

1 COMMISSIONER LOUISE BAYLES-FIGHTMASTER  
2 COMMISSIONER OF THE SUPERIOR COURT  
3 Civil Family Law Courthouse  
3055 Cleveland Avenue  
Santa Rosa, CA 95403

4  
5 SUPERIOR COURT OF CALIFORNIA COUNTY OF SONOMA  
6

7  
8 Plaintiff/Petitioner:  
9 Defendant/Respondent:  
10 Other Parent/Claimant:  
11

Case No.: [Case Number]

**STIPULATION RE JUDGE  
PROTEM**

12 It is hereby stipulated that Superior Court Commissioner Louise Bayles-  
13 Fightmaster may act as Judge Pro Tempore pursuant to her prior appointment by the  
14 judges of the Superior Court to act in that capacity in all matters assigned to her for the  
15 hearing, trial and determination of:

16  The hearing on the matter calendared to be heard this date and  
17 any motion to reconsider, clarify, or vacate any order or  
18 judgment rendered therein.

19  The entire action through all proceedings including trial and  
20 final determination.

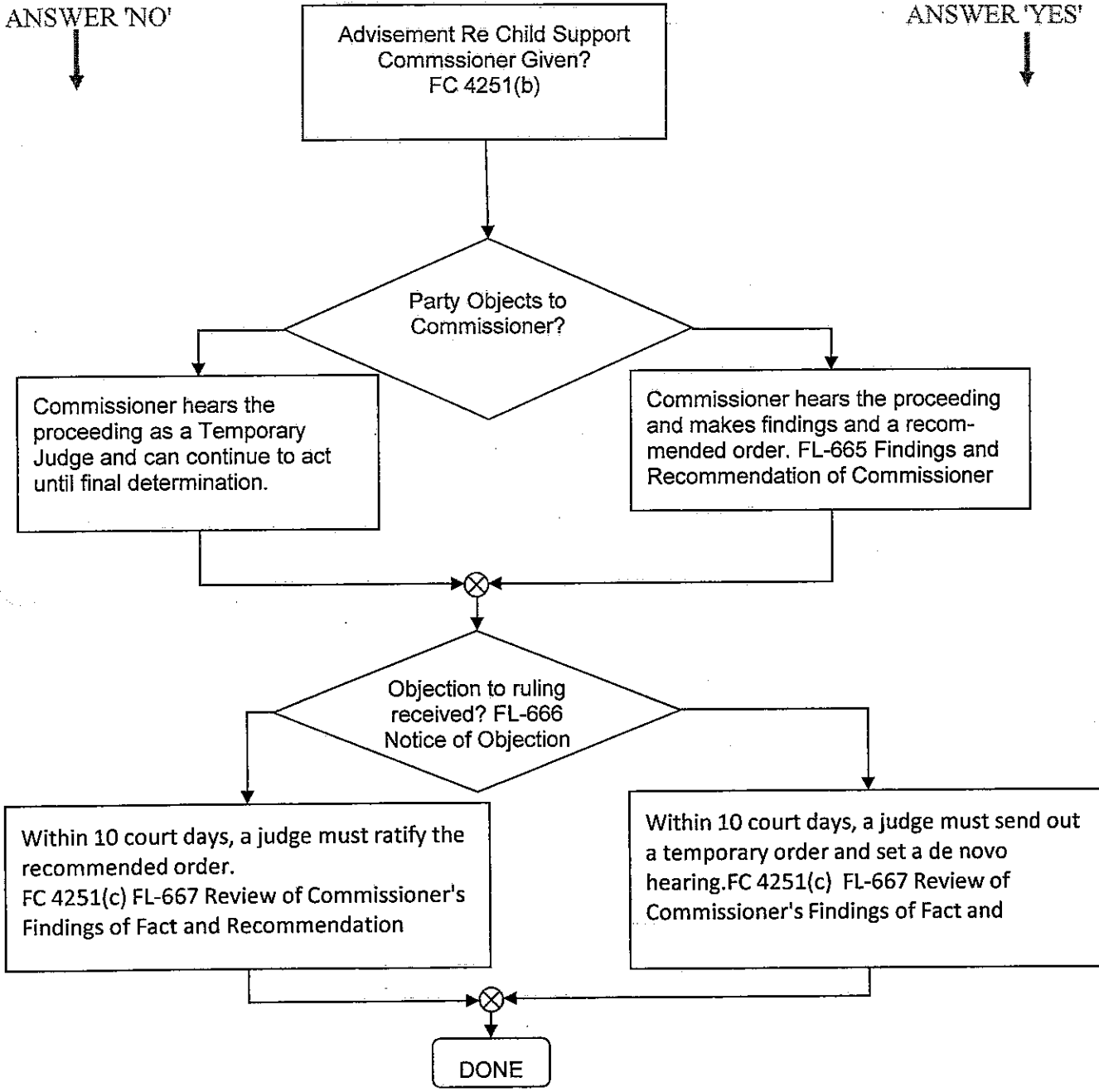
21 DATED: \_\_\_\_\_ Plaintiff/Petitioner:  
22 \_\_\_\_\_

