling their courtrooms. Second, these commentators also suggested revising the caption to replace “Other Parent” with “Other Party.” Family Code section 17404(e) provides that a “parent who has requested or is receiving support enforcement services of the local child support agency shall become a party to the action” for the purpose allowed by that section. The term “Other Parent” is used consistently throughout the governmental child support forms to identify this party as joined by the authority of this section. The current language complies with this statutory authority and the committee did not change it.

Some commentators also pointed out that the *Instruction Sheet for Responsive Declaration to Motion for Joinder of Other Parent* (form FL-662-INFO) that was circulated for comment had some accidental strikeover printing at item 1. There was no change made to the existing language on this portion of the form, and a clear version of the form was available for review on the California Courts website. The corrected form will not be circulated for additional comments.

### **Alternatives considered**

The committee considered taking no action, but because legislation requires that every proof of service by mail in a family law case include an address verification effective January 1, 2011, the Family and Juvenile Law Advisory Committee rejected the option of taking no action. In addition, the need for uniformity and consistency persuaded the committee that the proposed changes were both necessary and desirable. The committee concluded that the changes to the forms would streamline procedures for local courts in its case file review to determine whether the parties met the requirements of the legislation. This uniformity will result in reduced court time and ultimately result in cost saving for the courts.

### **Implementation Requirements, Costs, and Operational Impacts**

The committee is not aware of any implementation requirements, increased costs, or operational impacts on the local courts arising out of the revision of the forms.

### **Attachments**

1. Forms FL-330, FL-330-INFO, FL-334, FL-335, FL-335-INFO, FL-640, FL-640-INFO, FL-661, FL-661-INFO, FL-662, FL-662-INFO, FL-667, FL-679, FL-685, and FL-686, at pages 15–44
2. Chart of Comments, at pages 45–105

ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400,17406 <i>(Name, State Bar number, and address):</i>   TELEPHONE NO.: _____ FAX NO.: _____ ATTORNEY FOR <i>(Name)</i> : _____	FOR COURT USE ONLY  <h2 style="margin: 0;">DRAFT Not Approved by the Judicial Council</h2>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF:  RESPONDENT/DEFENDANT:  OTHER PARENT/PARTY:	CASE NUMBER:  HEARING DATE: <i>(If applicable, provide):</i> HEARING TIME: DEPT.:
<b>PROOF OF PERSONAL SERVICE</b>	

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. <input type="checkbox"/> not a registered California process server.                                      | d. <input type="checkbox"/> exempt from registration under Business & Profession Code section 22350(b). |
| b. <input type="checkbox"/> a registered California process server.  |   |
| c. <input type="checkbox"/> an employee or independent contractor of a registered California process server. | e. <input type="checkbox"/> 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.*



PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARTY:	CASE NUMBER:
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**NOTICE AND SERVICE INFORMATION**

If you want to change a judgment or permanent order for child custody, visitation, or child support, a person at least 18 years of age or older must serve the request on the other party by (1) personal delivery or (2) first-class mail or airmail, postage prepaid. Requests to modify a judgment or permanent order for matters other than child custody, visitation, or child support must be served on the other party by personal service.

**• If your request is to change a judgment or permanent orders only for child support and a local child support agency is currently providing services, the other party may be served by mail at the office of the local child support agency. Where service is made by mail on the local child support agency, the following apply:**

1. The local child support agency must be served not less than 30 days before the hearing date.
2. Attach a copy of this completed form to the proof of service by mail; and
3. File this original form at the court clerk’s office.

**• If your request is to change a judgment or permanent order for child custody, visitation, or child support and you have verified the other party’s current residence or office address, you must:**

1. Complete this form to provide the other party’s current residence or business address and indicate how you obtained the other party’s current residence or office address.
2. Attach a copy of this completed form to the proof of service by mail; and
3. File this original form at the court clerk’s office.

**• If you cannot verify the other party’s current residence or office address, mail service may not be used. The other party must be personally served. *Proof of Personal Service* (form FL-330) may be used for this purpose.**



## 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.*



GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406) OR ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):  TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY  <b>DRAFT Not Approved by the Judicial Council</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b>  STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF:  RESPONDENT/DEFENDANT:  OTHER PARENT:	
<b>NOTICE AND MOTION TO CANCEL (SET ASIDE) SUPPORT ORDER BASED ON PRESUMED INCOME</b>	

CASE NUMBER: \_\_\_\_\_

**If the support order is based on presumed income, you may file this motion and ask the court to cancel (set aside) the support order. If the court agrees with you, the court will issue another order based on the actual income, earning capacity, or income allowable by law. You must file the original of this motion and the attachments with the court clerk within one year from the date the first collection of support was made and serve a copy on all other parties in this case. Keep a copy of this motion for your records.**

1. To:  Petitioner/Plaintiff  Respondent/Defendant  Local child support agency  Other (specify): \_\_\_\_\_

A hearing on this motion will be held as follows (see instructions on how to get a hearing date):

a. Date:	Time:	Dept.:	Div.:	Room:
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b. Address of court:  same as noted above  other (specify): \_\_\_\_\_

2. I am asking the court to cancel (set aside) the child support order in this case.
3. I am asking the court to issue another order because the current order is based on a presumed income that is different from the actual income.
4.  Attached is an *Income and Expense Declaration* (form FL-150) or a *Financial Statement (Simplified)* (form FL-155), or other information concerning income for any relevant years.
5.  Attached is my proposed *Answer to Complaint or Supplemental Complaint Regarding Parental Obligations (Governmental)* (form FL-610).
6.  My address and telephone number for receipt of all notices and court dates are as follows:

Address:  
 City, state, and zip code:  
 Home telephone:  
 Work telephone:

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)

**This case may be referred to a court commissioner for hearing. By law, court commissioners do not have the authority to issue final orders and judgments in contested cases unless they are acting as temporary judges. The court commissioner in your case will act as a temporary judge unless, before the hearing, you or any other party objects to the commissioner acting as a temporary judge. The court commissioner may still hear your case to make findings and recommendations to a judge. However, if you object to the commissioner acting as a temporary judge, an order will not be made until a judge reviews your case.**

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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**PROOF OF SERVICE**

- At the time of service I was at least 18 years of age and not a party to the legal action.
- My residence or business address is (*specify*):
- I served a copy of the foregoing *Notice and Motion to Cancel (Set Aside) Support Order Based on Presumed Income (Governmental)* and all attachments as follows (*check either a, b, or c for each person served*):

a.  **Personal delivery.** I personally delivered a copy and all attachments as follows:

- |  |   |
|--|---|
| (1) <input type="checkbox"/> Name of party or attorney served: | (2) <input type="checkbox"/> Name of local child support agency served: |
| (a) Address where delivered:                                   | (a) Address where delivered:  |
| (b) Date delivered:  | (b) Date delivered:   |
| (c) Time delivered:  | (c) Time delivered:   |

b.  **Mail.** I am a resident of or employed in the county where the mailing occurred.

- I enclosed a copy in an envelope and
  - deposited** the sealed envelope with the U.S. Postal Service with the postage fully prepaid.
  - placed** the envelope for collection and mailing on the date and at the place shown below, 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 U.S. Postal Service in a sealed envelope with postage fully prepaid.

- |  |   |
|--|---|
| (2) <input type="checkbox"/> Name of party or attorney served: | (3) <input type="checkbox"/> Name of local child support agency served: |
| (a) Address:   | (a) Address:  |
| (b) Date mailed:   | (b) Date mailed:  |
| (c) Place of mailing ( <i>city and state</i> ):                | (c) Place of mailing ( <i>city and state</i> ):                         |

(3) **Address Verification** (*please specify*):

- 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).
- The address for each individual identified in items 3a and 3b was
  - verified by the California Child Support Enforcement System (CSE) as the current primary mailing address on file.
  - other (*specify*):

c.  **Other** (*specify code section*):

Additional page is attached.

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 WHO SERVED MOTION)

## INFORMATION SHEET FOR NOTICE AND MOTION TO CANCEL (SET ASIDE) SUPPORT ORDER BASED ON PRESUMED INCOME

These instructions are for parties other than the local child support agency. Please follow these instructions to complete the *Notice and Motion to Cancel (Set Aside) Support Order Based on Presumed Income* (form FL-640) if you do not have a lawyer to represent you. If you have a lawyer, he or she will complete this form.

**WARNING: Do not wait to file your motion. See a lawyer or the family law facilitator for help.**

**This form should be used only if your support order was based on presumed income and the presumed income is different from your actual income.** If you are not sure whether your order is based on presumed income, look at your copy of the *Judgment Regarding Parental Obligations* (form FL-630). If the box for item 3 on the front of the judgment is checked, your support amount is based on presumed income. If it is not checked, your support amount is based on income information that was available then, and you should not use this form (form FL-640). If you do not have a copy of the judgment, you can get one from either the court clerk or the local child support agency office.

You must file the completed motion form and attachments with the court clerk within one year of the date of the first collection of support. The address of the court clerk is the same as the one shown for the superior court on the *Judgment Regarding Parental Obligations* (form FL-630). **Keep three copies of the filed motion form and its attachments. Serve one copy on the local child support agency and one copy on the other party.** (See *Information Sheet for Service of Process* (form FL-611).) **The third copy is for your records.**

### INSTRUCTIONS FOR COMPLETING THE NOTICE AND MOTION TO CANCEL (SET ASIDE) SUPPORT ORDER BASED ON PRESUMED INCOME FORM (TYPE OR PRINT FORM IN BLACK INK)

**Page 1, first box, top of form, left side:** Print your name, address, and telephone number in this box if they are not already there.

**Page 1, second box, left side:** Print your county's name and the court's address in this box. Use the same address for the court that is on the *Judgment Regarding Parental Obligations* (form FL-630).

**Page 1, 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 *Judgment Regarding Parental Obligations* (form FL-630).

**Page 1, first box, top of form, right side:** Leave this box blank for the court's use.

**Page 1, second box, right side:** Print your case number in this box. This number is also on the *Judgment Regarding Parental Obligations* (form FL-630).

1. You must contact the court clerk's office and ask that a hearing date be set for this motion. The court clerk will give you the information you need to complete this section.
- 2-3. These sections are asking the court to cancel your child support order and issue another one based on your actual income.
4. **Attach a completed *Income and Expense Declaration* (form FL-150) or *Financial Statement (Simplified)* (form FL-155), or other information concerning income for any relevant years. Also, check the local rules of court for any local requirements.**
5. You may attach a completed *Answer to Complaint or Supplemental Complaint Regarding Parental Obligations (Governmental)* (form FL-610). Talk to a lawyer or the family law facilitator to understand your rights.
6. You must list the address and phone numbers where you can receive all notices and court dates. You must let the court know whenever your address changes. If the court does not have your current address, you may not receive important notices that affect you.

You must date the form, print your name, and sign the form under penalty of perjury. When you sign the form, you are stating that the information you have provided is true and correct.

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

**Top of second page, box on right side:** Print your case number in this box. Use the same number as the one on page 1. Instructions for completing the *Proof of Service* on page 2 of this form are in the *Information Sheet for Service of Process* (form FL-611). The person who serves the motion and its attachments must fill out this section of the form. **You cannot serve your own motion.**

GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406) OR ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):          TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	<b>FOR COURT USE ONLY</b>          <b>DRAFT Not Approved by the Judicial Council</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF:  RESPONDENT/DEFENDANT:  OTHER PARENT:	
<b>NOTICE OF MOTION AND DECLARATION FOR JOINDER OF OTHER PARENT IN GOVERNMENTAL ACTION</b>	CASE NUMBER:

This form should be used only if a parent is receiving child support services through the local child support agency, and the parent is not listed as a party in the support order or judgment. Instructions for this form begin on page 4.

1. TO: Local child support agency and  Respondent/Defendant  Other parent (specify name):
2. This motion seeks to join the other parent as a party. A hearing on this motion for joinder will be held as follows:
 

a. Date:	Time:	Dept.:	Div.:	Room:
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- b. The address of the court is:  same as noted above  other (specify):

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

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\_\_\_\_\_  
 (TYPE OR PRINT NAME)

\_\_\_\_\_  
 (ATTORNEY OR PARTY WITHOUT ATTORNEY)

**DECLARATION**

3. The other parent to be joined as a party is (name):
4. The other parent has requested or is receiving support enforcement services of the local child support agency and has not previously been joined as a party.
5.  A request for order, order to show cause or notice of motion requesting support, custody, visitation, or restraining order has been filed along with this motion.
6. a.  There are no other family law cases in which custody or visitation orders have been made and in which both parents are parties.
- b.  Both parents are parties in the following family law cases:
 

<u>Name and county of court</u>	<u>Case number</u>
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7.  Other (specify):

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

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

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\_\_\_\_\_  
 (TYPE OR PRINT NAME)

\_\_\_\_\_  
 (SIGNATURE OF DECLARANT)

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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### NOTICE TO THE "OTHER PARENT"

If this motion is granted, the "Other Parent" will become a party to this action. Either parent may then raise issues concerning support, custody, visitation, and restraining orders. Other issues may not be raised in this action. Either parent can go to court to modify the support order, but the local child support agency must first be given notice of the hearing date.

You can also go to court to enforce your support order, but you must first give the local child support agency advance notice that you intend to file your own enforcement action. (See *Notice to Local Child Support Agency of Intent to Take Independent Action to Enforce Support Order* (form FL-645).) If the local child support agency does not respond to your notice within 30 days, or if the local child support agency notifies you that you can proceed, you may then file your own enforcement action as long as all support is payable through the local child support agency office.

You should tell the local child support agency everything you know about the obligor's earnings and assets. If you receive welfare, the local child support agency may agree to settle any parentage or support issues. If you do not receive welfare, the local child support agency cannot settle any support issue without your consent. The local child support agency also cannot negotiate, settle, or contest any issues of custody, visitation, or restraining orders.

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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**PROOF OF SERVICE**

- At the time of service I was at least 18 years of age and not a party to the legal action.
- My residence or business address is (*specify*):

3. I served a copy of the foregoing *Notice of Motion and Declaration* as follows (*check either a or b for each person served*):

a.  **Personal delivery.** I personally delivered a copy and all attachments as follows:

- (1)  Name of party or attorney served: (2)  Name of local child support agency served:

(a) Address where delivered: (a) Address where delivered:

(b) Date delivered: (b) Date delivered:

(c) Time delivered: (c) Time delivered:

b.  **Mail.** I am a resident of or employed in the county where the mailing occurred.

(1) I enclosed a copy in an envelope and

- (a)  **deposited** the sealed envelope with the U.S. Postal Service with the postage fully prepaid.
- (b)  **placed** the envelope for collection and mailing on the date and at the place shown below, 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 U.S. Postal Service in a sealed envelope with postage fully prepaid.

- (2)  Name of party or attorney served: (3)  Name of local child support agency served:

(a) Address: (a) Address:

(b) Date mailed: (b) Date mailed:

(c) Place of mailing (*city and state*): (c) Place of mailing (*city and state*):

(3) **Address Verification** (*please specify*):

- (a)  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).
- (b)  The address for each individual identified in items 3a and 3b was
- (i)  verified by the California Child Support Enforcement System (CSE) as the current primary mailing address on file.
- (ii)  other (*specify*):

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 WHO SERVED MOTION)

**INFORMATION SHEET FOR NOTICE OF MOTION AND DECLARATION  
FOR JOINDER OF OTHER PARENT IN GOVERNMENTAL ACTION**

Please follow these instructions to complete the *Notice of Motion and Declaration for Joinder of Other Parent in Governmental Action* (form FL-661) if you do not have an attorney representing you. Your attorney, if you have one, should complete this form.

If this motion is granted, the “Other Parent” will become a party to this action. Either parent may then raise issues concerning support, custody, visitation, and restraining orders. Other issues may not be raised in this action. The local child support agency cannot assist you with or negotiate, settle, or contest any issues of custody, visitation, or restraining orders. Either parent can go to court to modify the support order, but the local child support agency must first be given notice of the hearing date. The other parent can also file an action to enforce the support order but only after giving advance notice to the local child support agency.

**This form should be used if a parent is receiving child support services through the local child support agency’s office, but the parent is not listed as a party in the support order or judgment.** If both parents’ names are listed on your most recent support order or judgment as a petitioner/plaintiff, respondent/defendant, or other parent, you do not need to complete this motion. If you do not have a copy of your most recent support order or judgment, you can get one from either the court clerk or the local child support agency.

You must file the completed motion with the court clerk. The address of the court clerk is the same as the one shown for the superior court on your most recent support order or judgment. You may have to pay a filing fee. If you cannot afford to pay the filing fee, contact the court clerk. **Keep three copies of the filed motion. Serve one copy on the other parent with a blank *Responsive Declaration to Motion for Joinder of Other Parent—Consent Order of Joinder* (form FL-662), serve the second copy of the motion on the local child support agency, and keep the third copy for your records. You may not serve papers on the other parties. You must have someone who is not a party to the action and is 18 years of age or older serve the papers for you. (See *Information Sheet for Service of Process* (form FL-611).)**

**INSTRUCTIONS FOR COMPLETING THE NOTICE OF MOTION AND DECLARATION FOR JOINDER OF OTHER PARENT (TYPE OR PRINT ON FORM IN BLACK INK)**

**Front page, first box, top of form on left side:** Print your name, address, and phone number in this box.

**Front page, second box on 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 your most recent support order or judgment.

**Front page, third 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 your most recent judgment or order. Print the name of the parent who is being joined as a party in the space for “Other Parent.”

**Front page, first box, top of form on right side:** Leave this box blank for the court’s use.

**Front page, second box on right side:** Print the case number in this box. This number is also stated on your most recent judgment or order.

1. Check the box for the respondent/defendant if you are not the defendant, or check the box for the other parent and print the other parent’s name in the space provided if you are not that parent.
2. a. You must contact the court clerk’s office and ask that a hearing date be set for this motion. The court clerk will give you the information you need to complete this section.  
b. Check the first box if the address of the court where the hearing will be held is the same as the one you put at the top of the notice. Check the second box if the address of the court where the hearing will be held is different from the one you put at the top of the notice. Print the different court address in the space.

Enter the date and your name, and sign the form.

3. Print the name of the parent who is being joined as a party. This name should be the same as the “other parent” at the top of the notice.

4. You are stating that the other parent has not been a party and that he or she has applied for or is receiving services through the local child support agency.
5. Check this box if you are also filing a *Request for Order* requesting support, custody, visitation, or restraining orders.
6.
  - a. Check this box if neither parent has filed a dissolution action against the other parent and, to the best of your knowledge, the parents are not both parties in any other family law case.
  - b. Check this box if the parents are both parties in another family law case, such as a dissolution action. Fill in the name of the court, the county where it is located, and court case number for any other family law cases involving both parents. You can get this information from the order or judgment from those actions. If you do not have a copy of the order or judgment, you may go to the court clerk's office to get a copy.
7. Check this box if you have other information to provide. In the space provided, explain what the information is.

You must date the form, print your name, and sign the form under a penalty of perjury. When you sign the form, you are stating that the information you have provided is true and correct.

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

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

The notice to the "other parent" on this page explains what it means for the parent to be joined as a party.

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

**Top of third page, box on right side:** Print the case number in this box. Use the same number as on page 1.

Instructions for how to serve this motion are in the *Information Sheet for Service of Process* (form FL-611). The person who serves the motion and its attachment must fill out this section of the form. **You cannot serve your own motion.**

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



GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406) OR ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):  TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	<p style="text-align: center;"><i>FOR COURT USE ONLY</i></p> <p style="text-align: center;"><b>DRAFT Not Approved by the Judicial Council</b></p>
<p style="text-align: center;"><b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b></p> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF:  RESPONDENT/DEFENDANT:  OTHER PARENT:	
<p style="text-align: center;"><b>RESPONSIVE DECLARATION TO MOTION FOR JOINDER OF OTHER PARENT</b></p> <input type="checkbox"/> <b>CONSENT ORDER OF JOINDER</b>	CASE NUMBER: _____

1.  Local child support agency  Respondent/Defendant  Other parent (specify name):
  - a.  agrees to an order joining the other parent as a party to this action.
  - b.  does not agree to the requested joinder of the other parent as a party to this action.
  
2. a.  There are no other cases where custody or visitation orders have been previously made in which both parents are parties.
  - b.  Both parents are parties in the following family law cases:
 

<u>Name and county of court</u>	<u>Case number</u>
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3.  The statements contained in the *Notice of Motion and Declaration for Joinder of Other Parent in Governmental Action (Governmental)* (form FL-661) are incorrect or insufficient as follows (specify):

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 DECLARANT)
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PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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**CONSENT ORDER**

1.  Plaintiff  Defendant  Other parent having consented and good cause appearing,

IT IS ORDERED that

- a.  the other parent is joined as a party to this proceeding.
- b.  the hearing on the motion for joinder set on *(date)*: is taken off calendar.

Date:

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JUDICIAL OFFICER

PETITIONER/PLANTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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**PROOF OF SERVICE**

1. At the time of service I was at least 18 years of age and not a party to the legal action.

2. My residence or business address is (specify):

3. I served a copy of the foregoing *Responsive Declaration* as follows (check either a or b for each person served):

a.  **Personal delivery.** I personally delivered a copy and all attachments as follows:

- (1)  Name of party or attorney served: (2)  Name of local child support agency served:
- (a) Address where delivered: (a) Address where delivered:
- (b) Date delivered: (b) Date delivered:
- (c) Time delivered: (c) Time delivered:

b.  **Mail.** I am a resident of or employed in the county where the mailing occurred.

- (1) I enclosed a copy in an envelope and
  - (a)  **deposited** the sealed envelope with the U.S. Postal Service with the postage fully prepaid.
  - (b)  **placed** the envelope for collection and mailing on the date and at the place shown below 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 U.S. Postal Service in a sealed envelope with postage fully prepaid.
- (2) The envelope was addressed and mailed as follows:
  - (a)  Name of party or attorney served: (b)  Name of local child support agency served:
  - (i) Address: (i) Address:
  - (ii) Date mailed: (ii) Date mailed:
  - (iii) Place of mailing (city and state): (iii) Place of mailing (city and state):

**(3) Address Verification (please specify):**

- (a)  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).
- (b)  The address for each individual identified in items 3a and 3b was
  - (i)  verified by the California Child Support Enforcement System (CSE) as the current primary mailing address on file.
  - (ii)  other (specify):

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

Date:

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(TYPE OR PRINT NAME)

(SIGNATURE OF PERSON WHO SERVED MOTION)

**INFORMATION SHEET FOR RESPONSIVE DECLARATION TO MOTION FOR  
JOINDER OF OTHER PARENT—CONSENT ORDER OF JOINDER**

Please follow these instructions to complete the *Responsive Declaration to Motion for Joinder of Other Parent—Consent Order of Joinder* (form FL-662) if you do not have an attorney representing you. Your attorney, if you have one, should complete this form. **This form should be used if a parent wants to respond to a *Notice of Motion and Declaration for Joinder of Other Parent in Governmental Action* (form FL-661).** This form must be used if a parent does not agree to the joinder of the “other parent.” This form may also be used if a parent agrees to the joinder of the other parent but does not want to go to the scheduled court hearing.

You must file with the court clerk the completed *Responsive Declaration* and serve copies on all parties at least **nine court days** before the hearing date. Add **five calendar days** if the *Responsive Declaration* is being served by mail within California. (See Code of Civil Procedure section 1005 for other situations.) To determine court and calendar days, go to [www.courts.ca.gov/12618.htm](http://www.courts.ca.gov/12618.htm). The address of the court clerk is the same as the one shown for the superior court on the *Notice of Motion and Declaration for Joinder of Other Parent in Governmental Action* (form FL-661). You may have to pay a filing fee. If you cannot afford to pay the filing fee, contact the court clerk. **Make three copies of your filed response. Serve one copy on the other parent, serve the second copy on the local child support agency, and keep the third copy for your records. You may not serve papers upon the other parties. You must have someone who is not a party to the action and is eighteen years or older serve the papers for you. (See *Information Sheet for Service of Process* (form FL-611).)**

**INSTRUCTIONS FOR COMPLETING THE *RESPONSIVE DECLARATION TO MOTION FOR JOINDER OF OTHER PARENT—CONSENT ORDER OF JOINDER* (TYPE OR PRINT IN BLACK INK)**

**Page 1, first box, top of form, left side:** Print the name, address, and phone number in this box.

**Page 1, 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 *Notice of Motion and Declaration for Joinder of Other Parent in Governmental Action* (form FL-661).

**Page 1, 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 *Notice of Motion and Declaration for Joinder of Other Parent in Governmental Action* (form FL-661).

1. Unless you are the local child support agency, check the box for the respondent/defendant if you are the defendant, or check the box for the other parent and print your name in the space provided if you are the other parent.
  - a. Check this box if you agree to an order joining the other parent as a party to this action.
  - b. Check this box if you do not agree to joining the other parent to this action. If you do not agree, you should complete paragraph 3 below.
2. a. Check this box if neither parent has filed a dissolution action against the other parent or any other action, such as a restraining order involving custody or visitation of the children, and to the best of your knowledge the parents are not both parties in any other family law case.
  - b. Check this box if the parents are both parties in another case that involves custody or visitation of the children, such as a dissolution action. Fill in the name and county of the court and the court case number for any other family law cases involving both parents. You can get this information from the order or judgment from those actions. If you do not have a copy of the order or judgment, you may go to the court clerk’s office in the county in which the legal action is filed to get a copy.
3. Check this box if you do not agree to joining the other parent to this action. Explain why you disagree in the space provided.

You must date the form, print your name, and sign the form under a penalty of perjury. When you sign the form, you are stating that the information you have provided is true and correct.

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

**Top of second page, box on right side:** Print the case number here. Use the same number as that on page 1.

**Leave the rest of the page blank for the court to complete.**

When you file the responsive declaration, ask the court clerk how to obtain a copy once it is signed by the judicial officer. You are responsible for mailing signed copies of the consent order to the petitioner/plaintiff, respondent/defendant, and other parent. Instructions for how to serve this response are in *Information Sheet for Service of Process* (form FL-611). The person who serves the response must fill out this section of the form. **You cannot serve your own response.**

*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):  TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	<b>FOR COURT USE ONLY</b>   <div style="text-align: center; font-size: 1.2em; font-weight: bold;"> <b>DRAFT</b>  <b>Not Approved by</b>  <b>the Judicial</b>  <b>Council</b> </div>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____</b>  STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
PETITIONER/PLAINTIFF: _____  RESPONDENT/DEFENDANT: _____  OTHER PARENT: _____	
<b>REQUEST FOR JUDICIAL <input type="checkbox"/> DETERMINATION OF SUPPORT ARREARAGES <input type="checkbox"/> ADJUSTMENT OF ARREARAGES DUE TO INCARCERATION OR INVOLUNTARY INSTITUTIONALIZATION</b>	CASE NUMBER: _____

**NOTICE OF HEARING**

1. A hearing on this application will be held as follows (see instructions on how to get a hearing date):

a. Date: _____ Time: _____ <input type="checkbox"/> Dept.: _____ <input type="checkbox"/> Div.: _____ <input type="checkbox"/> Room: _____
--

b. Address of court:  same as noted above  other (specify): \_\_\_\_\_

2. The local child support agency is providing support enforcement services in this case.

3.  **DETERMINATION OF SUPPORT ARREARAGES**

- a. The local child support agency states that I owe support arrearages as shown in the attached document.
- b. I disagree with the local child support agency's statement, and I request the court to make a determination of arrearages. I am attaching my statement of the arrearages, which includes a monthly breakdown of amounts ordered and amounts paid.

4.  **ADJUSTMENT OF ARREARAGES DUE TO INCARCERATION OR INVOLUNTARY INSTITUTIONALIZATION**

a.  I was incarcerated or involuntarily institutionalized for the following periods of time for more than 90 days during which I did not have the means to pay support. (Attach any proof of your incarceration or involuntary institutionalization):

(1) Date(s) of incarceration or involuntary institutionalization: \_\_\_\_\_

(2) Date(s) of release: \_\_\_\_\_

b.  The reason for my incarceration or involuntary institutionalization was not a result of any offense constituting domestic violence as defined in Family Code section 6211 against the parent receiving support or supported child, or for an offense that could be enjoined by a protective order under Family Code section 6320, or as a result of my failure to comply with a court order to pay child support.

5.  Other (specify): \_\_\_\_\_

This case may be referred to a court commissioner for hearing. By law, court commissioners do not have the authority to issue final orders and judgments in contested cases unless they are acting as temporary judges. The court commissioner in your case will act as a temporary judge unless, *before the hearing*, you or any other party objects to the commissioner's acting as a temporary judge. If you or the other party objects, the court commissioner may still hear your case to make findings and a recommended order to a judge. If you do not like the recommended order, you must object to it within **10 court days** in writing (use *Notice of Objection (Governmental)* (form FL-666)); otherwise, the recommended order will become a final order of the court. If you object to the recommended order, a judge will make a temporary order and set a new hearing.

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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Number of pages attached:

I declare under penalty of perjury under the laws of the State of California that the foregoing and all attachments are true and correct.  
 Date:

\_\_\_\_\_ \_\_\_\_\_  
 (TYPE OR PRINT NAME) (SIGNATURE)

**An adult *other than you* must complete the Proof of Service below.**

**PROOF OF SERVICE**

1. At the time of service I was at least 18 years of age and not a party to the legal action.
2. My residence or business address is (*specify*):
  
3. I served a copy of the foregoing *Request for Judicial Determination of Support Arrearages or Adjustment of Arrearages Due to Incarceration or Involuntary Institutionalization* (form FL-676) and all attachments as follows (*check either a, b, or c for each party served*):
  - a.  **Personal delivery.** I personally delivered a copy and all attachments as follows:
 

(1) <input type="checkbox"/> Name of party or attorney served: _____	(2) <input type="checkbox"/> Name of local child support agency served: _____
(a) Address where delivered: _____	(a) Address where delivered: _____
(b) Date delivered: _____	(b) Date delivered: _____
(c) Time delivered: _____	(c) Time delivered: _____
  
  - b.  **Mail.** I am a resident of or employed in the county where the mailing occurred. I deposited this request with the U.S. Postal Service in a sealed envelope with postage fully prepaid. I used first-class mail. The envelope was addressed and mailed as follows:
 

(1) <input type="checkbox"/> Name of party or attorney served: _____	(2) <input type="checkbox"/> Name of local child support agency served: _____
(a) Address: _____	(a) Address: _____
(b) Date mailed: _____	(b) Date mailed: _____
(c) Place of mailing ( <i>city and state</i> ): _____	(c) Place of mailing ( <i>city and state</i> ): _____
  
  - (3) I served this motion/request, 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).

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 WHO SERVED REQUEST)

GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406):  <hr/> <p style="text-align: center;">TELEPHONE NO.: <span style="float: right;">FAX NO. (Optional):</span></p> <p>E-MAIL ADDRESS (Optional):</p> <p>ATTORNEY FOR (Name):</p>	<b>FOR COURT USE ONLY</b>   <b>DRAFT</b> <b>Not Approved by</b> <b>the Judicial</b> <b>Council</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b>  STREET ADDRESS:  MAILING ADDRESS:  CITY AND ZIP CODE:  BRANCH NAME:	
PETITIONER/PLAINTIFF:  RESPONDENT/DEFENDANT:  OTHER PARENT:	
<b>NOTICE OF OPPOSITION AND NOTICE OF MOTION ON CLAIM OF EXEMPTION</b>	LEVYING OFFICER FILE NO.: <span style="float: right;">COURT CASE NO.:</span>

— DO NOT USE THIS FORM FOR WAGE GARNISHMENTS —

The original of this form must be filed with the court, and a copy must be served on the judgment debtor and other claimant at least 10 days before the hearing.

TO THE JUDGMENT DEBTOR OR OTHER CLAIMANT:

1. A hearing to determine the claim of exemption of  judgment debtor  other claimant will be held as follows:

a. Date:	Time:	Dept.:	Div.:	Room:
b. Address of court:	<input type="checkbox"/> same as noted above <input type="checkbox"/> other (specify):			

*If you do not attend the hearing, the court may determine your claim based on the Claim of Exemption, Financial Statement (form WG-007/EJ-165) (when one is required), this form, and other evidence that may be presented.*

2. Name and address of judgment debtor:  <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	3. <input type="checkbox"/> Name and address of claimant <i>(if other than judgment debtor):</i>  <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
--	--

Social security number (if known):

4. The Notice of Filing of Claim of Exemption (form WG-008) states it was mailed on (date):

5. The item or items claimed as exempt are

- a.  not exempt under the statutes relied upon in the Claim of Exemption (form EJ-160).
- b.  not exempt because the judgment debtor's equity is greater than the amount provided in the exemption.
- c.  other (specify):

6.  The local child support agency requests any property found to be exempt be applied to the satisfaction of the judgment under Code of Civil Procedure section 703.070.

7. The facts necessary to support item 5 are

continued on the attachment labeled Attachment 7.

as follows (specify):

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 DECLARANT)

FOR COURT USE ONLY

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

DRAFT Not Approved by the Judicial Council

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:

REQUEST FOR TELEPHONE APPEARANCE

CASE NUMBER:

HEARING DATE: TIME: DEPT., ROOM, OR DIVISION:

See Information Sheet—Request for Telephone Appearance (form FL-679-INFO) for deadlines for filing this request, filing any opposition, and service.

1. I, (name):, am the [ ] petitioner/plaintiff [ ] respondent/defendant [ ] other parent [ ] attorney for (name): [ ] local child support agency (LCSA) representative [ ] other (specify): in this case.

If there are domestic violence or other confidentiality issues in this case and you do not want your home or work phone number made publicly available, provide another phone number in item 2 below. You will need to participate from this phone number, unless other options are available under local rules or procedures. Check with your court clerk.

- 2. I ask the court to allow [ ] me [ ] to appear from telephone number ( ) set on (date) (time) in Department of the above-named court.
3. I would like the court to consider the following information in making its decision whether to allow a telephone appearance (check all that apply). (Note: The court can still deny your request, even though boxes are checked.)
a. [ ] I live or work outside the state of California in (specify location):
b. [ ] I live in County in California, which is miles from the above courthouse where the hearing is set.
c. [ ] I am disabled.
d. [ ] I am asking not to appear personally because of domestic violence.
e. [ ] I will be incarcerated or confined in (specify): prison, jail, or other institution at the time of the hearing.
f. [ ] The LCSA makes this request on behalf of (insert reason for request at g)
g. [ ] Other (specify):
4. a. [ ] I have filed this request at least 12 court days before the hearing and have served or will serve all parties...
b. [ ] If there are financial issues to be decided, a current Income and Expense Declaration...
c. [ ] I have complied with all requirements of the local rules of court for other supporting proof.
5. I agree to be responsible for the costs and arrangements of this telephone appearance...
6. [ ] Number of pages attached:

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)



PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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**ADVISEMENT REGARDING TELEPHONE APPEARANCE**

1. I know that I can personally appear at this hearing, and I give up that right. I agree to be duly sworn upon request by the court clerk, holding up my right hand and agreeing under penalty of perjury under the laws of the State of California to tell the truth and nothing but the truth.
2. I will provide my driver’s license number, social security number, or other information to verify my identity when asked by the court staff or conference call provider.
3. I understand that the court may not have videoconferencing capabilities. I understand and assume the risk that I may not be able to personally see or inspect the pleadings, documents, or evidence; the witnesses’ facial reactions, demeanors, or hand gestures; or other visual or nonverbal aspects of the hearing.
4. I understand that if I do not make the proper arrangements for a telephone appearance as set out in local rules or in directions provided by the court, the matter may proceed without my personal or telephone appearance and the court may decide my case based on the documents I filed for this hearing.
5. I understand that the court, in its discretion, may decide to terminate the telephone appearance if it determines during the hearing that a personal appearance would materially assist in the determination of the proceedings. Other reasons for terminating the telephone appearance could include my not being available at the calendar call, delay, questions about credibility, disruption, noise, misconduct, a communication problem, a technical problem, and other problems.
6. I understand that the court may decide at any time to require my personal appearance and continue my hearing.
7. I assume the risks of cost, time, delay, repeated telephone calls, technical failure, a wrong number, and other problems that could arise out of this telephone appearance. I understand that if problems occur, the matter may proceed without my personal or telephone appearance and the court may decide my case based on the documents I filed for this hearing.
8. I understand that if I need to present documents, present witnesses, cross-examine witnesses, or provide information that is not available at the hearing, it is my responsibility to ask the court to continue the hearing. The court may decide to grant or deny my request. I understand that any arguments or supporting proof should be served and filed on time before the hearing so that the court, the local child support agency, and the other parent have an opportunity to know about my case.
9. I understand that the court may require me to make all arrangements for the telephone appearance at my own expense.
10. I understand that if I have low income or no income, I may apply for a waiver of any filing fees and a possible waiver of conference call vendor fees. If the court makes collect calls for telephone appearances and so orders me, I will be available to receive a collect call from the court at the date and time specified. The telephone number will not be one that is blocked from receiving collect calls. If there are domestic violence or other confidentiality issues in the case and I do not wish my home or work phone number to be made publicly available, I may provide a number other than my home and work numbers at which the court can call me collect. I understand that I can check with the local court clerk or local rules of court regarding any additional local procedures that may be available to protect my confidentiality.
11. If there are financial issues to be decided, I understand that it is my responsibility to timely file with the court and serve on the local child support agency and the other parent all necessary and appropriate pleadings and documents, including:
  - a. *Income and Expense Declaration* (form FL-150) or *Financial Statement (Simplified)* (form FL-155), whichever is appropriate.
  - b. My pay stubs from the last two months or other proof of income.
  - c. The proposed guideline support calculation (optional unless required by local court rule).

This case may be referred to a court commissioner for hearing. By law, court commissioners do not have the authority to issue final orders and judgments in contested cases unless they are acting as temporary judges. The court commissioner in your case will act as a temporary judge unless, *before the hearing*, you or any other party objects to the commissioner’s acting as a temporary judge. If you or the other party objects, the court commissioner may still hear your case to make findings and a recommended order to a judge. If you do not like the recommended order, you must object to it within **10 court days** in writing (use *Notice of Objection (Governmental)* (form FL-666)); otherwise, the recommended order will become a final order of the court. If you object to the recommended order, a judge will make a temporary order and set a new hearing.

**I have read the Advisement Regarding Telephone Appearance section of this form and I understand that the terms apply to me. If the LCSA is making this request, it verifies this advisement was provided to the party, parent, or witness, and that person indicated that he or she understands that the terms apply to him or her.**

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)

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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**PROOF OF SERVICE**

1. At the time of service I was at least 18 years of age and not a party to the legal action.
2. My residence or business address is *(specify)*:
3. I served a copy of the foregoing *Request for Telephone Appearance (Governmental)* and all attachments as follows *(check a, b, or c for each person served)*:

a.  **Personal delivery.** I personally delivered a copy and all attachments as follows:

- |  |   |
|--|---|
| (1) <input type="checkbox"/> Name of party or attorney served: | (2) <input type="checkbox"/> Name of local child support agency served: |
| (a) Address where delivered:                                   | (a) Address where delivered:  |
| (b) Date delivered:  | (b) Date delivered:   |
| (c) Time delivered:  | (c) Time delivered:   |

b.  **Mail.** I am a resident of or employed in the county where the mailing occurred.

(1) I enclosed a copy in an envelope and

- (a)  **deposited** the sealed envelope with the U.S. Postal Service with the postage fully prepaid.
- (b)  **placed** the envelope for collection and mailing on the date and at the place shown below, 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 U.S. Postal Service in a sealed envelope with postage fully prepaid.

- |  |   |
|--|---|
| (2) <input type="checkbox"/> Name of party or attorney served: | (3) <input type="checkbox"/> Name of local child support agency served: |
| (a) Address:   | (a) Address:  |
| (b) Date mailed:   | (b) Date mailed:  |
| (c) Place of mailing <i>(city and state)</i> :                 | (c) Place of mailing <i>(city and state)</i> :                          |

(3) **Address Verification** *(please specify)*:

- (a)  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)*.
- (b)  The address for each individual identified in items 3a and 3b was
- (i)  verified by the California Child Support Enforcement System (CSE) as the current primary mailing address on file.
- (ii)  other *(specify)*:

c.  **Other** *(specify)*:

Additional page is attached.