23 DATED: \_\_\_\_\_ Defendant/Respondent:  
24 \_\_\_\_\_

25 DATED: \_\_\_\_\_ Defendant/Respondent:  
26 \_\_\_\_\_  
27 \_\_\_\_\_

28

CHILD SUPPORT COMMISSIONER  
OBJECTION PROCESS  
FC 4251et seq



Ancillary proceedings, such as contempt and other enforcement actions, are not a continuation of the original cause; the commissioner does not have the power to hear them as a temporary judge without giving the parties a new opportunity to object. *Reisman v Shahverdian* (1984) 153 CA3d 1074, 1095, 102 CR 194.

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>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF:  RESPONDENT/DEFENDANT:  OTHER PARENT:	
<b>FINDINGS AND RECOMMENDATION OF COMMISSIONER</b>	CASE NUMBER:

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

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

Name of child	Date of birth	Monthly support amount
(1) <input type="checkbox"/> Mandatory additional child support		
(a) The parent ordered to pay support must pay additional monthly support for reasonable child-care costs, as follows:		
<input type="checkbox"/> one-half or <input type="checkbox"/> % or <input type="checkbox"/> (specify amount): \$ _____ per month of the costs.		
Payments must be made to the <input type="checkbox"/> other parent <input type="checkbox"/> State Disbursement Unit <input type="checkbox"/> child-care provider.		

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

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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5. c. (1) (b) The parent ordered to pay support must pay reasonable uninsured health-care costs for the children, as follows:  
 one-half or  % or  (specify amount): \$ \_\_\_\_\_ per month of the costs.  
 Payments must be made to the  other parent  State Disbursement Unit  health-care provider.

(2)  Other (specify):

(3)  For a total of \$ \_\_\_\_\_ payable on the \_\_\_\_\_ day of each month beginning (date):

(4)  The low-income adjustment applies.  
 The low-income adjustment does not apply because (specify reasons):

(5) Any support ordered will continue until further order of court, unless terminated by operation of law.

(6) As provided in Family Code section 4007.5, the obligation of the person ordered to pay support will be temporarily suspended for any period after the first 90 consecutive days in which the person ordered to pay support is incarcerated or involuntarily institutionalized, unless that person has the ability to pay support during that time or has committed certain crimes. Immediately after the person ordered to pay support is released from incarceration or involuntary institutionalization, the support order will restart in the same amount as it was before it was temporarily suspended.

d.  The parent ordered to pay support  The parent receiving support must (1) provide and maintain health insurance coverage for the children if available at no or reasonable cost and keep the local child support agency informed of the availability of the coverage (the cost is presumed to be reasonable if it does not exceed 5% of gross income to add a child); (2) if health insurance is not available, provide coverage when it becomes available; (3) within 20 days of the local child support agency's request, complete and return a health insurance form; (4) provide to the local child support agency all information and forms necessary to obtain health-care services for the children; (5) present any claim to secure payment or reimbursement to the other parent or caretaker who incurs costs for health-care services for the children; and (6) assign any rights to reimbursement to the other parent or caretaker who incurs costs for health-care services for the children. The parent ordered to provide health insurance must seek continuation of coverage for the child after the child attains the age when the child is no longer considered eligible for coverage as a dependent under the insurance contract, if the child is incapable of self-sustaining employment because of a physically or mentally disabling injury, illness, or condition and is chiefly dependent upon the parent providing health insurance for support and maintenance.

e.  The parent ordered to pay support must pay child support for the past periods and in the amounts set forth below:

Name of child	Date of birth	Period of support	Amount
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(1)  Other (specify):

(2)  For a total of \$ \_\_\_\_\_ payable \$ \_\_\_\_\_ on the \_\_\_\_\_ day of each month beginning (date):

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

f.  The parent ordered to pay support owes support arrears as follows, as of (date):

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

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

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

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

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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- g. No provision of this judgment/order may operate to limit any right to collect the principal (total amount of unpaid support) or to charge and collect interest and penalties as allowed by law. All payments ordered are subject to modification.
- h. All payments, unless specified in item 5c(1) above, must be made to the State Disbursement Unit at the address listed below (specify address):
- i. **An earnings assignment order is issued.**
- j. In the event that there is a contract between a party receiving support and a private child support collector, the party ordered to pay support must pay the fee charged by the private child support collector. This fee must not exceed 33 1/3 percent of the total amount of past due support nor may it exceed 50 percent of any fee charged by the private child support collector. The money judgment created by this provision is in favor of the private child support collector and the party receiving support, jointly.
- k. If "The parent ordered to pay support" box is checked in item 5d, a health insurance coverage assignment must issue.
- l. The parents must notify the local child support agency in writing within 10 days of any change in residence or employment.
- m. The form *Notice of Rights and Responsibilities (Health-Care Costs and Reimbursement Procedures)* and *Information Sheet on Changing a Child Support Order* (form FL-192) is attached.
- n.  The following person (the "other parent") is added as a party to this action (name):
- o.  The court further recommends (specify):

Date:

\_\_\_\_\_  
 COMMISSIONER  
 SIGNATURE FOLLOWS LAST ATTACHMENT

Number of pages attached: \_\_\_\_\_

**CLERK'S CERTIFICATE OF MAILING OR SERVICE**

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

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

Date: \_\_\_\_\_ Clerk, by \_\_\_\_\_, Deputy

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, state bar number, and address):</i>  TELEPHONE NO.: _____ FAX NO.: _____ ATTORNEY FOR <i>(Name):</i> _____	FOR COURT USE ONLY           CASE NUMBER: _____
SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____ STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
PLAINTIFF/PETITIONER: _____  DEFENDANT/RESPONDENT: _____  OTHER PARENT: _____	
<p style="text-align: center;"><b>NOTICE OF OBJECTION</b></p>	

1. I object to the Findings and Recommendation of Commissioner made on *(date)*:  
by Commissioner *(name)*:
2. I request that the matter be set for a *de novo* (new) hearing before a superior court judge.

Date:

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

▶

\_\_\_\_\_  
(SIGNATURE OF PERSON REQUESTING HEARING)

**NOTICE**

**You must file this notice with the clerk of the court where the Findings and Recommendation of Commissioner was made within 10 court days of the date the recommended order was made.**

<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	FOR COURT USE ONLY
PETITIONER/PLAINTIFF:  RESPONDENT/DEFENDANT:  OTHER PARENT:	
<b>REVIEW OF COMMISSIONER'S FINDINGS OF FACT AND RECOMMENDATION</b>	CASE NUMBER:

1. HEARING WAS HELD BEFORE Commissioner *(name)*:  
on *(date)*:
  
2. The *Findings and Recommendation of Commissioner* was filed on *(date)*:
  
3.  No objection having been filed within 10 court days, the findings of fact and recommended order of the Commissioner are ratified. Each of the parties is ordered to comply with all the terms of the order.
  
4. a.  An objection was filed on *(date)*: \_\_\_\_\_ by *(specify)*: \_\_\_\_\_  
 OR  
 b.  The *Findings and Recommendation of Commissioner* is in error.
  
- c. A hearing *de novo* is set for  

(1) Date:	Time:	<input type="checkbox"/> Dept.:	<input type="checkbox"/> Div.:	<input type="checkbox"/> Room:
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 (2) The address of the court  is shown above  is as follows:
  
- d.  THE FOLLOWING ARE THE TEMPORARY ORDERS:  
 (1)  The recommended orders of the commissioner.  
 (2)  Other *(specify)*:

Continued in Attachment 4d.