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 WHO SERVED REQUEST)

GOVERNMENTAL AGENCY (Under Family Code, §§ 17400 and 17406):    TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	<b>FOR COURT USE ONLY</b>       <div style="text-align: center; font-weight: bold; font-size: 1.2em;">       DRAFT        Not Approved by        the Judicial        Council     </div>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF:  RESPONDENT/DEFENDANT:  OTHER PARENT:	
<b>NOTICE OF MOTION</b> <input type="checkbox"/> <b>JUDGMENT</b> <input type="checkbox"/> <b>MODIFICATION</b> <input type="checkbox"/> <b>Child Support</b> <input type="checkbox"/> <b>Health Care</b> <input type="checkbox"/> <b>Injunctive Order</b> <input type="checkbox"/> <b>Other:</b>	CASE NUMBER:

1. TO (name):
2. **READ THE ATTACHED REQUEST FORM.** A hearing on the motion for the relief requested will be held as follows:

a. Date:	Time:	<input type="checkbox"/> Dept.:	<input type="checkbox"/> Div.: _____	<input type="checkbox"/> Rm.:
----------	-------	---------------------------------	--------------------------------------	-------------------------------

b. Address of court is  same as noted above  other (specify):

3. Supporting attachments:
  - a. Completed *Request for Order and Supporting Declaration* (form FL-684) and blank *Response to Governmental Notice of Motion or Order to Show Cause* (form FL-685)
  - b.  Financial information and blank *Income and Expense Declaration* (form FL-150)
  - c.  Points and authorities
  - d.  *Order for Genetic (Parentage) Testing* (form FL-627) (If you ignore this order, you may be found to be the parent.)
  - e.  Other (specify):

4.  NOTICE: IF YOU WISH TO HAVE A TRIAL, YOU MUST APPEAR AT THE HEARING ON THIS REQUEST.

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

---

\_\_\_\_\_  
 (TYPE OR PRINT NAME)

\_\_\_\_\_  
 (SIGNATURE OF ATTORNEY)

ORDER

**IT IS ORDERED THAT**

5. Time for  service  hearing is shortened. Service must be on or before (date):
6. Any responsive declaration must be served on or before (date):
7.  Petitioner/Plaintiff  Respondent/Defendant  Other parent is restrained from transferring, encumbering, hypothecating, concealing, or in any way disposing of the following property (describe):
8. Other (specify):
9. Number of pages attached: \_\_\_\_\_

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

---

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

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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### NOTICE

This case may be referred to a court commissioner for hearing. By law court commissioners do not have the authority to issue final orders and judgments in contested cases unless they are acting as temporary judges. The court commissioner in your case will act as a temporary judge unless, *before the hearing*, you or any other party objects to the commissioner acting as a temporary judge. The court commissioner may still hear your case to make findings and a recommended order. If you do not like the recommended order, you must object to it within 10 court days; otherwise, the recommended order will become a final order of the court. If you object to the recommended order, a judge will make a temporary order and set a new hearing.

Child support is based on your ability to pay, which may include your income, earning capacity, lifestyle, or presumed income set by statute. The amount of child support can be large and can continue until the children reach age 18. You should give the court information about your income and expenses. If you do not, the support order will be based on other information given to the court or presumed income set by statute.

You do not have to pay any fee to file your *Response to Governmental Notice of Motion or Order to Show Cause (Governmental)* (form FL-685) and your completed *Income and Expense Declaration* (form FL-150) or *Financial Statement (Simplified)* (form FL-155). You must file any documents with the court and have the copies served at least 9 court days before the hearing date to the local child support agency and the other party unless ordered otherwise. Add 5 calendar days if the motion is served by mail within California. (See Code of Civil Procedure section 1005 for other situations.) To determine court days and calendar days, go to [www.courts.ca.gov/12618.htm](http://www.courts.ca.gov/12618.htm).

### PROOF OF SERVICE BY MAIL

1. I am at least 18 years of age, **not a party to this cause**, and 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 this motion by enclosing it in a sealed envelope and depositing the envelope  directly in the U.S. mail with postage paid OR  at my place of business for same-day collection and mailing with the U.S. mail, following our business practices, with which I am readily familiar.
  - a. Date of deposit:
  - b. Place of deposit (*city and state*):
  - c. Addressed as follows:
4. The address for each individual identified in item 3 was
  - a.  verified by the California Child Support Enforcement System (CSE) as the current primary mailing address on file.
  - b.  other (*specify*):
5. 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 WHO SERVED MOTION)



#### Request for Accommodations

Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least five court days before the trial. Contact the clerk's office or go to [www.courts.ca.gov/forms](http://www.courts.ca.gov/forms) for *Request for Accommodations by Persons With Disabilities and Response* (form MC-410). (Civil Code, § 54.8)

ATTORNEY OR PARTY WITHOUT ATTORNEY ( <i>Name, State Bar number, and address</i> ): <hr style="border: 0; border-top: 1px solid black; margin-top: 10px;"/> TELEPHONE NO.: _____ FAX NO. ( <i>Optional</i> ): _____ E-MAIL ADDRESS ( <i>Optional</i> ): _____ ATTORNEY FOR ( <i>Name</i> ): _____	<b>FOR COURT USE ONLY</b>              <b>DRAFT Not Approved by the Judicial Council</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b>  STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	
<b>RESPONSE TO GOVERNMENTAL NOTICE OF MOTION OR ORDER TO SHOW CAUSE</b>	
HEARING DATE: _____ TIME: _____ DEPT., ROOM, OR DIVISION: _____	CASE NUMBER: _____

1.  **PARENTAGE**I  do  do not admit that I am the parent of all of the children. I admit that I am the parent of all of the children except (*specify*):2.  **CHILD SUPPORT**a.  I consent to the order requested.b.  I request the following child support order:3.  **HEALTH INSURANCE COVERAGE**a.  I consent to the order requested.b.  I request the following health insurance coverage order:4.  **FEES AND COSTS**I  do  do not consent to the order requested.5.  **PROPERTY RESTRAINT**I  do  do not consent to the order requested.6.  **OTHER**I  do  do not consent to the other orders requested.

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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7.  **FACTS IN SUPPORT** of this response are:

contained in an attached declaration.

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

Date:

\_\_\_\_\_  \_\_\_\_\_  
 (TYPE OR PRINT NAME) (SIGNATURE OF DECLARANT)

**PROOF OF SERVICE BY MAIL**

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

3. I served a copy of this response by enclosing it in a sealed envelope with postage fully prepaid and depositing it in the U.S. mail as follows:
  - (a) Date of deposit: \_\_\_\_\_
  - (b) Place of deposit (*city and state*): \_\_\_\_\_
  - (c) Addressed as follows: \_\_\_\_\_

4. I served this *Response*, 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.)

5. 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 WHO SERVED RESPONSE)

GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406)  TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	<p style="text-align: center;"><i>FOR COURT USE ONLY</i></p> <p style="text-align: center;"><b>DRAFT Not Approved by the Judicial Council</b></p>
<p style="text-align: center;"><b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b></p> STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
PETITIONER/PLAINTIFF: _____  RESPONDENT/DEFENDANT: _____  OTHER PARENT: _____	
<p><b>PROOF OF SERVICE BY MAIL</b></p>	CASE NUMBER: _____

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 business address is (specify):

3. I served a copy of the following documents (specify):

- Notice of Motion (Governmental) (form FL-680) and supporting attachments
- Responsive Declaration to Order to Show Cause or Notice of Motion (form FL-320)
- Response to Notice of Motion to Set Aside Judgment of Paternity (Family Law—Governmental) (form FL-276)
- Responsive Declaration to Application to Set Aside Voluntary Declaration of Paternity (Family Law—Governmental) (form FL-285)
- Notice of Opposition and Notice of Motion on Claim of Exemption (Governmental) (form FL-677)
- Other (specify):

by enclosing them in an envelope AND

- a.  **depositing** the sealed envelope with the U.S. Postal Service with the postage fully prepaid.
- b.  **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 U.S. Postal Service in a sealed envelope with postage fully prepaid.

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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4. Each envelope was addressed and mailed as follows:

(a) Date mailed:

(b) Place of mailing (*city and state*):

Name of party or attorney served:

Name of party or attorney served:

(c) Address:

(c) Address:

Name of party or attorney served:

Name of party or attorney served:

(c) Address:

(c) Address:

Name of party or attorney served:

Name of party or attorney served:

(c) Address:

(c) Address:

5. The address for each individual identified in item 4 was

a.  verified by the California Child Support Enforcement System (CSE) as the current primary mailing address on file.

b.  other (*specify*):

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)



# **TAB C**

## **Legislative Update**

## 2011 AB 1058 Conference Legislative Update

Listed below are the family law bills that are still moving forward or have been passed in the 2011 legislative session. Two of these bills have been signed and have a Chapter number assigned, while the others are still awaiting final action by the legislature (passage in the second house and concurrence in second house amendments in the first house) and consideration by the Governor. The status of the bills is as of Tuesday, August 30th. The legislature has until September 9<sup>th</sup> to pass (and/or amend) regular session bills and the Governor has until October 9<sup>th</sup> to sign or veto these bills. To obtain the text, status, history, or analyses of any bill listed below, go to [www.leginfo.ca.gov](http://www.leginfo.ca.gov), and use the Bill Information button to locate the bill. If you have further questions, please contact Tracy Kenny at (916) 323-3121, or [Tracy.Kenny@jud.ca.gov](mailto:Tracy.Kenny@jud.ca.gov).

### **AB 454 (Silva R) Protective orders: early termination.**

*Status: Chaptered by the Secretary of State, Chapter Number 101, Statutes of 2011*

Summary: Provides that any proceeding to terminate or modify a DVPA protective order prior to its expiration requires notice to the protected person by personal service or mail with return receipt, and requires the court to deny the request without prejudice or continue the proceeding if notice has not been accomplished prior to the hearing unless the protected person is present and waives the notice requirement.

### **AB 687 (Fletcher R) Adoption.**

*Status: Senate Floor*

Summary: Makes several changes to adoption statutes, including: (1) provides that when an inquiry is being made to determine the natural father of a child who is proposed for adoption that it include the names and whereabouts of every man presumed to be the father and the efforts made to give notice of the proposed adoption; (2) provides that notice of the adoption to the natural father is not required when the father's relationship to the child has been previously terminated or when he has executed a written form waive notice, deny paternity, relinquish the child for adoption, or consented to the adoption and requires the court to issue an order dispensing with notice in these cases; (3) provides that a licensed private adoption agency is authorized to process non-dependent children adoptions through the Interstate Compact on the Placement of Children (ICPC), in specified circumstances; (4) provides that the court may issue an adoption order nunc pro tunc to a date when the adoptee was a minor if the adoptee is 18 years of age if it is in the best interests of the adoptee and will serve public policy; (5) provides that a petition challenging an adoption on the basis of fraud must be commenced within three years of the order, or 90 days of discovering the fraud; (6) provides that venue for an adult adoption can be in the county of residence of the proposed adoptive parent or adoptee, the county in which the adoptee was born, or the county in which the agency that placed the adoptee for foster care or adoption is located; and (7) authorizes non-resident petitioners for adult adoptions to utilize any of the allowable venue options.

**AB 1349 (Hill D) Paternity: conflicting presumptions.**

*Status: Chaptered by the Secretary of State, Chapter Number 185, Statutes of 2011*

Summary: Authorizes a person who is rebuttably presumed to be a parent of a child to bring a motion to set aside a voluntary declaration of paternity within two years of the execution of that declaration. Provides that the court, in determining the motion, shall take into account the validity of the declaration and the best interests of the child as well as the nature and duration of the petitioner's relationship with the child and the benefit or detriment of continuing that relationship. Further provides that a voluntary declaration of paternity is invalid if any of the following conditions were present at the time the declaration was executed: (1) the child had a presumed parent because he or she was the child of a marriage pursuant to Family Code Section 7540; (2) the child already has a presumed parent under Family Code Section 7611; or (3) the man signing the declaration is a sperm donor who is not considered a natural father as provided in Family Code Section 7613(b).

**SB 651 (Leno D) Family law: domestic partnerships.**


*Status: Assembly Floor*

Summary: Eliminates a number of differences between domestic partnerships and marriage to: (1) remove the requirement that domestic partners have a common residence; (2) allow minors to enter into domestic partnerships using the same court approval procedures that apply to minors seeking to marry; and (3) establish a confidential domestic partnership process akin to confidential marriage licenses.

# **TAB D**

## **Alternative Dispute Resolution and Child Support**

**Ms. Cynthia Bryant, Ms. Susan Groves,  
Ms. Anna L. Maves, Ms. Norma Ramirez,  
and moderated by Mr. Michael L. Wright**



## Alternative Dispute Resolution & Child Support

Presented by: *Cynthia Bryant*  
*Susan Groves*  
*Anna Maves*  
*Norma Ramirez*  
*Michael Wright*

*15<sup>th</sup> Annual AB 1058 Child Support Training  
Conference—San Diego September 7, 2011*

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## What was California Resolves?

- Federal 1115 grant to CA DCSS
  - Awarded September 2006
  - Terminated June 2010
- Purpose: Re-engineer CA's business processes for establishment & modification of c/s orders by incorporating ADR processes into both the c/s program and the judicial system

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## More about California Resolves

- Collaborative effort of
  - State DCSS + AOC
  - Local CSA + local courts & FLFs
- Pilot site was San Diego County
- Technical consultant: Cynthia Bryant and Center for Support of Families
- Evaluation consultant: Dr. Elaine Sorensen of the Urban Institute

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## The Big Idea

- Implement a case conference model of collaborative negotiation at the LCSA
- Use FLF mediation for those that did not agree
- Compare the results of the re-engineered processes with comparable cases handled through traditional courtroom processes
  - Effectiveness
  - Efficiency
- And....

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## Bring about World Peace



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## Case Conference

- Builds upon and streamlines existing agreed orders/stipulation processes
- Parent engagement crucial
  - Invitation v. formal legal process
  - Both parents participate if appropriate
  - Due process protections
  - Trained staff
- Supports efficient use of judicial resources for disputed matters

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 **CB's Collaborative Negotiation Model**

- Based on conflict resolution theory and skills
- Adapts conflict resolution to the unique world of child support
- Key elements include
  - Meaningful participation
  - Informed choice
  - Commitments

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 **CB's Theory of Collaborative Negotiation**

Parent education leads to  
Parent involvement, which creates  
Ownership of the outcome and  
Compliance with the order

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 **Implementation issues**

- Commitment to collaboration for the benefit of families
- Re-engineer processes
  - Learning from other jurisdictions
  - From "as it" to "to be"
  - Case selection criteria
  - Forms review, elimination, creation
- Training
- Data gathering and evaluation

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● ● ● | California Resolves Work Product

- Policies
- Business Processes
- Practice Guides
- Forms

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● ● ● | ADR & Child Support: Where are we now?

- Acceptance of concept of ADR
- Many ADR trained facilitators
- Broadening acceptance among LCSAs
- Mixed results on actual FLF implementation
- Limited coordinated ADR approach among justice partners

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● ● ● | Benefits of Coordinated ADR Approach

- Maximizes Ct/LCSA ADR skills sets
- Combines limited resources of Ct/LCSA
- Promotes Coordination of Services to the Public
- Promotes ongoing commitment to ADR approach

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## Getting Started

- Developing a concept & marketing strategy
- Marketing the concept
- Reaching an agreement with justice partners
- Start with what you are doing now
- Identify resources/challenges/barriers
- Get started-- developing processes, space & materials

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## Lessons Learned

- Realistic project risk management plan
- Continually re-evaluate that plan
- Realistic assessment of competing projects/daily operations (resource issues)
- Keep the team spirit going
- Maintaining Communications

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## Lessons Learned (continued)

- Strive for continuity in spite of changing personnel
- Keep the “decision-makers” engaged in the process
- Strive for accurate assessment of potential barriers

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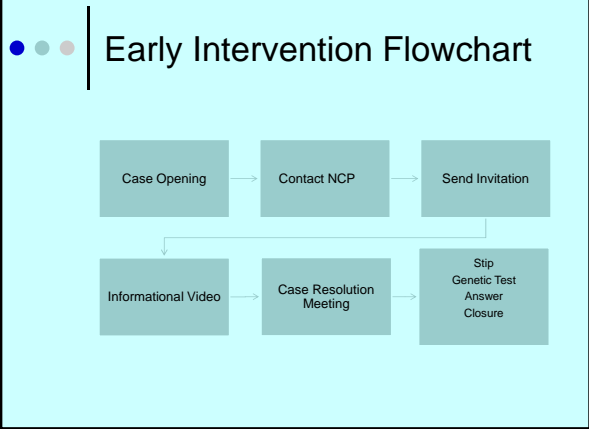
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- ### Benefits
- Increased NCP participation
  - NCP is informed about the child support process
  - Cost savings- NCP served “in house”
  - Accurate orders
  - Matter resolved out of court
  - NCP likely to contact LCSA if change in circumstances.

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- ### Results- San Diego Statistics
- Case Resolution Appointments- (Non-Assistance Cases)
    - ❖ Show Rate- 31%
    - ❖ Stip Rate- 32%
    - ❖ Closure Rate- .09%

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•Results- San Diego Statistics...Continued

- Case Resolution Appointments-Aided Cases
  - ❖ Show Rate- 15%
  - ❖ Stip Rate- 40%

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Next Steps

At The Local Level...

- Reach out to the NCP early in the process.
- Don't underestimate the influence of an invitation.
- If at first you don't succeed...try again.

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Next Steps/Discussion

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**Draft**  
**Treatment Process Details**  
**Step-by-Step Procedures for S&C/CRMs**

NOTE: This process begins after treatment case has been assigned to CRM Team member.

- 1. Schedule CRM on Event Registry**
  - on Event Registry page, create appointment
  - select “interview” from drop-down box
  - copy and paste text for CRM/S&C appointment from CRM/CSE document into text box on Event Registry page
  - allocate 1 hour for appointment
  - deselect child from list of attendees
  - designate team and user for event
  - select “schedule only” and do not generate appointment letter
  
- 2. Create Invitation Letter to Customers**
  - on Case Overview page, use Form Search option to access free-form letter
  - use Form 0196
  - copy and paste text for S&C/CRM invitation from CRM/CSE desktop document into free-form space on the letter
  - add date and time of the CRM to the text
  - generate invitation letter
  
- 3. Manually generate S&C/PJ**
  - from Legal Activities page, follow usual procedures to generate these documents except
    - do not select/deselect pre-service notification letter
    - do not select/deselect automatic service of process
  
- 4. Enter CRM code for CRM initiation process on Case Activity Log page**
  - copy and paste appropriate S&C/CRM scheduling codes and text from CRM/CSE desktop document into Case Activity Log
  
- 5. Prepare for CRM**
  - XX days before CRM, autodailer will send phone message to CRM participants
  - XX days before CRM, view CRM by selecting future event view from Event Registry page
  - Verify return of e-filed S&C/PJ from court
  - Verify documents and information needed for CRM
    - S&C/PJ copies

- Proof of service for NP
- Notice letter for CP
- Completed I&E forms
- Employment info from CSE
- Guidelines calc
- Paper file check?

## 6. **Welcome parents to CRM**

- [who] generates list of day's CRMs from Event Registry [for team]
- Welcome and check-in activities
  - Note attendance of each party
  - Review any documents brought by party
    - If no I&E form, provide form to party to complete before CRM
    - Copy pay stubs and other relevant documents
  - Provide each party with handout about CRM process
  - Provide each party with resource handout about A&V
  - Provide parties with opportunity to view video/powerpoint about parenting and child support
  - Introduce CRM Team member to family

## 7. **Conduct CRM with both parents**

- At appropriate point, serve NP with S&C/PJ and provide notice of S&C/PJ to CP
- If parents reach stipulation, follow usual process for stip
  - Generate stip documents
  - Have parties sign stip documents and copy signed documents
  - File stip documents with court
  - Conduct post-order process with parents
- If parents do not reach stipulation, complete Dispute Resolution Referral to FLF or Commissioner, depending on criteria selected on the Form
  - 7.a. For cases referred to the FLF, conduct mediation
    - CSO takes Dispute Resolution Referral form and related documents and walks parents to the FLF office
    - CSO introduces parents to FLF receptionist and leaves Dispute Resolution Referral and documents with receptionist, and CSO returns to LCSA
    - Receptionist introduces FLF mediator to parents and provides mediator with Dispute Resolution Referral and related documents
    - FLF mediator conducts mediation
      - If parents reach stipulation at mediation, FLF mediator completes stipulated agreement and parents sign

agreement; FLF completes results section of Dispute Resolution Referral

- If parents do not reach stipulation at mediation, FLF completes results section of Dispute Resolution Referral
- FLF walks parents back to LCSA and provides LCSA worker with completed Dispute Resolution Referral form, as well as stip if agreement was reached at mediation

7.b. For cases referred to the Commissioner, conduct judicial case conference

- LCSA attorney takes Dispute Resolution Referral form and related documents and walks parents to the Commissioner's courtroom
- Commissioner conducts judicial case conference
  - If parents reach stipulation at conference, Commissioner notes the agreement of the parties [on the record/in open court] and [who] completes results section of Dispute Resolution Referral
  - If parents do not reach stipulation at conference, [who] completes results section of Dispute Resolution Referral
- LCSA attorney walks parents back to LCSA

7.c. Following mediation at FLF or judicial case conference with Commissioner, return to LCSA

- If parents reach stipulation, follow usual process for stip
  - Generate stip documents
  - Have parties sign stip documents and copy signed documents
  - File stip documents with court
  - Conduct post-order process with parents
- If parents do not reach stipulation, [who] follows usual process to initiate service of process for NP and notice for CP
- Copy and paste appropriate S&C/CRM event codes, participation codes, and result codes from CRM/CSE desktop document into Case Activity Log

## **8. When only one parent appears, conduct Information Meeting with the appearing parent**

- At appropriate point, serve S&C/PJ to NP or provide notice to CP
- Discuss option for rescheduling with the appearing parent
- Consider telephone participation with the nonappearing parent (potential problem w/getting signature on stips)
- Update case information on CSE based on input from the appearing parent
- If NP appears in a TANF case and NP reaches a stipulation, follow usual stip process

- Otherwise, follow usual processes to initiate service of process for NP and notice for CP who failed to appear at CRM
- Copy and paste appropriate S&C/CRM event codes, participation codes, and result codes from CRM/CSE desktop document into Case Activity Log

**9. If neither parent appears from CRM, choose whether to reschedule CRM or to return case to normal processing**

- Determine if rescheduling CRM is appropriate
  - Do not reschedule if CRM has previously been rescheduled
- Update case information on CSE
- if CRM is not rescheduled, follow usual processes to initiate service of process for NP and notice for CP who failed to appear at CRM
- Copy and past appropriate S&C/CRM event codes, participation, and result codes from CRM/CSE desktop document into Case Activity Log

**Draft**  
**Treatment Process Details**  
**Step-by-Step Procedures for R&A/CRMs**

NOTE: This process begins after treatment case has been assigned to CRM Team member.

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  - use Form 0196
  - copy and paste text for R&A/CRM invitation from CRM/CSE desktop document into free-form space on the letter
  - add date and time of the CRM to the text
  - generate invitation letter
  
- 3. Request account audit**
  - from Case Activity page, follow usual procedures to create new task to request account audit
    - category = Financial Management
    - subcategory = Audit Review
    - create free-form title = CRM Audit
    - create due date XX days before CRM date
    - assign task to [insert appropriate user/team]
  
- 4. Enter CRM code for CRM initiation process on Case Activity Log page**
  - copy and paste appropriate R&A/CRM scheduling codes and text from CRM/CSE desktop document into Case Activity Log
  
- 5. Prepare for CRM**
  - XX days before CRM, autodialer will send phone message to CRM participants
  - XX days before CRM, view CRM by selecting future event view from Event Registry page



- Verify documents and information needed for CRM
  - Previous orders
  - Report of account audit
  - Completed I&E forms
  - Employment info from CSE
  - Guidelines calc
  - Paper file check?

## **6. Welcome parents to CRM**

- [who] generates list of day's CRMs from Event Registry [for team]
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  - Note attendance of each party
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    - If no I&E form, provide form to party to complete before CRM
    - Copy pay stubs and other relevant documents
  - Provide each party with handout about CRM process
  - Provide each party with resource handout about A&V
  - Provide parties with opportunity to view video/powerpoint about parenting and child support
  - Introduce CRM Team member to family

## **7. Conduct CRM with both parents**

- Update case information including appropriate R&A process codes
- If parents reach stipulation, follow usual process for stip
  - Generate stip documents
  - Have parties sign stip documents and copy signed documents
  - File stip documents with court
  - Conduct post-order process with parents
- If parents do not reach stipulation and R&A is appropriate, complete Dispute Resolution Referral to FLF or Commissioner, depending on criteria selected on the Form
  - 7.a. For cases referred to the FLF, conduct mediation
    - CSO takes Dispute Resolution Referral form and related documents and walks parents to the FLF office
    - CSO introduces parents to FLF receptionist and leaves Dispute Resolution Referral and documents with receptionist, and CSO returns to LCSA
    - Receptionist introduces FLF mediator to parents and provides mediator with Dispute Resolution Referral and related documents
    - FLF mediator conducts mediation
      - If parents reach stipulation at mediation, FLF mediator completes stipulated agreement and parents sign

- agreement; FLF completes results section of Dispute Resolution Referral
  - If parents do not reach stipulation at mediation, FLF completes results section of Dispute Resolution Referral
- FLF walks parents back to LCSA and provides LCSA worker with completed Dispute Resolution Referral form, as well as stip if agreement was reached at mediation
- 7.b. For cases referred to the Commissioner, conduct judicial case conference
  - LCSA attorney takes Dispute Resolution Referral form and related documents and walks parents to the Commissioner's courtroom
  - Commissioner conducts judicial case conference
    - If parents reach stipulation at conference, Commissioner notes the agreement of the parties [on the record/in open court] and [who] completes results section of Dispute Resolution Referral
    - If parents do not reach stipulation at conference, [who] completes results section of Dispute Resolution Referral
  - LCSA attorney walks parents back to LCSA
- 7.c. Following mediation at FLF or judicial case conference with Commissioner, return to LCSA
  - If parents reach stipulation, follow usual process for stip
    - Generate stip documents
    - Have parties sign stip documents and copy signed documents
    - File stip documents with court
    - Conduct post-order process with parents
  - If parents do not reach stipulation, determine appropriate next step for R&A (Note: R&A review can result in variety of outcomes including initiation of legal actions as well as terminating R&A process)
    - If legal action is appropriate
      - generate appropriate legal documents
      - request notice to nonappearing party
      - generate proof of notice and give notice to appearing party
  - Update case information on CSE based on input from the appearing parent, including appropriate R&A process codes
  - Copy and paste appropriate R&A/CRM event codes, participation codes, and result codes from CRM/CSE desktop document into Case Activity Log
- 8. When only one parent appears, conduct Information Meeting with the appearing parent**
  - Discuss option for rescheduling with the appearing parent

- Consider telephone participation with the nonappearing parent (note phone participation can be issue for getting signatures on stips)
- Following usual R&A processes, determine appropriate next step for R&A (see note above about different possible outcomes for R&A process)
  - If legal action is appropriate
    - generate appropriate legal documents
    - request notice to nonappearing party
    - generate proof of notice and give notice to appearing party
- Update case information on CSE based on input from the appearing parent, including appropriate R&A process codes
- Copy and paste appropriate R&A/CRM event codes, participation codes, and result codes from CRM/CSE desktop document into Case Activity Log

**9. If neither parent appears from CRM, choose whether to reschedule CRM or to return case to normal processing**

- Determine if rescheduling CRM is appropriate
  - Do not reschedule if CRM has previously been rescheduled
- Update case information on CSE, including R&A process codes
- if CRM is not rescheduled, follow usual processes to conduct R&A, including initiation of appropriate legal activities and notice to parties
- Copy and past appropriate R&A/CRM event codes, participation, and result codes from CRM/CSE desktop document into Case Activity Log

## CALIFORNIA RESOLVES

### LEARN ABOUT THE CHILD SUPPORT PROCESS, BECOME INVOLVED IN THE PROCESS, BE A PART OF THE PROCESS!

You are being invited to participate in a Case Resolution Meeting with the local child support agency as part of a new mediation project. By participating in a Case Resolution Meeting, you will have an opportunity to resolve your child support case *without going to court!*

We are sending you this invitation because we have received information that you are the parent of:

\_\_\_\_\_ dob \_\_\_\_\_  
\_\_\_\_\_ dob \_\_\_\_\_

The local child support agency must determine parentage of the child(ren) and establish and enforce a child support order. Ordinarily we would start this process by serving a Summons and Complaint, requiring a response to the paperwork and then having a court hearing. Instead, we invite you to participate in a Case Resolution Meeting at our offices, with a child support agency representative and the other party. By accepting this invitation, you can learn about the child support process, become involved in the process, and *be a part of the process!*

Your Case Resolution Meeting has been scheduled for:

Date:

Time:

Location:

To participate in this scheduled meeting, please complete the enclosed Income and Expense Declaration and bring it with you to the meeting, along with your financial information, including:

- ✓ your pay stubs for the past two months
- ✓ W-2 form and federal tax return for previous year
- ✓ If self-employed, a current year to date profit and loss statement, profit and loss statements for the prior two calendar years, federal tax returns and IRS 1040 Schedule C or C-EZ for past two years
- ✓ If unemployed and receiving unemployment benefits, copies of unemployment benefit payment stubs for past two months
- ✓ If disabled and receiving disability benefits, copies of disability benefit payment stubs for past two months

The meeting will take an hour or less to complete. In order to save time and accomplish as much as possible at the meeting, please do not bring your children to the meeting.

If the scheduled meeting date or time is not convenient for you, please contact \_\_\_\_\_ at \_\_\_\_\_ to discuss a more convenient time and date.

If you have any concerns about your safety, please call our office immediately at the number noted above.

Results of LCSA Case Resolution Meeting

[Attach to Referral by LCSA to Family Law Facilitator or Commissioner]

Date of CRM: \_\_\_\_\_ CSE # \_\_\_\_\_

LCSA Rep. at CRM: \_\_\_\_\_ Court # \_\_\_\_\_

Service Method: CP \_\_\_\_\_ NCP \_\_\_\_\_

Service Date: CP \_\_\_\_\_  NCP \_\_\_\_\_

CRM Results

Issues:	<input type="checkbox"/> Parentage	<input type="checkbox"/> Resolved	<input type="checkbox"/> Unresolved
	<input type="checkbox"/> Child support	<input type="checkbox"/> Resolved	<input type="checkbox"/> Unresolved
	<input type="checkbox"/> Health insurance	<input type="checkbox"/> Resolved	<input type="checkbox"/> Unresolved
	<input type="checkbox"/> Child care	<input type="checkbox"/> Resolved	<input type="checkbox"/> Unresolved
	<input type="checkbox"/> Unreimbursed health costs	<input type="checkbox"/> Resolved	<input type="checkbox"/> Unresolved
	<input type="checkbox"/> Timeshare	<input type="checkbox"/> Resolved	<input type="checkbox"/> Unresolved
	<input type="checkbox"/> Income of CP	<input type="checkbox"/> Resolved	<input type="checkbox"/> Unresolved
	<input type="checkbox"/> Income of NCP	<input type="checkbox"/> Resolved	<input type="checkbox"/> Unresolved
	<input type="checkbox"/> Appropriate tax status	<input type="checkbox"/> Resolved	<input type="checkbox"/> Unresolved
	<input type="checkbox"/> Hardship deductions	<input type="checkbox"/> Resolved	<input type="checkbox"/> Unresolved
	<input type="checkbox"/> Other:	<input type="checkbox"/> Resolved	<input type="checkbox"/> Unresolved

Documents attached:

- Summons & Complaint
- Notice of Motion
- Income and Expense Declaration
- Pay stubs  1099s  P&L statement
- W-2 form(s)  Tax return(s)
- Copies of out of state child support order(s)
- Timeshare calculation worksheet
- Other:

I/we consent to the release of the above information to the Family Law Facilitator for purposes of mediation and/or to the Commissioner for purposes of a case conference.

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

\_\_\_\_\_  
Custodial Parent

\_\_\_\_\_  
Non Custodial Parent





*You're invited to a Case Resolution Meeting  
to establish child support without having to go to court.  
Details on the other side.*



### Case Resolution Meeting

We would like to offer you an opportunity to establish child support without having to go to court. We invite you to a Case Resolution Meeting at our office where you can meet with an experienced child support representative and with the other parent to obtain information about child support and to discuss a possible agreement for an accurate, reasonable child support order.

Meeting Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location: Department of Child Support Services  
220 West Broadway X floor  
San Diego, CA 92101

*We hope you can participate. If this appointment is not convenient for you, please call XXX-XXXX to reschedule.*

With this invitation is a blue sheet titled "Know Before You Go." It tells you the advantages of participating in this Case Resolution Meeting and how to get ready for the meeting. If you do not participate in the Case Resolution Meeting, you may be served at home or at work with legal documents to appear in court about your child support case.

#### *What to Bring to the Case Resolution Meeting*

- Completed Income and Expense Declaration (enclosed)
- Proof of income (including last 2 months of pay stubs if you're working; otherwise, your W-2, tax returns for the past 2 years, or your 1099 form if you are self employed)
- Proof of child support paid for other child(ren)
- Any visitation agreements or orders

# KNOW BEFORE YOU GO

## A GUIDE TO YOUR CASE RESOLUTION MEETING

*KNOW YOUR RIGHTS. KNOW YOUR RESPONSIBILITIES. KNOW BEFORE YOU GO.*

A Case Resolution Meeting provides a way to learn about child support rights and responsibilities and to reach an agreement about child support without having to go to court. Both parents are invited to meet with an experienced and trained child support professional at the child support office. By participating in the Case Resolution Meeting, you can make your voice heard, you can learn your rights and responsibilities, and you can have a say in the child support process.

### Your Choice to Participate

It is entirely your choice to participate in this meeting. If you do participate in the meeting, it is your choice to reach an agreement or not to reach an agreement. If you do reach an agreement with the other parent and the agency, you will not have to go to court to resolve your child support case. For this reason, a Case Resolution Meeting may be more convenient for you. **However, if you do not reach an agreement, or if you do not participate at all in the Case Resolution Meeting, we may serve you at home or at work with legal documents to appear in court.**

### Advantages of Participating In the Case Resolution Meeting Instead of Going to Court

Case Resolution Meeting	Court
You will have an opportunity to resolve your case <b>without going to court.</b>	You will be <b>required to appear in court in a lawsuit</b> about child support.
You may <b>voluntarily</b> attend a <b>private</b> negotiation meeting in our office where you can review legal documents related to your child support case.	You may be <b>publicly served</b> at your residence or workplace with a lawsuit and <b>notice to appear in court.</b>
We can usually reschedule your Case Resolution Meeting to a date and time that is <b>convenient for you.</b>	You will be required to appear in court on a date and time which <b>may not be convenient</b> for you.
The Case Resolution Meeting usually takes <b>less than a couple of hours.</b>	A court appearance may consume <b>much of the day</b> , and you may have to appear more than one time.
You <b>participate in the outcome</b> of your case. If you reach an agreement, your agreement is submitted to a judge to be made into a court order.	A court will make a decision about your case, <b>whether or not you agree with the court's decision.</b>

**If you do not feel safe meeting in person with the other parent because of a history of family violence or abuse, call our office before you come to the meeting. Your case may not be suitable for a Case Resolution Meeting.**

Case Resolution Meetings work best when parents

- prepare in advance for the meeting
- bring information about their income and family circumstances
- come ready to talk about child support issues

### **What to Bring to the Case Resolution Meeting**

- Completed Income and Expense Declaration (enclosed)
- Proof of income (including last 2 months of pay stubs if you're working; otherwise, your W-2, tax returns for the past 2 years, or your 1099 form if you are self employed)
- Proof of child support paid for other child(ren)
- Any visitation agreements or orders

**Do not bring your children  
or other family members or friends to the meeting.**

### **Other things to think about**

- You have the right to have an attorney present with you at the meeting. We do not represent you, the other party, or the children in this case. You may wish to talk to an attorney, at your cost, about this matter because it affects your legal rights.
- If you do not think you are the parent of the child(ren) in the lawsuit, you may be eligible for a genetic test that will help determine whether or not you are the parent. Our office may help you obtain this test.
- The amount of child support is determined by California law, and this law provides for a guideline formula for calculating support. The formula is used in child support cases for the entire State of California. For information about the formula and to use it to calculate support in your case, see <https://www.cse.ca.gov/ChildSupport/cse/guidelineCalculator>

### **For more information**

- For resources to customers of the Department of Child Support Services, see: <http://www.childsup.ca.gov/Resources/tabid/58/Default.aspx>
- For the California Courts Self-Help Center resources about custody and visitation, see:  
<http://www.courtinfo.ca.gov/selfhelp/family/custody/orders.htm>
- For the California Courts Self-Help Center resources about child support, see <http://www.courtinfo.ca.gov/selfhelp/family/support/>

# CALIFORNIA RESOLVES

## Referral Form from LCSA to FLF/Commissioner

Case Resolution Meeting held on (date) \_\_\_\_\_ resulted in impasse.

Court Case Number: \_\_\_\_\_ Noncustodial Parent (NCP): \_\_\_\_\_

CSE Case Number: \_\_\_\_\_ Check if represented by attorney \_\_\_\_\_

Date of Referral: \_\_\_\_\_ Custodial Parent (CP): \_\_\_\_\_

Date of Hearing: \_\_\_\_\_ Check if represented by attorney \_\_\_\_\_

LCSA Representative Referring Case: \_\_\_\_\_

Translator needed? \_\_\_\_\_ Language \_\_\_\_\_

### ISSUES ADDRESSED/RESULTS

#	Issues	Agreed	Not Agreed	Comments
1.	Paternity	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Child Support	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Health Insurance	<input type="checkbox"/>	<input type="checkbox"/>	
4.		<input type="checkbox"/>	<input type="checkbox"/>	
5.		<input type="checkbox"/>	<input type="checkbox"/>	

CRM Document Packet that accompanies party to FLF/Commissioner includes:

Summons and Complaint

Guideline calculation

Pay stubs, etc.

Other (specify): \_\_\_\_\_

Income & Expense Declaration provided by:

NCP on (date): \_\_\_\_\_

CP on (date): \_\_\_\_\_

Additional Comments: \_\_\_\_\_

Dated: \_\_\_\_\_

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Noncustodial Parent

\_\_\_\_\_  
Signature of Custodial Parent

#### IMPORTANT NOTICE:

By signing this form, I agree to participate in mediation with a Family Law Facilitator (FLF) and/or a case conference with a Superior Court Commissioner (Commissioner) in an attempt to resolve the issues in my child support case. In participating in this process, I agree that this form and all information contained herein can be provide to the FLF and/or Commissioner for purposes of the mediation/conference and waive any right to confidentiality of this information.

## ***Referral Instructions to LCSA***

If the CRM does not result in a stipulation, the LCSA refers the family to mediation by the Family Law Facilitator (FLF) or to a settlement conference with the Commissioner. To determine where to refer to the family, indicate if any of these factors are present and check beside the ones that apply:

- A parent is receiving public assistance
- A parent is represented by an attorney

If any of these are checked, the case should be referred to the Commissioner.

If none of these are checked, the case should be referred to the FLF.

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### ***Results of Mediation by Family Law Facilitator***

Date of Mediation: \_\_\_\_\_

Mediator: \_\_\_\_\_

Results of mediation:

- Stipulation reached
- Impasse

Length of mediation:

- Less than 30 minutes
- Between 30 and 60 minutes
- More than 60 minutes

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### ***Results of Commissioner Settlement Conference***

Date of Conference: \_\_\_\_\_

Commissioner: \_\_\_\_\_

Results of Conference:

- Stipulation reached
- Impasse

Length of Conference:

- Less than 30 minutes
- Between 30 and 60 minutes
- More than 60 minutes

## Case Resolution Meeting

We would like to offer you an opportunity to establish child support without having to go to court. We invite you to a Case Resolution Meeting at our office where you can meet with an experienced child support representative to obtain information about child support and to discuss a possible agreement for an accurate, reasonable child support order.

Meeting Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location: Department of Child Support Services  
220 W. Broadway, 6th Floor  
San Diego, CA 92101



*We hope you can participate. If this appointment is not convenient for you, please call 619-578-6724 to reschedule.*

### What to Bring to the Case Resolution Meeting

- Completed Income and Expense Declaration (enclosed)
- Proof of income (including last two months of pay stubs if you're working; otherwise, your W-2, tax returns for the past two years, or your 1099 form if you are self-employed)
- Proof of child support paid for other child(ren)
- Any visitation agreements or orders

If you do not participate in the Case Resolution Meeting, you may be served at home or at work with legal documents to appear in court about your child support case.

You have the right to have an attorney present at the meeting.

SDPUB025-NCP (6/11)

## Case Resolution Meeting

We would like to offer you an opportunity to establish child support without having to go to court. We invite you to a Case Resolution Meeting at our office where you can meet with an experienced child support representative to obtain information about child support and to discuss a possible agreement for an accurate, reasonable child support order.

Meeting Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location: Department of Child Support Services  
220 W. Broadway, 6th Floor  
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*We hope you can participate. If this appointment is not convenient for you, please call 619-578-6724 to reschedule.*

### What to Bring to the Case Resolution Meeting

- Completed Income and Expense Declaration (enclosed)
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- Any visitation agreements or orders

If you do not participate in the Case Resolution Meeting, you may be served at home or at work with legal documents to appear in court about your child support case.

You have the right to have an attorney present at the meeting.

SDPUB025-NCP (6/11)

## Reunión Para Resolución Del Caso

Le ofrecemos la oportunidad de establecer una orden de manutención de menores sin tener que asistir a la corte. Le invitamos a una reunión para resolver su caso en nuestra oficina, donde podrá reunirse con un representante con experiencia en la manutención de menores para obtener información sobre su caso y discutir un posible acuerdo para una orden precisa y razonable de manutención de menores.

Fecha de la reunión: \_\_\_\_\_ Hora: \_\_\_\_\_

Lugar: Departamento de Manutención de Menores  
220 Best Broadway, 6to piso  
San Diego, CA 92101



*Esperamos que pueda participar. Si esta cita no es conveniente para usted, llámenos al 619-578-6724 para elegir otra fecha.*

### Que debe de traer a la reunión para resolver su caso

- Declaración completa de Ingresos y Gastos (adjunta).
- Comprobante de ingreso (incluyendo los talones de pago de los últimos dos meses si esta trabajando; de otra manera, sus formas W-2, sus reportes de impuestos de los últimos dos años, o su forma 1099 si esta trabajando independiente)
- Comprobante de pagos de manutención de menores para otros niños.
- Cualquier acuerdo u orden de visitación.

Si usted no participa en la reunión para resolver su caso, podrá ser notificado personalmente en su casa o trabajo con documentos legales para presentarse en la corte con respecto a su caso de manutención de menores.

Usted tiene el derecho de tener un abogado presente en la reunión.

## Reunión Para Resolución Del Caso

Le ofrecemos la oportunidad de establecer una orden de manutención de menores sin tener que asistir a la corte. Le invitamos a una reunión para resolver su caso en nuestra oficina, donde podrá reunirse con un representante con experiencia en la manutención de menores para obtener información sobre su caso y discutir un posible acuerdo para una orden precisa y razonable de manutención de menores.

Fecha de la reunión: \_\_\_\_\_ Hora: \_\_\_\_\_

Lugar: Departamento de Manutención de Menores  
220 Best Broadway, 6to piso  
San Diego, CA 92101



*Esperamos que pueda participar. Si esta cita no es conveniente para usted, llámenos al 619-578-6724 para elegir otra fecha.*

### Que debe de traer a la reunión para resolver su caso

- Declaración completa de Ingresos y Gastos (adjunta).
- Comprobante de ingreso (incluyendo los talones de pago de los últimos dos meses si esta trabajando; de otra manera, sus formas W-2, sus reportes de impuestos de los últimos dos años, o su forma 1099 si esta trabajando independiente)
- Comprobante de pagos de manutención de menores para otros niños.
- Cualquier acuerdo u orden de visitación.

Si usted no participa en la reunión para resolver su caso, podrá ser notificado personalmente en su casa o trabajo con documentos legales para presentarse en la corte con respecto a su caso de manutención de menores.

Usted tiene el derecho de tener un abogado presente en la reunión.





# **TAB E**

## **Facilitator Services at Your Local Child Support Agency— A WIN-WIN**

**Ms. Carla Khal, Ms. Maria Livingston,  
Ms. Linda C. Rovito, and  
Ms. Lorraine Torres**

**FACILITATOR SERVICES AT YOUR LOCAL  
CHILD SUPPORT AGENCY - A WIN WIN  
PROPOSITION**

BY: MS. MARIA LIVINGSTON (moderator),  
MS. CARLA KHAL,  
MS. LINDA C. ROVITO,  
MS. LORRAINE TORRES  
15<sup>TH</sup> ANNUAL CHILD SUPPORT TRAINING CONFERENCE  
WEDNESDAY SEPTEMBER 7, 2011  
SAN DIEGO, CALIFORNIA

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**INTRODUCTIONS**

- ▶ Maria Livingston Esq., (moderator), Self-Help Services Unit Manager, Superior Court of California County of Orange
- ▶ Carla Khal Esq., Family Law Facilitator, Superior Court of California, County of Tulare
- ▶ Linda C. Rovito Esq., Deputy Department Counsel, Orange County Child Support Services
- ▶ Lorraine Torres Esq., Family Law Facilitator, Superior Court of California, County of Orange

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**GOALS OF THIS WORK SHOP**

Describe two Family Law Facilitator/Child Support Services collaborations

- ▶ Inception to Implementation of co-location programs in Tulare County and Orange County
- ▶ Issues encountered and Issues resolved
- ▶ Expansion of program - Pitfalls to avoid
- ▶ Ethical Issues/dilemmas encountered

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**Tulare County Model  
Family Law Facilitator – Child Support Services**

*Tulare County has had a Facilitator located in the  
Child Support Services office since 2004.*

- ▶ The goal of the partnership – better customer service and resource efficiency.
- ▶ Plan of cooperation.
- ▶ The co-location has been a terrific success for both organizations, but mostly for our shared patrons.

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**Orange County Pilot  
Family Law Facilitator – Child Support Services**

Orange County Pilot – began in April 2011

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**Orange County –  
Child Support Services Customer Assistance Projects**

- ▶ Orange County Child Support Services has had early intervention customer service programs in place since 2003
- ▶ Solutions for Parents Program

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- ▶ Ethical Issues/Dilemmas – Remembering your role
- ▶ California Rules of Court Standard 10.16 Model code of ethics for court employees
- ▶ The importance of Disclosures

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### CODE OF ETHICS

- ▶ **TENET SEVEN:** Serve the public by providing procedural assistance that is as helpful as possible without giving legal advise;
- ▶ **TENET EIGHT:** Furnish accurate information as requested in a competent, cooperative, and timely manner.
- ▶ **2011 CALIFORNIA RULES OF COURT**  
Standard 10.16 Model code of ethics for court employees  
Each trial and appellate court should adopt a code of ethical behavior for its support staff, and in doing so should consider rule 10.670©(12) of the California Rules of Court, and the model Code of Ethics for the Court Employees of California approved by the Judicial Council on May 17, 1994, and any subsequent revisions. The approved model is published by the Administrative Office of the Courts.

Standard 10.16 amended effective July 1, 2008; adopted as sec.35 effective July 1, 1994; previously amended and renumbered effective January 1, 2007

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### Why Co-Location is a WIN-WIN

- ▶ IV-D Customers cannot always be helped administratively
- ▶ Customer Service
- ▶ Less delay in addressing legal issues
- ▶ Avoiding unnecessary court hearings
- ▶ A way to address Federal Performance Standards

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QUESTIONS

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**Contact Information**

- ▶ Carla Khal, Esq. Family Law Facilitator Tulare County, [Ckhal@tulare.courts.ca.gov](mailto:Ckhal@tulare.courts.ca.gov)
- ▶ Maria Livingston, Esq. Self-Help Services Unit Manager Orange County, [mlivingston@occourts.org](mailto:mlivingston@occourts.org)
- ▶ Linda C. Rovito, Esq. Deputy Department Counsel, Orange County, [LRovito@css.ocgov.com](mailto:LRovito@css.ocgov.com)
- ▶ Lorraine Torres, Esq. Family Law Facilitator Orange County, [ltorres@occourts.org](mailto:ltorres@occourts.org)

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PLAN OF COOPERATION BETWEEN  
TULARE COUNTY DEPARTMENT OF CHILD SUPPORT SERVICES AND  
THE TULARE COUNTY SUPERIOR COURT/FAMILY LAW FACILITATOR



**DEBRA OLVERA  
DIRECTOR**

**TULARE COUNTY DEPARTMENT OF CHILD SUPPORT SERVICES**

8040 DOE AVENUE, VISALIA CA 93291  
259 N MAIN STREET. PORTERVILLE CA 93257  
(559) 713-5718 FAX: (559) 651-2987

## **PLAN OF COOPERATION**

BETWEEN THE TULARE COUNTY DEPARTMENT OF CHILD SUPPORT SERVICES  
AND TULARE COUNTY SUPERIOR COURT /FAMILY LAW FACILITATOR

**PURPOSE:** This Plan of Cooperation (POC) between the Tulare County Department of Child Support Services and the Tulare County Superior Court/Family Law Facilitator is a joint commitment between both programs to promote child support services and provide procedural assistance to customers who are representing themselves in Family Court.

**BACKGROUND:** The Tulare County Department of Child Support Services and the Tulare County Superior Court/Family Law Facilitator continue to collaborate on ways to maximize the customer service experience to meet the needs of the children of Tulare County.

The goal of this POC is to accomplish the following:

- 1. Maximize customer service by lessening travel time for customers between offices.**
- 2. Develop a procedure for referring eligible customers to the Family Law Facilitator.**

This POC shall be as follows:

**INFORMATION SERVICES:** To provide the opportunity for our joint customers to exchange information about each other's programs.

**OUTREACH:** Obtain and display information on each other's programs (bilingual brochures, etc.) in order to inform the customers of program services.

**REVIEW:** Authorized representatives of each party will meet periodically to review and update this agreement.

PLAN OF COOPERATION BETWEEN  
TULARE COUNTY DEPARTMENT OF CHILD SUPPORT SERVICES AND  
THE TULARE COUNTY SUPERIOR COURT/FAMILY LAW FACILITATOR

**STAFFING:** The position of Family Law Facilitator shall be provided by, and under the supervision of, the Superior Court. It is the intent of the Superior Court that the Facilitator or delegate be present at the offices of the Department of Child Support Services approximately 20 hours per week. This schedule, however, may be adjusted as circumstances dictate.

**SECURITY:** Because the Tulare County Department of Child Support Services is housed in a secured building, standard security protocol will be followed in accordance with state and local guidelines and regulations.

**ACCOMMODATIONS:** All reasonable efforts will be made to accommodate the needs of the Family Law Facilitator to achieve the desired goals noted above. The accommodations shall include, but not be limited to, a satellite office in the Visalia office of the Tulare County Department of Child Support Services. This accommodation may expand to include additional satellite offices as circumstances permit upon mutual written consent. Any such change in accommodation shall require each party to approve the desired change in writing at least thirty days prior to the date of change.

**EQUIPMENT:** The Department of Child Support Services agrees to provide the Facilitator the use of a telephone and photocopying capability as well as access to a computer to research on JALAN. Superior Court shall provide any other required equipment and support of said equipment unless other arrangements are mutually agreed upon.

**INCIDENTALS:** All reasonable general office supplies not previously identified shall be the responsibility of the Tulare County Department of Child Support Services.

**INDEMNITY PROVISION:** The parties shall each hold harmless, defend and indemnify the other party, its agents, officers and employees from and against any liability, claims, actions, costs, damages or losses of any kind, including death or injury to any person and/or damage to property, including Tulare County property, arising from, or in connection with, their performance under this POC. This indemnification specifically includes, but is not limited to, any claim alleging civil rights violations under Government Code sections 12920 et seq. (California Fair Employment and Housing Act.) This indemnification obligation shall continue beyond the term of this POC as to any acts or omissions under this POC.

**STARTUP:** This POC may begin once the required signatures are obtained, or when both parties find it mutually beneficial.

**DURATION:** This POC shall begin as noted above and shall remain in place for three years after the date the Chairman of the Board of Supervisors, Tulare County signs this document, or until this POC is terminated as noted below, whichever occurs first.

**TERMINATION:** This POC may be terminated at any time provided one party advises the other in writing of their intent at least thirty days prior to the actual termination date.

PLAN OF COOPERATION BETWEEN  
TULARE COUNTY DEPARTMENT OF CHILD SUPPORT SERVICES AND  
THE TULARE COUNTY SUPERIOR COURT/FAMILY LAW FACILITATOR

IN WITNESS THEREOF, the parties hereto have executed this agreement on the terms set  
and agreed upon, as of this date and year.

CHAIRMAN OF THE  
BOARD OF SUPERVISORS  
TULARE COUNTY  
VISALIA, CALIFORNIA

LARAYNE CLEEK, COURT EXECUTIVE  
OFFICER TULARE COUNTY SUPERIOR  
COURT/  
FAMILY LAW FACILITATOR  
VISALIA, CALIFORNIA

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

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



# **TAB F**

## **Interacting with Self- Represented Litigants— Effective Practices**

**Hon. Christopher Longaker,  
Hon. Rebecca L. Wightman,  
and Ms. Kristine Reiser-Juick**

## INTERACTING WITH SELF REPRESENTED LITIGANTS

### Effective Practices

- **Michael Wright**
  - AEIC99 Program Manager/Supervising Attorney, CFCC - ACC
- **Kristine Reiser-Juick**
  - Supervising Family Law Facilitator, Los Angeles
- **Christopher Longaker**
  - Commissioner, Sacramento
- **Rebecca Wehtman**
  - Commissioner, San Francisco

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## HOW?      WHY?

- **How did this issue crop up?**
  - Multiple sources (surveys, studies)
- **Why is this topic so important?**
  - Why Should the Courts Care?
  - Impact on entire system

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## COMMON ISSUES MISUNDERSTANDINGS

- Why doesn't my rent count?
- Timeshare: My custody order says I get 50%... the other parent won't let me see my child(ren)
- But I pay for all of my children's shoes and clothes!
- That's not enough to cover my child's expenses!!
- That's too much!!

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**COMMON ISSUES**  
**MISUNDERSTANDINGS (continued)**

- I don't have my paystubs with me
- I don't understand ... (you name it)
- You're not letting me talk!
- Why can't I get the amount listed in *this* calculation (attached to motion)?
- I don't owe support, they've been taking \$ from my check...
- Why are my arrears so high? (Interest)
- **WHAT JUST HAPPENED???**



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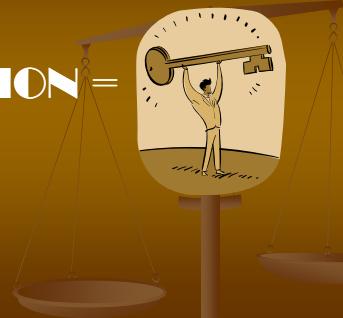
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**Self Represented Litigants**

**EDUCATION =**



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**WHAT'S GOING ON NOW?**

**CONTEXT: THE BIG 3'S**

- **3 Major Players (LCSA, Court, FLF)**
- **3 Time Frames (opportunities)**
- **3 Sizes (small, medium, large)**



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**Survey Results**  
**Discussion**  
**Some Questions/Thoughts**

**How effective is “What’s Going On Now”?**

- **Gap in perspectives (litigants / courts)**

**When is the best time or way to educate?**

- **Is there a best time or way? Not always so obvious (literacy, language, stress, financial, other)**

**How can we improve?**

- **Maximize resources ... Other ideas?**

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**INTERACTING WITH  
SELF REPRESENTED  
LITIGANTS**

**THANK YOU!**

**Please be sure to turn in your evaluation**

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Case Name:  
Case Number:  
Today's Court Date:

**WHAT HAPPENED IN COURT TODAY?**

\_\_\_ The Court entered a judgment finding that you are the parent of the child(ren) named in the summons and complaint.

\_\_\_ The Court ordered that you must pay:

Current support of: \$\_\_\_\_\_ per month

Past due support of: \$\_\_\_\_\_ per month

Medical Support of: \$\_\_\_\_\_ per month

TOTAL amount due: \$\_\_\_\_\_ per month

\_\_\_ Payment toward your past due support is IN ADDITION to ongoing current support payments you have been ordered to make.

\_\_\_ Your monthly payment begins on: \_\_\_\_\_.

\_\_\_ The Court ordered that your total child support debt is \$\_\_\_\_\_.

\_\_\_ Your \_\_\_\_\_ license was released effective\_\_\_\_\_.

\_\_\_ Other Court Orders: \_\_\_\_\_

\_\_\_ Your hearing was continued to: \_\_\_\_\_.

\_\_\_ Your case was taken off calendar. (Nothing Happened).

\_\_\_ Your request was denied. (Not approved)

\_\_\_ Genetic testing was ordered.

*NOTICE: This form is not a court order and it has no legal effect. This form may be helpful to explain what happened on your court date.*

*If you have questions, please refer to the court order. You will either receive a copy of the order today or shortly in the mail.*

*You may visit the Office of the Family Law Facilitator if you have other questions about your case or the Court's order.*

*If you have a criminal case you must consult with your public defender or private attorney.*



Nombre del Caso:  
Número del Caso  
Fecha de Corte:

## ¿Qué Pasó en la Corte Hoy?

\_\_\_ La Corte dictaminó que usted es el padre del niño/a (o los niños) nombrado/a(s) en la orden de citatorio y quejas.

\_\_\_ La Corte ordenó que usted tiene que pagar lo siguiente:

Cantidad de manutención al corriente: \$ \_\_\_\_\_ por mes

Cantidad de manutención atrasada: \$ \_\_\_\_\_ por mes

Sostenimiento Médico: \$ \_\_\_\_\_ por mes

TOTAL que debe pagar: \$ \_\_\_\_\_ por mes

\_\_\_ Cantidad de su pago sobre su cuenta atrasada de manutención MÁS la cantidad de manutención al corriente que se le ordenó pagar.

\_\_\_ Su pago mensual comienza a partir del: \_\_\_\_\_.

\_\_\_ El total de su cuenta (lo que usted debe) de manutención es \$ \_\_\_\_\_.

\_\_\_ Su petición para liberar su licencia de \_\_\_\_\_ fue sometida en \_\_\_\_\_.

\_\_\_ Otras órdenes de la Corte: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_ Su audiencia ha sido continuada hasta el: \_\_\_\_\_.

\_\_\_ Su caso fue quitado del calendario (No hubo ninguna acción/nada pasó).

\_\_\_ Su solicitud fue negada. (No aprobada)

\_\_\_ La Corte ordenó un examen genético.

*NOTA: Este formulario no fue ordenado por la Corte y no tiene ningún efecto legal.. El propósito es sólo para darle una explicación sobre lo que pasó hoy en su cita con la Corte.*

*Si usted tiene preguntas, favor de referirse a su orden de la Corte. Es posible que usted pueda recibir una copia de su orden hoy o se le enviará por correo próximamente.*

*Si usted tiene otras preguntas sobre su caso o las órdenes de la Corte, puede visitar la Oficina del Facilitador de Leyes.*

*Si usted tiene un caso criminal debe de consultar con su funcionario público o su abogado privado.*



# OBLIGOR PAYMENT COUPON



State Disbursement Unit  
P.O. Box 989067  
West Sacramento, CA 95798

Inquiries: (866) 325-1000

Name: \_\_\_\_\_

AMOUNT OF PAYMENT: \_\_\_\_\_

Case Number: \_\_\_\_\_

PIN Number: \_\_\_\_\_



*Please return this coupon with your payment*



# OBLIGOR PAYMENT COUPON



State Disbursement Unit  
P.O. Box 989067  
West Sacramento, CA 95798

Inquiries: (866) 325-1000

Name: \_\_\_\_\_

AMOUNT OF PAYMENT: \_\_\_\_\_

Case Number: \_\_\_\_\_

PIN Number: \_\_\_\_\_



*Please return this coupon with your payment*



# OBLIGOR PAYMENT COUPON



State Disbursement Unit  
P.O. Box 989067  
West Sacramento, CA 95798

Inquiries: (866) 325-1000

Name: \_\_\_\_\_

AMOUNT OF PAYMENT: \_\_\_\_\_

Case Number: \_\_\_\_\_

PIN Number: \_\_\_\_\_



*Please return this coupon with your payment*





COUNTY OF LOS ANGELES  
**Child Support Services Department**



STEVEN J. GOLIGHTLY  
Director

LISA M. GARRETT  
Chief Deputy Director

## FREQUENTLY ASKED QUESTIONS

### Paying Child Support

**Q What should I do now that the court has ordered me to pay child support?**

A Review the court order to make sure you understand what the court has ordered. You must pay the court-ordered child support amount each month. In most cases, child support payments are taken directly from the paycheck of the person ordered to pay support. If you do not understand your court order or you did not receive a copy of your court order, please contact the Child Support Services Department (CSSD) at (866) 901 – 3212.

**Q What is a wage assignment?**

A A wage assignment is generally understood as a court order directing an employer to take money out of an employee's paycheck. The type of wage assignment used by CSSD is called an Income Withholding Order. Within 10 days of receiving an Income Withholding Order, an employer must begin the process of taking support payments out of an employee's paycheck and give the employee a copy of: 1) the Income Withholding Order, 2) a written statement of rights under the law, and 3) a blank form for the employee to file with the court if the employee wants to change or stop the Income Withholding Order. An Income Withholding Order can be used to take out money from other types of income such as retirement checks and social security checks.

**Q Is there a limit on how much money can be taken out of my paycheck for child support?**

A Yes. The total amount that an employer can take from an employee's paycheck is one-half of the employee's net pay.

**Q What should I do if my employer is not taking any money out of my paycheck for the child support ordered by the court?**

A First, ask your employer if an Income Withholding Order has been received from CSSD. If the employer indicates that no Income Withholding Order has been received, and the payment due date has passed, then you should send the court ordered amount to the State Disbursement Unit (SDU) as soon as possible. Next, contact CSSD and provide your employer information so that a wage assignment can be sent to your employer.

*“To Enrich Lives Through Effective And Caring Service”*



**Q If I am self-employed, how can I make child support payments?**

A Option 1: You may make your support payment by having the support amount electronically deducted from your checking or savings account or by charging the payment on your credit card. To make your support payments in either way, you must sign up for this service with the SDU. Call the SDU at (866) 325 – 1010 or go to the SDU's website at [www.casdu.com](http://www.casdu.com). Once on the SDU homepage, click on the first blue "Pay Now" box. You will be taken to a screen and given several payment options. Be prepared to give your Participant ID number. If you do not know your Participant ID contact CSSD at (866) 901-3212 or the SDU at (866) 325-1010.

Option 2: You may mail your support payment to the SDU. Please write your case number on the check or money order. Payments should be mailed to:

State Disbursement Unit  
P. O. Box 989067  
West Sacramento, CA 95798-9067

Write your court order number and PIN on the check or money order.

**Q How does the custodial parent receive the child support I pay through the SDU?**

A The custodial parent may have payments directly deposited to a banking account or may choose to receive payment in the form of a check. The law requires that the SDU send most child support payments to the custodial parent within 2 business days of receipt.

**Q How much of my support payment goes to the custodial parent?**

A If the custodial parent is receiving TANF (Temporary Assistance to Needy Families, otherwise known as welfare), he/she has assigned his/her right to support to the government. In these cases, the custodial parent is entitled to receive up to the first \$50.00 of child support collected each month. The rest of the support payment is used to repay the government for the welfare benefits paid to the custodial parent. Custodial parents who are not receiving public assistance are entitled to receive the full current child support payment. A child support arrears payment may be paid to the custodial parent or to the government depending on if the custodial parent received welfare in the past.

**Q Should I make child support payments directly to the custodial parent?**

A No. Your court order states that the child support payment must be made through the SDU. You may not receive proper and timely credit for payments made directly to the custodial parent.

**Q Can I buy things for the child or pay the custodial parent's bills and receive credit against my child support order?**

A No. Money you spend to buy things for the child or to pay the custodial parent's bills will not be credited against your child support order.

## **Changing The Child Support Order**

**Q What should I do if I lose my job, my work hours are reduced, or I begin receiving worker's compensation, state disability, or retirement benefits?**

**A** You should seek a review of your child support order to see if your order should be changed. Here are a few ways to seek a review:

1. Contact the Family Law Facilitator's Office. The Office of the Family Law Facilitator provides free legal services to people who need help completing and filing family law related court papers. The facilitator's office will review your situation and, if appropriate, complete the forms necessary to ask the court to change your child support order;

2. Contact CSSD and explain the change in your income or circumstances. CSSD will mail you papers to collect information about your income. When you return the papers, CSSD will review your information and, if appropriate, will file the papers necessary to ask the court to change your child support order;

3. Contact an attorney or paralegal; or

4. Go to the court clerk's office to obtain and file the papers used to ask the court to change a child support order.

**Q Do I still have to pay child support if I receive Supplemental Security Income (SSI) or other needs-based public assistance?**

**A** No. A child support order cannot be based on or collected from SSI or other needs-based public assistance. If you receive SSI or another type of needs-based public assistance, immediately contact the CSSD and provide proof that you receive these payments. CSSD will file documents with the court to change your support order and/or close your case.

## **Visitation With Child and Change in Child's Residence**

**Q What if the custodial parent won't allow me to see the child(ren)?**

**A** If you have an order for visitation with your child, then you can file papers with the court asking the court to enforce your visitation rights. If you do not have a visitation order, then you will have to file papers with the court asking the court to issue orders granting you visitation rights. Also, you can seek the assistance of a court mediator who can help the custodial parent and yourself come to an agreement regarding visitation. During this process, you are still required to make child support payments. Your child support order remains in effect even if the custodial parent does not allow you to see your child(ren).

**Q Can I stop paying support if my child now lives with me?**

**A** If your child now lives with you, you should contact the CSSD immediately and notify us of the change in the child's residence. The CSSD will file papers with the court asking that your child support order be changed.

## **Enforcement Remedies**

**Q What can happen if I do not make the full and timely support payments?**

A Interest will be charged on your unpaid balance at the rate of 10 percent per year. The CSSD uses various enforcement remedies to obtain child support payments. These remedies include: 1) suspension of your driver's or other professional license; 2) reporting any unpaid child support to credit reporting agencies; 3) intercept of your federal and state tax refund; and/or 4) denial of the issuance of or renewal of your passport.

## **Health Insurance**

**Q Who must provide health insurance coverage for my child?**

A Under California law, the court can order you, the custodial parent, or both of you to provide health insurance for your child if it is available at no cost or at a reasonable cost. The law assumes that group health insurance provided through your employer is reasonable in cost. An order to provide health insurance is in addition to the amount of cash child support that you have been ordered to pay.

**Q What is considered "health insurance coverage"?**

A Health insurance coverage includes insurance to cover medical, dental and vision care.

**Q Now that I've been ordered to provide health insurance, what do I do?**

A You are responsible for providing health insurance for your child. You must:

(1) Tell CSSD if you have health insurance. If you have health insurance, you must give CSSD your health insurance policy information. If you do not have health insurance, you must get coverage for your child if it becomes available at no cost or at a reasonable cost. When you get health insurance for your child, you must tell CSSD within a reasonable period of time.

(2) Enroll your child in your health insurance plan, if your child is not already enrolled. You must enroll your child, even if this is not the usual time period to enroll for health insurance coverage. The insurance company must still provide coverage even if you do not claim your child on your federal income tax return, your child does not live with you, or your child does not live within the insurance service area.

## **Additional Questions**

**Q I still have questions which have not been answered. What can I do?**

A You can call CSSD toll free at (866) 901-3212. You can call the CSSD office handling your case and make an appointment to speak with a caseworker about your case. The phone number for each CSSD division is listed on the attached page. You can visit CSSD's internet website at [www.childsupport.co.la.ca.us](http://www.childsupport.co.la.ca.us) or visit the State Department of Child Support Services' self-service, child support case information system at [www.childsup-connect.ca.gov](http://www.childsup-connect.ca.gov).

## **CONTACT INFORMATION FOR THE CHILD SUPPORT SERVICES DEPARTMENT**

### **Public Contact Offices**

Division 1 – Encino  
(818) 386-6033  
15531 Ventura Blvd.  
Encino, CA 91436

Division 2 – Commerce  
(323) 889-2703  
5770 S. Eastern Ave.  
Commerce, CA 90040

Division 3 – West Covina  
(626) 859-8219  
2934 E. Garvey Ave. South, Suite 100  
West Covina, CA 91791

Division 4 – South Los Angeles  
(323) 965-4306  
8300 S. Vermont Ave., 2<sup>nd</sup> Floor  
Los Angeles, CA 90044

Division 5 - Torrance  
(310) 354-6302  
20221 S. Hamilton Ave.  
Torrance, CA 90502

Division 6 – Palmdale  
(661) 575-1863  
1050 E. Palmdale Blvd., Suite 211  
Palmdale, CA 93550

Division 2U - Interstate  
(323) 869-3665  
5701 S. Eastern Ave., Suite 201  
Commerce, CA 90040

Call Center  
(866) 901 - 3212

### **LOCATION AND CONTACT INFORMATION FOR THE OFFICE OF THE FAMILY LAW FACILITATOR**

111 N. Hill St., Room 428-F  
Los Angeles, CA 90012  
(213) 974-5004

600 S. Commonwealth Ave., #1617  
Los Angeles, CA 90005  
(213) 637-8470

12720 Norwalk Blvd., Room 202  
Norwalk, CA 90650  
(562) 807-7300

300 E. Olive Street, Room 100  
Burbank, CA 91502  
(818) 557-3583

200 W. Compton Blvd., #1001  
Compton, CA 90220  
(310) 603-3218

42011 Fourth St. West, #3575  
Lancaster, CA 93534  
(661) 974-7348

415 West Ocean Blvd., Room 43B  
Long Beach, CA 90802  
(562) 491-6432

300 E. Walnut St., Room 100B  
Pasadena, CA 91101  
(626) 356-5030

400 Civic Center Plaza, #114  
Pomona, CA 91766  
(909) 620-3150

900 Third Ave.  
San Fernando, CA 91340  
(818) 898-2606

825 Maple Ave., Outside Dept. J  
Torrance, CA 90503  
(310) 222-1714

6230 Sylmar Ave., Room 212A  
Van Nuys, CA 91401  
(818) 374-7108

# TAB G


## Welfare System/Disability Benefits/Unemployment Insurance Benefits

.....Ms. Antionette Dozier 'UbX'

.....Mr. Andrew Durham

## Public Benefits 101: A guide to the landscape of public benefits in California

By: Antionette Dozier  
Western Center on Law & Poverty  
September 7, 2011



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### What are we covering?

- Eligibility requirements (See handout)
- General program requirements
- Overview of changes to the programs
  - See CalWORKs changes handout
  - *New Time Limits*
  - *New Grant Cuts*

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### What is the state of public benefits?

- Yearly, HHS programs bear the brunt of cuts
- This year:
  - \$12.5 billion in reductions made to California's \$25 billion deficit
  - \$6 billion of those reductions were from Health and Human Services
  - \$1.5 billion from CalWORKs
  - \$1.7 billion from Medi-Cal
  - \$750 million from DDS
- Many of the cuts adopted by the Legislature had been proposed by Governor Schwarzenegger and rejected by the Legislature



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## Eligibility Rules: Who Can Get CalWORKs Cash Aid?

- **Low-income**

- Applicant eligibility test: Actually available gross income minus \$90 (for each earner) is less than MBSAC for family size.
  - Ex: Less than \$1,078 in monthly income for applicant family of 3 in Region 2 (Butte, Fresno, etc.) (See ACL 11-29)
- Recipient eligibility test: 50% of Gross income < grant amount
- Less than \$2K (\$3K for HH with disabled or 60 year old) in resources for all. No car over \$4,650.

- **Families with children who**

- Are deprived of parental support and care
- Live with caretaker relatives



4

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## Custody Issues

- Who has more than 50% of physical custody is the caretaker relative and eligible
- If both parents have 50% physical custody, the caretaker relative is the person designated by court order
- If there is no court order, & both are eligible, caretaker relative depends on totality of circs.
- Whoever applies first is the caretaker relative.
- See MPP 82-808.413.

5

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## Eligibility Rules: Who Can Get General Assistance (GA)?

- Counties can set their own rules within limits
  - See Welfare & Institutions Code §§ 17000 *et seq.*
- In general:
  - Low Income & Low Assets
  - "Employables" limited to 3 months of aid, not eligible for other benefits (like CalWORKs)
  - "Unemployables" must show proof and apply for SSI and/or other disability benefits

6

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## Eligibility Rules: Who Can Get CalFresh?



- **Defining Household: Purchase & Prepare**
  - All who purchase/prepare together parents & spouses must be in same household.
  - Ineligible HH members: SSI/SSP recipients, many students, drug felons, others?
- **Income Eligibility**
  - HH w/ Elderly or Disabled member no gross income test – Net Income of <100% FPL
  - Most other HH: Gross income <130% FPL and Net Income of <100% FPL

7

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## Denials: Who Can't Get CalWORKs?

- **Categorically ineligible:**
  - Fleeing Felons-fleeing to avoid custody, confinement or prosecution after felony conviction
  - Drug Felons-felons convicted of crimes involving distribution, sale or use of drugs
  - Probation- in violation of probation requirements
  - Ineligible immigrants- See NILC handout
  - SSI recipients
- **Financial ineligibility, fraud**

8

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## Denials: Who can't get GA?



- **Categorically ineligible:**
  - Eligible for other benefits (may receive GR while eligibility is pending)
  - Fleeing Felons
  - Ineligible immigrants
  - People who are ineligible for CalWORKs due to a drug felony or time limits
- **Financial ineligibility, fraud, etc.**

9

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## Denials: Who can't get CalFresh?

- Categorically ineligible Individuals (not HH):
  - Certain Drug Felons
  - Fleeing Felons
  - Ineligible immigrants (State CFAP Program)
  - SSI / SSP Recipients
- Financial ineligibility
- Non-exempt Work Registrants (ABAWD, E&T)
- Non-exempt Students



10

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## What are the requirements for receiving CalWORKs?



### Welfare To Work:

- 32-35 (two-parent) hours/week
- Unless good cause, exempt or have DV waiver, SIPs and non-SIPs must meet this requirement
- First 20 hours must be in "core" activities
  - ("20-hour core requirement"); These are work activities: subsidized employment, unsubsidized employment, vocational ed. (12 mos.)
- Remaining 12-15 hours in core or non-core, based on assessment



Students already enrolled in school ("SIPs") do not have to meet 20-hour core requirement

11

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## What services can CalWORKs recipients get?

- Necessary to participate in WTW"
  - Transportation
  - Ancillary services (books, tools, clothes, etc. that are necessary for participation)
  - Child care
- Lack of supportive services is good cause for non-participation
- Exempt volunteers get same supportive services (ACL 04-04, #11; ACIN I-70-99 at 2)



12

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**Terminations & Sanctions:**  
When can you lose CalWORKs?

- Financial eligibility – Recipient eligibility test: 50% of gross income – income disregards (\$225 unearned disability, \$112 earned income)
- Sanctions – Failure to meet a program requirement w/out good cause; Adult removed from AU
- Failure to meet work requirements

13

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**Terminations & Sanctions:**  
When can you lose your GR?

- In general:
  - Reporting and documentation requirements
  - Substance Abuse screening & treatment
- Employables: time limits
  - Must also comply with workfare / work requirements
- Unemployables: apply for benefits
  - Generally, must appeal denials

14

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**Terminations & Sanctions:**  
What happens to CalFresh when you lose GR or CalWORKs?

- CalFresh has Work Requirements
  - Able Bodied Adults Without Dependents
  - Employment & Training (Only 20 Counties)
  - Sanction in GA due to work requirement may trigger CalFresh Complimentary Sanction – but terminations may increase CalFresh.
  - Sanction in CW due to “substantive failure” of rules must not result in increase in CalFresh.
- 5-Month Transitional for CW Leavers.

15

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## Terminations & Sanctions: What happens to child care?

- For CalWORKs-linked child care
  - Termination: eligible for Stage 2 and Stage 3
  - Sanctioned family defined as "former recipient" for purposes of CW child care
    - Can be eligible for Stage 2 if meet eligibility and need
  - Timed out family
    - Eligible for Stage 2 as former recipient
    - But note: NO CW child care eligibility for child-only families where parents are ineligible for cash aid
- Remember non-CalWORKs child care

16

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## Where is CalWORKs going? Proposed Changes

- Proposed Changes in the last two budget cycles:
  - Reductions in the amount of aid
  - Reductions in the time on aid
  - No guarantees for aid to children
- 8% Cut to Maximum Grant for All Families
- Additional Grant Cuts to Working Families
- Shorter Lifetime Limit for Adults
- Additional Cuts to Child Grants

17

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## Proposals continued AB 4x8

- Cuts to Child Care for Older Children
- Cuts would have resulted in 13-23% grant cuts
- Sanctions resulting in 50% grant cuts
- New requirements like yearly self-sufficiency reviews that could lead to 50% grant cuts
- Work requirements for all, even ineligible members

18

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## New Grant cuts



- Effective July 1, 2011, the maximum aid for grants will be cut by 8%.
- Decrease in aid MAP (Region 2)
  - Family of 2 – aid will go from \$533 to \$490, a loss of \$43
  - Family of 3- aid will go from \$661 to \$608, a loss of \$53

19

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## New cuts for working families

- Earned income disregard is reduced from \$225 to \$112
- Working families will lose \$112
- Disability income deduction remains \$225 for DI over \$225
- 50% of the earnings remaining after the above disregards are also deducted

20

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## Effect of Child Support payments on CalWORKs grant?

- All recipients must assign child and spousal support payments. 42 USC § 608(a)(3)(A); WIC § 11477(a)(1); MPP § 82-506.1
- County will collect until all aid received by the family has been repaid
- All recipients must cooperate in establishing paternity, locating parent and obtaining support
- Failure to cooperate w/out good cause results in 25% reduction in grant amount. WIC § 11477.02; MPP § 82-510.41
  - Exemptions: Domestic violence, not in the best interest of the child, child is the result of rape or incest

21

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## How does child support affect the monthly grant amount?

- Applicants – 1<sup>st</sup> \$50 is disregarded, the rest is used to det. Eligibility. MPP § 44-111.472(QR).
- Current recipients:
  - The 1st \$50 of any child support payment received from NCP in the month due is given to the CalWORKs family and disregarded as income
    - If 2 or more parents are paying child support for CalWORKs kids, household will only get \$50
    - If parent makes a late payment, CalWORKs family will only get one \$50 payment. MPP § 12-425(c)(1)(D).
  - The amount left over goes to reimburse the state for aid paid
  - If any left over, it goes to the State until all past aid is repaid; thereafter to the family

22

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## New Time Limits for Adults

- Beginning July 1, 2011, adults time on aid is reduced from 60 months to 48 months
- Time counted from Jan 1, 1998 from any state
- Grants cut will occur August 1, 2011
- Counties will not have to collect OPs for the month of July



23

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## How does child support affect the adult's CalWORKs time limit on aid?

- No month may be counted toward a CalWORKs recipient's 48-month time limit if it's fully reimbursed by child support. WIC § 11454.5(b)(3). MPP § 42-302.21(g); ACL 02-74 at 1.
- Recipient will get additional months of aid determined by:
  - Cumulative child support recouped since Jan. 1, 1998 is calculated (includes arrearages, lump sums, \$50 pass through).
  - Then applied to each month that was not reimbursed from Jan. 1, 1998 to present

24

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## Effect of child support payments on CalFresh allotment.

- Child support that is garnished from wages would be counted as part of the income (using gross, not net), but then is provided for as an income deduction. See ACIN I-16-03
- Child support payments that a HH is legally obligated to pay to a non-HH as an income as a deduction. See 7 C.F.R. §§ 273.9(c)(17); 273.9(d)(5) and 273.10(d)(8); MPP §63-502.2(p).