Date:

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

SIGNATURE FOLLOWS LAST ATTACHMENT

5. Number of additional pages attached: \_\_\_\_\_

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

I certify that I am not a party to this cause and that a true copy of the *Review of Commissioner's Findings of Fact and Recommendation* was mailed first class, postage fully prepaid, in a sealed envelope addressed as shown below, and that the form was mailed at *(place)*: \_\_\_\_\_ California,  
 on *(date)*: \_\_\_\_\_

Date: \_\_\_\_\_ Clerk, by \_\_\_\_\_, Deputy

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GOVERNMENTAL  
REQUEST FOR TELEPHONE APPEARANCE  
CRC 5.324

FL-679 Request for telephone appearance (Governmental)

This form **must** be filed by a party, attorney, witness or parent wishing to appear via telephone. It must be filed 12 court days before the hearing and served on the other parties.

Opposition to telephone appearance request.

This would be done in declaration format and is to be filed 8 court days before the hearing and served on the other parties.

Court's Decision on Telephone Appearance

5 Court days before the hearing the court will give notice of its decision on the request either by telephone, fax, express mail, e-mail, in person or other reasonable means to ensure notification.

DONE

Notes:

- CRC 3.670(l)(2) If a vendor provides for telephone appearance services in a proceeding for child or family support under Title IV-D, the amount of the fee for a telephone appearance under (j)(1) is \$58 instead of \$78.
  - The time requirements set forth in the rule can always be shortened by the court
- The time requirements set forth in the rule can always be shortened by the court
- CRC 3.670(j)(2) An additional late request fee of \$30 is to be charged for an appearance by telephone if the request to the vendor or the court providing telephone appearance services is not made at least three days before the scheduled appearance, except when:
    - (A) There is an ex parte or other hearing or conference set on shortened time for which three days' notice would not be feasible or practical;
    - (B) The court, on its own motion, sets a hearing or conference on shortened time;
    - (C) The matter has a tentative ruling posted within the three-day period; or
    - (D) The request to appear by telephone is made by a party that received notice of another party's intent to appear and afterward decides also to appear by telephone under (g)(2). The request of a party seeking to appear under (g)(2) is timely if the request is made to the vendor or the court

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
SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____  STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
PETITIONER/PLAINTIFF: _____ RESPONDENT/DEFENDANT: _____ OTHER PARENT: _____	
<b>REQUEST FOR TELEPHONE APPEARANCE</b>	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 (the local child support agency and other parent) and attorneys, if any, with this form by personal delivery, fax, express mail, or other reasonable means to ensure delivery by the close of the **next court day** after filing this form.
- b.  If there are financial issues to be decided, a current *Income and Expense Declaration* (form FL-150) or a *Financial Statement (Simplified)* (form FL-155) has been filed and served on all parties along with the request or response to the hearing. (Read page 2 of form FL-155 to determine which form to use.)
- 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 if required by the court. If this telephone appearance request is made by a LCSA on behalf of a party, parent, or witness, that person may be responsible for costs of the telephone appearance as may be required by the court.
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)  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 <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)
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<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	<b>FOR COURT USE ONLY</b>
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	
<input type="checkbox"/> MINUTES AND <input type="checkbox"/> ORDER <input type="checkbox"/> JUDGMENT <input type="checkbox"/> RECOMMENDED ORDER	CASE NUMBER:

This form may be used for preparation of court minutes and/or as an alternative to form FL-615, FL-625, FL-630, FL-665, or FL-687. If this form is prepared as both court minutes and an alternative to one of these forms, then the parties do not need to prepare any additional form of order.

1. **This matter proceeded as follows:**     Uncontested     By stipulation     Contested

- a. Date: \_\_\_\_\_ Time: \_\_\_\_\_ Department: \_\_\_\_\_
- b. Judicial officer (name): \_\_\_\_\_  Judge pro Tempore     Commissioner  
 Court reporter (name): \_\_\_\_\_  
 Court clerk (name): \_\_\_\_\_ Bailiff (name): \_\_\_\_\_
- c.  Interpreter(s) present (name): \_\_\_\_\_  
 for (name): \_\_\_\_\_ (specify language): \_\_\_\_\_

- d.  Petitioner present     Attorney present (name): \_\_\_\_\_
- e.  Respondent present     Attorney present (name): \_\_\_\_\_
- f.  Other parent present     Attorney present (name): \_\_\_\_\_
- g. Attorney for local child support agency (name): \_\_\_\_\_
- h. The parent ordered to pay support for purposes of this order is the  petitioner  respondent  other parent.
- i.  Other (specify): \_\_\_\_\_

2.  This is a recommended order/judgment based on the objection of (specify name): \_\_\_\_\_

- 3. a.  This matter is taken off calendar.
- b.  This entire matter is denied  with  without prejudice.
- c.  This matter is continued at the request of the  local child support agency  petitioner  respondent  other parent to:  
 Date: \_\_\_\_\_ Time: \_\_\_\_\_ Department: \_\_\_\_\_  
 (Specify issues):  
 Petitioner  Respondent  Other parent is ordered to appear at that date and time.
- d.  The court takes the following matters under submission (specify): \_\_\_\_\_

4.  **Order of examination**  
 The  petitioner  respondent  other (specify): \_\_\_\_\_ was sworn and examined.  
 Examination was held outside of court.

**5. Referrals**

- a.  The parties are referred to family court services or mediation.
- b.  Petitioner  Respondent  Other parent is referred to the family law facilitator.
- c.  Other (specify): \_\_\_\_\_

**THE COURT FINDS**

- 6.  Respondent  Petitioner  Other parent  was  was not served regarding this matter.
- 7.  Respondent  Petitioner  Other parent  admits  denies parentage.
- 8.  The parents of the children named below in item 14a are (specify names): \_\_\_\_\_

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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9.  Respondent  Petitioner  Other parent has read, understands, and has signed the *Advisement and Waiver of Rights for Stipulation (Governmental)* (form FL-694). He or she gives up those rights and freely agrees that a judgment may be entered in accordance with these findings.
10. a. Guideline support amount: \$ \_\_\_\_\_
- b. This order  is  is not based on the guideline.
- c.  The attached *Guideline Findings Attachment (Governmental)* (form FL-693) is incorporated into these findings.
- d.  A printout, which shows the calculation of child support payable, is attached and must become the court's findings.
- e.  The child support agreed to by the parents is  below  above the statewide child support guideline. The amount of support that would have been ordered under the guideline formula is \$ \_\_\_\_\_ per month. The parties have been fully informed of their rights concerning child support. Neither party is acting out of duress or coercion. Neither party is receiving public assistance, and no application for public assistance is pending. The needs of the children will be adequately met by this agreed-upon amount of child support. The order is in the best interest of the children. If the order is below the guideline, no change of circumstance will be required for the court to modify this order. If the order is above the guideline, a change of circumstance will be required for the court to modify this order.
- f.  The low-income adjustment applies.  
 The low-income adjustment does not apply because (*specify reasons*): \_\_\_\_\_
11.  Arrearages from (*specify date*): \_\_\_\_\_ through (*specify date*): \_\_\_\_\_  
 are \$ \_\_\_\_\_  including interest  interest not computed and not waived.

**THE COURT ORDERS**

12. All orders previously made in this action must remain in full force and effect except as specifically modified below.
13.  Genetic testing must be coordinated by the local child support agency.
- a.  Respondent  Petitioner  Mother of the children  
 Other (*specify*): \_\_\_\_\_  
 and the minor children must each submit to genetic testing as directed by the local child support agency.
- b.  The parent ordered to pay support must reimburse the local child support agency for genetic testing costs of \$ \_\_\_\_\_
14. a.  The parent ordered to pay support is the parent of the children listed below and must pay current child support for them.  
 The court finds that there is sufficient evidence that the parent ordered to pay support is the parent of the children listed below and therefore there is sufficient evidence to enter a support order.
- | <u>Name of child</u> | <u>Date of birth</u> | <u>Monthly basic support amount</u> |
|----------------------|----------------------|-------------------------------------|
|                      |                      |                                     |
|                      |                      |                                     |
|                      |                      |                                     |
- Additional children are listed on an attached page.
- b.  The parent ordered to pay support must pay additional support monthly for actual child-care costs:  
 (*specify amount*): \$ \_\_\_\_\_  one-half  (*specify percent*): \_\_\_\_\_ percent of said costs.  
 Payments must be made to the  State Disbursement Unit  other party  child-care provider.
- c.  The parent ordered to pay support must pay reasonable uninsured health-care costs for the children:  
 (*specify amount*): \$ \_\_\_\_\_  one-half  (*specify percent*): \_\_\_\_\_ percent of said costs.  
 Payments must be made to the  State Disbursement Unit  other party  health-care provider.
- d.  The parent ordered to pay support must pay additional support monthly for the following (*specify*):  
 (*specify amount*): \$ \_\_\_\_\_  one-half  (*specify percent*): \_\_\_\_\_  
 Payments must be made to the  State Disbursement Unit  other party.
- e.  Other (*specify*): \_\_\_\_\_