25

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## Health Care Cuts

- Mandatory co-pays: \$5 for doctor and clinic visits, \$3-5 for RX, \$50 for ER, \$100-200 for hospital stays
- Co-pays would apply to **ALL** Medi-Cal beneficiaries
- Utilization caps: 7 visits per year, unless deemed "medically necessary" by a physician
- EPSDT, children, pregnant beneficiaries exempted; leaves elderly and disabled as non-exempt
- Elimination of enteral nutrition for non-tube fed beneficiaries
- Annual caps on spending for hearing aids: \$1510/yr.
- 10% across the board rate cut to Medi-Cal providers

26

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## Additional Health Care cuts

- Healthy Families premium increases:  
Incomes 150-200% FPL go from \$16 to \$30 per month per child w/a \$90 max.; 201-250% FPL go from \$24 to \$42 per child per month, w/a \$126 monthly max
- Healthy Families co-pay increases:  
Commensurate with Medi-Cal co-pays

27

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## Health care cuts have not gone into effect

- CA Department of Health Care Services (DHCS) must request from U.S. Center for Medicare and Medicaid Services (CMS) :
- A State Plan Amendment for utilization caps
- A Waiver for mandatory co-pays
- Western Center is working with stakeholders to develop a letter and advocacy strategy with CMS to reject any requests from California
- DHCS has not clarified when they will make these requests from CMS, or what kind of waiver they will solicit

28

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## SSI/SSP Cuts

- Grants reduced to federal minimum
  - Was: \$845 for single-person household
  - Now: \$830 for single-person household
  - Effective July 1, 2011
- 
- Couples: Still \$1075 to \$2172 per month
  - Remember: \$50 hot food allowance
  - Remember: Refugees who lose SSI can get CAPI (Cash Assistance Program for Immigrants – "State SSI")

29

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# PUBLIC BENEFITS OVERVIEW CHART<sup>1</sup>

	<b>TANF CalWORKs (Title IV A.)</b>	<b>Social Security (Title II)</b>	<b>Supplemental Social Security (Title XVI)</b>	<b>General Assistance/General Relief</b>	<b>CalFresh (Food Stamps)</b>	<b>Medicaid Medi-Cal (Title XIX)</b>
<b>Categorical Eligibility</b>	Child without parental support or care; or Living with a caretaker relative; and Deprived = -death of a parent -absence of a parent -unemployment of a parent -incapacity of a parent	Aged/Blind/Disabled & their dependent children; Aged/Blind/Disabled widows, widowers, divorced spouses of insured	Aged/Blind/Disabled  DAA cannot be contributing factor material to disability	Single Adults Some families	Household=people who buy and prepare food together	-Linked to: CalWORKs, SSI, SSA (disability) -Pregnant women and children -CalWORKs/SSI eligible (but not receiving) -Categorically eligible but not financially eligible for CalWORKs or SSI
<b>Financial Eligibility</b>	Income<Need Std. Resources: \$2K, \$3K if 60+ or disabled Vehicle: less than \$4650 Exempt resources: home, personal belongings	No (Retirement benefits can be reduced if you have earnings and not reached full retirement age)	Income<benefit amount. Resources: \$2K; 3K; Exempt: home, belongings, 1 vehicle for transportation	Income: Set by the county Very little income is allowed (less than \$50); very few resources allowed	Income: <130%FPL Resources: there is no resource limit as of Feb. 1, 2011 (ACL 11-11, 09-24)	Income varies by family size Resources: \$2K (1); \$3K(2); increases as the # in the family;

<sup>1</sup> Chart was prepared from a Benchmark Institute Public Benefits Overview chart.



	<b>TANF CalWORKs (Title IV A.)</b>	<b>Social Security (Title II)</b>	<b>Supplemental Social Security (Title XVI)</b>	<b>General Assistance/General Relief</b>	<b>CalFresh (Food Stamps)</b>	<b>Medicaid Medi-Cal (Title XIX)</b>
<b>Conduct Eligibility</b>	Welfare to Work (32 hours for single household; 35 for two-parents); Assign Child Support; SSN#; Immunization; School Attendance	No	US Residence; Drug Rehabilitation	Work; Workfare; Work training, Alcohol & drug testing; treatment programs	Workfare, work; ABAWDS limited to 3 mo. Per year unless working	Assign support rights
<b>Procedural Eligibility</b>	Verify; Interview; Quarterly report of income; Fingerimage	No	Verify; Interview; Monthly report of income; Yearly Report	Verify, Monthly Report	Interview; Quarterly Report; Certification; Fingerimage	Verify; Interview; Quarterly report of income; Certification
<b>Agency</b>	Health and Human Services (HHS); Dept. of Social Services (DSS); County Welfare Depts. (CWD)	SSA	SSA	County Welfare Depts.	USDA/FNS; DSS; CWD	HHS, CMS, DHCS, CWD
<b>Sources of Law</b>	42 USC § 602 45 CFR § 201 Welf. & Inst. Code §10000-11000 DSS Manual of Policies and Procedures (MPP) 19-22, 40 et seq DSS All County Letters (ACL)	42 USC §402 20 CFR §404 POMS	42 USC §1382 20 CFR §416.110 POMS	Welf. & Inst. Code §17000 County Regulations	7 USC 2011 7 CFR 270 Welf. & Inst. Code §10000-11000 MPP 19-22, 63 ACLs	42 USC §§1396 and 602 42 CFR §§201, 431 Welf. & Inst. Code §§10000-11000, 14000 CCR 5000; MPP 19-22, 40

# **TAB H**

## **Roundtables: Child Support Commissioners/Family Law Facilitators/Paralegals/General**

**Hon. David E. Gunn, Ms. Lollie A.  
Roberts, Ms. Debra Spatafore, Ms. Maria  
Livingston, and Ms. Anna L. Maves**

# **TAB H**

## **Child Support Commissioners' Roundtable (For child support commissioners only)**

**Hon. David E. Gunn**

***MATERIALS WERE DISTRIBUTED,  
NOT AVAILABLE ONLINE***

# **TAB H**

## **Family Law Facilitators' Roundtable (For family law facilitators only)**

**Ms. Lollie A. Roberts**

***MATERIALS WERE DISTRIBUTED,  
NOT AVAILABLE ONLINE***

# **TAB H**

**Paralegals' Roundtable  
(For paralegals only)**

**Ms. Debra Spatafore**

# 15<sup>th</sup> Annual Child Support Training Conference

Paralegal Roundtable  
September 6-9, 2011  
Prepared and Presented by:  
Debra Spatafore, Paralegal, LA County

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## San Diego v. Gorham a little bit of background

- The case was filed on October 15, 1997 by DCSS to establish paternity, child support, retroactive support and the provision of health insurance.
- On May 19, 1998 DCSS filed a proof of service stating that Mr. Gorham was "personally" served on May 8, 1998 at 7:13 p.m.

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## Continued...

- On July 15, 1998 the Trial Court entered a default judgment.
- On March 13, 2002, Mr. Gorham appeared at the DCSS offices and met with a caseworker who advised him that there was another default judgment against him besides the one he was aware of for the support of his son from another mother/case.

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Continued...

- The case worker informed Gorham that they were not able to do a review of this case as the "aid had closed" with regard to the daughter Crystal on "8/31/00". He was then referred to consult with the local Family Law Facilitator for assistance in filing a motion to contest the default judgment entered.
- Subsequently, on July 22, 2002, and again in May, June and July 2003, DCSS received money from an intercept of Gorham's UIB which was allocated to both

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Continued.....

- December 2007 Mr. Gorham's first notice of this case was by receiving a statement from DCSS claiming he owed in excess of \$58,000.00 for unpaid child support.
- He was released from Prison on January 22, 2008 and on April 24, 2008, (Almost 10 years later) Gorham specially appeared through counsel to file the subject motions to set aside the default judgment and dismiss the case.

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Motion to Set Aside

Mr. Gorham filed a motion to set aside the Default/Default Judgment and dismiss the case on the grounds that the court did not take jurisdiction over him based on Non-Service. The three years had passed therefore, requested dismissal of entire action under CCP § 583.210 and §583.250.

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The Trial Court  
**denied** Mr. Gorham's motion  
denying him the set aside and  
mandatory dismissal under CCP  
§ 583.210 and §583.250.



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## Appeals Court

Under the unique circumstances of this  
case, the appellate court determined that  
the trial court erroneously concluded it  
was foreclosed from granting the  
equitable relief requested by Gorham's  
failure to timely file his motion.



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Because the court never acquired  
fundamental personal jurisdiction over  
Gorham in this case, the appellate court  
reversed the order denying Gorham's  
motion and directed the trial court to  
dismiss this action.



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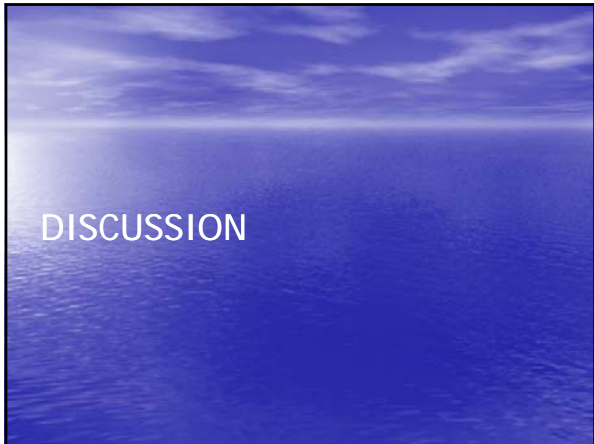
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**Working as a Paralegal  
in the ever changing arena.**  
Competence, Diligence, Zealousness  
Compassion

It is important to give each Self  
Represented Litigant the necessary  
time and attention to assist them  
properly.

A good rule of thumb is to treat them  
as you would like to be treated  
and/or have your family member  
that is going through a legal issue to

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**Bus. & Prof. Code §6450 et seq.**  
A "Paralegal" means someone:

- ◆ Who holds themselves out to be a paralegal
- ◆ Who is qualified by education, training or work experience
- ◆ Who contracts with or is employed by an attorney, law firm, corporation, governmental agency or other entity.



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## Tasks performed by a paralegal may include:

- ◆ Case Planning, Development and Management
- ◆ Legal Research
- ◆ Interviewing Clients
- ◆ Fact Gathering and Retrieving Information
- ◆ Competently drafting and analyzing legal documents.

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## Business & Professions Code §6450(b)

- ◆ A paralegal shall not do any of the following:
  - Provide legal advice
  - Represent a client in court
  - Select, explain, draft, or recommend the use of any legal document to anyone other than a supervising attorney.

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## Competence, Diligence & Zealousness

- ◆ “Such skill, prudence, and diligence as lawyers or paralegals of ordinary skill and capacity commonly possess and exercise in the performance of tasks which they undertake.”
- ◆ **Ishmael v. Millington, 187 Cal.App2d 657, 50 Cal.Rptr 592(1966)**
- ◆ Though there is no real liability issues we must remember this is a numbers game. If we lose parties due to a bad reputation of not being helpful, informative etc. we will lose funding which could cause a break down in the system.
- ◆ As a funded program we must show that the need is there to the public and therefore, knowledge, skill and excellent service are key to what we do in our positions.

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1. A member shall not intentionally, recklessly, or repeatedly fail to perform legal services with competence.

2. Competence means to apply the:

- a) diligence;
- b) knowledge and skill; and
- c) mental, emotional and physical ability reasonably necessary for the performance of such service. We have to remember most or all of our litigants do not know anything about the law and therefore, patience is a skill that must be applied.

3. If a member lacks sufficient knowledge and skill when the legal service is undertaken, he/she may still perform competently by:

- a) associating with or professionally consulting with another competent lawyer/paralegal; or
- b) by acquiring sufficient knowledge and skill before performance is required.

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**Code of Civil Procedure §128.7(b)  
Pleadings**

- ◆ By presenting to the court, whether by signing, filing, submitting, or later advocating, a pleading, petition, written notice of motion, or other similar paper to the court, an attorney or self represented party is certifying that to the best of the person's knowledge, information and belief, formed after an inquiry reasonable under the circumstances, the necessary conditions are met:

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**CCP §128.7(b) Pleadings**

- ◆ 1. It is not being presented primarily for an improper purpose, such as to harass or to cause unnecessary delay or needless increase in the cost of litigation.
- ◆ 2. The claims, defenses, and other legal contentions therein are warranted by existing law or by a nonfrivolous argument for the extension, modification, or reversal of existing law or the establishment

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## How does this all affect us?

- ◆ As Facilitator and Self Help personnel we must be mindful of the Code of Professional Conduct as well as the Code of Ethics.
- ◆ We need to remember that the litigants are here for assistance and may not understand the basics of the legal process, documents, or even the way to request what they need.
- ◆ Further, they are typically in an emotional state and just need kindness, to be heard, assistance

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Again, though it is not our place to decide, but it is that of the Judge/Commissioner, the following are important:

- 3) The allegations and other factual contentions have evidentiary support or, if specifically so identified, are likely to have evidentiary support after a reasonable opportunity for further investigation or discovery.
- 4) The denials of factual contentions are warranted on the evidence or, if specifically so identified, are reasonably, based on a lack of information or belief.

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## “Zeal Violations”

- ◆ Business & Professions Code
- ◆ § 128.7(a)
- ◆ Bad Faith Actions or tactics

Every trial court may order a party, the party's attorney, or both to pay any reasonable expenses, including attorney's fees, incurred by another party as a result of bad-faith actions or tactics that are frivolous or solely intended to cause unnecessary delay...

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**A member shall not suppress any evidence that the member or the member's client has a legal obligation to reveal or produce.**

- ◆ How does this affect our jobs and/or the services we provide?
- ◆ 1. It is imperative that we encourage and explain the importance of supporting evidence to be attached to the documents as opposed to taking the supporting documentation to court on the hearing date.
- ◆ 2. Most parties do not, will not, or have not experienced the fact that the Judge/Commissioner at their discretion may not consider their evidence that is submitted at the time of the hearing.
- ◆ Most Judges/Commissioners want it attached to the documents filed & served on all opposing parties and/or counsel prior to the hearing date.

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**Discussion**

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**Best Service v. Limited Resource**

- Elkins Task Force:
- With this ever changing economy and continuous rise of unemployment or under employment we need to remember best service/best practice which is what the Elkins Team came up with.
  - Is your county following or implementing the Elkins guideline or recommendations?
  - Have your number of litigants assisted increased due to work shops or another model that has helped SRL with their case needs?



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## Due Process/Due Diligence

- Statewide Case Management
- The state has implemented a case management program which allows the court to follow the Due Diligence requirement on all cases.
- Further, it assists SRL to do the same with the court being assertive in making sure the cases both Attorney represented and Self represented are processed properly and efficiently. The State deadline to have this program in place is January 1, 2012.

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## How to navigate the system

- During these challenging financial times with our State and Country....we need to be more assertive and knowledgeable then ever.
- We need to be able to educate the public in what they can do to obtain the best turn out for the child(ren) and themselves financially.
- We need to put into place the necessary workshop, education and material to be readily available to the SRL.

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## SPR11-46 aka AB939 Family & Juvenile Rules Family Centered Case Management Rules & Forms

- Proposed rule of court scheduled to go into effect 1/1/12, but may go into effect then with a mandate of 1/1/13.
- The new rule is in response to legislation that came out of the Elkins Task Force recommendations and the bill was approved 9/25/10.

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There are two proposed Judicial Council Forms that are waiting for review and approval.

1. FL-172 Case Information
2. FL-174 Family Centered Case Resolution Order.

These are the forms to assist the court staff and case management team in making sure the steps to finalization of the case are followed.

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### Proof of Service

- This may require your county to implement a posting and publication workshop or “how to process”. CCP §415.50 & Govt. Code 6064. CCP §413.30 Cohen v. Board of Supervisors for the County of Alameda (1971).
- Proof of Service clinic wherein you see how the respondent was served and make sure that the proof is properly completed and filed with the court.
- Educate the litigant on the next step

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Case Management in Family Law – Helping to follow civil time lines?

1. Service within 90 days
2. PDD's completed in 120 days
3. Is there a response? Need to look at Default process?

4 ½ year hearing date, this will set a hearing prior to the 5 year dismissal and allow the case to complete via proper channels prior to this date. However, if it doesn't where will we be if the litigant moves and now cannot find them to complete the case? Most concern on this matter for divorces .

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At the 90 day mark LA County is either going to have them complete and file their POS, N&AoR; have them go into the posting and publication workshop or file a Request for Dismissal all of which we will provide education on and what each one mean/requires. What is your County doing?

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### Discussion

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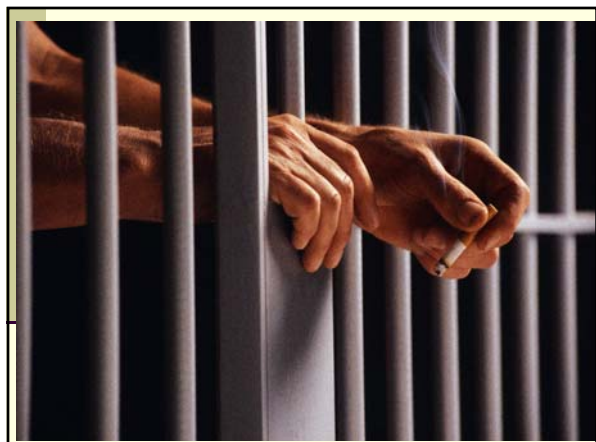
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## Senate Bill 1355 – Incarcerated Obligor

- The statute is ambiguous.
- DCSS interpretation and guidance is conservative
- Requires court action by NCP to initiate the 4007.5 remedy
- Leaves current practices for dealing with incarcerated Obligor intact.
- SB 1355 section 4007.5 has been added to the Family Code.
- DCSS claims that they will be following the current procedures upon discovery that an NCP is incarcerated and will be for over 90 consecutive days.

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- Orders issued or modified on or after July 1, 2011, which contain additional language relative to incarceration or involuntary institutionalized, obligors must not be inconsistent with FC Section 4007.5.

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## Family Code § 4007.5

- This section shall remain in effect only until July 1, 2015, and as of that date is repealed, unless a later enacted statute, that is enacted before July 1, 2015 that deletes or extends that date.
- There is a hand out with this code section printed for your convenience.

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# **TAB H**

## **General Roundtable**

**Ms. Maria Livingston and  
Ms. Anna L. Maves**

***MATERIALS WERE DISTRIBUTED,  
NOT AVAILABLE ONLINE***

# **TAB I**

## **New Family Law Facilitators' Orientation (For family law facilitators only)**

**Mr. Michael L. Wright, AOC AB 1058 Staff  
and Ms. Kristine Reiser-Juick**

***MATERIALS WERE DISTRIBUTED,  
NOT AVAILABLE ONLINE***

# **TAB J**

## **Court Clerks' Training: Fundamentals/Advanced/ Roundtable/UIFSA**

**Mr. Barry J. Brooks, Ms. Janet Davis,  
Ms. Sheri Ulloa, & Mr. Michael L. Wright  
(Assisted by Ms. Kari Korreng  
and Ms. Kathryn Whitney)**

# **TAB J**

## **Court Clerks' Roundtable**

**Ms. Janet Davis and Ms. Sheri Ulloa  
(Assisted by Ms. Kari Korreng  
and Ms. Kathryn Whitney)**

***MATERIALS WERE DISTRIBUTED,  
NOT AVAILABLE ONLINE***

# **TAB J**

## **Court Clerks' Training: UIFSA**

**Mr. Barry J. Brooks**

## INCOME WITHHOLDING FOR SUPPORT

- ORIGINAL INCOME WITHHOLDING ORDER/NOTICE FOR SUPPORT (IWO)
- AMENDED IWO
- ONE-TIME ORDER/NOTICE FOR LUMP SUM PAYMENT
- TERMINATION of IWO

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

Child Support Enforcement (CSE) Agency  Court  Attorney  Private Individual/Entity (Check One)

**NOTE:** This IWO must be regular on its face. Under certain circumstances you must reject this IWO and return it to the sender (see IWO instructions <http://www.acf.hhs.gov/programs/cse/newhire/employer/publication/publication.htm#forms>). If you receive this document from someone other than a State or Tribal CSE agency or a Court, a copy of the underlying order must be attached.

State/Tribe/Territory \_\_\_\_\_ Remittance Identifier (include w/payment) \_\_\_\_\_  
 City/County/Dist./Tribe \_\_\_\_\_ Order Identifier \_\_\_\_\_  
 Private Individual/Entity \_\_\_\_\_ CSE Agency Case Identifier \_\_\_\_\_

Employer/Income Withholder's Name _____ Employer/Income Withholder's Address _____ _____ Employer/Income Withholder's FEIN _____ Child(ren)'s Name(s) (Last, First, Middle) _____ _____ _____ _____ _____	RE: _____ Employee/Obligor's Name (Last, First, Middle) _____ Employee/Obligor's Social Security Number _____ Custodial Party/Obligee's Name (Last, First, Middle) _____ <div style="border: 1px solid black; width: 100%; height: 100%; margin-top: 20px;"></div> Child(ren)'s Birth Date(s) _____ _____ _____ _____ _____
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**ORDER INFORMATION:** This document is based on the support or withholding order from \_\_\_\_\_ (State/Tribe). You are required by law to deduct these amounts from the employee/obligor's income until further notice.

\$ _____	Per _____	current child support
\$ _____	Per _____	past-due child support - <b>Arrears greater than 12 weeks?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
\$ _____	Per _____	current cash medical support
\$ _____	Per _____	past-due cash medical support
\$ _____	Per _____	current spousal support
\$ _____	Per _____	past-due spousal support
\$ _____	Per _____	other (must specify) _____

for a **Total Amount to Withhold** of \$ \_\_\_\_\_ per \_\_\_\_\_

**AMOUNTS TO WITHHOLD:** You do not have to vary your pay cycle to be in compliance with the *Order Information*. If your pay cycle does not match the ordered payment cycle, withhold one of the following amounts:

\$ _____ per weekly pay period	\$ _____ per semimonthly pay period (twice a month)
\$ _____ per biweekly pay period (every two weeks)	\$ _____ per monthly pay period

\$ \_\_\_\_\_ **Lump Sum Payment:** Do not stop any existing IWO unless you receive a termination order.

**REMITTANCE INFORMATION:** If the employee/obligor's principal place of employment is \_\_\_\_\_ (State/Tribe), you must begin withholding no later than the first pay period that occurs \_\_\_\_\_ days after the date of \_\_\_\_\_. Send payment within \_\_\_\_\_ working days of the pay date. If you cannot withhold the full amount of support for any or all orders for this employee/obligor, withhold up to \_\_\_\_\_ % of disposable income for all orders. If the employee/obligor's principal place of employment is not \_\_\_\_\_ (State/Tribe), obtain withholding limitations, time requirements, and any allowable employer fees at [http://www.acf.hhs.gov/programs/cse/newhire/employer/contacts/contact\\_map.htm](http://www.acf.hhs.gov/programs/cse/newhire/employer/contacts/contact_map.htm) for the employee/obligor's principal place of employment.



For electronic payment requirements and centralized payment collection and disbursement facility information (State Disbursement Unit [SDU]), see [http://www.acf.hhs.gov/programs/cse/newhire/employer/contacts/contact\\_map.htm](http://www.acf.hhs.gov/programs/cse/newhire/employer/contacts/contact_map.htm).

Include the **Remittance Identifier with the payment** and if necessary this FIPS code: \_\_\_\_\_

**Remit payment to** \_\_\_\_\_ (SDU/Tribal Order Payee)  
at \_\_\_\_\_ (SDU/Tribal Payee Address)

**Return to Sender [Completed by Employer/Income Withholder].** Payment must be directed to an SDU in accordance with 42 USC §666(b)(5) and (b)(6) or Tribal Payee (see Payments to SDU below). If payment is not directed to an SDU/ Tribal Payee or this IWO is not regular on its face, you *must* check this box and return the IWO to the sender.

Signature of Judge/Issuing Official (if required by State or Tribal law):  
Print Name of Judge/Issuing Official: \_\_\_\_\_  
Title of Judge/Issuing Official: \_\_\_\_\_  
Date of Signature: \_\_\_\_\_

If the employee/obligor works in a State or for a Tribe that is different from the State or Tribe that issued this order, a copy of this IWO must be provided to the employee/obligor.  
If checked, the employer/income withholder must provide a copy of this form to the employee/obligor.

**ADDITIONAL INFORMATION FOR EMPLOYERS/INCOME WITHHOLDERS**

State-specific contact and withholding information can be found on the Federal Employer Services website located at:  
[http://www.acf.hhs.gov/programs/cse/newhire/employer/contacts/contact\\_map.htm](http://www.acf.hhs.gov/programs/cse/newhire/employer/contacts/contact_map.htm)

**Priority:** Withholding for support has priority over any other legal process under State law against the same income (USC 42 §666(b)(7)). If a Federal tax levy is in effect, please notify the sender.

**Combining Payments:** When remitting payments to an SDU or Tribal CSE agency, you may combine withheld amounts from more than one employee/obligor's income in a single payment. You must, however, separately identify each employee/obligor's portion of the payment.

**Payments To SDU:** You must send child support payments payable by income withholding to the appropriate SDU or to a Tribal CSE agency. If this IWO instructs you to send a payment to an entity other than an SDU (e.g., payable to the custodial party, court, or attorney), you must check the box above and return this notice to the sender. Exception: If this IWO was sent by a Court, Attorney, or Private Individual/Entity and the initial order was entered before January 1, 1994 or the order was issued by a Tribal CSE agency, you must follow the "Remit payment to" instructions on this form.

**Reporting the Pay Date:** You must report the pay date when sending the payment. The pay date is the date on which the amount was withheld from the employee/obligor's wages. You must comply with the law of the State (or Tribal law if applicable) of the employee/obligor's principal place of employment regarding time periods within which you must implement the withholding and forward the support payments.

**Multiple IWOs:** If there is more than one IWO against this employee/obligor and you are unable to fully honor all IWOs due to Federal, State, or Tribal withholding limits, you must honor all IWOs to the greatest extent possible, giving priority to current support before payment of any past-due support. Follow the State or Tribal law/procedure of the employee/obligor's principal place of employment to determine the appropriate allocation method.

**Lump Sum Payments:** You may be required to notify a State or Tribal CSE agency of upcoming lump sum payments to this employee/obligor such as bonuses, commissions, or severance pay. Contact the sender to determine if you are required to report and/or withhold lump sum payments.

**Liability:** If you have any doubts about the validity of this IWO, contact the sender. If you fail to withhold income from the employee/obligor's income as the IWO directs, you are liable for both the accumulated amount you should have withheld and any penalties set by State or Tribal law/procedure.

**Anti-discrimination:** You are subject to a fine determined under State or Tribal law for discharging an employee/obligor from employment, refusing to employ, or taking disciplinary action against an employee/obligor because of this IWO.

Employer's Name: \_\_\_\_\_ Employer FEIN: \_\_\_\_\_  
Employee/Obligor's Name: \_\_\_\_\_  
CSE Agency Case Identifier: \_\_\_\_\_ Order Identifier: \_\_\_\_\_

**Withholding Limits:** You may not withhold more than the lesser of: 1) the amounts allowed by the Federal Consumer Credit Protection Act (CCPA) (15 U.S.C. 1673(b)); or 2) the amounts allowed by the State or Tribe of the employee/obligor's principal place of employment (see *REMITTANCE INFORMATION*). Disposable income is the net income left after making mandatory deductions such as: State, Federal, local taxes; Social Security taxes; statutory pension contributions; and Medicare taxes. The Federal limit is 50% of the disposable income if the obligor is supporting another family and 60% of the disposable income if the obligor is not supporting another family. However, those limits increase 5% - to 55% and 65% - if the arrears are greater than 12 weeks. If permitted by the State or Tribe, you may deduct a fee for administrative costs. The combined support amount and fee may not exceed the limit indicated in this section.

For Tribal orders, you may not withhold more than the amounts allowed under the law of the issuing Tribe. For Tribal employers/income withholders who receive a State IWO, you may not withhold more than the lesser of the limit set by the law of the jurisdiction in which the employer/income withholder is located or the maximum amount permitted under section 303(d) of the CCPA (15 U.S.C. 1673 (b)).

Depending upon applicable State or Tribal law, you may need to also consider the amounts paid for health care premiums in determining disposable income and applying appropriate withholding limits.

**Arrears greater than 12 weeks?** If the *Order Information* does not indicate that the arrears are greater than 12 weeks, then the Employer should calculate the CCPA limit using the lower percentage.

**Additional Information:**

**NOTIFICATION OF EMPLOYMENT TERMINATION OR INCOME STATUS:** If this employee/obligor never worked for you or you are no longer withholding income for this employee/obligor, an employer must promptly notify the CSE agency and/or the sender by returning this form to the address listed in the Contact Information below:

- This person has never worked for this employer nor received periodic income.
- This person no longer works for this employer nor receives periodic income.

Please provide the following information for the employee/obligor:

Termination date: \_\_\_\_\_ Last known phone number: \_\_\_\_\_

Last known address: \_\_\_\_\_

Final payment date to SDU/ Tribal Payee: \_\_\_\_\_ Final payment amount: \_\_\_\_\_

New employer's name: \_\_\_\_\_

New employer's address: \_\_\_\_\_

**CONTACT INFORMATION:**

**To Employer/Income Withholder:** If you have any questions, contact \_\_\_\_\_ (Issuer name)  
by phone at \_\_\_\_\_, by fax at \_\_\_\_\_, by email or website at \_\_\_\_\_.

Send termination/income status notice and other correspondence to: \_\_\_\_\_ (Issuer address).

**To Employee/Obligor:** If the employee/obligor has questions, contact \_\_\_\_\_ (Issuer name)  
by phone at \_\_\_\_\_, by fax at \_\_\_\_\_, by email or website at \_\_\_\_\_.

**IMPORTANT:** The person completing this form is advised that the information may be shared with the employee/obligor.

## INCOME WITHHOLDING FOR SUPPORT - Instructions

The Income Withholding for Support (IWO) is the OMB-approved form used for income withholding in Tribal, intrastate, and interstate cases as well as all child support orders which are initially issued in the State on or after January 1, 1994, and all child support orders which are initially issued (or modified) in the State before January 1, 1994 if arrearages occur. This form is the standard format prescribed by the Secretary in accordance with USC 42 §666(b)(6)(A)(ii). Except as noted, the following information must be included.

### Please note:

- For the purpose of this IWO form and these instructions, "State" is defined as a State or Territory.

### COMPLETED BY SENDER:

- 1a. **Original Income Withholding Order/Notice for Support (IWO).** Check the box if this is an original IWO.
- 1b. **Amended IWO.** Check the box to indicate that this form amends a previous IWO. Any changes to an IWO must be done through an amended IWO.
- 1c. **One-Time Order/Notice For Lump Sum Payment.** Check the box when this IWO is to attach a one-time collection of a lump sum payment. When this box is checked, enter the amount in field 14, Lump Sum Payment, in the *Amounts to Withhold* section. Additional IWOs must be issued to collect subsequent lump sum payments.
- 1d. **Termination of IWO.** Check the box to stop income withholding on an IWO. Complete all applicable identifying information to aid the employer/income withholder in terminating the correct IWO.
- 1e. **Date.** Date this form is completed and/or signed.
- 1f. **Child Support Enforcement (CSE) Agency, Court, Attorney, Private Individual/Entity (Check One).** Check the appropriate box to indicate which entity is sending the IWO. If this IWO is **not** completed by a State or Tribal CSE agency, the sender should contact the CSE agency (see [http://www.acf.hhs.gov/programs/cse/newhire/employer/contacts/contact\\_map.htm](http://www.acf.hhs.gov/programs/cse/newhire/employer/contacts/contact_map.htm)) to determine if the CSE agency needs a copy of this form to facilitate payment processing.

### NOTE TO EMPLOYER/INCOME WITHHOLDER:

This IWO must be regular on its face. Under the following circumstances, the IWO must be rejected and returned to sender:

- IWO instructs the employer/income withholder to send a payment to an entity other than a State Disbursement Unit (e.g., payable to the custodial party, court, or attorney). Each State is required to operate a State Disbursement Unit (SDU), which is a centralized facility for collection and disbursement of child support payments. Exception: If this IWO is issued by a Court, Attorney, or Private Individual/Entity and the initial child support order was entered before January 1, 1994 or the order was issued by a Tribal CSE agency, the employer/income withholder must follow the payment instructions on the form.
- Form does not contain all information necessary for the employer to comply with the withholding.
- Form is altered or contains invalid information.
- Amount to withhold is not a dollar amount.
- Sender has not used the OMB-approved form for the IWO (effective May 31, 2012).
- A copy of the underlying order is required and not included.

If you receive this document from an Attorney or Private Individual/Entity, a copy of the underlying order containing a provision authorizing income withholding must be attached.

## COMPLETED BY SENDER:

- 1g. **State/Tribe/Territory.** Name of State or Tribe sending this form. This must be a governmental entity of the State or a Tribal organization authorized by a Tribal government to operate a CSE program. If you are a Tribe submitting this form on behalf of another Tribe, complete line 1i.
- 1h. **Remittance Identifier (include w/payment).** Identifier that employers must include when sending payments for this IWO. The remittance identifier is entered as the case identifier on the Electronic Funds Transfer/Electronic Data Interchange (EFT/EDI) record.

## NOTE TO EMPLOYER/INCOME WITHHOLDER:

The employer/income withholder must use the Remittance Identifier when remitting payments so the SDU or Tribe can identify and apply the payment correctly. The remittance identifier is entered as the case identifier on the EFT/EDI record.

## COMPLETED BY SENDER:

- 1i. **City/County/Dist./Tribe.** Name of the city, county or district sending this form. This must be a governmental entity of the State or the name of the Tribe authorized by a Tribal government to operate a CSE program for which this form is being sent. (A Tribe should leave this field blank unless submitting this form on behalf of another Tribe.)
- 1j. **Order Identifier.** Unique identifier that is associated with a specific child support obligation. It could be a court case number, docket number, or other identifier designated by the sender.
- 1k. **Private Individual/Entity.** Name of the private individual/entity or non-IV-D Tribal CSE organization sending this form.
- 1l. **CSE Agency Case Identifier.** Unique identifier assigned to a State or Tribal CSE case. In a State CSE case, this is the identifier that is reported to the Federal Case Registry (FCR). For Tribes this would be either the FCR identifier or other applicable identifier.

Fields 2 and 3 refer to the employee/obligor's employer/income withholder and specific case information.

- 2a. **Employer/Income Withholder's Name.** Name of employer or income withholder.
- 2b. **Employer/Income Withholder's Address.** Employer/income withholder's mailing address including street/PO box, city, state and zip code. (This may differ from the employee/obligor's work site.) If the employer/income withholder is a federal government agency, the IWO should be sent to the address listed under Federal Agencies – Addresses for Income Withholding Purposes at [http://www.acf.hhs.gov/programs/cse/newhire/contacts/iw\\_fedcontacts.htm](http://www.acf.hhs.gov/programs/cse/newhire/contacts/iw_fedcontacts.htm).
- 2c. **Employer/Income Withholder's FEIN.** Employer/income withholder's nine-digit Federal Employer Identification Number (FEIN) (if available).
- 3a. **Employee/Obligor's Name.** Employee/obligor's last name, first name, middle name.
- 3b. **Employee/Obligor's Social Security Number.** Employee/obligor's Social Security number or other taxpayer identification number.
- 3c. **Custodial Party/Obligee's Name.** Custodial party/obligee's last name, first name, middle name.
- 3d. **Child(ren)'s Name(s).** Child(ren)'s last name(s), first name(s), middle name(s). (Note: If there are more than six children for this IWO, list additional children's names and birth dates in field 33 - Additional Information).

- 3e. **Child(ren)'s Birth Date(s).** Date of birth for each child named.
- 3f. **Blank box.** Space for court stamps, bar codes, or other information.

**ORDER INFORMATION** - Fields 5 through 12 identify the dollar amount to withhold for a specific kind of support (taken directly from the support order) for a specific time period.

**NOTE TO EMPLOYER/INCOME WITHHOLDER:**

Payments are forwarded to the SDU within each State, unless the order was issued by a Tribal CSE agency. If the order was issued by a Tribal CSE agency, the employer/income withholder must follow the remittance instructions on the form.

**COMPLETED BY SENDER:**

4. **State/Tribe.** Name of the State or Tribe that issued the order.
- 5a-b. **Current Child Support.** Dollar amount to be withheld **per** the time period (e.g., week, month) specified in the underlying order.
- 6a-b. **Past-due Child Support.** Dollar amount to be withheld **per** the time period (e.g., week, month) specified in the underlying order.
- 6c. **Arrears Greater Than 12 Weeks?** The appropriate box (Yes/No) must be checked indicating whether arrears are greater than 12 weeks so the employer/income withholder can determine the withholding limit.
- 7a-b. **Current Cash Medical Support.** Dollar amount to be withheld **per** the time period (e.g., week, month) specified in the underlying order.
- 8a-b. **Past-due Cash Medical Support.** Dollar amount to be withheld **per** the time period (e.g., week, month) specified in the underlying order.
- 9a-b. **Current Spousal Support.** (Alimony) dollar amount to be withheld **per** the time period (e.g., week, month) specified in the underlying order.
- 10a-b. **Past-due Spousal Support.** (Alimony) dollar amount to be withheld **per** the time period (e.g., week, month) specified in the underlying order.
- 11a-c. **Other.** Miscellaneous obligations dollar amount to be withheld **per** the time period (e.g., week, month) specified in the underlying order. **Must specify.** Description of the obligation.
- 12a-b. **Total Amount to Withhold.** The total amount of the deductions **per** the corresponding time period. Fields 5a, 6a, 7a, 8a, 9a, 10a, and 11a should total the amount in 12a.

**AMOUNTS TO WITHHOLD** - Fields 13a through 13d specify the dollar amount to be withheld for this IWO if the employer/income withholder's pay cycle does not correspond with field 12b.

- 13a. **Per Weekly Pay Period.** Total amount an employer/income withholder should withhold if the employee/obligor is paid weekly.
- 13b. **Per Semimonthly Pay Period.** Total amount an employer/income withholder should withhold if the employee/obligor is paid twice a month.

- 13c. **Per Biweekly Pay Period.** Total amount an employer/income withholder should withhold if the employee/obligor is paid every two weeks.
- 13d. **Per Monthly Pay Period.** Total amount an employer/income withholder should withhold if the employee/obligor is paid once a month.
14. **Lump Sum Payment.** Dollar amount to be withheld when the IWO is used to attach a lump sum payment. This field should be used when field 1c is checked.

#### **REMITTANCE INFORMATION**

15. **State/Tribe.** Name of the State or Tribe sending this document.
16. **Days.** Number of days after the effective date noted in field 17 in which withholding must begin according to the State or Tribal laws/procedures for the employee/obligor's principal place of employment.
17. **Date.** Effective date of this IWO.
18. **Working Days.** Number of working days within which an employer/income withholder must remit amounts withheld pursuant to the State or Tribal laws/procedures of the principal place of employment.
19. **% of Disposable Income.** The percentage of disposable income that may be withheld from the employee/obligor's paycheck.

#### **NOTE TO EMPLOYER/INCOME WITHHOLDER:**

For State orders, the employer/income withholder may not withhold more than the lesser of: 1) the amounts allowed by the Federal Consumer Credit Protection Act (15 U.S.C. § 1673(b)); or 2) the amounts allowed by the State of the employee/obligor's principal place of employment.

For Tribal orders, the employer/income withholder may not withhold more than the amounts allowed under the law of the issuing Tribe. For Tribal employer/income withholders who receive a State order, the employer/income withholder may not withhold more than the limit set by the law of the jurisdiction in which the employer/income withholder is located or the maximum amount permitted under section 303(d) of the Federal Consumer Credit Protection Act (15 U.S.C. §1673 (b)).

A federal government agency may withhold from a variety of incomes and forms of payment, including voluntary separation incentive payments (buy-out payments), incentive pay, and cash awards. For a more complete list, see 5 Code of Federal Regulations (CFR) 581.103.

#### **COMPLETED BY SENDER:**

20. **State/Tribe.** Name of the State or Tribe sending this document.
21. **Document Tracking Identifier.** Optional unique identifier for this form assigned by the sender.
22. **FIPS Code.** Federal Information Processing Standards (FIPS) code.
23. **SDU/Tribal Order Payee.** Name of SDU (or payee specified in the underlying Tribal support order) to which payments are required to be sent. Federal law requires payments made by IWO to be sent to the SDU except for payments in which the initial child support order was entered before January 1, 1994 or payments in Tribal CSE orders.

24. **SDU/Tribal Payee Address.** Address of the SDU (or payee specified in the underlying Tribal support order) to which payments are required to be sent. Federal law requires payments made by IWO to be sent to the SDU except for payments in which the initial child support order was entered before January 1, 1994 or payments in Tribal CSE orders.

**COMPLETED BY EMPLOYER/INCOME WITHHOLDER:**

25. **Return to Sender Checkbox.** The employer/income withholder should check this box and return the IWO to the sender if this IWO is not payable to an SDU or Tribal Payee or this IWO is not regular on its face. Federal law requires payments made by IWO to be sent to the SDU except for payments in which the initial child support order was entered before January 1, 1994 or payments in Tribal CSE orders.

**COMPLETED BY SENDER:**

26. **Signature of Judge/Issuing Official.** Signature (if required by State or Tribal law) of the official authorizing this IWO.
27. **Print Name of Judge/Issuing Official.** Name of the official authorizing this IWO.
28. **Title of Judge/Issuing Official.** Title of the official authorizing this IWO.
29. **Date of Signature.** Optional date the judge/issuing official signs this IWO.
30. **Copy of IWO checkbox.** If checked, the employer/income withholder is required to provide a copy of the IWO to the employee/obligor.

**ADDITIONAL INFORMATION FOR EMPLOYERS/INCOME WITHHOLDERS**

The following fields refer to Federal, State, or Tribal laws that apply to issuing an IWO to an employer/income withholder. State- or Tribal-specific information may be included only in the fields below.

**COMPLETED BY SENDER:**

31. **Liability.** Additional information on the penalty and/or citation of the penalty for an employer/income withholder who fails to comply with the IWO. The State or Tribal law/procedures of the employee/obligor's principal place of employment govern the penalty.
32. **Anti-discrimination.** Additional information on the penalty and/or citation of the penalty for an employer/income withholder who discharges, refuses to employ, or disciplines an employee/obligor as a result of the IWO. The State or Tribal law/procedures of the employee/obligor's principal place of employment govern the penalty.
33. **Additional Information.** Any additional information, e.g., fees the employer/income withholder may charge the obligor for income withholding or children's names and DOBs if there are more than six children on this IWO. Additional information must be consistent with the requirements of the form and the instructions.

**COMPLETED BY EMPLOYER/INCOME WITHHOLDER:**

**NOTIFICATION OF EMPLOYMENT TERMINATION OR INCOME STATUS**

The employer must complete this section when the employee/obligor's employment is terminated, income withholding ceases, or if the employee/obligor has never worked for the employer.

**Please Note:** Employer's Name, FEIN, Employee/Obligor's Name, CSE Agency Case Identifier, and Order Identifier must appear in the header on the page with the Notification of Employment Termination or Income Status.

34a-b. **Employment/Income Status Checkbox.** Check the employment/income status of the employee/obligor.

- 35. **Termination Date.** If applicable, date employee/obligor was terminated.
- 36. **Last Known Phone Number.** Last known (home/cell/other) phone number of the employee/obligor.
- 37. **Last Known Address.** Last known home/mailling address of the employee/obligor.
- 38. **Final Payment Date.** Date employer sent final payment to SDU/Tribal payee.
- 39. **Final Payment Amount.** Amount of final payment sent to SDU/Tribal payee.
- 40. **New Employer's Name.** Name of employee's/obligor's new employer (if known).
- 41. **New Employer's Address.** Address of employee's/obligor's new employer (if known).

**COMPLETED BY SENDER:**

**CONTACT INFORMATION**

- 42. **Issuer Name (Employer/Income Withholder Contact).** Name of the contact person that the employer/income withholder can call for information regarding this IWO.
- 43. **Issuer Phone Number.** Phone number of the contact person.
- 44. **Issuer Fax Number.** Fax number of the contact person.
- 45. **Issuer Email/Website.** Email or website of the contact person.
- 46. **Termination/Income Status and Correspondence Address.** Address to which the employer should return the Employment Termination or Income Status notice. It is also the address that the employer should use to correspond with the issuing entity.
- 47. **Issuer Name (Employee/Obligor Contact).** Name of the contact person that the employee/obligor can call for information.
- 48. **Issuer Phone Number.** Phone number of the contact person.
- 49. **Issuer Fax Number.** Fax number of the contact person.
- 50. **Issuer Email/Website.** Email or website of the contact person.

The Paperwork Reduction Act of 1995

This information collection and associated responses are conducted in accordance with 45 CFR 303.100 of the Child Support Enforcement Program. This form is designed to provide uniformity and standardization. Public reporting for this collection of information is estimated to average two to five minutes per response. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.



## Final OCSE Child Support Rules

75 FR 38612-01, 2010 WL 2628006

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Administration for Children and Families  
Child Support Enforcement Program; Intergovernmental Child Support  
Friday, July 2, 2010

Effective January 3, 2010

§ 303.7 Provision of services in intergovernmental IV-D cases.

(a) General responsibilities. A State IV-D agency must:

(4) Use federally-approved forms in intergovernmental IV-D cases, unless a country has provided alternative forms as part of its chapter in A Caseworker's Guide to Processing Cases with Foreign Reciprocating Countries. When using a paper version, this requirement is met by providing the number of complete sets of required documents needed by the responding agency, if one is not sufficient under the responding agency's law;

(8) Cooperate with requests for the following limited services: Quick locate, service of process, assistance with discovery, assistance with genetic testing, teleconferenced hearings, administrative reviews, high-volume automated administrative enforcement in interstate cases under section 466(a)(14) of the Act, and copies of court orders and payment records. Requests for other limited services may be honored at the State's option.

(c) Initiating State IV-D agency responsibilities. The initiating State IV-D agency must:

(7) Notify the responding agency at least annually, and upon request in an individual case, of interest charges, if any, owed on overdue support under an initiating State order being enforced in the responding jurisdiction;

(e) Payment and recovery of costs in intergovernmental IV-D cases.

(1) The responding IV-D agency must pay the costs it incurs in processing intergovernmental IV-D cases, including the costs of genetic testing. If paternity is established, the responding agency, at its election, may seek a judgment for the costs of testing from the alleged father who denied paternity.

(2) Each State IV-D agency may recover its costs of providing services in intergovernmental non-IV-A cases in accordance with § 302.33(d) of this chapter, except that a IV-D agency may not recover costs from an FRC or from a foreign obligee in that FRC, when providing services under sections 454(32) and 459A of the Act.

# **TAB J**

## **Court Clerks' Training— Fundamentals**

**Ms. Sheri Ulloa and  
Mr. Michael L. Wright  
(Assisted by Ms. Kathryn Whitney)**

***MATERIALS WERE DISTRIBUTED,  
NOT AVAILABLE ONLINE***

# **TAB J**

## **Court Clerks' Training— Advanced**

**Ms. Janet Davis and  
Mr. Michael L. Wright  
(Assisted by Ms. Kari Korreng)**

***MATERIALS WERE DISTRIBUTED,  
NOT AVAILABLE ONLINE***

# **TAB K**

## **AB 1058 Administration and Accounting**

**Mr. Paul Fontaine, Ms. Mimi Ly,  
and Mr. Michael L. Wright**

***ADDITIONAL MATERIALS  
WERE DISTRIBUTED***

# 15<sup>th</sup> ANNUAL CHILD SUPPORT TRAINING CONFERENCE

## Administration and Accounting

### Agenda

Thursday, September 8, 2011

8:30 am – 5:00 pm

Speakers: Michael Wright, Paul Fontaine, Mimi Ly

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8:30 – 9:00	Introductions
9:00 – 10:00	Program Manager's Update State Budget <ul style="list-style-type: none"><li>• Program Overview</li><li>• Contractual Agreements</li><li>• AB 1058 Program Audits</li><li>• AB 1058 Program IV-D Services and Other Family Law Services</li><li>• AB 1058 Program Funding Update</li><li>• Program Budget Implications</li></ul>
10:00 – 10:30	Break
10:30 – 11:00	AB 1058 Accounting Forms
11:30 – 12:00	Administrative and Grant Reporting Requirements <ul style="list-style-type: none"><li>• Costs Treatments</li><li>• Sell-back, Cash out, Unproductive time charges</li><li>• Furlough reporting</li><li>• Post employment benefits, i.e. Unemployment/retirement/medical</li></ul>
12:00 – 1:30	Lunch
1:30 – 3:00	Requests for Program Modifications and Enhancements
3:00-3:30	Break
3:30 – 4:00	Invoice Processing Cycle Group FAQ Session
4:00 -5:00	One on One Issues Discussions

# AB 1058 Accounting & Administration Training

Michael Wright, Paul Fontaine, Mimi Ly

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## Agenda

- Introductions
- Program Manager's Update
- AB 1058 Accounting Forms
- Administrative and Grant Reporting Requirements
- Cost Treatments and Methods of Allocation
- Request for Program Modifications and Enhancements
- Invoicing Cycle
- General FAQ Session
- One on One FAQ Discussion

ADMINISTRATIVE OFFICE OF THE COURTS

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## AB 1058 Program Manager Update

Michael Wright,  
Supervising Attorney/Program Manager  
September 2011

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## Agenda

- Child Support Program Overview
- Contractual Agreements and Deliverables
- Program Audits
- Program Activities and time reporting
- Program Funding Status and Updates
- Mid-Year Reallocation Process
- Program Budget Implications and Solutions

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## AB 1058 Program Overview

What is the AB 1058 Program?

- Legislative mandated IV-D program
- Enforce child support cases
- Collection and distribution of payments
- Provide health care coverage to support child

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## Title IV-D Program Services

- Locate noncustodial parents
- Establish paternity
- Establish child support orders
- Enforce child support orders
- Collection and distribution of support

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## AB 1058 Program Overview

### Government Roles

- Federal (Office Of Child Support Enforcement, OCSE)
  - Funding to establish program
  - Policies & Regulations
- State Administer (DCSS & AOC)
  - Child Support Commissioner (CSC)
  - Family Law Facilitator (FLF)
- Local services provided
  - Courts
  - LCSA



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## AB 1058 Program Contracts

- Contract between DCSS and JCC
- Contract between JCC and Local Court
  - Block grant subject to expectation of a standard package of "services"
  - Court Deliverables



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## Standard Service Package

- Expectations
  - CSC calendar time, FTEs and support staff
  - Court reporters & interpreters
  - Security
  - Training Requirements



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## Court Deliverables

- Plan of Cooperation with Local Child Support Agency (LCSA)
- Disclosure of all funding sources
- Written contract between contracted FLF and CSC
- Quarterly FLF Data Report (customer service statistics)
- Written FLF Office Complaint resolution process

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## AB 1058 Program Audits



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## AB 1058 Program Audits

- Historical Audits
  - Office of Child Support Enforcement (OCSE)
  - Administrative Office of the Courts
- Current Audits
  - Department of Child Support Audit (DCSS)
  - Department of Finance

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## AB 1058 Program Audits

- Department of Child Support Audit Update
  - Compliance of federal and state regulations
  - Completion of program deliverables
  - Proper accounting records and adequate documentation
  - Program cost efficiencies
  - Consistency of application of cost

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## AB 1058 Program Audits

- Department of Finance Audit
  - Financial statements
  - Proper accounting records and adequate documentation
  - Internal control - Segregation of duties
  - Authorized approvals
- Administrative Office of the Courts Audit
  - Operations/Internal Control
  - Contract Compliance

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## AB 1058 Program IV-D Services

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## AB1058 Commissioner vs. Other Family Law Services

### AB 1058 Services

- Child support cases opened at LCSA
- Child Support matters
- Paternity matters
- Companion Spousal support matters
- Health insurance matters

### Other Family Law Services

- Non-LCSA parentage/child support cases heard by commissioner
- Domestic Violence
- Custody and Visitation
- Dissolution of marriage issues other than support
- Adoptions
- Juvenile Delinquency



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## FLF Program Expansion

- Increase merge of Family Law Facilitator and Self-Help offices
- Separation of Funding
  - IV-D Program funds
  - Self Help funds
  - Other court program funds
- Understanding of activities between AB 1058 facilitator, self help and other family law functions



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## AB 1058 Family Law Facilitator Functions

### Title IV-D

- Child support cases opened at LCSA
  - Child Support matters
  - Paternity matters
  - Companion Spousal support matters
  - Health insurance matters

### Outreach Activities

- Child support cases not yet filed at the LCSA.
  - Providing information & referral services
  - Distributing court forms
  - Brief Explanation of court process



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## Self-Help and other family Law Functions

- Domestic Violence
- Custody and Visitation
- Dissolution of marriage issues other than support
- Adoptions
- Juvenile Delinquency
- Non-Child Support Related Activities
- Other non-grant activities, ie. General court administration

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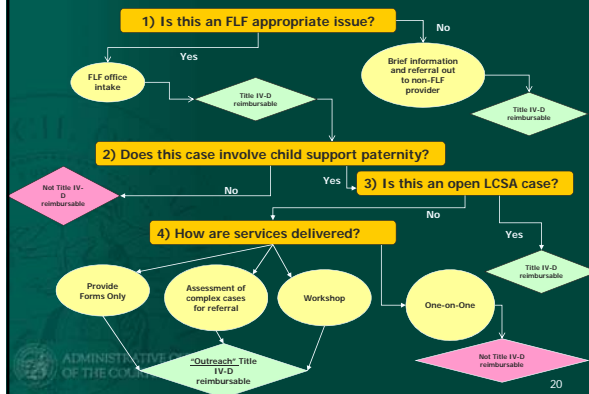
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## FLF Reimbursability Decision Tree



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## AB 1058 Program Funding & Spending Update

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## AB 1058 Program Funding

- Program Funding Sources:
  - Title IV-D Funding
    - 2/3 Feds & 1/3 State
  - Trial Court Trust Fund
    - Expanded Services (DV, Custody-Visitation-Dissolutions)
    - Self Help
  - Other grant and non-grant funds
    - Interpreter, security, court construction funds

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## AB 1058 Program Funding

### Federal Drawdown Option

- Short term alternative began FY 07-08
- Additional federal funds
- Requires court contribution
- Subject to a cap

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## Federal Drawdown Option

Mechanism for the courts to recover two-thirds of additional program costs beyond the base maximum

Example:

Court expenses exceed base allocation by \$300.

- Court Share (1/3) - \$100
- Federal Share (2/3) - \$200

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## AB 1058 Program Funding

- Flat funding in Child Support Program for FY 10-11 and FY 11-12
- Decrease in Child Support Program base funding for FY 08-09 + increase in federal draw down option
- Flat funded in Child Support Program for FY 07-08 + federal draw down option

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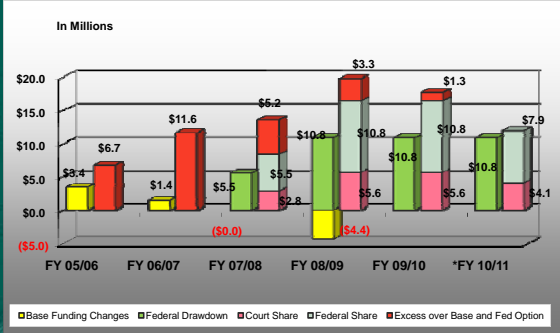
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## Program Funding History



\*Expenditures received to date and does not represent full Fiscal Year 10/11

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## Expenditure Categories

- Expenditure categories are consistent for both the CSC and FLF Programs
  - Salaries
  - Benefits
  - Operating Expenses
  - Indirect

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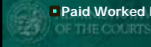
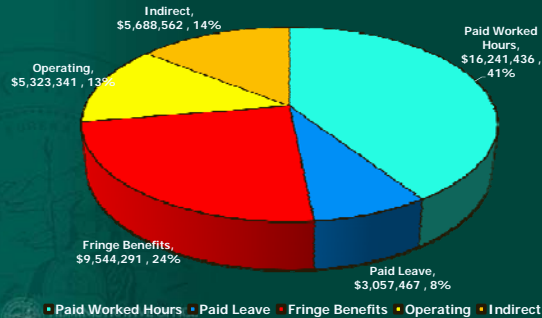
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## CSC Program Expenditures by Category FY 10/11



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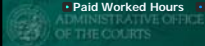
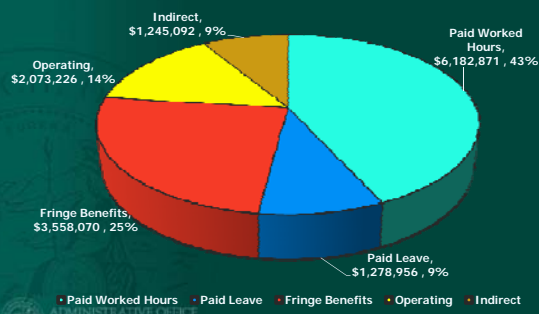
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## FLF Program Expenditures by Category FY 10/11



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## AB 1058 Program Mid-Year Reallocation

- Annual Court Questionnaire
  - Assume current program level
  - Exclude program expansion
  - Exclude program enhancements and new facility leases
  - Expenditures to date (used to calculate funding for remainder of year)
- Review and evaluation by AOC committees with approval by Judicial Council
- AOC-Court contract amendment
- Continue reimbursement process using amended budget amounts



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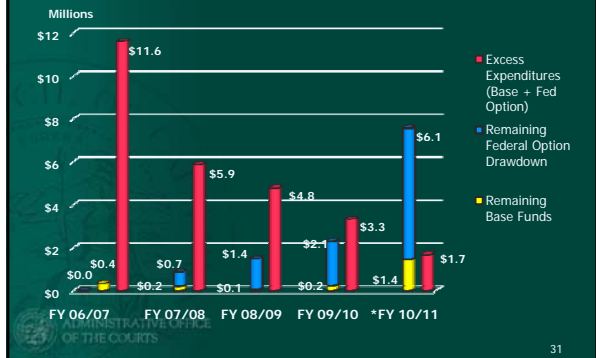
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## History of Remaining Funds




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## AB 1058 Program Budget

- Budget Implications and Updates
  - Judicial branch budget reductions and impacts on the AB 1058 program
  - DCSS realignment
  - Cost saving strategies & best practices
    - **Assigned commissioners program**

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## Break 10:00 – 10:30

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## AB1058 Timesheets

- Timesheet – Court employees (W-2)
- Contract Activity Log – Contractors (1099)
- Positive Reporting- account for 100% of time
- Increments of 15 minutes
- Furlough days not reported on timesheet
- Must be completed and signed by employee and reviewed approved by supervisor



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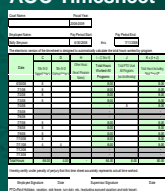
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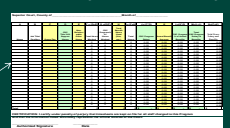
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## AB 1058 Payroll Summary Sheet


**AOC Timesheet**



**AB 1058 Payroll Summary Sheet**



**Other Program Payroll Summary Sheet**



ADMINISTRATIVE OFFICE OF THE COURTS

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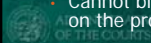
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## AB 1058 Payroll Summary Sheet

- Salaries & Wages
  - Gross salary for the pay period
  - 100% of time distribution for the pay periods being reported
  - Proportional overtime wages related to Title IV-D matters
- Benefits Types
  - Fringe benefits: social security, employee insurance: life, health, unemployment, workers compensation, pension plan costs, and other similar benefits
  - Paid Leave: vacation, annual leave, sick leave, holidays, court leave, and military leave
  - Cannot bill more leave hours than earned while working on the program



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## Partially Reimbursable Expenses

- Perimeter security
- Rent
- Office Supplies
- Equipment

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## Pre-Approved Expenses

- Written prior approvals required:
  - Minor Remodeling
  - Equipment Purchases > \$5,000

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## AB 1058 Summary Sheet

Payroll Summary Sheet

AB 1058 Summary Sheet

Operating Recap Sheet

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# AB 1058 Summary Sheet

AB 1058 SUMMARY SHEET				
CHILD SUPPORT COMMISSIONER PROGRAM				
FY 2009-2010				
A	B	C	D	E
Categories	Budget	Previously Billed Expenses	Current Reporting Period Expenses	Total YTD Expenses
Salaries	1,500,000.00	1,500,000.00	20,000.00	1,520,000.00
Fringe Benefits	450,000.00	450,000.00	8,000.00	458,000.00
<b>Total Personnel Expenditures</b>	<b>1,950,000.00</b>	<b>1,950,000.00</b>	<b>28,000.00</b>	<b>1,978,000.00</b>
Indirect Costs 20.00%	390,000.00	390,000.00	7,600.00	397,600.00
<b>Operating Expenses</b>	<b>50,000.00</b>	<b>50,000.00</b>	<b>2,600.00</b>	<b>52,600.00</b>
Contracted Commissioner/Facilitator	5,000.00	5,000.00	100.00	5,100.00
Court Reporting	2,000.00	2,000.00	100.00	2,100.00
Interpreters	5,000.00	5,000.00	100.00	5,100.00
Staff Services	15,000.00	15,000.00	12,000.00	27,000.00
Penetration Security	25,000.00	1,000.00	500.00	1,500.00
Rent	15,000.00	2,000.00	2,000.00	4,000.00
Training	2,000.00	2,000.00	-	2,000.00
Other Child Care (includes transportation, etc.)	5,000.00	3,000.00	500.00	1,500.00
<b>Total Operating Expenditures</b>	<b>157,000.00</b>	<b>74,800.00</b>	<b>17,700.00</b>	<b>82,500.00</b>
<b>Total Expenditures</b>	<b>2,497,000.00</b>	<b>2,414,800.00</b>	<b>84,500.00</b>	<b>2,479,300.00</b>
F	G	H	I	J
Funding Sources	Award Amount	Expenses Awarded From Prior Periods	Contract Balance Prior to Current Reporting Period	Current Period Reimbursement
Base Award	2,000,000.00	2,000,000.00	88,200.00	84,500.00
Federal Discretion Option Award	500,000.00	411,800.00	58,212.00	42,870.00
Federal Share 55%	330,000.00	274,788.00	23,968.00	21,030.00
Court Share 30%	170,000.00	140,212.00	-	-
<b>Total Reimbursement</b>				<b>\$ 42,870.00</b>

# AB 1058 Invoice Face Sheet

AB 1058 Summary Sheet

Invoice Face Sheet

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# AB 1058 Invoice Face Sheet

STATE OF CALIFORNIA ACS-1040 (REV 07-05)	<b>INVOICE</b>	MAIL TO:	JUDICIAL COUNCIL OF CALIFORNIA ADMINISTRATIVE OFFICE OF THE COURTS GRANT ACCOUNTS 450 GOLDEN GATE AVENUE, 10th FLOOR SAN FRANCISCO, CA 94142
SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____	ADDRESS: _____	CONTRACT NUMBER: _____	BILLING PERIOD: July-09
PROGRAM TITLE: Child Support Commissioner Program			
PROGRAM PERIOD: July 1, 2009 - June 30, 2010			
ACCOUNTING CONTACT: _____	E-MAIL ADDRESS: _____	PHONE NUMBER: _____	FAX NUMBER: _____
<b>PROGRAM EXPENDITURES (FUND REQUESTED)</b>			
CATEGORY	AMOUNT		
PERSONNEL (Salaries & Benefits)	39,000.00		
OPERATING EXPENSES & EQUIPMENT	17,700.00		
INDIRECT COSTS	7,800.00		
<b>TOTAL EXPENDITURES</b>	<b>64,500.00</b>		
<b>TOTAL REIMBURSABLE AMOUNT</b>	<b>\$ 42,870.00</b>		
CERTIFICATION: I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE AMOUNT BILLED ABOVE IS TRUE AND CORRECT IN ACCORDANCE WITH THE CONTRACT.			
COURT OFFICIAL (NAME & TITLE): _____			
SIGNATURE: _____		DATE: _____	

# Administrative and Grants Reporting Requirements

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49

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# Grant Reporting Requirements

- Codes of Federal Regulation
  - CFR Part 45, Subtitle B, Chapter III, Office of Child Support Enforcement (Child Support Enforcement Program)
- OMB Circular A-102 (Uniform Administrative Requirements for State and Local Govt. agencies)
- Cost Principles: 2 CFR 225 (formerly known as Circular A-87)
- Rules of Court
- Contractual Agreement between JCC and the Courts

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# Grant Reporting Requirements

- Administrative Requirements
  - Financial and Accounting Records
    - Proper supporting documentation
    - Approval and Authorized signature
    - Recommended/Approved Forms
  - Record Retention and Access to Records
    - Access by Grantor & Auditors
    - Retained for 3 years

Electronic Files



Paper files



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51

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# Costs Treatment

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## Direct vs. Indirect Costs

- **Direct Cost** are identified with a particular cost objective
- **Indirect Costs** are incurred for common or joint objectives of an organization and cannot be readily identified with a particular cost objective

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## Direct/Indirect Determination

- Does the cost result in a direct benefit to a federal program?
- Can it be easily and accurately traced to the federal program?
- Does it benefit more than 1 federal program?
- Is it normally charged indirect?
- Have you calculated the proportional benefit?

ADMINISTRATIVE OFFICE OF THE COURTS 54

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## Costs Allowability Requirements

- Allocable
- Necessary and Reasonable
- Treated Consistently
- Determined according to GAAP
- Net of applicable credits
- Not used for cost sharing/matching on another federal award
- Adequately documented
- Authorized under state/local laws & regulations
- Conforms to limits & exclusions in costs principles, federal laws and award T&C
- Consistent with recipient policies for federally and non-federally funded activities



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## Costs Allocability

- Must meet ONE of these criteria:
  - Incurred specifically for the program award
  - Benefits both program award and other work and can be distributed in reasonable proportion to benefits received
  - Necessary to organization's overall operation, although no direct relationship to particular cost objective



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## Methods of Allocation

- Allocation Methods:
  - Full Time Employee (FTE)
  - Number of Child Support Cases
  - # of Court Departments
  - Other Approved Methods



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**Note:**

A cost which is allocable to an award isn't necessarily allowable or reasonable

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**Administrative/Grant Reporting**

- Sell-back, Cash out, unproductive time charges
- Furlough Reporting
- Bailiff/Security costs plans
- Post employment benefits
  - Retirement benefits
  - Medical benefits
  - Unemployment benefits

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**Lunch 12:00 – 1:30**

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## Agenda

- Request for Program Modifications and Enhancements
- Invoicing Cycle
- Moodle
- General FAQ Session
- One on One FAQ Discussion

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## Request for Program Modifications and Enhancements

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## Program versus Finance

### Program

- Key Personnel changes
- Facility changes: lease and relocation
- Funding level changes
- FLFED database reporting
- Leave charges: buy backs and cash outs

### Finance

- Budget modifications
- Finance reporting inquiries
- Accounting Forms
- Leave charges: buy backs and cash outs
- Reimbursement inquiries

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## Program Issues

- Creating new budget line item for material changes
- Moderate to high impact
- Affect other courts
- Changes not within funding level
- Approval process – long term
  - Program Manager
  - Finance Review
  - Committee Review
  - Judicial Review



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## Finance Issues

- Creating new budget line item for minor changes
- Budget category change
- Low impact
- Affect only one court
- Changes within funding level
- Approval process – short term
  - Program Manager
  - Finance Review



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## Grant Processing versus GL Accounting

### Grant Processing

- AB 1058 Program Grant Accountant
- Allowability of program expenditures inquiries
- Program budget inquiries
- Reimbursement inquiries
- Reimbursements through SCO

### GL Accounting

- SAP General Ledger Accountant
- Recording financial transactions
  - Accounts Receivable
  - Accounts Payable
  - General Ledger
- Payments through court specific accounts



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# Break 3:00 – 3:30



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## Invoicing Cycle



- Court incurs monthly expenses July 1 – July 30
- Court summarizes data and invoices AOC August 20th
- AOC receives invoice August 24<sup>th</sup> (2-3 days)
- AOC grant accountant combines invoice with other invoices for review and approval August 28th (1 week)
- AOC accounts payable unit processes and produces claim schedules September 3<sup>rd</sup> (4-5 days)



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## Invoicing Cycle



- AOC grant accountant summarizes transactions for the week and submit a request to DCSS for reimbursement September 4<sup>th</sup>
- DCSS reviews and processes invoices September 11<sup>th</sup> (1 week)
- DCSS sends reimbursement to AOC Sept. 18<sup>th</sup> (1 week)



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## Invoicing Cycle



AOC


- AOC releases claim schedules to State Controller's Office (SCO) September 18<sup>th</sup>

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SCO

- SCO receives claim schedules and combines with claims from other agencies September 22<sup>nd</sup>  
(2-3 days)



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## Invoicing Cycle



SCO

- SCO reviews claim schedules September 28<sup>th</sup>  
(1 week)
- SCO processes check payments October 2<sup>nd</sup>  
(1 week)
- SCO sends checks to courts October 6<sup>th</sup>  
(2-3 days)


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Court

- Court receives payment October 9<sup>th</sup>  
(2-3 days)

Approximately **TWO** months for court to receive payment



ADMINISTRATIVE OFFICE OF THE COURTS

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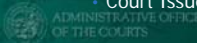
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## Invoicing Cycle

- Factors that may delay reimbursement:
  - Errors/Error Treatment
  - Omissions
  - Late Submissions
  - Vacations
  - Monetary Thresholds
  - Budget Implications
  - Cash Implications
  - Contract Implications
  - Court Issues



ADMINISTRATIVE OFFICE OF THE COURTS

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## AB 1058 Moodle Training Site

- What is Moodle?
  - AB 1058 Program Reporting training website
  - <http://calcourts.moodle.com>
- Why do you want to use it?
  - Provides training on the concepts and requirements for submitting claims for reimbursement for CSC and FLF Programs
  - Allows court employees to interact and have discussions by posting on forum
  - Satisfies the California Rule of Court, Rule 10.452 court staff training requirement

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## Q&A

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## AOC Contact Information:

**Michael L. Wright**  
Supervising Attorney/Program Manager  
Center for Families, Children & the  
Courts  
Phone: 415-865-7619  
Email: [michael.wright@jud.ca.gov](mailto:michael.wright@jud.ca.gov)

**Mimi Ly**  
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Finance, Grant Accounting Unit  
Phone: (415) 865-7950  
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**Paul Fontaine**  
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Finance, Grant Accounting Unit  
Phone: (415) 865-7785  
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# **AB 1058 Child Support Commissioner and Family Law Facilitator Program**

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INVOICE REPORTING INSTRUCTIONS  
FISCAL YEAR 2010-2011

OCTOBER 2009



ADMINISTRATIVE OFFICE  
OF THE COURTS

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CENTER FOR FAMILIES, CHILDREN  
& THE COURTS



## **AB 1058 Program Overview**

### **Background**

The Assembly Bill 1058 program is a legislatively mandated program implemented in 1996 to provide a cost-effective, expedited, and accessible process in the courts for establishing and enforcing child support orders in cases being enforced by local child support agencies. This mandate requires each superior court to have a child support commissioner to hear title IV-D child support cases. Title IV-D of the Social Security Act (42 U.S.C. § 601 et seq.) provides that each state shall establish and enforce support orders when public assistance has been expended or on a request for services by a parent.

The two major elements of the AB 1058 program are the child support commissioner (CSC) and the family law facilitator (FLF) programs, both of which were established in each court. These programs provide an expedited process in the courts that is both accessible and cost-effective to families involved in child support cases.

The CSC component of the program provides judicial officers to hear child support cases, plus court staff to support them. The FLF component assists parents with child support issues by gaining meaningful access to the courts in a timely manner. The program was intended to make the processing of child support cases in the courts more efficient by making sure that parents obtained all the necessary forms and documentation before the hearing. When parents come better prepared to their hearings, judicial officers can process more cases in the time allotted.

### **Contracts and Fund Allocations**

Funding for the AB 1058 CSC and FLF program, as well as the Judicial Council, Administrative Office of the Courts program-related administrative costs, is secured via an inter-agency agreement between the California Department of Child Support Services (DCSS) and the Judicial Council. The funding is 66 percent federal title IV-D funds and 34 percent state general funds, subject to annual state budget appropriations.

The Judicial Council is mandated to establish procedures for distributing funds to the courts for CSCs and FLFs. Funds are allocated to the local courts via standard agreements between the Judicial Council and the courts. The allocation amounts are based on a formula that has been approved by both the Judicial Council and the Legislature. Separate contracts are executed for the CSC and the FLF components of the program. Funds allocated to the FLF component may not be transferred to the CSC component and vice versa. The funding and contract covers a state fiscal year, which runs from July 1 through June 30. Under the federal guidelines, any funds left unspent during the fiscal year revert to the state General Fund and cannot be used in subsequent years.

### **Midyear Fund Reallocation**

The AB 1058 funding procedures include a midyear reallocation process. Funds that are allocated to the courts at the beginning of the fiscal year may be amended during this midyear process. The Judicial Council can use this process to move funds from courts that will not spend their full allocation to courts that need additional funding. Funds cannot be allocated across categories; for example, funds from the CSC component of the program in one court cannot be moved to the FLF component of the program in that or any other court.



Each year, the AOC sends a questionnaire to the courts for both the CSC and the FLF components of the program. The courts are asked to respond to a series of questions regarding the anticipated spending needs of that court for each component. Courts are asked to indicate if they anticipate spending less than their full allocation, will need additional funds, or will spend their full allocation but will not need additional funding. The questionnaire asks for details to support the anticipated level of spending if it is inconsistent with past spending history. If a court does not anticipate spending the full amount of the contract, it is strongly urged to return those funds to the AOC to be redistributed. After the completed questionnaires are received by the AOC, staff determines the amount of funds available for reallocation. Additions and reductions to the contracts are made by amendments to the standard agreements.

Determining which courts will receive the returned funds is done by analyzing the information provided by the courts on the midyear reallocation questionnaire, projections based on invoices received by the AOC, and past program spending history. The purpose of the reallocation is to fund one-time or special projects. While it can be a method of fine-tuning a contract, it is not intended to address an ongoing financial need such as an increase in the number of permanent employees.

Any contract amendments made as part of the midyear reallocation process are one-time adjustments for that fiscal year only. The following fiscal year the contract amounts revert to the beginning base allocation for the prior fiscal year. Should a court find that it consistently under spends its contract, it has the option of voluntarily reducing the contract amount. If the AOC determines that a court historically under spends but does not return the funds, the base allocation for that court may be reduced.

If a court's base allocation has been reduced by the AOC, the court can request that the contract amount be restored to the original base allocation. This request would be considered part of the midyear reallocation process.

The court may also request a permanent increase to its base allocation. It may submit supporting documentation for a permanent increase at the same time as the midyear reallocation, but such requests must be clearly labeled and will depend on the availability of funds.

### **Allowable Costs**

Costs charged to the program must be necessary, reasonable, allocable, and legal under state and local law, conform to federal law and grant terms. The expenses must be consistently treated and in accordance with GAAP.

Allowable direct costs are expenses that can be easily identified and specifically incurred for the purpose of the AB 1058 program.

#### **1) Personnel Costs**

- **Salaries** – May include wages, salaries, or special compensation provided the cost for the individual employee is (a) reasonable for the services rendered, and (b) follows an

appointment made in accordance with state or local laws and rules and meets federal requirements

- **Overtime wages** related to the program matters can be billed to the grant proportionately whether paid or unpaid. For example; if an employee works 50 hours, although he is salaried to work 40 hours per week, the employee must report all 50 hours. If 10 hours were worked on project A, while 40 were worked on project B, project A would account for 20% of the effort and project B would account for 80%. You have to account for total time worked by the employee to determine the percentages.
- **Fringe Benefits** are divided into the following categories: regular fringe benefits and benefit hours.
  - Regular fringe benefits are employer-paid social security and Medicare, state disability insurance, health insurance, workers' compensation, and retirement benefits. These benefits should be reported by using actual figures from court payroll records.
  - Benefit hours are the cost of fringe benefits in the form of regular compensation paid to employees during periods of authorized absences from the job, such as for annual leave, sick leave, holidays, court leave, military leave, and other similar benefits. Court shall seek AOC approval for extended leave treatment.

**Note: Costs for authorized absences are only reimbursable up to the amount earned during the term of the grant.**

If an employee is on leave and another employee fills in temporarily, the reimbursable hours of the replacement/temporary employee can be charged to the grant as salaries in lieu of the permanent employee. Note, the cost is reflected only for one person. Appropriate benefits and indirect costs for these employees are also reimbursable.

- 2) **Travel Expenses** are direct expenses for grant related travel incurred by personnel identified in the budget. Allowable costs include transportation, subsistence, and lodging, incurred in accordance with the courts documented travel policies.
- 3) **Pre-approved Training/Conference** – The AB 1058 program funding can only be used for reasonable and essential short term training. There is a limit of one general family law refresher course per person per year, in addition to the annual training held by the AOC and the 1058 FLF mid-year training and CSC roundtable.
- 4) **Contractual Services** – Any professional services and associated costs necessary to complete grant objectives that are not available through the court and require contractual agreements in accordance with the court's normal procurement procedures.

- 5) **Materials and office supplies** – cost incurred for materials, supplies, and fabricated parts necessary for program purposes.
- 6) **Minor Remodeling**- Written approval of the AOC’s AB 1058 program manager must be requested and obtained before beginning any remodeling project or renting of new space, regardless of the anticipated expenditure amount, so the program manager can determine whether the expenses are reimbursable. Requests must be received no later than January 31 for work to be completed in the current fiscal year, absent exceptional circumstances and approval of a later submission by the AB 1058 program manager. Requests for remodeling must include a letter of justification stating the reason for remodeling and certifying that there are no structural or foundation changes. Any reimbursements for remodeling must include all purchase documentation, including the bidding process used to select a vendor, floor plans, estimates, and diagrams of the work to be performed. The request for approval may be submitted by e-mail.
- 7) **Equipment Purchases** - All equipment purchases of \$5,000 and above require prior written approval from the AOC’s AB 1058 program manager.

**Indirect costs** are those incurred for a common or joint purpose benefiting more than one cost objective and cannot be easily identified to a cost objective. Allowable indirect costs shall be reimbursed using the AOC approved indirect cost rate at actual up to the maximum percentage of 20%.

### **Unallowable Costs**

Items that cannot be claimed for reimbursement are those not allowed by rule 10.810 of the California Rules of Court and the Code of Federal Regulations. These include, but are not limited to, the costs of counsel for indigent defendants, judges’ salaries and fringe benefits, compensation of support staff of judges, training not directly related to the AB 1058 program, bottled water, and construction and major renovation. Also, time spent on matters of domestic violence, custody, and visitation (including custody and visitation investigation, mediation, and evaluation) are not reimbursable.

## **Preparation of Reimbursement Claims**

### **AB 1058 Reporting Forms**

The AB 1058 CSC and FLF program is a reimbursement grant, which means that all expenses are incurred and paid by the court before submission for reimbursement by the AOC. All courts must use the mandatory invoice to request reimbursement from the AOC. Invoices are due to the AOC by the 20th day of each month.

The standard agreement between the Judicial Council and the court provides the guidelines by which claims for reimbursement are to be prepared and submitted. These guidelines must comply with state and federal regulations, policies, and procedures. Standard mandatory reporting forms for both the CSC and the FLF components of the program consist of an invoice face sheet, program summary sheet, time sheet, contractor activity log, payroll summary sheet, and

operating expense recap sheet. Claims should be prepared using the agency's accounting records and based only on recorded costs for the period covered.

### **AB 1058 Timesheet**

Time and effort charged to the AB 1058 CSC and FLF program must be accurately documented. A time distribution report is required for compensation of personal services. Court employees may record their time and effort spent on the program on the AB 1058 Timesheet form. Contracted personnel such as; contracted CSCs or FLFs, court reporters, interpreters, security personnel, and agency temporary staff must also submit a time study report. The time distribution report and contractor activity log must account for 100 percent of compensated hours, regardless of whether or not the time is reimbursable by the grant. The court shall submit copies of timesheets and contractor activity log to the AOC with each invoice and retain the original copy at the courthouse.

Key standards that are present in all OMB cost principle circulars on time and effort reporting are:

- Reflect an after-the-fact determination of the actual activity of each employee;
- Full disclosure – must account for the total (100 percent) activity for which each employee is compensated;
- Be prepared at least monthly and coincide with one or more pay periods; and
- Credible endorsement – timesheets must be signed by a qualified person familiar with the effort expended to endorse the document prepared.

### **CSC Program time reporting categories:**

- Title IV-D hours;
- Other hours;
- Benefit hours

### **FLF Program time reporting categories:**

- Title IV-D hours;
- Outreach hours;
- Other hours;
- Benefit hours

### **Definition of Hours Worked**

*Title IV-D hours* are those spent working on child support, paternity, spousal support when there is also a child support order, and health insurance matters related to a case open at the local child support agency.

*Outreach hours* (reimbursable non-Title IV-D support matters) are those spent working on child support, paternity, companion spousal support, and health insurance matters for persons who have not yet applied for title IV-D services with the local child support agency. Reimbursable activities that may be included in outreach hours include providing information and referral services, distributing court forms, and explaining court processes.

*Other hours* are those spent on all other issues, including, but not limited to, domestic violence, custody and visitation, and dissolution of marriage issues other than support. Time spent on these issues is non-reimbursable whether or not there is an open support case with the local child support agency. It is at the discretion of court to label program names on timesheet or combine other hours as “non-reimbursable hours”

*Benefit hours* are paid leave hours or such as vacation, annual leave, sick leave, holidays, court leave, and military leave.

### **AB 1058 Payroll Summary**

The court will submit the payroll summary to support requests for reimbursement of salaries and benefits. The spreadsheet is set up to report and calculate 100 percent of the hours worked and the benefits hours used by each employee. Federal regulations require that *all* hours worked by an employee must be accounted for, regardless of whether or not they are reimbursable. This includes regular hours worked as well as benefit hours used.

When completing the spreadsheet, fill in the columns labeled Name, Job Title/Position, Gross Salary, Actual Benefits, AB 1058 Program Hours, and Non-AB 1058 Program Hours. All other calculations are automatic as a result of built-in formulas.

The CSC and FLF components have the same basic procedure for reporting payroll. The only exception occurs in the types of hours worked that can be claimed for reimbursement. The CSC program will reimburse only time spent on providing services on title IV-D matters and the FLF program will reimburse time spent on providing services on title IV-D support matters and outreach activities.