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

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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14. f.  For a total of \$ \_\_\_\_\_ payable on the \_\_\_\_\_ day of each month beginning (date): \_\_\_\_\_
- g.  The low-income adjustment applies.  
 The low-income adjustment does not apply because (specify reasons): \_\_\_\_\_
- h. Any support ordered will continue until further order of court, unless terminated by operation of law.
- i. As provided in Family Code section 4007.5, the obligation of the person ordered to pay support will be temporarily suspended for any period after the first 90 consecutive days in which the person ordered to pay support is incarcerated or involuntarily institutionalized, unless that person has the ability to pay support during that time or has committed certain crimes. Immediately after the person ordered to pay support is released from incarceration or involuntary institutionalization, the support order will restart in the same amount as it was before it was temporarily suspended.
15.  The parent ordered to pay support  The parent receiving support must (1) provide and maintain health insurance coverage for the children if available at no or reasonable cost and keep the local child support agency informed of the availability of the coverage (the cost is presumed to be reasonable if it does not exceed 5% of gross income to add a child); (2) if health insurance is not available, provide coverage when it becomes available; (3) within 20 days of the local child support agency's request, complete and return a health insurance form; (4) provide to the local child support agency all information and forms necessary to obtain health-care services for the children; (5) present any claim to secure payment or reimbursement to the other parent or caretaker who incurs costs for health-care services for the children; and (6) assign any rights to reimbursement to the other parent or caretaker who incurs costs for health-care services for the children. The parent ordered to provide health insurance must seek continuation of coverage for the child after the child attains the age when the child is no longer considered eligible for coverage as a dependent under the insurance contract, if the child is incapable of self-sustaining employment because of a physically or mentally disabling injury, illness, or condition and is chiefly dependent upon the parent providing health insurance for support and maintenance.
16.  The parent ordered to pay support may claim the children for tax purposes as long as all child support payments are current as of the last day of the year for which the exemptions are claimed.
17.  Petitioner  Respondent  Other parent must pay to  petitioner  respondent  other parent  
 as  spousal support  family support \$ \_\_\_\_\_ per month, beginning (date): \_\_\_\_\_  
 payable on the \_\_\_\_\_ day of each month.
18.  The parent ordered to pay support must pay child support for the following past periods and in the following amounts:
- | <u>Name of child</u>  | <u>Period of support</u> | <u>Amount</u> |
|---|--------------------------|---------------|
| a. <input type="checkbox"/> Other (specify): _____  |                          |               |
| b. <input type="checkbox"/> For a total of \$ _____ payable \$ _____ on the _____ day of each month beginning (date): _____       |                          |               |
| c. <input type="checkbox"/> Interest accrues on the entire principal balance owing and not on each installment as it becomes due. |                          |               |
19.  The parent ordered to pay support owes support arrears as follows, as of (date): \_\_\_\_\_
- a.  Child support: \$ \_\_\_\_\_  Spousal support: \$ \_\_\_\_\_  Family support: \$ \_\_\_\_\_  Other: \$ \_\_\_\_\_
- b.  Interest is not computed and is not waived.
- c.  Payable: \$ \_\_\_\_\_ on the \_\_\_\_\_ day of each month beginning (date): \_\_\_\_\_
- d.  Interest accrues on the entire principal balance owing and not on each installment as it becomes due.
20. No provision of this judgment can operate to limit any right to collect all sums owing in this matter as otherwise provided by law.
21. All payments, unless specified in items 14b, c, and d above, must be made to the State Disbursement Unit at the address listed below (specify address): \_\_\_\_\_