The payroll information will be submitted on the payroll summary sheet and must bear a signed certification, as well as the **original signature (in BLUE ink)** of the court official responsible for approving the invoice. The court designates this person.

The certification reads as follows:

“I hereby certify under of penalty perjury that the information provided here accurately represents official records and is in compliance with the program contract.”

### **AB 1058 Operating Expense Recap Sheet**

The operating expense recap sheet is separated into two sections: 100 percent reimbursable expenditures and partially reimbursable expenditures. When preparing this form, begin by sorting your invoices and journal entries into those two categories.

All invoices and journal entries will be listed on the form as follows:

Vendor Name/Description/Invoice #/Check or Warrant #/Date Paid/Amount

To complete the 100 percent reimbursable portion of the sheet, list the applicable invoices, including the information listed above.

To complete the partially reimbursable section, list the invoices as above. Use the total dollar amount of the invoice or the amount billable to the program. The Excel spreadsheet will automatically tally the categories, calculate the dollar amount of the partially reimbursable invoices using the percentage provided to the court, and arrive at the total amount to be brought forward onto the invoice face sheet.

In some cases, a reimbursable program expense will be included on an invoice or journal entry with those of other departments or with expenditures that are not reimbursable. If the expenses are part of a group of items, indicate which items are program related, calculate the total, and list that amount on the bottom portion of the sheet. If the expense is one that is divided between departments, first determine what portion of the expense would be billed to the program if it could be billed at 100 percent.

*Example:* Your court has a purchase totaling \$2,000. The CSC program represents 10 percent of the total. The amount that would be billed if you could bill for 100 percent of the purchase would be \$200. List the purchase under the section of partially reimbursable expenditures as \$200. The spreadsheet will automatically calculate the billable amount, based on your court's percentage. The form is broken into two sections: expenditures that are claimed at 100 percent and those that are partially reimbursable.

Expenditures specific to the program are 100 percent reimbursable, such as:

- The annual AB 1058 training conference;
- Contract court interpreter fees—title IV-D cases only;
- Contract court reporter fees—title IV-D cases only;
- Bailiff hours—in alignment with the commissioner's reimbursable title IV-D hours;
- Payments to contract facilitators or commissioners; and
- Agency temporary help—hours worked on title IV-D only.

Other expenditures are to be claimed at a percentage of program reimbursable hours. These represent costs shared with other departments of the court or with other court employees not working on title IV-D or outreach hours. Items claimed at a percentage are such things as:

- Office supplies;
- Facilities charges;
- Perimeter security;
- Rented equipment—copy machines and copy charges; and
- Communications charges—telephone and Internet service.

Each court might have other items that would fall under either of the above categories. These are partial lists and are not intended to limit the types of expenditures available for reimbursement. Any expenditures being claimed as 100 percent reimbursable that are not on the above list must have the required backup (as explained below) and a brief explanation of why that charge should be fully reimbursed. In some cases, invoices might be claimed at a different percentage than that assigned by the AOC. For example, an item might be designated for use by only one individual working on the program. In that instance, the percentage of reimbursable time for that individual

would apply to the item. When in doubt, contact the AOC's AB 1058 grant accounting staff to discuss the best method of reporting an expense.

### **Where Did the Percentage Come From?**

The payroll summary sheet calculates a percentage of reimbursable hours worked to total hours worked by each employee. The AOC has provided a program percentage for operating expense reporting, which appears on the bottom of the recap sheet next to “% of reimbursement allowed.” This percentage was originally calculated using an average of the percentages taken from a minimum of the first six months of payroll summaries for FY 2002–2003. The CSC and FLF components of the program each have a specific designated percentage, which will be updated annually.

Some courts have contract CSCs or FLFs, as well as support staff who are court employees. In this situation, the AOC has calculated a percentage based on staff hours that would be used to claim partially reimbursable expenditures.

If the FLF is a contractor whose agreement with the court requires the FLF to cover all expenses, then the percentage calculation does not apply.

In the event that court staff do not agree with the percentage assigned, they may request a review of the percentage and submit it to the AOC's AB 1058 program manager in writing (e-mail is preferred). Please include an explanation of why you think the percentage is not adequate, a proposal of what percentage you think should apply, and the methods used for determining this percentage. The AOC's AB 1058 program manager and grant accounting staff will review the request and proposal and determine if the percentage should be revised.

### **Alternative to Separating the Costs**

Each court has the option of claiming operating expenses at the partially reimbursable percentage rate only. The benefit of this is the time saved in not separating the costs and listing them in two categories. All other requirements for reporting still apply. Note, however, that choosing this method of claiming operating expenses will result in a lower amount of reimbursement.

### **What Kind of Backup Will You Need When Reporting?**

Each submission for reimbursement must include the mandatory operating expense recap sheet. When submitting an invoice for reimbursement, you must include a copy of each expense invoice or journal entry and that entry's supporting documentation. Each expenditure must have adequate backup to substantiate the claim. Each invoice must have the check or warrant number and date paid written on it. Journal entries or vouchers must show the entry number and date as well as a description of the charge and the dates covered by that entry. Journal entries for security costs or large purchases must include adequate information to determine what the charges include.

Invoices may be claimed as prior year expenses as long as the service or order date was within the contract period of July 1 through June 30. Invoices submitted at the end of the contract period/fiscal year must show clearly that the item was ordered before June 30. If the invoice does not list an order date, include a copy of the purchase order indicating that the funds were encumbered prior to fiscal year end and that the order date was June 30 or earlier. Invoices

submitted after the June invoice are considered supplemental and should be titled “June Supplemental” on the invoice face sheet.

It is not necessary to submit supplemental invoices during the contract period. Simply include the expense on the following invoice. Expenditures can be submitted for reimbursement at any time during the contract period provided that they are not paying in advance for an item.

The final invoice submitted for payment on a contract should be labeled “Final Invoice.” On payment of the final invoice, the contract will be closed and no further invoices will be paid against that contract.

### **AB 1058 Program Summary Sheet Instructions**

The AB 1058 Summary sheet shows the detailed budget estimates for each line item cost and actual expenditures billed to date in the current grant period. Costs are divided into several categories:

- a) Personnel Costs – Enter the estimated total salaries and benefits costs of personnel working on the program.
- b) Indirect Cost – Effective FY 2006–2007, the AOC *Trial Court Financial Policies and Procedures Manual*, FIN 16.02, Indirect Cost Rate Proposal (ICRP), states that each court is to complete and submit an indirect cost rate proposal to the AOC for review and approval. On approval of the indirect rate, the court may charge the program for reasonable indirect costs. The approved rate, not to exceed 20%, is charged against the combined total salaries and benefits.
- c) Contractual Services – Enter the estimated costs of contractual services to be provided for the program (i.e. contracted commissioner, facilitator, bailiff, interpreter, court reporter)
- d) Travel Expense – Enter the estimated cost of travel related to the program.
- e) Rent – Enter the estimated cost of rent related to the program.
- f) Equipment – Enter the estimated cost of each item of equipment to be purchased. Items that have a useful life of more than one year and cost \$5,000 or more should be included in this category. The total costs of equipment includes modifications, attachments, or auxiliary apparatus necessary to make it usable for the program purposes including tax, shipping, installation, excluding any discounts.
- g) Other Direct Costs – This category should include the line item titles of any other direct grant expenses not covered in previous categories including services not requiring contractual agreements and minor equipment. The following are examples of line items that may apply: office supplies, printing expenses, communication expenses.
- h) Lists the actual expenses incurred in the line budgeted categories.



- i) Enter the base amount and federal option amount awarded for the current fiscal year. The built in formulas will calculate the total reimbursement amount. It will show the calculation breakdown as follows:
- **Expenditures Applied Toward Base Amount** – The amount of current month expenditures applied to base allocation, which is 100 percent reimbursable.
  - **Expenditures Applied Toward Federal Option** – The amount of current month expenditures applied to federal option, which requires a court match of 34 percent to drawdown federal share of 66 percent of expenditures to be reimbursed.
    - **Trial Court Share** – Calculation of the 34 percent court share of the amount applied to federal option.
    - **Federal Share** – Calculation of the 66 percent federal share of the amount applied to federal option.
  - **Total Reimbursement Amount** – Total reimbursement amount to court, which includes the expenditures applied toward base amount and the federal share of 66 percent.

#### **AB 1058 Program Invoice Face Sheet Instructions**

Below are the steps for properly completing the invoice face sheet.

Step 1: To request the required invoice forms, please e-mail [mimi.ly@jud.ca.gov](mailto:mimi.ly@jud.ca.gov). The forms are created as Microsoft Excel worksheets.

Step 2: Provide the following information on the invoice face sheet:

1. **Invoice** – The word “**Invoice**” and a program title “**Child Support Commissioner Program**” or “**Family Law Facilitator Program**” and the **fiscal year** must appear at the top of the invoice.
2. **Remittance Address** – Name and address of the court if not included on the court letterhead. The address reported is where the court the payments should be sent.
3. **Accounting Contact Person** – The contact information of the person who will be able to answer questions regarding the AB 1058 invoices.
4. **Bill To** – The full address of the Judicial Council of California must appear on the face of the invoice. The State Controller’s Office will not pay any invoices received without this information.
5. **Contract #** – The contract number for the fiscal year and component of the program. Contract numbers are different for each fiscal year and component.

6. **Invoice for the Month of \_\_\_\_\_** – The month of the payroll or expenses being submitted. The contract allows up to six months for the submission of invoices for the prior fiscal year. Any invoices submitted after the June invoice are considered supplemental and should be titled June Supplemental. Be sure to use the contract number for the correct fiscal year when submitting supplemental invoices. The final invoice submitted for the fiscal year should be labeled “Final Invoice” and should be received by the AOC no later than December 31. On payment of the final invoice, the contract will be closed and no further invoices will be paid against that contract.
  
7. **Categories** – Allowable expenses:
  - **Personnel expenses** are the program salaries and fringe benefits reported on the mandatory payroll summary sheet. This form has separate preparation instructions. Please review the attached “AB 1058 Program Payroll Reporting Instructions” before completing the invoice.
  
  - **Operating expenses and equipment** are reported using the mandatory operating expense recap sheet. This form has separate preparation instructions. Please review the attached “AB 1058 Program Operating Expense Recap Sheet Instructions” before completing the invoice.
  
  - **Court indirect costs:** Effective FY 2006–2007, the AOC *Trial Court Financial Policies and Procedures Manual*, FIN 16.02, Indirect Cost Rate Proposal (ICRP), states that each court is to complete and submit an indirect cost rate proposal to the AOC for review and approval. On approval of the indirect rate, the court may charge the program for reasonable indirect costs. The approved rate is charged against the combined total salaries and benefits, as listed on the invoice face sheet.
  
  - **Total Expenditures** is the total expenses incurred for the current billing period. It is the sum of personnel, operating and indirect costs reported in the above categories.
  
  - **Total Reimbursable amount** is the total reimbursement from the base funding and the federal share of the federal drawdown option. This amount should match the “total reimbursement amount” reflected in the summary sheet.

Step 3: Print out the invoice forms.

Step 4: The authorized court official must approve and sign the invoice. **Please be sure to sign all invoices in BLUE ink to indicate original.**

The following certification language must appear on the invoice:

“I certify under penalty of perjury that the amount billed above is true and accurate in accordance with the contract.”

**Please note: No invoices will be paid without this certification language. Incomplete or unsigned invoices will be returned to the court for completion.**

Step 5: Mail the original invoice with supporting documentation and keep a copy for your records.

### **General Notes for Preparing Invoices**

- First sort out the backup documentation, such as invoices.
- List the expenditures in the appropriate categories.
- Be sure to include a check or warrant number or a journal entry number.
- Check your figures. Make sure that the numbers add up.
- Make sure that every line item has backup and that it is in order according to the operating expense recap sheet. Backup that is missing or out of order slows the audit process and can delay payment of invoices.
- List the total amount of operating expenses claimed on the invoice sheet. Be sure that the total is brought forward correctly. The forms are all in Excel and can be linked, bringing the totals forward automatically.
- Once the invoice categories are filled in, run a calculator tape of the numbers. Different calculators and computers round the numbers differently. If the numbers don't add up, then correct the bottom line, even if it's only a one-cent difference. It is not necessary to include the calculator tape when submitting the invoice for reimbursement; running a tape is done simply to double-check that the amounts listed on the invoice add up.
- Check for original signatures on all pages that require them. Only original signatures will be accepted on the invoice face sheet and payroll summary sheet. Please sign in **BLUE** ink to designate the document as an original.
- Be sure the invoice sheet is titled "Invoice" and specifies either the CSC program or the FLF program and the fiscal year as it appears on the contract.
- Verify that the contract number listed is the correct one for the fiscal year and component of the program.
- If the backup for an item is several pages long, please do **NOT** staple the groups of pages.
- Please copy any small or odd-size invoices onto 8½" x 11" sheets. Do not submit invoices or backup on legal-size paper.

INVOICE

MAIL TO:

ADMINISTRATIVE OFFICE OF THE COURTS  
GRANT ACCOUNTING  
455 GOLDEN GATE AVENUE, 7th FLOOR  
SAN FRANCISCO, CA 94102

SUPERIOR COURT OF CALIFORNIA, COUNTY OF \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

CONTRACT NUMBER: \_\_\_\_\_  
BILLING PERIOD: \_\_\_\_\_

PROGRAM TITLE: \_\_\_\_\_  
PROGRAM PERIOD: \_\_\_\_\_

ACCOUNTING CONTACT: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_  
E-MAIL ADDRESS: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

PROGRAM EXPENDITURES (FUND REQUESTED)	
CATEGORY	AMOUNT
PERSONNEL (Salaries & Benefits)	-
OPERATING EXPENSES & EQUIPMENT	-
INDIRECT COSTS	-
TOTAL EXPENDITURES	-
TOTAL REIMBURSABLE AMOUNT	\$ -

CERTIFICATION: I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE AMOUNT BILLED ABOVE IS TRUE AND CORRECT IN ACCORDANCE WITH THE CONTRACT.  
COURT OFFICIAL (NAME & TITLE): \_\_\_\_\_  
SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

FOR AOC GRANT ACCOUNTING USE ONLY

REC'D: \_\_\_\_\_ PROGRAM: \_\_\_\_\_ CONTRACT NO.: \_\_\_\_\_  
INVOICE DATE: \_\_\_\_\_ INVOICE NO.: \_\_\_\_\_ AMOUNT: \$ \_\_\_\_\_  
PROGRAM MANAGER APPROVAL \_\_\_\_\_ DATE \_\_\_\_\_

## AOC Invoice Instructions

**ENTER INFORMATION ON SHADED AREAS ONLY. ORIGINAL SIGNED INVOICE IS REQUIRED TO PROCESS THE CLAIM FOR PAYMENT (USE BLUE INK). ALTERED FORM WILL NOT BE PROCESSED FOR PAYMENT.**

**SUPERIOR COURT OF CALIFORNIA, COUNTY OF:**

Enter county name.

**REMITTANCE ADDRESS:**

Enter court address where the payment is to be sent.

**CONTRACT NUMBER:**

Enter grant contract number as it appears on the contract.

**BILLING PERIOD:**

Enter billing period.

**PROGRAM TITLE:**

Enter program title as it appears on the contract.

**PROGRAM PERIOD:**

Enter the duration of the contract term. i.e.: July 1, 2009 through June 30, 2010.

**COURT ACCOUNTING CONTACT:**

Enter court accounting contact person's name who will be able to answer billing questions.

**PHONE NUMBER:**

Enter court accounting contact person's phone number.

**E-MAIL ADDRESS:**

Enter court accounting contact person's e-mail address.

**FAX NUMBER:**

Enter court accounting contact person's fax number.

**PERSONNEL:**

Enter total costs of personnel services claimed for this billing period.

**OPERATING EXPENSES & EQUIPMENT:**

Enter costs of all operating expenses claimed for this billing period.

**INDIRECT COSTS:**

Enter overhead costs claimed for this billing period.

**TOTAL EXPENDITURES:**

Enter total sum of all the above categories.

**TOTAL REIMBURSABLE AMOUNT:**

Enter the "total reimbursement" amount from Summary sheet.

**CERTIFICATION:**

The invoice includes the following required certification: "I certify under penalty of perjury that the amount billed above is true and correct in accordance with the contract." This certification may not be removed or modified.

**COURT OFFICIAL'S NAME/TITLE AND SIGNATURE:**

Enter an authorized court official's name and title who is authorized to sign the invoice.

**DATE:**

Enter the date the invoice is signed.

AB 1058 SUMMARY SHEET  
FAMILY LAW FACILITATOR PROGRAM

A	B	C	D	E
Categories	Budget	Previously Billed Expenses	Current Reporting Period Expenses	Total YTD Expenses
Salaries				-
Fringe Benefits				-
<b>Total Personnel Expenditures</b>	-	-	-	-
Indirect Costs	20.00%			-
<b>Operating Expenses</b>				
Contracted Commissioner/Facilitator				-
Court Reporters				-
Interpreters				-
Training				-
Perimeter Security				-
Rent				-
Other Direct Costs (supplies, communication, etc.)				-
<b>Total Operating Expenditures</b>	-	-	-	-
<b>Total Expenditures</b>	-	-	-	\$ -

F	G	H	I	J
Funding Sources	Award Amount	Expenditures Applied From Prior Periods Expenses	Contract Balance Prior to Current Reporting Period	Current Period Reimbursement
Base Award		-	-	-
Federal Drawdown Option Award		-	-	-
Federal Share 66%		-	-	-
Court Share 34%		-	-	-
<b>Total Reimbursement</b>				\$ -

## **AB1058 Summary Sheet Instructions**

**Column A:**

List of itemized expenditures

**Column B:**

Enter budget figures from Exhibit F (budget page) of current contract between AOC and Court.

**Column C:**

Enter total expenditures billed prior to current billing for the categories listed

**Column D:**

Enter expenditures being billed for current period

**Column E:**

Year to date total expenditures billed to program. (Built in formula to add columns C and D)

**Column F:**

Breakdown of funding sources - Base award and Federal Drawdown Option Award

**Column G:**

Enter award amounts for current contract period

**Column H:**

Breakdown of expenditures previously applied to base and federal drawdown option awards. (Built in formula to distribute expenditures to base and federal option awards)

**Column I:**

Contract balance prior to current reporting period (Built in formula to calculate remaining balance to apply current period expenditures)

**Column J:**

Breakdown of current period reimbursable expenditures. The total reimbursable amount should be carried forward to invoice face sheet. (Built in formula to calculate total reimbursable expenditures)



**PAYROLL SUMMARY SHEET**

**PROGRAM TITLE:** FAMILY LAW FACILITATOR PROGRAM

**FISCAL YEAR:** 2010-2011

**REPORTING PERIOD:** FROM: [ ]

**TO:** [ ]

A Item No.	B Name	C Job Title	D Gross Pay	E Gross Benefits	F Program Hours	G Non Program Hours	H=F+G Total Hours Worked	I Benefit Hours	J=H+I Total Paid Hours	K=F/H % of Program Hours of Productive Time	L=D/J*F Program Pay for Worked Hrs	Program Fringe Benefits			P=M+O Total Program Fringe Benefits	Q=L+P Total Prog Sal & Ben	R=D+E-Q Total Non Prog Sal & Ben
												M=E/J*(F+N) Reimbursable Employer Paid Benefits	N=F/H*I Reimbursable Benefit Hours	O=D/J*N Benefit Hours Amount			
1							-		-	0.00%	-	-	-	-	-	-	-
2							-		-	0.00%	-	-	-	-	-	-	-
3							-		-	0.00%	-	-	-	-	-	-	-
4							-		-	0.00%	-	-	-	-	-	-	-
5							-		-	0.00%	-	-	-	-	-	-	-
6							-		-	0.00%	-	-	-	-	-	-	-
7							-		-	0.00%	-	-	-	-	-	-	-
8							-		-	0.00%	-	-	-	-	-	-	-
9							-		-	0.00%	-	-	-	-	-	-	-
10							-		-	0.00%	-	-	-	-	-	-	-
11							-		-	0.00%	-	-	-	-	-	-	-
12							-		-	0.00%	-	-	-	-	-	-	-
13							-		-	0.00%	-	-	-	-	-	-	-
14							-		-	0.00%	-	-	-	-	-	-	-
15							-		-	0.00%	-	-	-	-	-	-	-
16							-		-	0.00%	-	-	-	-	-	-	-
17							-		-	0.00%	-	-	-	-	-	-	-
18							-		-	0.00%	-	-	-	-	-	-	-
19							-		-	0.00%	-	-	-	-	-	-	-
20							-		-	0.00%	-	-	-	-	-	-	-
21							-		-	0.00%	-	-	-	-	-	-	-
22							-		-	0.00%	-	-	-	-	-	-	-
23							-		-	0.00%	-	-	-	-	-	-	-
24							-		-	0.00%	-	-	-	-	-	-	-
25							-		-	0.00%	-	-	-	-	-	-	-
26							-		-	0.00%	-	-	-	-	-	-	-
27							-		-	0.00%	-	-	-	-	-	-	-
28							-		-	0.00%	-	-	-	-	-	-	-
29							-		-	0.00%	-	-	-	-	-	-	-
30							-		-	0.00%	-	-	-	-	-	-	-
31							-		-	0.00%	-	-	-	-	-	-	-
32							-		-	0.00%	-	-	-	-	-	-	-
33							-		-	0.00%	-	-	-	-	-	-	-
34							-		-	0.00%	-	-	-	-	-	-	-
35							-		-	0.00%	-	-	-	-	-	-	-
36							-		-	0.00%	-	-	-	-	-	-	-
37							-		-	0.00%	-	-	-	-	-	-	-
38							-		-	0.00%	-	-	-	-	-	-	-
39							-		-	0.00%	-	-	-	-	-	-	-
40							-		-	0.00%	-	-	-	-	-	-	-
<b>TOTALS</b>			-	-	-	-	-	-	-	0.00%	-	-	-	-	-	-	-

**CERTIFICATION:** I hereby certify under penalty of perjury that the information provided here accurately represents official records and any leave time charged or authorized to any grant included does not exceed leave time earned while working on the grant.

**AUTHORIZED OFFICIAL:** [ ] **TITLE:** [ ]

**SIGNATURE** [ ] **DATE** [ ]

## **AOC Grant Payroll Summary Instructions**

### **PROGRAM TITLE:**

Enter the title of the program that is being reported.

### **REPORTING PERIOD:**

Enter the pay period starting and ending dates.

### **NAME:**

Enter the name of the employee.

### **JOB TITLE:**

Enter the job title of the individual employee.

### **GROSS PAY:**

Enter the actual gross pay for the individual employee.

### **GROSS BENEFITS:**

Enter the amount of employer paid benefits specific to the individual employee. This amount is transferred from the payroll records for the period reported. Do not use an aggregate percentage.

### **PROGRAM HOURS:**

Transfer the program hours exactly as it is reported on the employee timesheets.

### **NON PROGRAM HOURS:**

Enter all other hours not related to the program.

### **TOTAL HOURS WORKED:**

Formula driven calculation of total program and non program related hours.

### **BENEFIT HOURS:**

Enter all employer paid time off hours used by the employee for the reported period. Benefit hours include vacation, annual leave, sick leave, holidays, court leave, military leave or any other leave paid for by the employer. Do not include non-compensated hours such as accrued hours.

### **TOTAL PAID HOURS:**

Formula driven calculation of total hours worked and benefit hours.

### **PERCENTAGE (%) OF PROGRAM HOURS:**

Formula driven calculation of percentage of time worked that is reimbursable by the program for the period reported.

### **PROGRAM PAY:**

Formula driven calculation of the total reimbursable salaries by the program for the reported period.

**PROGRAM BENEFITS:**

Formula driven calculation of the total program reimbursable employer paid benefits and paid benefit hours for the reported period.

**TOTAL PROGRAM SALARIES AND BENEFITS:**

Formula driven calculation of the total salaries and benefits reimbursable by the program for the reported

**TOTAL NON-PROGRAM SALARIES AND BENEFITS:**

Formula driven calculation of total non-program salaries and benefits.

**AUTHORIZED OFFICIAL:**

Enter an authorized official name and title. The authorized official must approve and sign the payroll summary sheet.



## AOC Grant Program Timesheet Instructions

Any employee whose time is charged to a grant program of the AOC shall complete the mandatory grant timesheet. The AOC Grant Program timesheets are designed to list 100% of hours worked, otherwise called positive pay reporting. Federal regulations require that all hours worked by an employee must be accounted for, regardless of whether or not it is reimbursable by the grant. This listing includes those hours worked on multiple programs, as well as total hours for employer paid time off (PTO). Employer paid time off includes, but is not limited to, holidays, vacation, sick leave, jury duty, etc.

When completing the Time Sheet, list the following:

**Employee Name:** Enter the name of the employee submitting the timesheet.

**Pay Period:** Enter the pay period starting and ending dates. The timesheet should be completed according to the court's pay periods. If the employee is listing two pay periods on one timesheet, list the starting date of the first pay period and the ending date of the second. For example: A court pays their employees on a bi-weekly basis. The first pay period runs from April 30 through May 13 and the second pay period runs from May 14 through May 27. The pay period starting date would be listed as April 30 and the pay period ending date would be listed as May 27. This timesheet would be included in the billing for May.

**Date (Column A):** Enter the dates according to the pay period starting and ending dates as explained above.

**Program Name (Column B thru H):** Enter the names of all grant programs that the employee worked on during the pay period in the columns labeled C through H. It is possible for an employee to work on more than one program in an 8 hour period. The hours would be listed according to the time spent on each program. For example: an employee worked in the morning, from 8:00 to 12:00 on Title IV-D support matters, and from 1:00 to 5:00 on Self Help matters, such as domestic violence, custody and visitation and small claims. The employee would list 4 hours in the column labeled Title IV-D Support Hours, and 4 hours in the column labeled TCTF/TCIF Self Help Hours.

**Other Hours (Column I):** Enter all hours not associated with any grant or MOU programs, such as hours spent on general administrative duties.

**Total PTO Used (Column K):** Enter any employer paid time off in this column. Employer paid time off includes all employer paid time off, such as holidays, vacation, annual leave, sick leave, jury duty, maternity leave or military leave.

**Total Hours Including Paid Time Off (Column L):** The timesheet is designed to calculate the total hours worked and PTO used for each day.

**Total Hours:** The timesheet is designed to calculate the total hours worked by program and to tally the total hours and paid time off for the pay period(s) listed.

**Certification:** The timesheet includes the following required certification: “I certify under penalty of perjury that this timesheet accurately represents actual time worked.” This certification may not be removed or modified.

**Employee Signature and Date:** The employee must sign and date the timesheet in order for it to be included in the grant claim.

**Supervisor Signature and Date:** The supervisor must sign and date the timesheet to approve the time and allow it to be included in the grant claim.

**Retention:** Original timesheets must be kept on file at the court for the period of time indicated in the contract or MOU of each program listed. The AOC may request the court to submit copies of timesheets for internal review or for review by state or federal auditors.



**AB 1058 Child Support Commissioner and Family Law Facilitator Program  
Contractor Activity Log Instructions**

Any contractor whose time is charged to the AB 1058 Child Support Commissioner and Family Law Facilitator Program (AB 1058) must complete the mandatory program Contractor Activity Log. All hours charged to the grant must be accounted for. It is common to work on AB 1058 matters as well as those of other programs, such as Self Help.

AB 1058 Contractor Activity Logs are designed to list 100% of hours worked, including those worked on multiple programs, as contracted by the court.

When completing the *Contractor Activity Log* list the following:

**Court Name:** Enter the name of the county where the court is located.

**Fiscal Year:** Enter the State fiscal year. The State fiscal year runs from July 1 to June 30.

**Contractor Agency Name:** Enter the agency name of the contractor submitting the activity log. Leave blank or enter "n/a" if there is no agency.

**Name of Person Performing Work:** Enter the name of the person performing the work.

**Billing Period:** Enter the billing period covered by the activity log. The time included should fall within the month being claimed, or before. No time can be charged to the grant in advance of the work being performed.

**Date:** Enter the dates according to the billing period starting and ending dates as explained above.

**Total Hours Worked-All Programs:** The activity log is designed to calculate the total of all hours worked on all programs. This should total 8 hours, unless a contractor is scheduled to work other than an 8 hour shift. If a contractor is completing the timesheet manually, this column must be manually totaled and that total entered.

**Total Hours:** The activity log is designed to calculate the total hours worked by program.

**Certification:** The activity log includes the following required certification: "I certify under penalty of perjury that this activity log accurately represents actual time worked." This certification may not be removed or modified.

**Contractor Signature and Date:** The contractor must sign and date the activity log in order for it to be included in the grant claim.

**Retention:** Original activity logs must be kept on file at the court for the period of time indicated in the contract or MOU for each program charged. Copies of the activity logs will be submitted with the grant claims in accordance with the reporting requirements of each contract or MOU.



Superior Court, County of \_\_\_\_\_

**100% Reimbursable Expenditures**

Category	Vendor Name	Description	Invoice #	Check/Warrant #	Date Paid	Amount
ex: Contracted Facilitator	Jon Hanks	Services for 7/1 -7/30	123456	00001-151546	8/1/09	2,500.00
ex: Interpreter	Mel Sims	Half day services for 7/29	12222	00001-151550	8/2/09	150.00
ex: Training	Tracy Haggerty	CSDA Reg. Fee 7/15-7/18	71809	00001-151551	7/1/09	175.00

**Sub-Total**      \$ **2,825.00**

**Partially Reimbursable Expenditures**

Category	Vendor Name	Description	Invoice #	Check/Warrant #	Date Paid	Amount
ex: Office Supplies	Corporate Express	Office Supplies	15465	00001-151547	8/1/09	100.00
ex: Rent	Greenhaven Leasing Co.	July Rent	15466	00001-151548	8/1/09	2,000.00
ex: Perimeter Security	County Sheriff's Dept.	July Shared Perimeter Security Costs	15477	00001-151549	8/1/09	

**Sub-Total**      **2,100.00**

Reimbursable Operating %      54.60%      \$ **1,146.60**



**Total Operating Expenditures**      **\$ 3,971.60**

\*\* Total billable amount = total of 100% Reimbursable Expenditures + Adjusted total of partially Reimbursable Expenditures

# **TAB L**

## **Coping Effectively with the Challenges of the Legal World**

**Mr. Richard Carlton, MPH**



**Distressed? You're not alone.**

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Stressed? Depressed? Drinking too much?

**The confidential Lawyer Assistance Program is here for you.**

Call 877-LAP-4-HELP (527-4435)  
or email [LAP@calbar.ca.gov](mailto:LAP@calbar.ca.gov)

- Free Assessment & Counseling
- Lawyer Support Group meetings

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**Considered High Risk Profession:**

Anybody know what the leading cause of premature death is among attorneys?

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**Considered High Risk Profession:**

- **Alcohol and Drug Problems:** 10% of general population

vs

**somewhat higher lawyers**

- **Depression:** highest of all professions  
3.5 x more than general population

**Suicide:** leading cause of premature death for lawyers

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**Substance Use and Depression Disorders**

Why would these problems be greater in the legal profession?

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**Substance Use and Depression Disorders**

What differentiates those of us who suffer from these problems from those of us who do not?

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**Substance Use Disorders**

Why don't we all drink or use to excess—all the time?

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**Substance Use Disorders**

Because of overwhelmingly negative consequences

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**Substance Use Disorders**

We make a cognitive decision to forego current pleasure in order to avoid later consequences (“will power”). We are able to do this because the survival part of our brain doesn't crave these substances.

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**Substance Use Disorders**

So why are those who abuse substances NOT more susceptible to the adverse consequences? Why doesn't will power work for them?

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**Substance Use Disorders**

Answer:

Because alligators don't come when they're called!!

Source: George Vaillant, MD

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**Substance Use Disorders**

- **"DISINHIBITION"** that results from a breakdown in the natural flow of communication within the brain between the cognitive processing frontal cortex and the emotion and behavior regulating core of the brain

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## Substance Use Disorders:

- Conscious choices and decision-making happen in the **FRONTAL CORTEX**.
- Addiction happens by activating the **CORE SURVIVAL CENTER OF THE BRAIN**
- The powerful core of the brain **OVERRIDES** the higher reasoning area of the brain.

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*Pleasure Center—  
“Reptilian Brain”*

- Some substances over stimulate the “reward center” of the brain
- In some people, the frontal cortex is unable to regulate a craving that develops in the core of the brain

**Triggered Addiction**

Drugs

Wow!!!

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## What makes certain chemicals potentially addictive?

- They activate the **SURVIVAL CIRCUITRY** in the brain (in the same manner as food and sex)
- Degree of activation of reward circuitry in brain correlates with addictiveness

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## The “Hijacked Brain” Hypothesis

“Addictive drugs derive much of their addictive power by activating these brain-reward substrates and mechanisms more powerfully than natural biologically-essential rewards (e.g., food, sex, etc).”

- Eliot L. Gardner, PhD, Chief, Neuropsychopharmacology Section, Intramural Research Program, National Institute on Drug Abuse

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## Certain Brain Chemistry

Having the correct quantity of two chemicals (neurotransmitters) present in the brain both regulates mood states AND makes us more susceptible to social feedback about our behavior:

- Dopamine
- Serotonin

(SSRIs—Selective Serotonin Reuptake Inhibitors—most popular antidepressants)

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## Stunningly Few Chemicals are Addictive

- 30,000,000 chemical compounds are known
- ~100 are addictive

- Nicotine
- Alcohol
- Psychostimulants (cocaine, amphetamines)
- Opiates
- Cannabinoids
- Barbiturates
- Benzodiazepines

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## Risk of Addiction

Ever Used (%)	Addicted (%)	Risk (%)	
<b>Tobacco</b>	75.6	24.1	31.9
<b>Cocaine</b>	16.2	2.7	16.7
<b>Heroin</b>	1.5	0.4	23.1
<b>Alcohol</b>	91.5	14.1	15.4
<b>Cannabis</b>	46.3	4.2	9.1

• Source: Anthony et al, 1994.

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## Contributions to the Disease of Addiction

- 50% Genetic
- 50% Environmental
- NOT biology versus environment
- They act together to produce the addiction behavioral phenotype
- Substantial evidence that environmental and social factors can influence neurobiological (brain) substrates of addiction

• Eliot L. Gardner, PhD, Chief, Neuropsychopharmacology Section, Intramural Research Program, National Institute on Drug Abuse

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## Contributions to the Disease of Addiction

Research has shown that certain environments and social settings literally activate the survival part of the brain where cravings for drugs occurs

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## Substance Use and Depression Disorders

But why would these problems be greater in the legal profession?



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## Depression

Certain personality traits appear to make us more susceptible to depression, while other traits seem to be protective. This may also be linked somehow to brain chemistry.

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### What Personality Traits are Attracted to the Field of Law?

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**Lawyers vs. General Population**  
(Susan Daicoff, PhD, JD)

**AS PRE-LAW STUDENTS**

Characterized by:

- Need for dominance and leadership
- More authoritarian
- Low interest in emotions and other's feelings
- Normal levels of psychological distress

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**Lawyers vs. General Population**  
(Susan Daicoff, PhD, JD)

**EFFECTS OF LAW SCHOOL**

- Increased aggression under stress
- Preference for competition
- Failure to rely on peers for social support
- Increased tension, insecurity, and substance abuse (confirmed by numerous studies)

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**Lawyers vs. General Population**  
(Susan Daicoff, PhD, JD)

**AS LAWYERS**

- Competitive, argumentative, aggressive
- Low interest in emotional concerns (their's or other's); disproportionate preference for "Thinking" versus "Feeling"
- Higher incidence of distress and substance abuse
- Pessimistic outlook on life*

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## Pessimists Do Better At Law (Martin Seligman, PhD)

- Tested the entire entering class of Virginia Law School (1990) with a measure of optimism versus pessimism and then followed these students for all three years.
- Pessimists outperformed the more optimistic students on traditional measures of success such as grades and law journal.
- Pessimism level was higher than the beliefs of clinically depressed individuals.

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## Form of Pessimism in Lawyers

- Pessimism was internal (its all my fault if things go wrong)
- Stable (bad things happen frequently)
- Global instead of situational attribution (the problem is pervasive—will ruin my career)
- While positive events are external, unstable and situational (when good things do occasionally happen, happen by chance—not because of me)
- **Does this pessimistic thinking SOUND FAMILIAR??**

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## Pessimism is an Adaptive Trait in Legal Work

- Lawyers are taught to anticipate and prepare for a whole range of problems that non-lawyers are generally blind to—even far-fetched outcomes need to be considered.
- This trait that will help you be good at your profession may make you miserable if applied to personal life.

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Prof. Krieger: Thinking like a lawyer **“is a legal skill, not a life skill.”**

- Your skills as a lawyer are useful in certain professional contexts, but need not and should not dictate how you approach your personal life nor assume your entire identity.

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**STRESS !!!**

*(And how to Cope with the legal profession)*

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→ Lawyer Support Group meetings

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## Thinking Vs. Circumstances

E V E N T	I N T E R P R E T A T I O N	STRESS!!
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“These things are neither good nor bad; is thinking that makes it so.”

*Hamlet, William Shakespeare*

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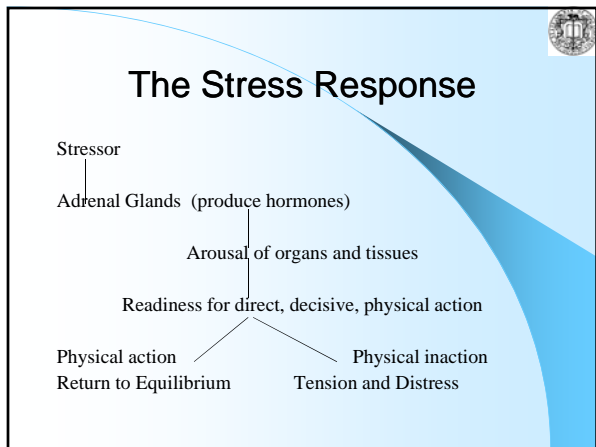
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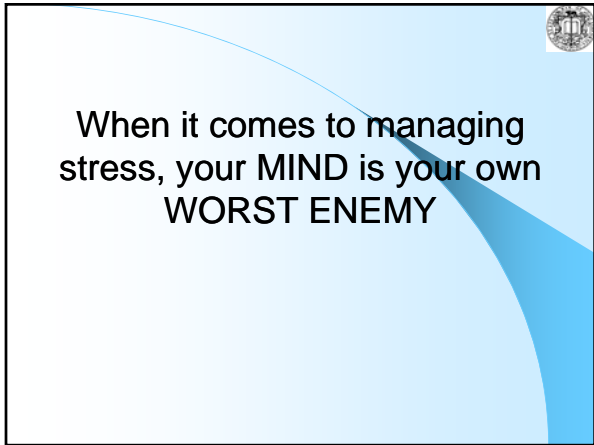
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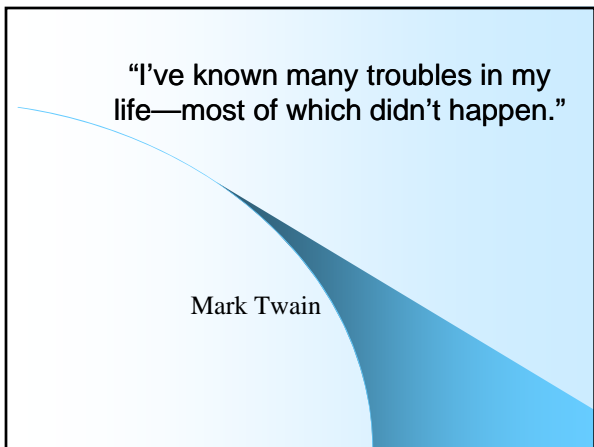
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# MINDFULNESS

A meditation practice:

The practice of paying absolute attention to where you are and what you are doing

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# The Mindful Lawyer Conference

- **On October 29-31, 2010**, a growing community of judges, lawyers, mediators, and other legal professions gathered at **UC Berkeley School of Law** for the first ever national conference exploring the integration of meditation and contemplative practices with legal education and practice.
- **The Mindful Lawyer: Practices & Prospects for Law School, Bench, and Bar** offered a blend of practical experience and discussion, meditation and movement practice, and recent developments in neuroscience and psychology. Up to 8 MCLE credits was available.

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# From *Learned Optimism* (by Martin Seligman, PhD)

“Learn to treat catastrophic thoughts as if they were uttered by an external person whose mission in life is to make your life miserable, and then marshaling evidence against the thoughts.”

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What are the traditional measures of success in our society?

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What are the traditional measures of success in our society?

- Fame
- Fortune

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*The Hidden Sources of Law School Stress*  
by Professor Larry Krieger  
Florida State University College of the Law

- Argues that law schools contribute to stress by encouraging an overemphasis on extrinsic values and measures of success like affluence, fame and power
- He points out that studies consistently show that personal fulfillment comes more from healthy relationships and helping others

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What is the single most effective  
antidote to stress and constant  
worry?

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Warm, supportive  
human relationships

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***Depression is Contagious*** by  
Michael Yapko, PhD

- Dr. Yapko argues that the rapid growth in rates of depression world-wide is more a social problem than a medical one.
- He argues that modern communities over-emphasize the importance of building financial net worth versus the value of “social net worth.”
- Claims that building a healthy, emotionally fulfilling social life is the best prevention against depression.

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What was a traditional measure  
of a man's success in  
Bangladesh?

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Consciously build supportive  
and fulfilling social networks

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### Social Support

Feedback from colleagues and  
trusted peers can help to moderate  
our tendency toward anticipating  
or exaggerating negative outcomes  
and a negative outlook on life/the  
world.

(LAP groups)

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- Lawyer Support Group meetings

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## ASSISTANCE

- **SUPPORTIVE RECOVERY**—long-term assistance and monitoring
- **SHORT-TERM COUNSELING**—2 no-cost sessions for any member
- **CAREER COUNSELING**—2 no cost sessions for any member
- **THE OTHER BAR**




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## Confidentiality

All services are completely confidential.

Participation in the LAP is ***confidential as provided by statute.***




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**All Calls are Confidential**

**1-877 LAP 4 HELP**  
[LAP@CALBAR.CA.GOV](mailto:LAP@CALBAR.CA.GOV)

**The Other Bar**  
**800 222-0767**

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**Pace**

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**What were futurists writing fifty  
years ago?**

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## How Did We Get Here?

- The pace of life has changed tremendously in our lifetimes
- The practice of law has changed even more rapidly and significantly
- We weren't designed for this pace

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## *Time Shifting*

- Its not only about TIME MANAGEMENT
- Its also about deciding HOW HARD and for HOW LONG you are willing to drive on
- Its about creating some *balance* in your life
- Its about creating spaces and places in your life where you can “downshift” to a more normal pace

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## Managing Client Expectations

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## Getting Help When You Need it

### If a lawyer has significant personal problems, who should he call for professional consultation and help?

By Richard Carlton



Carlton

Here is a scenario frequently presented to those of us who work in the field of lawyer assistance:

A colleague or attorney friend is having major problems with his or her practice.

You suspect or know that these problems result from substance abuse, depression, other psychological problems, or a combination of these conditions. You know that the road this person is on is downhill all the way, but you feel powerless. You're concerned about your friend's welfare, but you don't want to do anything that will get your attorney-friend in more trouble. Where can you call for free, strictly confidential, knowledgeable advice and assistance with such a situation?

The answer is the Lawyer Assistance Program (LAP). Established by the California Legislature (B&P Code §§6140.9, 6230-6238), the Lawyer Assistance Program is a confidential service of the State Bar of California. Staffed by professionals with many years of experience assisting the legal community with personal issues, the LAP provides assistance to attorneys whose personal or professional life is being detrimentally impacted by substance abuse, other compulsive behaviors, and/or mental health concerns such as depression and anxiety.

The statute that created the program (SB 479, Burton) states that it is the "intent of the legislature that the State Bar of California seek ways and means to identify and rehabilitate attorneys with impairment due to abuse of drugs or alcohol, or due to mental illness, affecting competency so that attorneys so afflicted may be treated and returned to the practice of law in a manner that will not endanger the public health and safety."



The LAP is a comprehensive program offering support and structure from the beginning stage of recovery through continuing care. It includes:

- individual counseling;
- expert assessment and consultation;
- assistance with arrangements for intensive treatment;
- monitored continuing care;
- random lab testing;
- professionally facilitated support groups; and
- peer support groups.

The program also works with family members, friends, colleagues, judges and other court staff who wish to obtain help for an impaired attorney. Financial assistance is available so that no one is prevented from participating in the program due to financial limitations.

Attorneys may self-refer into this program or may be referred as the result of an investigation or disciplinary proceeding. In some cases, monitored participation may result in a lower level of disciplinary action. When requested by an attorney who is facing disciplinary charges and whose practice has been impaired by personal problems, the LAP can monitor the attorney's continuing recovery for the State Bar Court's alternative discipline program and for the probation unit.

One of the unique characteristics of this program is that the confidential nature of participation in the program is mandated in the statute that created the program. The fact that an attorney is participating in the LAP is strictly and absolutely confidential. No information concerning participation in the program will be released without the attorney's prior written consent.

The creation of attorney-only assistance programs is an outgrowth of years of experience in addressing substance-related disorders and mental health issues in professional populations and the unique challenges associated with such efforts. Most licensed professionals in California have some type of assistance resource available through their regulatory agency. The Physician Diversion Program of the California Medical Board was created by the legislature more than two decades ago and served as one of the models for the Lawyer Assistance Program.

## **Why do attorneys need their own assistance program?**

### **SUBSTANCE-RELATED DISORDERS — THE DISEASE MODEL**

Substance dependence has been accepted as a disease since the 1960s. Substance dependence has these following disease-model characteristics:

1. Chronic — it is a permanent condition that can be arrested but not cured;
2. Progressive — if left untreated, the condition gets worse;
3. Fatal — if left untreated, the condition can be and often is fatal;
4. Recognizable symptoms — the symptoms are clearly recognizable without the aid of tests;
5. Treatable — while the condition cannot be cured, the progression of the disease can be arrested and people live happy, healthy and productive lives in recovery.

### **BRAIN DISEASE**

Substance abuse is often referred to as a “brain disease.” Although the disease has a profound impact on many of the major organ systems in the body, it is altered brain chemistry that creates the craving for mood-altering substances and explains the loss of control that occurs. The differences in brain chemistry that lead to substance abuse occur in the core of the brain where the autonomic nervous system is regulated — not in the frontal lobe area where conscious, rational decision-making takes place. This altered brain chemistry produce an obsessive, compulsive and irrational need to drink or use drugs despite adverse consequences to the user’s own life and health.

The later stages of the disease are accompanied by the experience of pain (both physical and emotional) after the effects of the alcohol or drugs have faded, and those afflicted begin to use substances in order to avoid the pain rather than to experience pleasure. In the final stages of the disease, total loss of control over the use of alcohol or drugs is common, and this loss is progressive and permanent.

### **DENIAL**

Denial is an important characteristic of the progression of the disease of substance abuse. As the disease develops, the afflicted individual becomes increasingly unable to accurately perceive what is happening. Perception becomes distorted. The individual denies symptoms of abuse and continues to use. Denial is often mistaken for deceit or dishonesty instead of the

distorted perception that it represents.

Denial, rationalization and euphoric recall are natural ego-defense mechanisms that all of us utilize. These mechanisms are used in the mind of the addict/alcoholic to avoid facing the embarrassment and shame that would otherwise be overwhelming. The individual also begins to need to defend against the criticism of others and avoid admitting that he or she has a problem that cannot be overcome alone. This powerful defense develops subtly and denial strengthens as the disease progresses.

### **Substance-related disorders in the legal profession: the challenge**

Substance-related disorders appear to be a more common problem in the legal profession than it is in most other occupations. While household studies indicate that roughly 10 percent of the adult population experiences a problem at some point in life as a result of the abuse of alcohol or drugs, several studies suggest that the incidence of this abuse among legal professionals may be as much as 50 percent higher than the general adult population. This apparent occupational hazard is most often attributed to the stress of legal practice, though there may be a natural self-selection process at work as well. The same personality traits that are over-represented in the population of adults who are recovering from substance-related disorders — high achievement orientation, perfectionistic, obsessive-compulsive — also are common in the legal community.

A substance-dependent attorney in the throes of denial presents a challenge, even for the most skillful treatment professional. Many require or expect a greater level of “proof” that the problem exists or that they are no longer in control of their use. They are more inclined to argue these points with concerned colleagues and friends, and even with treatment professionals. In addition, lawyers with these problems typically:

- have outstanding verbal skills;
- expect to be looked to for answers rather than seeking answers or advice from others;
- have a strong resistance to showing weakness or needing help; and
- need to be in control.

### **Getting help**

The tragic result of these particularly strong ego defenses in the population of substance abusing legal professionals is that only a small percentage of those attorneys who need help with their problems are aware of their need; accordingly, few seek help. Contrary to popular

myth, it is not necessary for those close to a substance dependent attorney to wait for the attorney to hit his or her own proverbial “bottom” before help can be successfully rendered. It is neither necessary nor advisable to wait until the attorney, his or her clients, colleagues or family, suffer irreparable harm.

Intervening to present an impaired attorney with a caring and compassionate message about the impact of his or her behavior is often effective. This can be achieved informally in personal conversation with the attorney or formally when professionals facilitate a formal meeting. The goal of any “intervention,” whether it be a friend expressing concern or an employer extending an ultimatum, is for the individual to obtain proper assessment and appropriate treatment.

Do not underestimate the value of expressing your concern. Many people who are currently in recovery from this disease are able to reflect back with gratitude toward those who demonstrated the courage to speak up. Many report that this courage helped to save their life. Programs like the Lawyer Assistance Program are available to help with expressing concern and finding appropriate assessment and treatment. You do not have to address these issues alone.

### **Peer support**

Having the support of a group of peers struggling with the same issues and challenges tends to break through the denial and reduce the shame associated with having this disease. Substance-dependent attorneys therefore respond better and experience a higher success rate when at least a part of their treatment occurs within their peer group. In recognition of this, attorney-only peer-support group meetings called The Other Bar began forming in many California communities more than two decades ago and now exist in nearly every community in the state. The Lawyer Assistance Program also offers professionally facilitated process groups for attorneys with both substance abuse and mental health issues. These groups are an important component of recovery for attorneys participating in the LAP, many of whom also attend The Other Bar meetings.

### **Depression and stress**

The practice of law is a challenging experience for many legal professionals. Studies indicate that attorneys experience extraordinarily high levels of stress and depression and have a higher than normal level of job dissatisfaction with their chosen career:

- At least a quarter of attorneys surveyed in multiple studies report suffering from stress so

severe it impairs their practice.

- A Florida study revealed that 32 percent of the attorneys reported feeling depressed at least once a week.
- A Maryland Bar Association study found that one in three of the lawyers who responded intended to leave the practice of law within five years.
- A study by the ABA found that 40 percent of the lawyers responding were dissatisfied with their jobs.
- A study of 12,000 adults by a team of researchers from Johns Hopkins University discovered that among all the occupational groups represented in that large sample, attorneys had the highest prevalence of signs and symptoms of clinical depression. The rate of depression among the attorneys studied was 3.6 times the norm for all occupations.

Studies indicate that attorneys are less likely to take care of themselves than medical doctors and other professionals. Psychologists have observed that attorneys, who are trained to be impersonal and objective, often apply the same approach to their personal problems and are reluctant to focus on their inner emotional lives. Some attorneys believe they should be able to handle their personal problems just as effectively as they handle their client's problems.

Emotional distress, if not managed or treated, can lead to adverse impacts on an attorney's professional practice, clients, colleagues and personal life. Concerned colleagues and friends, therefore, should encourage a depressed attorney to seek professional help from available resources such as the Lawyer Assistance Program.

Depressed and potentially suicidal individuals often exhibit changes in their mood, appetite and energy level, which can be noticed by colleagues, friends and family members and should be a matter of concern. Common symptoms of depression include:

- feelings of hopelessness;
- restlessness and irritability;
- fatigue or weakness;
- inability to concentrate;
- loss of appetite; and
- diminished interest in sex and recreation.

Treatment usually consists of psychotherapy, medication or a combination of the two. Often, people with depression will begin to see positive results within a month of beginning treatment.

## **Personal and career counseling**

Free short-term counseling (up to three sessions) is available through the LAP for any member of the State Bar who is experiencing stress, burnout or depression that is negatively impacting their work performance. Similarly, attorneys facing career challenges may avail themselves of free career counseling through the LAP. To access either of these free services, please call (800) 341-0572. The confidentiality of attorneys accessing these resources is protected by statute.

## **Seeking help for a troubled friend?**

Clearly, legal professionals need an assistance program specifically geared to the unique pressures of legal practice and to the unique recovery support needs of attorneys. The Lawyer Assistance Program is that resource for all legal professionals licensed by the State Bar. Call toll-free 877-LAP 4 HELP (877-527-4435) for confidential assistance for yourself, a friend, colleague or a family member.

- *Richard Carlton is in charge of program development, research, MCLE presentations and short-term counseling for the Lawyer Assistance Program.*

## **Certification**

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- The State Bar of California certifies that this activity conforms to the standards for approved education activities prescribed by the rules and regulations of the State Bar of California governing minimum continuing legal education.

# **TAB M**

**Creating a Work-Life Balance  
(For child support commissioners only)**

**Mr. David Burden**

***MATERIALS WERE DISTRIBUTED,  
NOT AVAILABLE ONLINE***

# **TAB N**

## **Best Courtroom Practices Roundtable**

**Hon. Adam Wertheimer and  
Hon. Rebecca L. Wightman**



**BEST COURTROOM PRACTICES**

2011 AB 1058 Conference

Adam Wertheimer  
Commissioner, San Diego County

Rebecca Wightman  
Commissioner, San Francisco County



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**GETTING FINANCIAL DOCUMENTS / INFORMATION**

- Fair and accurate orders require good financial information  
“gi-go”

Strategies  
Tactics  
Resources



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**EFFICIENT CALENDAR MANAGEMENT**

- Strategies -
  - Calendar set up
  - Maximize time
- Tactics -
  - Courtroom activity
  - Tailored Orders
- Resources -
  - Courtroom set up
  - Use of technology / forms



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## WORK SEARCHES BEST PRACTICES

- Are they effective? If not, why not?
- Mechanics
  - How many per week - does it matter?
- In-house (court monitored)
- Out-sourced (administrative)
- Alternatives?

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## EFFECTIVE CONTEMPT PROCEEDINGS

- Procedural Issues
  - Court Appointed Counsel
- Trial Issues
  - Evidence (e.g. SDU records)
- Standard Dispositions
- Monitoring
  - Reviews
  - Probation Revocation

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## SEND YOUR "BEST PRACTICES"

What are YOUR best practices? Please Share!

Send your forms, order language, attachments, description of practice, to the AOC: Attn: Irene Balajadia

E-mail [Irene.Balajadia@jud.ca.gov](mailto:Irene.Balajadia@jud.ca.gov)

Via Facsimile to: (415) 865-4297

Via Snail Mail to: AOC 6<sup>th</sup> floor, AB1058 Program, 455 Golden Gate Ave., SF, CA 94102-3688

THANK YOU!

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## **USE OF ATTACHMENTS TO ORDERS**

(See Samples)

Using an **ATTACHMENT** to an order to amplify the terms and conditions of an order commonly made in your court can be a useful way to save time in the preparation of an Order After Hearing (whether prepared by the court clerk or by the LCSA), as well as create consistency.

(SAN FRANCISCO)

ATTACHMENT TO ORDER or JUDGMENT:

CASE NO. \_\_\_\_\_

**BENCH WARRANT ATTACHMENT**

1.  **BENCH WARRANT ORDERED (BAIL SET):** Order to Show Cause/Subpoena:

Court finds service proper and complete on:

Father  Mother  \_\_\_\_\_

No appearance of person served

Court orders Body Attachment issued with cash-only bail of (check one):

\$1,500  \$3,000  \$5,000  \$\_\_\_\_\_

Any *voluntary return* to court is *restricted* to any Friday at 9:00am, in Dept. 416.

NOTE: Sheriff may produce individual any day court is in session.

2.  **STAY OF SERVICE OF BENCH WARRANT:** Service of Bench Warrant is stayed until \_\_\_\_\_ at:  8:30a.m. or  1:30p.m., in Department 416.

3.  **STAY OF SERVICE LIFTED:** The stay of service of Bench Warrant previously ordered is hereby lifted.

4.  **BENCH WARRANT ORDERED (NO-BAIL):** Order to Show Cause/Subpoena:

Court finds service proper and complete on:

Father  Mother  \_\_\_\_\_

No appearance of person served

Court orders NO-BAIL Body Attachment to be issued.

Any *voluntary return* to court is *restricted* to any Friday at 9:00am, in Dept. 416.

NOTE: Sheriff may produce individual any day court is in session.

5.  **BENCH WARRANT RECALL:**

Bench warrant ordered on \_\_\_\_\_ is recalled. [Issued on: \_\_\_\_\_]

All outstanding bench warrants in this case are recalled.

6.  **OTHER:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SEEK WORK ORDER (FORMAL) ATTACHMENT

1. **FORMAL WORK SEARCH:**  Father  Mother  Other \_\_\_\_\_  
 is ordered to look for work. You are ordered to look for a minimum of:  
 5 jobs every two weeks  
 \_\_\_\_\_ jobs per \_\_\_\_\_  
 and fully complete the log sheets provided to you, and turn them in to SF-DCSS (local child support agency) at the end of each month, or no later than the 5<sup>th</sup> of the following month if returned by mail. You must look for any and all types of jobs, including minimum wage jobs if you do not earn at least the full-time equivalent of minimum-wage each month.

**RESTRICTIONS:** If box is checked:  Internet job searches may not be used to satisfy this order, or  You are limited to no more than \_\_\_\_\_ internet searches per \_\_\_\_\_ that can be used to satisfy this order.

If you find work before the next court date, you must notify the local child support agency or opposing counsel within ten (10) days with the name, address and telephone number for your employer and details of your wages and salary and benefits.

San Francisco Department of Child Support Services can be contacted at: (415) 356-2900.

2. **APPEARANCE REQUIRED FOR WORK SEARCH REVIEW.**

**SUBPOENA:** The subpoena requiring your appearance at this hearing shall remain in full force and effect requiring appearance at the next scheduled review hearing date.

**ORDER TO APPEAR:**  Father  Mother  Other \_\_\_\_\_  
 is ordered to appear at the next scheduled hearing date for work search review.

**TELEPHONE APPEARANCE FOR REVIEW HEARING.**

**AUTHORIZED.** You are authorized to appear by telephone so long as you provide a working telephone number, and are available and appear by phone for your scheduled hearing. You must remain on telephone standby between 9:00 am and 12:00 (noon) [California time – PST] for any regularly scheduled morning calendar hearing and/or between 2:00 pm and 5:00 pm [California time – PST] for any regularly scheduled afternoon calendar hearing, unless otherwise specified by the Court.

**PRIVILEGE TO APPEAR BY PHONE REVOKED.** You may no longer appear by telephone unless otherwise allowed by the court.

**NEXT REVIEW DATE IN DEPARTMENT 416** \_\_\_\_\_

3. **RELEASE AUTHORITY:** If this box is checked:  then any DCSS attorney is authorized to release you from your next scheduled hearing date.

Draft - July 28, 2011

## ADDITIONAL FINDINGS AND ORDERS

### II. SELECTED ORDERS

#### 1. File Financial Documents

\_\_\_ Both parents shall file/serve one another and DCSS by \_\_\_\_\_ with a complete and signed Income and Expense Declaration (FL 150) attaching their 3 most recent pay stubs and most all W2 & 1099 tax forms from the most recent year received.

\_\_\_ Mother/Father is self-employed and shall attach to their Income and Expense Declaration a sworn **Declaration of Profit and Loss** stating on a monthly basis ALL revenues (including but not limited to accounts receivable, pending escrows or other transactions) AND ALL operating expenses with documentation for the period of \_\_\_\_\_ to present.

\_\_\_ Mother/Father shall also attach to their Income and Expense Declaration a complete and signed **Schedule of Assets and Debts** (FL-142).

\_\_\_ Mother/Father shall attach to their Income and Expense Declaration copies of federal tax returns filed with the IRS with all supporting schedules for tax years \_\_\_\_\_.

\_\_\_ Mother/Father shall attach to their Income and Expense Declaration copies of all contracts relating to compensation and current employment or past employment with \_\_\_\_\_.

\_\_\_ Mother/Father shall attach to their Income and Expense Declaration copies of all pleadings in their Bankruptcy/Probate/Worker's Compensation/Other Support or Personal Injury cases.

#### 2. File Doctor Letter

Mother/Father shall file/serve one another and DCSS by \_\_\_\_\_ a current letter from their treating physician that specifies ALL of the following: (1) description of your disability (2) your prognosis and treatment plan and (3) the specific impact of your disability on you ability to do ANY kind of work.

#### 3. File Verification of Child Care Expense

Mother/Father shall attach to their Income and Expense Declaration copies of all contracts relating to the provision of child care, pre-school or summer care and shall attach proof of payment of such services for the period of \_\_\_\_\_ to \_\_\_\_\_. And, shall provide one another and DCSS copies of all IRS Form 2441 (Child and Dependent Care Expenses) filed.

#### 3. DCSS Accounting Report and Opposition

DCSS shall file/serve on \_\_\_\_\_ an Accounting Report specifying all support arrears. Either parent shall file/serve a sworn statement stating their specific opposition to the DCSS Accounting Report with appropriate documentation attached no later than \_\_\_\_\_. Failure to timely file such opposition shall be deemed a **WAIVER**.

#### 4. Seek Work Order

Mother/ Father/ Both/ shall spend a *minimum* of \_\_\_\_\_ hours per week in job search related activities.

You are responsible for maintaining (1) a *written log* of your weekly activities (see attached Form A) and (2) *copies* of all paperwork/ correspondence related to your job search (letters, job applications sent, responses, contact information/ business cards, etc.)

Activities should include *most or all* of the following:

- A. Networking with personal and professional contacts
- B. Interviewing for information, advice and job leads ("informational interviewing")
- C. Reviewing prior contacts and following up regularly
- D. Conducting computer research (company, industry, job/ current openings)  
*Examples include:*
  - Company-specific websites
  - Google searches for relevant industry information
  - www.monster.com/ www.craigslist.org
- E. Searching local newspaper job ads for relevant openings
- F. Responding to and following up on advertised job openings (online, in-person, newspaper)
- G. Job search-related communication (resume revision, cover letters, follow-up on job leads, email communications, thank-you notes, etc.)
- H. Contacting/ working with placement agencies
- I. Contacting/ attending alumni groups
- J. Attending career counseling/ job coach sessions
- K. Participating in job search clubs and/or job search skills training
- L. Participating in professional organizations
- M. Job skills training (computer/ vocational classes relevant to job objective)
- N. Preparing for and attending job interviews
- O. Contact union, obtain placement on list, attend roll calls, and track placement on list

The party ordered to seek work shall by the 10<sup>th</sup> day of each month they remain unemployed or underemployed serve a copy of their monthly seek work logs on one another and DCSS. Their first seek work log is due to be served on \_\_\_\_\_.

The parent ordered here to seek work shall bring the signed, original weekly logs and all paperwork/correspondence related to your job search to your next court date. Copies of any and/or all paperwork/correspondence related to your job search must be available for review if requested by opposing party within 10 days of request.

When you find work, you must provide **written** notification of the employer and compensation details to the other parent and DCSS *within five days*. Such notice shall provide the name, address, and telephone number of employer, salary or wage level, job title, copies of any employment contract, hiring letter or employment agreement, and first month's paycheck stub upon receipt.

The court reserves jurisdiction to retroactively modify support to the earliest date permitted by law, and to impose sanctions for any failure to comply with this order.

**CONTRA COSTA COUNTY SUPERIOR COURT  
WEEKLY JOB SEARCH LOG**

(This can be completed by hand or re-created in a word processing table or database spreadsheet)

NAME: \_\_\_\_\_ CASE \_\_\_\_\_

#

Date	Activity	Contact/Organization (include name, title and phone number)	Results	Follow Up Steps (describe what you are going to do next and when)	Time spent (start and end time)

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

(Signature) \_\_\_\_\_ (Date) \_\_\_\_\_

**5. Order Consolidating Cases**

Case No. \_\_\_\_\_ is the subordinate file and is hereby consolidated into the Master File Case No. \_\_\_\_\_. All future motions or requests shall be filed in the Master File.

**6. Set Aside Prior Judgment/Order**

For good cause shown, the Court hereby sets aside:

- Entire Judgment /Order filed \_\_\_\_\_
- Financial portion only Judgment/Order filed \_\_\_\_\_
- Voluntary Declaration of Paternity (POP) dated \_\_\_\_\_

**7. Court Appointed Attorney**

\_\_\_\_\_, Esq. is hereby appointed to represent (Circle One) Mother/Father pursuant to (Circle One) Service Members Civil Relief Act (SMCRA), 50 USC App 501 and/or for the adjudication of Paternity. The Attorney may be contacted at:

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Court Appointed Attorney is hereby dismissed subject to recall as needed.

**8. Court Appointed Accountant**

\_\_\_\_\_, CPA is hereby appointed as the court's expert pursuant to CCP 638 and EC 730 to conduct an Accounting Report of (CIRCLE ONE) Mother/Father's cash flow available for child support from their self-employment. They shall provide the accountant with all business records



and tax returns requested in a timely fashion. (CIRCLE ONE) Mother/Father shall advance the cost of the report and the court shall reserve over final allocation of said costs. The accountant shall prepare a preliminary report for the parents and DCSS by \_\_\_\_\_, meet and confer thereon as requested and thereafter prepare a final report for submission to the court with copies to both parents and DCSS by \_\_\_\_\_. The use of the report is limited to the pending support issues and neither parent shall copy or use the report for any other purpose.

The court appointed Accountant may be contacted at:

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Court Appointed Accountant is hereby dismissed subject to recall as needed.

### 9. Claiming Child(ren) as Dependency Exemption

The non custodial parent, Mother/Father, may, on the condition that all support obligations are current, take the child(ren) as dependents for tax purposes starting tax year \_\_\_\_\_ until modified by the court. The other parent shall promptly sign IRS Form 8332 for this and all future tax years and provide copies to the parent claiming the exemption by Feb.1 each year.

### 10. Derivative Benefits

The children's derivative benefit based on the paying parent's disability/retirement meets his/her child support obligation (Circle one) in full/in part in the amount of \$\_\_\_\_\_ per month.

The custodial parent shall immediately apply to the Social Security Administration for derivative disability benefits for the child(ren) and provide written notice of the application and any further developments relating to the application to the other parent and DCSS upon receipt.

### 11. Imputed Income/Earning Capacity Support Award

This order is based upon the EARNING CAPACITY of (circle one) Mother/Father based on the evidence submitted at hearing.

### 12. Below Guideline Award (Poverty)

Based on the evidence submitted and pursuant to FC 4057(b)(5) the court finds by a preponderance of the evidence that application of guideline child support would be unjust in this case because it would leave the obligor insufficient funds for basic necessities.

### 13. Reserve Jurisdiction to Recall for Further Review

This matter may be recalled for further review hearing at the request of the local child support agency with a minimum of twenty-one days' notice to the parties.

\_ The Court reserves jurisdiction over the following issues if the matter is restored for further hearing:

\_ Child Support \_ Arrears \_ Health Insurance \_ Parentage \_ Other: \_\_\_\_\_

\_ Respondent \_ Other Parent is/are required to appear at any recalled hearing. The court reserves jurisdiction to issue a bench warrant at the recalled hearing if said party(s) fail to appear.

\_ Respondent  Other Parent is ordered to take the following actions:

\_\_\_\_ Said actions shall be completed and reported to the local child support agency on or before \_\_\_\_\_ Should the above party fail to comply with this order, the local child support agency may request that the matter be recalled for further review hearing with a minimum of twenty-one days' notice to the parties.

#### **14. Facilitator Referral**

- Mother  Father is referred to the Family Law Facilitator's Office for assistance in filing:
- Reimbursement of Uncovered Medical/Dental  Custody/Visitation  Modification of Support
- Arrears  Other \_\_\_\_\_.

#### **15. Health Insurance**

Health Insurance is NOT reasonably available to  Mother  Father at the present time because:

- Cost over 5% of income  Inapplicable in state child resides  Other \_\_\_\_\_.

#### **16. Stay or Withdrawal of Enforcement Activity**

DCSS shall cease all enforcement activity forthwith until further order of the court as long as the payor is in substantial compliance with all court orders.

Draft - July 28, 2011

**ADDITIONAL FINDINGS AND ORDERS**

**I. STANDARD LANGUAGE PRE-PRINTED FOR ALL ORDERS**

**1. Case Caption (Header)**

**Additional Findings and Orders**

Contra Costa County vs. \_\_\_\_\_; Other Parent \_\_\_\_\_

Case No. \_\_\_\_\_

\_\_\_\_\_ (Date)

**2. Standard First Paragraph (Set the Table - 3 Options)**

**(i). Default**

Neither parent appears although both were properly served on the pending motion filed by \_\_\_\_\_ on \_\_\_\_\_ served on \_\_\_\_\_ to establish parentage, make child support and health care orders OR modify the previous child support order filed \_\_\_\_\_ that \_\_\_\_\_ pay \$\_\_\_ per month.

**(ii). One Parent Appears**

Mother/Father appears; Mother/Father does not appear although properly served on the pending motion filed by \_\_\_\_\_ on \_\_\_\_\_ served on \_\_\_\_\_ to establish parentage, make child support and health care orders OR modify the previous child support order filed \_\_\_\_\_ that \_\_\_\_\_ pay \$\_\_\_ per month.

**(iii). Both Parents Appear**

Both parents appear on the pending motion filed by \_\_\_\_\_ on \_\_\_\_\_ served on \_\_\_\_\_ to establish parentage, make child support and health care orders OR modify the previous child support order filed \_\_\_\_\_ that \_\_\_\_\_ pay \$\_\_\_ per month.

**3. Stipulation to Commissioner**

All parties were given notice pursuant to Family Code 4251 that the court commissioner will act as a temporary judge unless before the hearing any party objects. If timely objection is made, the commissioner will still hear your case and make findings and a recommended order which shall become final unless any party files objections within 10 court days then a new hearing before a judge shall be set.

**4. Presentation of Testimony at Hearing (Elkins)**

(i). You have the right to testify at your hearing. Let the judge know that you want to talk to her in court. The judge will let you talk unless she finds "good cause" to prohibit your testimony. Be prepared for the judge to ask you questions.

(ii). Your testimony must be "relevant." "Relevant" means that your testimony has to provide information about the issues you are discussing in court.

(iii). You can also bring a witness to your hearing. If you plan to bring a witness, you must file a "witness list" at the time you file your motion or your response. The witness list must contain the name of the person who is going to testify and a brief description of what she or he is going to say. You must serve this list on the Department of Child Support Services and the other party in your case before the hearing.

**5. Standard Concluding Paragraph**

Guideline child support is set as specified above at \$ \_\_\_\_ per month effective \_\_\_\_\_, pro-rating the month of \_\_\_\_\_.

## **6. Subsequent Incarceration or Receipt of Welfare**

If the person ordered to pay child support subsequently becomes incarcerated or involuntarily institutionalized for any period exceeding 90 days and has no ability to pay, child support shall be modified to zero (0) until 60 days after s/he is released from confinement, then the full amount of this order shall resume unless a motion is filed to modify support within 6 months following the release from confinement.

If the person ordered to pay child support subsequently receives public assistance (TANF) for any period exceeding 90 days and has no ability to pay, child support shall be modified to zero (0) until 60 days after aid is discontinued, then the full amount of this order shall resume unless a motion is filed to modify support within 6 months following the discontinuance of aid.

## **7. Mandatory Notice of Financial Changes**

Both parents shall provide written notice within 10 days of their own notice to DCSS and the Other Parent of all changes in their: (1) employment and benefits (employer, pay, health insurance, unemployment, disability, other public assistance); (2) child care (provider, cost, time used, or termination); and (3) all other substantial changes in financial situation.

## **8. Reservation of Jurisdiction to Retroactively Modify Support**

The court will reserve jurisdiction to retroactively modify current support for a period of 6 months following the mandated date of written notice of financial changes or, if notice is not provided, for a period of 6 months after the other party learns of such change. If a motion is not filed in this time period, the reservation of jurisdiction to retroactively modify the current order shall expire.

If your child support obligation was reduced today due to unemployment, disability or other reason and you have been ordered to appear in court for review, seek work, file papers, provide written notification or take some other action and the court later finds that you failed to comply with the court's orders, the court Hereby reserves jurisdiction to either restore your former child support obligation or make other appropriate orders effective the date such failure is found.

**USE OF STANDARD LANGUAGE PROVISIONS  
AND USE OF STANDARD DISPOSITIONS  
for common situations**

Many courts have developed “standard language” provisions to address common situations that come up, including dealing with certain statutory requirements, or simply to assist in calendar management.

Courts, for example, may have their own “springing order” language (separate from the new statute re: incarceration), or may have specific language to deal with the *Tavares* case, or simply to deal with how and/or when the court wishes to set a review.

Having “standard” dispositions for certain types of proceedings (such as contempt), or standard provisions in an order for certain situations can create both consistency and efficiency in managing the case, including follow-up.

Consider what areas might benefit from standard dispositions or use of standard language (if you don’t already have them). If you already use them, then consider modifications that may help achieve more effective results.

## INCARCERATION OR WELFARE

Effective the date of this order if the obligor gets public assistance (TANF), becomes incarcerated for 30 days **and has no ability to pay**, child support SHALL be modified to zero (0) until 60 days after aid is discontinued or s/he is no longer incarcerated, then the full amount of this order SHALL resume unless a motion is filed to modify support within six (6) months following the discontinuance of aid or release from incarceration.

( SAMPLE "Springing Order" from CONTRA COSTA County )

## SAMPLE COURT ORDER LANGUAGE PROVISIONS

SPECIFIC RESERVATION OF JURISDICTION:

- Jurisdiction is reserved for  90  120  180 days following service of this order or judgment.
  - Jurisdiction over support is reserved to the first of the month following any substantial change in: income, employment status (ability), or other financial circumstances.
  - Jurisdiction is reserved retroactive to (specify date): \_\_\_\_\_.
  - Jurisdiction is reserved over child support pending the next scheduled court date,  
 or until \_\_\_\_\_.
  - Jurisdiction is reserved over all issues pending the next scheduled court date,  
 or until \_\_\_\_\_.
  - Jurisdiction is reserved \_\_\_\_\_.
- 

RESTORAL (to Calendar) PROVISION: During the court's specific stated reservation of jurisdiction period, any party may restore the present matter to calendar with 21 days notice to SF-DCSS (local child support agency), and other party or parties, without having to file a new motion.

PENDING MOTION: Court treats the answer/pending motion as one for:

- Set Aside of Paternity Opportunity Program (POP) Declaration
- Judicial Determination of Arrears

STAY OR WITHDRAWAL OF ENFORCEMENT ACTIVITY: SF-DCSS is ordered to immediately:

- Cease all enforcement activity forthwith:  pending further order of the court  
 until: \_\_\_\_\_,  as follows: \_\_\_\_\_
- Temporarily stay enforcement activity as to: \_\_\_\_\_  
as follows:  pending the next court date  
 pending further order of the court  
 until: \_\_\_\_\_
- Other:

## STANDARD CONTEMPT DISPOSITIONS Some Examples

Alameda: Upon the finding or entry of a guilty plea, the standard disposition is 5 days each count, suspended, 3 years probation, pay current support plus court ordered repay on arrears. If unemployed – seek work. Periodic reviews are usually set.

Fresno: Standard disposition is 5 days per count, execution stayed upon specified terms and conditions (payment of support, etc.), and then set out for 6 mos. for review, with usually at least two reviews in a 12 month period. Can be extended beyond two reviews.

Sacramento: Disposition involves placing the litigant on 3 years informal probation, compliance review in 2-3 months, with the requirement that the obligor either pay the full amount of support or make a partial payment and send a written report to DCSS explaining why the full amount is not paid and what efforts obligor is making to find employment. First violation of probation gets 5 days jail stayed pending completion of 60 hours of community service.

San Diego: If an obligor pleads guilty, the standard disposition is to dismiss ½ the counts, and the person pleads to the other ½ of the counts. Sentence is imposed, but suspended for one year. Person is placed on probation on the condition that they obey all court orders enforced by DCSS with review hearings every 90 days.

San Francisco: On a contempt, standard disposition is usually taking a guilty plea (LCSA may agree to dismiss some counts as part of disposition), 5 days per count, execution of sentence suspended, 1 year court summary probation, pay current support plus something towards arrears (set depending upon circumstances). Quarterly reviews set with authority given to the LCSA attorney to release the obligor's appearance if in compliance at each review. OSC re: contempt discharged at end of probation if successful completion.



TENTATIVE RULINGS  
CHILD SUPPORT CALENDAR

For: Date

(Posted Date)

Tentative Rulings are proposed as orders to be issued at the hearing and are posted in advance for the convenience of the parties and their counsel. Each matter on calendar will be called and parties are expected to attend. For those matters where the parties are not ordered to appear and either the parties agree or no objection is made at the hearing, the Court routinely adopts the tentative ruling as the ruling in the matter.

For privacy purposes on the publicly posted version of this document the parties' last names have been replaced by keeping only the first letter followed by three x's (example, John Doe = John Dxxx)..

Macros:

**AMT** - Absent agreement to a different amount, or evidence the amount is inappropriate, the court will order \$

**CDL** - The Support Agency is to release its hold on the obligor's driver's license for each month the obligor pays \$

**CSW** - Provided the defendant has shown compliance with the court's prior orders to pay support or seek work, the prior orders remain in full force and effect. A future court date to review compliance is set for Dept. 4 at 8:30AM on

**Defmod** - Defendant/respondent has requested a reduction in the child support order. Defendant/respondent has the burden of showing changed circumstances since the last support order.

**Agmod** - The Child Support Agency has requested a reduction in the child support order. The Agency has the burden of showing changed circumstances since the last support order.

**HI** - The Agency's health insurance motion is granted. The defendant must provide health insurance for each child named in this action if such insurance is available through an employer or otherwise at a reasonable cost to the defendant.

**JP** - Parentage is admitted and judgment will enter on that basis. The requested health insurance and uninsured medical costs orders will issue. Child support is set at \$

**Modno** - Unless the other parties agree to modification, or sufficient evidence of changed circumstances are presented, the motion is denied.

**Modyes** - The moving party has met the initial burden on the motion. Absent objection and contrary evidence by the parties, the court will grant the modification as outlined in the Agency pleading effective xx/xx/xx..

**SW** - The motion to seek work is granted. The obligor is ordered to seek work by contacting 20 employers every 30 days and submit proof of compliance on the form provided by the agency. A future court date to review compliance is set for Dept. 4 at 8:30AM on

**UIM** - The parents shall share equally in the costs of any reasonably necessary uninsured medical/dental needs of their child(ren). See Fam. Code § 4063.

**USE OF CONDITIONAL ORDERS**  
**or**  
**CONDITIONAL LANGUAGE IN ORDERS**

Sample Conditional Driver's License Release Order (from SF)

Using a "Conditional Order" (an order that contains conditions and provisions for both the litigant and the LCSA) can help cut down on the need for anyone to come back to court if certain conditions are met and/or missed. These can be stand-alone orders or as an attachment to an Order made in court. Conditional provisions can also be placed within an existing form order (in the "Other" section) – e.g. a conditional stay of the wage assignment order, on the condition of timely, full payment of child support each month.

**DRIVER'S LICENSE RELEASE ORDER ATTACHMENT  
(AND/OR OTHER LICENSES)**

**1. CONDITIONAL LICENSE RELEASE:**

The Court orders the immediate conditional release of:

- driver's license
- all licenses
- (specify license): \_\_\_\_\_

of:  father  mother  other \_\_\_\_\_

**ONLY** on the following conditions:

(1) Upon first payment of: \$\_\_\_\_\_, **AND**

(2) Upon **continuing** payments **each and every month** thereafter of:

- \$ \_\_\_\_\_
- the current child support order in this case
- the current child support order in this case, plus some amount towards arrears (\$1.00 or more)

(3) **AND** (if box checked)  Other conditions: \_\_\_\_\_

The Court reserves jurisdiction to modify these conditions. Should there be a failure to make any continuing payments as ordered or meet any other conditions ordered, the local child support agency shall have the authority to put a hold on and/or re-submit the individual's name to the Department of Motor Vehicles (DMV) or other licensing agency for license suspension without further notice and/or having to return to court.

Payment of \$ \_\_\_\_\_ was given to DCSS in open court.

**2. IMMEDIATE LICENSE RELEASE:**

The Court orders the immediate release – forthwith – of :

- driver's license
- all licenses
- (specify license): \_\_\_\_\_

of:  father  mother  other \_\_\_\_\_

Other: \_\_\_\_\_

Payment of \$ \_\_\_\_\_ was given to DCSS in open court.