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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22. **An earnings assignment order is issued.**
23. In the event that there is a contract between a party receiving support and a private child support collector, the party ordered to pay support must pay the fee charged by the private child support collector. This fee must not exceed 33 1/3 percent of the total amount of past due support nor may it exceed 50 percent of any fee charged by the private child support collector. The money judgment created by this provision is in favor of the private child support collector and the party receiving support, jointly.
24. If "The parent ordered to pay support" box is checked in item 15, a health insurance coverage assignment must issue.
25.  **Job search.** (*Specify name(s)*): \_\_\_\_\_ must seek employment for at least (*specify number*): \_\_\_\_\_ jobs per week and report those job applications and results to the court and the local child support agency at the continuance date. These job applications are to be made in person, not by phone, fax, or e-mail.
26.  For purposes of the licensing issue only, the parent ordered to pay support is found to be in compliance with the support order in this action. The local child support agency must issue a release of license(s).
27.  Notwithstanding any noncompliance issues with the support order in this action, the court finds that the needs of the party ordered to pay support warrant a conditional release. The local child support agency must issue a release of license(s). Such release is effective only as long as the parent ordered to pay support complies with all payment terms of this order.
28.  A warrant of attachment/bench warrant issues for (*specify name*):  
 a.  Bail is set in the amount of \$ \_\_\_\_\_  
 b.  Service is stayed until (*date*): \_\_\_\_\_
29.  The court retains jurisdiction to make orders retroactive to (*date*): \_\_\_\_\_
30.  The court reserves jurisdiction over  all issues  the issues of (*specify*): \_\_\_\_\_
31. The parents must notify the local child support agency in writing within 10 days of any change in residence or employment.
32. The *Notice of Rights and Responsibilities (Health-Care Costs and Reimbursement Procedures)* and *Information Sheet on Changing a Child Support Order* (form FL-192) are attached and incorporated.
33.  The following person (the "other parent") is added as a party to this action (*name*): \_\_\_\_\_
34.  **The court further orders** (*specify*): \_\_\_\_\_

Approved as conforming to court order.

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

\_\_\_\_\_  
 (SIGNATURE OF ATTORNEY FOR THE PARENT ORDERED TO PAY SUPPORT)

\_\_\_\_\_  
 (SIGNATURE OF ATTORNEY FOR LOCAL CHILD SUPPORT AGENCY)

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

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

Number of pages attached: \_\_\_\_\_

Signature follows last attachment.



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

<b>ORDER TO SHOW CAUSE AND AFFIDAVIT FOR CONTEMPT</b>	CASE NUMBER: _____
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<p style="text-align: center;"><b>NOTICE!</b></p> <p>A contempt proceeding is criminal in nature. If the court finds you in contempt, the possible penalties include jail sentence, community service, and fine.</p> <p>You are entitled to the services of an attorney, who should be consulted promptly in order to assist you. If you cannot afford an attorney, the court may appoint an attorney to represent you.</p>	<p style="text-align: center;"><b>¡AVISO!</b></p> <p>Un proceso judicial por desacato es de índole criminal. Si la corte le declara a usted en desacato, las sanciones posibles incluyen penas de prisión y de servicio a la comunidad, y multas.</p> <p>Usted tiene derecho a los servicios de un abogado, a quien debe consultar sin demora para obtener ayuda. Si no puede pagar a un abogado, la corte podrá nombrar a un abogado para que le represente.</p>
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1. TO CITEE (*name of person you allege has violated the orders*):
2. YOU ARE ORDERED TO APPEAR IN THIS COURT AS FOLLOWS, TO GIVE ANY LEGAL REASON WHY THIS COURT SHOULD NOT FIND YOU GUILTY OF CONTEMPT, PUNISH YOU FOR WILLFULLY DISOBEYING ITS ORDERS AS SET FORTH IN THE AFFIDAVIT BELOW AND ANY ATTACHED *AFFIDAVIT OF FACTS CONSTITUTING CONTEMPT*; AND REQUIRE YOU TO PAY, FOR THE BENEFIT OF THE MOVING PARTY, THE ATTORNEY FEES AND COSTS OF THIS PROCEEDING.

a. Date:	Time:	Dept.:	Rm.:
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b. Address of court:  same as noted above  other (*specify*):