## **SAMPLE WORK SEARCH ORDERS**

## JOB SEARCH LOG

**NAME:** \_\_\_\_\_

**COURT CASE#:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**DCSS#:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

Log for month of: (*circle applicable month*) Jan/Feb/Mar/Apr/May/June/July/Aug/Sept/Oct/Nov/Dec

The court has issued an order requiring you to complete this job search log each month or, you have voluntarily agreed to submit this job search log each month.

There are two sides to this form. (See reverse.) You must *personally apply for at least 5 jobs each week*, providing the information requested below. If telephone contacts are made, you must explain why you did not personally apply. Disclose any good faith efforts to find a job.

The log must be *received* by the Department of Child Support Services, by the 10<sup>th</sup> day of each month, unless the court specifies otherwise.

Mail your logs to:

**Department of Child Support Services  
P.O. Box 1841  
Santa Cruz, CA 95061**

Make several copies of this log since the Department of Child Support Services will not send you a new form each month. Also, keep a copy of your completed log for your records before sending it to the Department of Child Support Services. Call the Department of Child Support Services, if you are unable to complete the form. (866) 901 3212.

If the job search log is court ordered, the Department of Child Support Services may ask the court to find you in *contempt* if you fail to timely submit a job search log. In contempt proceedings, the court may impose a sentence of up to five days in jail or order community service for each month you fail to timely submit a completed job search log.

If the job search log is a condition of probation, your failure to timely submit the logs may result in revocation of probation and imposition of sentence.

DATE	NAME OF EMPLOYER PERSONALLY CONTACTED	ADDRESS OF POTENTIAL EMPLOYERS	PHONE#, IF PHONE CONTACT, EXPLAIN WHY APPLICATION NOT MADE IN PERSON	RESULT

CONTINUE ON REVERSE SIDE

(Family Code Section 4505)



## WORK SEARCH INSTRUCTIONS

### **STEP 1: APPLY FOR THE JOBS.**

Apply for at least five jobs every two weeks, unless you've been told to apply for more. Five jobs every two weeks means you'll have to apply for about one job every other day. We encourage you to apply for more if you can. Make sure you get the name & phone number of the person who took your application/resume, and the address of the company. Try to get a business card from the person who took your application, because it will probably contain the address and telephone information you need. If you apply for a job online, we don't need to know the company's e-mail address, but you must give us the company's address and phone number.

### **STEP 2: FILL OUT THE LOGS.**

For every job you apply to, fill out the information about the job on the logs. You must completely fill out the logs for each job you apply for. If you have questions about how to fill out the logs, you can contact the Department of Child Support at (415) 356-2900, or you can drop by the child support office at 617 Mission Street, between 8 a.m. and 5 p.m., weekdays. If you want to get help from someone who does not work for the child support agency, you can go to the SF Superior Court's Family Law Facilitator's Office. Call them first to get their schedule, at (415) 551-3991. Be sure to make copies of the logs for yourself and bring them to the next hearing!

### **STEP 3: TURN IN THE LOGS TO THE DEPARTMENT OF CHILD SUPPORT.**

IF YOU HAVE BEEN TOLD TO TURN IN YOUR LOGS IN PERSON, take them to the child support office at 617 Mission Street. Give them to the Sheriff's Deputy at the front desk and ask them to stamp the receipt that is in your folder. Bring that receipt with you to the next court hearing. IF YOU HAVE BEEN TOLD TO MAIL THE LOGS IN, send them in the postage-paid envelopes that are in your folder, no later than the 30th of each month. Always write your DCSS Case number (# \_\_\_\_\_), and the child support attorney's name ( \_\_\_\_\_ ) at the top of your logs. Write the attorney's name on the front of the envelope also.

### **STEP 4: GET MORE LOGS AND ENVELOPES IF YOU RUN OUT.**

When you are low on logs, make yourself more copies by copying one of your blank logs. If you completely run out of logs or envelopes, you can pick up more at 617 Mission Street, or in courtroom 416 (where your hearing was held), or at the SF Superior Court's Family Law Facilitator's Office, which is located in the same building where your hearing was held, on the 3rd floor, room 317.

### **STEP 5: GO TO YOUR NEXT HEARING!**

You have been **ordered** by the court to appear at the next hearing. If you get a job, call the child support attorney right away, at (415) 356-2900. The child support attorney may tell you that you don't have to go to the next hearing. But you **must** talk with the attorney first. If he/she doesn't *specifically* tell you that you don't have to go to the hearing, then YOU STILL MUST GO! If you have a job, bring your pay stub to the hearing.



# City and County of San Francisco Department of Child Support Services

617 Mission Street, San Francisco, CA 94105-3503 Tel. (415) 356-2700

## WORK SEARCH LOG

NAME: \_\_\_\_\_ DCSS #: \_\_\_\_\_  
SSN: \_\_\_\_\_

1. DATE: \_\_\_\_\_  
BUSINESS NAME: \_\_\_\_\_ PERSON CONTACTED: \_\_\_\_\_  
EMPLOYER ADDRESS: \_\_\_\_\_ PHONE # \_\_\_\_\_  
POSITION APPLIED FOR: \_\_\_\_\_ FULLTIME  PARTTIME  SEASONAL  SHIFT

2. DATE: \_\_\_\_\_  
BUSINESS NAME: \_\_\_\_\_ PERSON CONTACTED: \_\_\_\_\_  
EMPLOYER ADDRESS: \_\_\_\_\_ PHONE # \_\_\_\_\_  
POSITION APPLIED FOR: \_\_\_\_\_ FULLTIME  PARTTIME  SEASONAL  SHIFT

3. DATE: \_\_\_\_\_  
BUSINESS NAME: \_\_\_\_\_ PERSON CONTACTED: \_\_\_\_\_  
EMPLOYER ADDRESS: \_\_\_\_\_ PHONE # \_\_\_\_\_  
POSITION APPLIED FOR: \_\_\_\_\_ FULLTIME  PARTTIME  SEASONAL  SHIFT

4. DATE: \_\_\_\_\_  
BUSINESS NAME: \_\_\_\_\_ PERSON CONTACTED: \_\_\_\_\_  
EMPLOYER ADDRESS: \_\_\_\_\_ PHONE # \_\_\_\_\_  
POSITION APPLIED FOR: \_\_\_\_\_ FULLTIME  PARTTIME  SEASONAL  SHIFT

5. DATE: \_\_\_\_\_  
BUSINESS NAME: \_\_\_\_\_ PERSON CONTACTED: \_\_\_\_\_  
EMPLOYER ADDRESS: \_\_\_\_\_ PHONE # \_\_\_\_\_  
POSITION APPLIED FOR: \_\_\_\_\_ FULLTIME  PARTTIME  SEASONAL  SHIFT



COUNTY OF SAN MATEO  
DEPARTMENT OF CHILD SUPPORT SERVICES

EMPLOYMENT CONTACT INFORMATION (F.C. §4505)

This form is to be completed and submitted to the County of San Mateo Department of Child Support Services every two weeks. You must show us where you have applied for employment. Please indicate the date of application, place of application, contact person and the results if any.

Please return to: COUNTY OF SAN MATEO  
Department of Child Support Services  
555 County Center, 2<sup>nd</sup> Floor  
Redwood City, CA 94063

Date of Application	Name of Company	Address	Person Contacted & Telephone Number	Position Applied for	Result

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

Date \_\_\_\_\_

\_\_\_\_\_  
(Signature)

Print Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone No. \_\_\_\_\_

LCSA# \_\_\_\_\_

**SAMPLE COURT ORDER  
RE: PRODUCTION OF FINANCIAL DOCUMENTS**

(from Santa Cruz County)

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CRUZ 701 Ocean Street, Room 110 Santa Cruz, CA 95060	<i>For Court Use Only</i>
<input type="checkbox"/> Petitioner:  <input type="checkbox"/> Respondent:	
<b>COURT ORDER TO PRODUCE DOCUMENTS</b>	CASE NO.

Your income information is needed to determine a child support order:

You must produce **copies** of the documents checked below for the time period beginning \_\_\_\_\_ to the present time.

Mail **copies** of the documents to the Department of Child Support Services, P. O. Box 1841, Santa Cruz, CA 95061-1841, no later than \_\_\_\_\_.

**WARNING:** If you fail to produce the documents in a timely manner, the court can order **“issue, “evidence” or “terminating”** sanctions. (CCP section 2023(b)(2)(3)(4).) This means that the court can determine your income based on evidence from the other parent or the Department of Child Support Services, make rulings on disputed issues without your side being heard, limit the evidence you want to introduce, or dismiss your motion. Failure to comply with this order may also result in contempt charges. In a contempt action, you may face up to five days of jail time or community service for each count of contempt alleged. (FC § 290, 7641; CCP § 1218.)

**Personal Records**

- 1. *Account statements* relating to **any** personal checking account or share draft account with any financial institution that has (or had) your name on it, or in which you have (or had) the right to make deposits, withdrawals, or write checks.
- 2. *Check registers or check carbons* relating to **any personal checking account** or share draft account with any financial institution that has (or had) your name on it, or in which you have (or had) the right to make deposits, withdrawals or write checks.
- 3. *Account statements* relating to **any passbook accounts, certificates of deposit, money market fund accounts, or other deposit accounts** with any financial institution that has (or had) your name on it, or in which you have (or had) the right to make deposits, withdrawals, or write checks.
- 4. *Personal tax returns, state and federal*, filed by you for the **past two tax years**, including all schedules, worksheets, or other attachments.
- 5. *Applications for a loan* (car, real property, construction, etc.), lease, or other credit.
- 6. *Credit card or charge card statements* for any account that has (or had) your name on it, or in which you have authority to make charges for personal and/or business-related expenses.

- 7. *Statements or other documentation regarding any investment accounts* in your name, or in the name of any third-party person or entity, in which you have (or had) a beneficial or equitable interest. This includes any stock accounts, mutual fund accounts, IRA accounts, 401K accounts, or other similar accounts.
- 8. *Closing accounts and other documents related to the purchase or sale of any real property* by you, either alone or with someone else, showing the amount paid or received by you from the sales transaction.
- 9. *Mortgage statements*, monthly or otherwise, related to all real property owned by you alone or with someone else or another entity (such as a business or trust.)
- 10. *Documents or other evidence of all sums of money owed to you alone* or with someone else, such as promissory notes, trust deeds, lending agreements etc.
- 11. Financial statements and other documents reflecting your financial status, income, cash flow, debt, investments and assets. This includes any statements, proposals, reports and appraisals from any bank, accountant, appraiser, investment or property management firm or any other individual or institution.

### **Business Records**

You must submit **copies** of records for any business in which you have (or had) an ownership interest, whether a sole proprietorship, partnership, corporation, or other business entity in any form.

- 12. *Account statements* relating to **any** business checking account or share draft account with any financial institution that has (or had) your name on it, or in which you have (or had) the right to make deposits, withdrawals, or write checks.
- 13. *Check registers or check carbons* relating to **any** business checking account or share draft account with any financial institution that has (or had) your name on it, or in which you have (or had) the right to make deposits, withdrawals, or write checks.
- 14. *Account statements* relating to **any** passbook accounts, certificates of deposit, money market fund accounts, or other deposit accounts with any financial institution that has (or had) your name on it, or in which you have (or had) the right to make deposits, withdrawals, or write checks.
- 15. *Business tax returns, state and federal* filed by you and/or your business for the **past two tax years**, including all schedules, worksheets, or other attachments.
- 16. *Balance sheets, income statements, and profit and loss statements* for your business.
- 17. *Credit card or charge card statements* for any account that has (or had) your name on it, or in which you have authority to make charges for personal and/or business-related expenses.
- 18. *Purchase or sales agreements* and other related documents regarding the purchase or sale of any business showing the amount you paid or received from the sales transaction.

## **Trust Records**

- 19. *Account statements relating to **any** trust checking account or share draft account with any financial institution in which you have (or had) the right to make deposits, withdrawals, write checks, or received money.*
- 20. *Check registers or check carbons relating to **any** trust checking account or share draft account with any financial institutions in which you have (or had) the right to make deposits, withdrawals, write checks, or receive money.*
- 21. *Account statements or other reconciliation statements relating to **any** passbook accounts, certificates of deposit, money market fund accounts, or other deposit accounts with any financial institutions, relating to any trust in which you have (or had) the right to make deposits, withdrawals, write checks, or receive money.*
- 22. *Trust documents for any trust where you are named the Trustor, Trustee, or Beneficiary.*

## **Other Sources of Income**

- 23. *Account statements relating to **any** other checking account or share draft account with any financial institution not described above that has (or had) your name on it, or in which you have (or had) the right to make deposits, withdrawals, write checks, or receive money.*
- 24. *Check registers or check carbons relating to **any** other checking account or share draft account with any financial institution not described above that has (or had) your name on it, or in which you have (or had) the right to make deposits, withdrawals, write checks, or received money.*
- 25. *Documents showing any income or money received by you, including but limited to:*
  - W-2 forms
  - 1099 forms
  - pay stubs
  - profit and loss statements
  - trust distributions
  - partnership distributions or draws
  - interest income
  - dividends
  - rental income
  - gifts exceeding \$500.00 per year.
  - loan proceeds
  - sale proceeds
  - commissions
  - bonuses
  - disability or unemployment benefits, etc.
  - money or assets received from an inheritance
  - lottery or gaming winnings

## SAMPLE FORMS

Forms can be very useful in saving both calendar time and “prep” time for an LCSA.

Some counties use a “check-in” form for litigants to fill out each time they come to court in order to get updated contact/financial information directly from the litigant.

Other counties keep forms developed for common issues available (kept by the court clerk and/or the LCSA in the courtroom) for use – *if and as needed* – in certain situations.

**SUPERIOR COURT OF THE STATE OF CALIFORNIA  
COUNTY OF CONTRA COSTA**

Case No.:

Petitioner,

and

Department 52  
Order (Re: Settlement Conference)

Respondent,

Settlement Conference Date:

\_\_\_\_\_ /

All parties including DCSS shall file and serve on all other parties at least five days before the conference (if mailed, ten days before the conference) a Settlement Conference Statement that shall contain the following:

1. A brief statement of the issues which have been settled.
2. A brief statement of the issues that remain in dispute and the proposed orders that the party will seek at trial.
2. A list of witnesses that the party intends to call at trial.
3. The date and time of any settlement meeting(s) that may have occurred before the Settlement Conference.

4. A completed, signed and current Income and Expense Declaration (Mandatory Judicial Council Form FL-150). A blank copy of that form is attached to this Order for the parties' convenience. If no changes have occurred since the last Income and Expense Declaration was filed, the party shall attach copies of the last Income and Expense Declaration filed and a statement stating there have been no changes. These documents shall be prepared, exchanged at least five days before the Settlement Conference and brought to the Settlement Conference.

5. The settlement conference statement shall include the following information when the following specific issues are in dispute:

**A. Attorney Fees/Costs/ Sanctions**

If attorney fees/sanction issues are disputed a statement of all attorney fees and costs incurred to date and an estimate of additional fees and costs anticipated to be incurred should the matter go to trial. The statement shall also include the expected source of payment for such fees and costs. If sanctions are requested the party shall state the legal basis for the request and the specific conduct on which the request for sanctions is made.

**B. Past Due Support (Arrears)/Overpayment/Credits**

If past due support (arrearages), overpayment of support or claims for credits against support are disputed, DCSS shall prepare and file an accounting of support taking into consideration the evidence of arrears/overpayment/credits received to date from the other parties. DCSS shall serve copies of its accounting on all other parties at least 20 days before the conference. Any party disputing that DCSS accounting shall file and serve on all other parties including DCSS 10 days before conference a detailed statement itemizing each disputed claim attaching any documentation of their counterclaim to their statement.



### **C. Support based upon an imputation of income**

If any party including DCSS is asking the court to determine support based upon an imputation of income rather than actual earnings the settlement conference statement shall include the following information:

i. The party seeking such imputation shall present evidence that the unemployed or underemployed parent has both the current ability and the current opportunity to work at a particular earning level and (if that parent is the primary caregiver for minor children) that childcare is available.

ii. Once this evidence is presented by the party seeking imputation of income, the burden of proof shifts to the party resisting imputed income to demonstrate that he or she either lacked the ability to find employment or, despite reasonable efforts, had no reasonable opportunity to obtain employment at the imputed level.

### **D. Timeshare**

If timeshare used to determine support is disputed, the settlement conference statement shall include a detailed statement of custodial time spent with the minor child(ren) supported by documentation of the claim (medical, school or childcare records, and journals of specific time spent).

### **E. Reimbursement for childcare/medical/dental/other special needs**

If reimbursement for child care, medical, dental, therapeutic or other special needs expenses as additional child support is disputed the settlement conference statement shall include an itemized statement with documentation of each claim arranged chronologically. The documentation shall include at a minimum the provider's bill **and** the party seeking reimbursement proof of payment (cancelled checks, receipts).

If expert witnesses will be used at trial the report of said expert, if available, shall be exchanged by the parties five days before the Settlement Conference and brought to the Settlement Conference.

The settlement conference statement shall be filed and served on all parties including DCSS at least five days before the conference (if mailed, ten days before the conference).

**IT IS SO ORDERED**

Dated:

---

Josanna Berkow  
Commissioner/Judge Pro Tempore

(SAN MATEO)

## **IMPORTANT NOTICE**

Parties to a motion must meet before court to determine if they can agree to a resolution of the matter or if a hearing is needed. Please come to the Office of the Department of Child Support Services:

555 County Center – 2<sup>nd</sup> Floor  
Redwood City, CA 94063

One (1) hour before your hearing to meet with the other party and a child support officer to review the issues and determine if a hearing will be necessary.

Please bring your three (3) most recent pay stubs, a copy of last year's tax return and child care/visitation information to the meeting.

## **NOTICIA IMPORTANTE**

Personas asignadas a comparecer ante la corte tienen que reunirse antes del juicio para ver si se puede llegar a un acuerdo, sin ir a juicio. Por favor venga a la Oficina de Mantenimiento Infantil:

555 County Center – 2do. Piso  
Redwood City, CA 94603

Una (1) hora antes del juicio. La reunion sera con el partido contrario y el official que lleva su caso.

Favor de traer sus tres (3) talons de cheque más recientes, copia de su reporte de impuestos del año pasado, información acerca de cuanto paga para cuidado de su niño(a)s, y información sobre el tiempo que visita a su niño(a)s.

**SAMPLE "CHECK IN" SHEET** (used by LCSA while parents are waiting in court)  
CURRENT INFORMATION (SAN FRANCISCO)

DCSS NUMBER: \_\_\_\_\_

Name: \_\_\_\_\_ Other Parent's Name: \_\_\_\_\_

Your Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Your Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Do you own or rent at the above address?  Own  Rent

Email Address: \_\_\_\_\_

Telephone # ( ) \_\_\_\_\_ Drivers License # \_\_\_\_\_

Bank: \_\_\_\_\_ Account # \_\_\_\_\_

NAME OF CURRENT EMPLOYER: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone # ( ) \_\_\_\_\_ Fax # ( ) \_\_\_\_\_

Name and address of any other current employers: \_\_\_\_\_

Are you receiving Workers Compensation payments?  Yes  No

If yes, name of insurance company: \_\_\_\_\_

Are you receiving disability payments?  Yes  No

If yes, describe type of disability benefits you are receiving and the amount: \_\_\_\_\_

Are you self-employed?  Yes  No Last year tax return filed for business: \_\_\_\_\_

Are you represented by an attorney?  Yes  No

Attorney's name: \_\_\_\_\_

Attorney's address: \_\_\_\_\_

Telephone # ( ) \_\_\_\_\_ Fax # ( ) \_\_\_\_\_

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

**NOTICE: If you are represented by an attorney, review this form with him/her before attempting to complete it.**



CITY AND COUNTY OF SAN FRANCISCO  
DEPARTMENT OF CHILD SUPPORT SERVICES

617 Mission Street, San Francisco, CA 94105-3503 Tel. (415) 356-2700  
Child Support Automated Information System 1-888-823-2734



GAVIN NEWSOM  
MAYOR

KAREN M. ROYE  
DIRECTOR

**GENERAL WAIVER**

To \_\_\_\_\_

THIS WILL AUTHORIZE AND DIRECT YOU TO RELEASE THE SAN FRANCISCO DEPARTMENT OF CHILD SUPPORT SERVICES ATTORNEYS AND/OR THEIR REPRESENTATIVES OR AGENTS, COPIES OF ANY:

AND ANY AND ALL OTHER INFORMATION WHICH YOU MAY HAVE CONCERNING:

A PHOTOCOPY OF THIS DOCUMENT IS VALID AS AN ORIGINAL. SAID RECORDS MAY BE SENT TO A COMMERCIAL PHOTOCOPIER IF NECESSARY.

DATED: \_\_\_\_\_ SIGNED: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

TERMINATION OF PARENTAL RIGHTS – JUVENILE

TO: Department of Child Support Services  
420 May Ave.  
Santa Cruz, CA 95060

1. A petition regarding the child(ren) below has been filed in juvenile court.

<u>Child's Name</u>	<u>Date of Birth</u>	<u>Sex</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Parental rights were terminated on \_\_\_\_\_ regarding:  
Date

Mother  
Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_

Father  
Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_

Date:

\_\_\_\_\_  
Judicial Officer of the Juvenile Court

## WARNING

The attached documents are court orders finding that you are the legal parent of a child. The order may also require you to pay child support. If you do not pay this child support, your **driver's license and passport will be suspended**.

If you believe that the court order is wrong or if you want genetic tests to determine if you are the child's biological parent, you must contact the Department of Child Support at (866) 901-3212.

You may also appear in court on the following date. **Bring this letter and accompanying documents with you to court.**

<b>Location:</b>	Superior Court 1 Second Street, Dept. D Watsonville
<b>Time:</b>	1:30p.m.
<b>Date:</b>	_____

SUP CV-1046 (Rev. 7/2010)

## AVISO

Los documentos adjuntos son órdenes judiciales determinando que usted es el padre legal de un hijo menor de edad. La orden también puede obligarle a pagar manutención de sus hijos. Si usted no paga la manutención, **su licencia de conducir y su pasaporte serán suspendidos**.

Si usted cree que la orden judicial está equivocada, o si desea un análisis genético para determinar si usted es el padre biológico del menor, debe comunicarse con el Departamento de Manutención de Menores, llamando al (866) 901-3212.

También puede comparecer ante el juez el día:

<b>Ubicación:</b>	Superior Court (Corte Superior) 1 Second Street, Dept. D Watsonville
<b>Hora:</b>	1:30p.m.
<b>Fecha:</b>	_____

SUP CV-1046 (Rev. 7/2010)







## **SAMPLE FLYERS / BROCHURES**

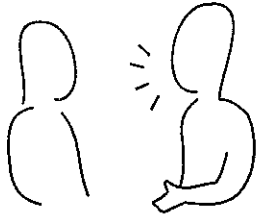
If your courtroom has space available (e.g. bookcase, table, brochure/information holder), consider putting out useful information for litigants to take that involve common situations, questions or referrals that you often make.

Use of flyers and brochures can also be a way to highlight/advertise certain programs relevant to your county.

## How to use a court interpreter

*The interpreter is your voice in court.*

*So, it is important to...*



**Listen** carefully to the interpreter.

**Wait** for the interpreter to finish talking before you answer.

**Speak slowly** so the interpreter can hear everything you say.

**Do NOT speak in English**, even if you speak a little. It is confusing for the judge.

**Do not interrupt**, even if someone in court says something bad about you. You will get a chance to speak.

**Take notes.** If someone says something untrue, write it down. Then when it is your turn to speak, you can tell the judge your side.



**ACCESS**

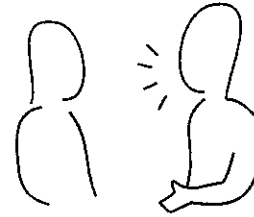
San Francisco Superior Court  
400 McAllister Street  
Room 208  
San Francisco, CA  
94102-4514

415.551.5880  
[www.sfgov.org/courts](http://www.sfgov.org/courts)

## Cómo usar intérprete en la corte

*El intérprete es su voz en la corte.*

*Es muy importante hacer lo siguiente:*



**Escuche bien** lo que le diga el intérprete.

**Deje que el intérprete termine** de traducir antes de contestar.

**Hable despacio** para que el intérprete pueda escucharlo bien.

**No hable en inglés**, aun si lo habla un poco. Es confuso para el juez.

**No interrumpa** aun si alguien dice algo que no sea cierto en su contra. El juez le dará oportunidad de hablar después.

**Tome apuntes.** Si alguien dice algo que no sea cierto, apúntelo. Luego, cuando sea su turno de hablar, usted puede dar su lado.



**ACCESS**

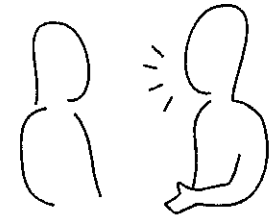
San Francisco Superior Court  
400 McAllister Street  
Room 208  
San Francisco, CA  
94102-4514

415.551.5880  
[www.sfgov.org/courts](http://www.sfgov.org/courts)

## 如何使用法庭口譯員

在法庭上，口譯員是您的聲音。

請您務必.....



認真聽口譯員的翻譯。

等口譯員把話說完再回答。

慢慢講話，以便口譯員能夠聽清楚您講的每一句話。

不要講英語。即使您能講一點英語，也不要講英語。這樣法官會聽不清楚。

不要打斷別人的講話。即使某些人在法庭上說您的壞話，都不要打斷。您會有機會申辯。

記筆記。如果有人說話不符合事實，您可以在紙上記下來，等輪到您講話時再向法官申辯。



**ACCESS**

San Francisco Superior Court  
400 McAllister Street  
Room 208  
San Francisco, CA  
94102-4514

415.551.5880  
[www.sfgov.org/courts](http://www.sfgov.org/courts)

# CALIFORNIA'S CHILD SUPPORT PROGRAM

A Resource for Parents



## Are You Eligible for the Compromise of Arrears Program (COAP)?



Do you owe child support arrears for a period of time when your child(ren) received public assistance? In certain child support cases, the Compromise of Arrears Program (COAP) allows for a parent to pay less than his or her total arrears. Take this opportunity to see if you qualify and make an offer.

- You may be eligible for the COAP program if you meet the following criteria:
  - At least \$501 in arrears is owed for a period of time your child(ren) received public assistance in California
  - All the arrears owed on your case(s) cannot be paid off within three years, based on your current income and assets
  
- Circumstances that will make you ineligible for COAP:
  - Not complying with a previous COAP agreement within the last two years
  - Found in contempt of court for failure to pay child support within six months prior to the date of application
  - Intentional failure to pay child support in anticipation of a compromise
  - Concealment of income, assets, or any reasonably anticipated income or assets or intentional withholding or falsifying of financial information
  - Submitting more than one COAP application within a year
  
- Payment Options:
  - Monthly repayment or lump sum repayment (may be required under certain circumstances)

Contact your local child support office: 1-866-901-3212, or: TTY 1-866-399-4096



Child Support  
Directors Association  
*A Coalition of Experts Collecting Millions  
for California's Children*

*"Child Support... An Investment in the Future of Our Children"*

**CHILD SUPPORT DIRECTORS ASSOCIATION**

[www.csda.org](http://www.csda.org)

## ¿Es elegible para el Programa de Acuerdo de Compromiso para Deudas Atrasadas (COAP por sus siglas en Inglés)?



¿Tiene una deuda atrasada de manutención de menores por el periodo de tiempo que sus hijos recibieron asistencia pública? En ciertos casos el programa COAP permite que el padre pague menos del total de la deuda atrasada. Tome esta oportunidad para ver si usted califica y hacer una oferta.

- Usted podría ser elegible para el programa COAP si reúne las siguientes condiciones:
  - Debe por lo menos \$501 de deuda atrasada por el periodo de tiempo que sus hijos recibieron asistencia pública en California
  - No puede liquidar la deuda dentro de tres años usando sus ingresos y bienes actuales
  
- Circunstancias que lo harán inelegible para COAP:
  - No haber cumplido con un acuerdo previo en los últimos dos años
  - Fue encontrado culpable por desacato por no cumplir con la mensualidad de manutención en los seis meses antes de entregar su solicitud
  - Dejar de hacer pagos en anticipación de entrar a este programa
  - Ocultar ingresos y bienes actuales y anticipados o falsificar y ocultar información financiera
  - Se le ha negado la solicitud de COAP en los últimos doce meses
  
- Opciones Para Pagar:
  - Una mensualidad o pago global (podría ser requerido en ciertos casos)

Llame a su oficina local de manutención al:  
(866) 901-3212, o TTY: (866) 399-4096



**Child Support  
Directors Association**

*A Coalition of Experts Collecting Billions  
for California's Children*

“Manutención de menores...una inversión en el futuro de nuestros hijos”

**CHILD SUPPORT DIRECTORS ASSOCIATION**

[www.csdaca.org](http://www.csdaca.org)



CITY AND COUNTY OF SAN FRANCISCO  
DEPARTMENT OF CHILD SUPPORT  
SERVICES

617 Mission Street, San Francisco, CA 94105-3503 Tel. (866) 901-3212



GAVIN NEWSOM  
MAYOR

KAREN M. ROYE  
DIRECTOR

## You are invited to receive **FREE** child support enforcement services!

The San Francisco Department of Child Support Services, your local child support agency, invites you to take advantage of our **FREE** child support enforcement services to help you support your child(ren).

### HOW TO OPEN YOUR CASE TODAY!

- Go to [www.TurboCourt.com](http://www.TurboCourt.com) for the fastest and easiest way to complete your application and open your case. With its simple and easy question and answer format, TurboCourt walks you through completing your application securely and for **FREE**. You can electronically send your application to us, print it out and mail it to us or bring it in to one of our offices listed below. (\*See back for locations of free computers with internet access in San Francisco.)
- Call us toll free at **1-866-901-3212** to have an application sent to you.
- Download an application from our website at [www.sfgov.org/dcsc](http://www.sfgov.org/dcsc) and mail it or bring it to one of our offices.
- Apply in person at any of our offices:

#### Our offices and hours are:

617 Mission Street  
San Francisco, CA  
Monday through Friday from 8:00 am to 5:00 pm

3120 Mission Street  
San Francisco, CA  
Monday, Wednesday and Friday from 8:00 am to 5:00 pm

1315 Evans Street  
San Francisco, CA  
Monday through Friday from 8:00 am to 5:00 pm

## ***FREE COMPUTERS AND INTERNET ACCESS IN SAN FRANCISCO***

If you do not have access to a computer or the internet, the follow locations offer *free* use of a computer with internet access to complete your application for child support services online:

- **Department of Child Support Services** lobby at 617 Mission Street, San Francisco – Monday through Friday 8:00 to 5:00 (computer access limited to completing applications and job search activities).
- **San Francisco Public Library** – all neighborhood branches have computers for the public. Call 311 to find your neighborhood library and hours.
- **San Francisco Law Library**

### **Main Library**

Veterans War Memorial Building  
401 Van Ness Avenue  
Room 400  
Monday through Friday 8:30 to  
5:00

### **Branch in Financial**

**District**  
685 Market Street  
Suite 420  
Monday through Thursday  
9:00 to 9:00  
Friday and Saturday 9:00 to  
5:00  
Sunday noon to 4:00

### **Courthouse Reference Room**

Civic Center Courthouse  
400 McAllister Street  
Room 512  
Monday through Thursday  
8:30 to 4:30  
(Closed 12:30 to 1:30, Friday  
and third Wednesday)

### • **San Francisco One Stop Career Link Centers**

#### **Mission Center**

3120 Mission Street  
Monday through Friday  
9:00 to 5:00

#### **Southeast Center**

1800 Oakdale Avenue  
Monday through Friday  
9:00 to 5:00

#### **Civic Center**

801 Turk Street  
Monday through Friday  
9:00 to 5:00

#### **Chinatown Center**

777 Stockton Street  
Monday through Friday  
9:00 to 5:00

#### **Soma Center**

1500 Mission Street  
Monday, Tuesday, Thursday,  
Friday 9:00 to 5:00  
Wednesday 9:00 to 7:00  
Saturday 9:00 to 3:00

#### **Western Addition Center**

1449 Webster Street  
Monday through Friday  
9:00 to 5:00

Go to

[www.turbocourt.com](http://www.turbocourt.com)

to complete your  
application today!

# Community Legal Referrals for Low-income San Francisco Residents

## Eviction Help:

Eviction Defense Collaborative  
995 Market, Suite 1200 (at 6th St.)  
415-431-8831  
Schedule: M-F 9:30 to 11:30 & 1 to 3 p.m.

Bay Area Legal Aid  
50 Fell St.  
415-354-6360 [www.baylegal.org](http://www.baylegal.org)

La Raza Centro Legal  
424 Valencia St., Suite 295  
415-575-3500

## Other housing help:

SF Tenant's Union  
558 Capp St. (at 21st St.)  
415-282-6622 [www.sftu.org](http://www.sftu.org)

Housing Rights Counseling  
427 South Van Ness  
415-703-8644

SF Rent Board  
25 Van Ness St., Suite 320 [www.sfgov.org](http://www.sfgov.org)  
415-252-4600 or 415-252-4602

## Domestic Violence:

Cooperative Restraining Order Clinic  
415-255-0165 (by appointment only)

## Family Law:

Bay Area Legal Aid 50 Fell St. 415-982-1300	API Legal Outreach 1188 Franklin St. Suite 202 415-567-6255
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## Immigration:

Asian Law Caucus  
939 Market St.  
415-896-1701 [www.asianlawcaucus.org](http://www.asianlawcaucus.org)

API Legal Outreach  
1188 Franklin St., Suite 201  
415-567-6255 [www.apilegaloutreach.org](http://www.apilegaloutreach.org)

La Raza Centro Legal  
424 Valencia St., Suite 295  
415-575-3500

Central American Resource Center  
1254 Alabama St.  
415-824-2330

Lawyer's Committee for Civil Rights  
131 Steuart St., Suite 400  
415-543-9444 [www.lccr.com](http://www.lccr.com)

## Seniors (60 or older):

Legal Assistance to the Elderly  
415-538-3333

## Children:

Legal Services for Children  
415-863-3762 [www.lsc-sf.org](http://www.lsc-sf.org)

## Other Legal Assistance:

AIDS Legal Referral Panel  
415-291-5454 [www.alrp.org](http://www.alrp.org)

Lawyer's Committee for Civil Rights  
415-543-9444 [www.lccr.com](http://www.lccr.com)

ACLU of Northern California  
415-621-2488 [www.aclunc.org](http://www.aclunc.org)

If you want a lawyer, call the San Francisco

Bar Association:

Lawyer Referral Service 415-989-1616

Volunteer Legal Services 415-989-1616

For legal research/resources, go to SF Law Library:

• Civic Center Library: 401 Van Ness Ave. 554-6821

• Downtown Library: 685 Market St., #420 882-9310

[www.sfgov.org/sfil](http://www.sfgov.org/sfil)



# Self-Help Programs at the San Francisco Superior Court

## Family Law Self-Help Center

Assistance in English, Spanish & Cantonese

Location: Room 009 (first come, first served)

Schedule: Mon-Thurs 8:30-Noon & 1:30 - 4

24-hr recording: (415) 551-3991

## Small Claims Legal Advisor

Assistance in English. Spanish available by calling phone advisor.

- Room 208 (first come, first served)  
Schedule: Mon - Fri 8:30 to Noon  
Mon - Thur 1:30 to 4 pm
- Phone advisor: (415) 292-2124  
Schedule:  
Mon-Fri: 8:30 to Noon & 1:00 to 4:00

## Civil Harassment Clinic

Assistance in English and Spanish

Room 206 (drop in)

Schedule: M-F 1:30 to 4:30

## Traffic Workshops

Workshops on "Fight your Traffic Ticket"

For dates and times:

[www.sfgov.org/courts](http://www.sfgov.org/courts)

## Probate-guardianships for children under 12 living with Petitioner

Assistance in English and Spanish. Other languages may be arranged.

(Informational video available at ACCESS Center)

- Packets available in Room 103 (Probate Window) or Room 202
- Appointment after completing packet, by calling (415) 551-3650

## ACCESS Center:

Information and materials in English, Spanish, Cantonese, Vietnamese, Russian and Tagalog.

Room 208

Schedule: Mon - Fri 8:30 to Noon  
Mon - Thur 1:30 to 4 pm

24-hr recording: (415) 551-5880

Help with:

- Small Claims
- Name Changes
- Civil Harassment
- Guardianship issues
- Eviction

We can ONLY provide written information and resources for other issues such as Traffic, Personal Injury, Landlord/Tenant, Family Law, Consumer Issues, Small Claims.

> If you want a lawyer to help you with any legal issue, call the San Francisco Bar Association:

Lawyer Referral Service 415-989-1616

Volunteer Legal Services Program 415-989-1616

> For self-help legal information, visit the Judicial Council Website:

[www.courtinfo.ca.gov](http://www.courtinfo.ca.gov)

CITY AND COUNTY OF SAN FRANCISCO  
DEPARTMENT OF CHILD SUPPORT SERVICES

UNABLE TO PAY YOUR CHILD SUPPORT?  
SUSPENDED DRIVER'S LICENSE?  
TRYING TO GET A JOB?



**NON-CUSTODIAL PARENT  
EMPLOYMENT AND  
TRAINING PROGRAM (N.E.T.)**

The Department's N.E.T. staff are here to help you! They have a program that can help you lower your child support and help you get a job. Call them at (415) 356-2975. Do it today! The program includes access to parenting classes, job training and employment opportunities.

Our New toll-Free Number  
866-901-3212

Or Visit our Customer Connect Website  
[www.childsup-connect.ca.gov](http://www.childsup-connect.ca.gov)



CITY AND COUNTY OF SAN FRANCISCO  
DEPARTMENT OF CHILD SUPPORT SERVICES

- ¿No puede pagar la manutención de sus hijos?
- ¿Tiene suspendida su licencia de manejo?
- ¿Está buscando trabajo?



## EL PROGRAMA DE EMPLEO Y ENTRENAMIENTO PARA PADRES SIN CUSTODIA (N.E.T.)

Nuestro personal del programa (NET) están aquí para ayudarles! El programa (NET) le puede ayudar a reducir los pagos de manutención de sus hijos y también ayudarle a conseguir un trabajo. Llámenos ahora al (415) 356-2975. Personal que habla español están disponibles. El programa incluye acceso a clases para padres de familias, entrenamiento para el empleo, y oportunidades de empleo.

# **JOB SUPPORT ORIENTATION**

## **Program Overview**

Job Support is a program designed to increase the likelihood of a parent obtaining employment and meeting his/her child support obligation. Under the program, participants are provided with the resources necessary to obtain employment, including access to career centers, a work readiness evaluation, employment training programs, and up-to-date job listings.

## **Coordinated Effort**

Job Support is the collaboration between two local city agencies. Employment opportunities are provided through the Mayor's Office of Economic and Workforce Development and child support assistance is provided through the San Francisco Department of Child Support Services.

## **Future Court Hearing(s)**

Job Support is designed to help participants address his/her child support issues through an administrative process. While in the program, participants are provided with the opportunity to avoid court appearances if he or she is in compliance with the program requirements.

## **Date, Time, Location**

The next Job Support Orientation is scheduled on the following date, time, and location:

**Date: Wednesday, August 17, 2011**

**Time: 10:00AM**

## **Western Addition One Stop Center**

1800 Oakdale Avenue  
San Francisco, CA 94124  
(415) 970-7762

## **Registration**

If interested in the Job Support program or referred by the court, please complete the information below and provide this form to a department representative. A copy will be returned to you for your records.

First and Last Name:

DCSS Case Number:

Court Case Number:

Future Court Date:

# CREDIT REPORT INSTRUCTIONS

1. Go to [www.annualcreditreport.com](http://www.annualcreditreport.com) to request a free copy of your credit report online. A credit report will list all of your debt obligations to creditors, payment history, balance owed, etc.
2. Once you get to the site, select your state from the drop down menu and then click "Get Report."
3. Fill out all the necessary information, such as **name, address, Social Security number and date of birth**. You will also need **any prior addresses from the past few years**. Finally, you will be asked to disclose **something that only you know (like the amount of a given payment, or an account number, for example)** as a security measure.
4. They will ask for word verification. The word may be a combination of letters and numbers arranged in an unusual format. Type it exactly as it looks. It is case sensitive.
5. You may choose a credit report from three major credit reporting agencies called Equifax, Experian and Trans Union. Pick all three sites and then click "continue." It will tell you to go to one of the sites to request their specific report. Find the area on their page that says "annual credit report," and click on that. You will be asked some questions to verify your identity and then you can view your report. The credit *report* is free. You will be charged a fee if you also want your credit *score*.
6. If you want another credit report from one of the other agencies, click "Return to AnnualCreditReport.com."
7. You can also call (877) 322-8228 to ask for a copy of all three credit reports by phone. You will be required to give all of the same information listed in paragraph number 3 above.