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



JUDICIAL OFFICER

**AFFIDAVIT SUPPORTING ORDER TO SHOW CAUSE FOR CONTEMPT**

3.  An *Affidavit of Facts Constituting Contempt* (form FL-411 or FL-412) is attached.
4. Citee has willfully disobeyed certain orders of this court as set forth in this affidavit and any attached affidavits.
5. a. Citee had knowledge of the order in that
  - (1)  citee was present in court at the time the order was made.
  - (2)  citee was served with a copy of the order.
  - (3)  citee signed a stipulation upon which the order was based.
  - (4)  other (*specify*):
- Continued on Attachment 5a(4).
- b. Citee was able to comply with each order when it was disobeyed.
6. Based on the instances of disobedience described in this affidavit
  - a.  I have not previously filed a request with the court that the citee be held in contempt.
  - b.  I have previously filed a request with the court that the citee be held in contempt (*specify date filed and results*):

Continued on Attachment 6b.

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARTY/PARENT:	CASE NUMBER:
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7.  Citee has previously been found in contempt of a court order (*specify case, court, date*):

Continued on Attachment 7.

8.  Each order disobeyed and each instance of disobedience is described as follows:

- a.  Orders for child support, spousal support, family support, attorney fees, and court or other litigation costs (see attached *Affidavit of Facts Constituting Contempt* (form FL-411))
- b.  Domestic violence restraining orders and child custody and visitation orders (see attached *Affidavit of Facts Constituting Contempt* (form FL-412))
- c.  Injunctive or other order (*specify which order was violated, how the order was violated, and when the order was violated*):

Continued on Attachment 8c.

d.  Other material facts, including facts indicating that the violation of the orders was without justification or excuse (*specify*):

Continued on Attachment 8d.

e.  I am requesting that attorney fees and costs be awarded to me for the costs of pursuing this contempt action. (A copy of my *Income and Expense Declaration* (form FL-150) is attached.)

**WARNING: IF YOU PURSUE THIS CONTEMPT ACTION, IT MAY AFFECT THE ABILITY OF THE DISTRICT ATTORNEY TO PROSECUTE THE CITEE CRIMINALLY FOR THE SAME VIOLATIONS.**

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)

## INFORMATION SHEET FOR ORDER TO SHOW CAUSE AND AFFIDAVIT FOR CONTEMPT

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

Please follow these instructions to complete the *Order to Show Cause and Affidavit for Contempt* (form FL-410) if you do not have an attorney to represent you. Your attorney, if you have one, should complete this form, as well as the *Affidavit of Facts Constituting Contempt* (form FL-411 or form FL-412). You may wish to consult an attorney for assistance. Contempt actions are very difficult to prove. An attorney may be appointed for the citee.

### INSTRUCTIONS FOR COMPLETING THE ORDER TO SHOW CAUSE AND AFFIDAVIT FOR CONTEMPT (TYPE OR PRINT FORM IN INK):

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

Front page, first box, top of form, left side: Print your name, address, telephone number, and fax number, if any, in this box. If you have a restraining order and wish to keep your address confidential, you may use any address where you can receive mail. **You can be legally served court papers at this address.**

Front page, second box, left side: Print the name of the county where the court is located and insert the address and any branch name of the court building where you are seeking to obtain a contempt order. You may get this information from the court clerk. This should be the same court in which the original order was issued.

Front page, third box, left side: Print the names of the Petitioner, Respondent, and Other Party/Parent (if any) in this box. Use the same names as appear on the most recent court order disobeyed.

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

Front page, second box, right side: Print the court case number in this box. This number is also shown on the most recent court order disobeyed.

Item 1: Insert the name of the party who disobeyed the order ("the citee").

Item 2: The court clerk will provide the hearing date and location.

Item 3: Either check the box in item 3 and attach an *Affidavit of Facts Constituting Contempt* (form FL-411 for financial orders or form FL-412 for domestic violence, or custody and visitation orders), or leave the box in item 3 blank but check and complete item 8.

Item 5: Check the box that describes how the citee knew about the order that has been disobeyed.

Item 6: a. Check this box if you have not previously applied for a contempt order.

b. Check this box if you have previously applied for a contempt order and briefly explain when you requested the order and results of your request. If you need more space, check the box that says "continued on Attachment 6b" and attach a separate sheet to this order to show cause.

Item 7: Check this box if the citee has previously been found in contempt by a court of law. Briefly explain when the citee was found in contempt and for what. If there is not enough space to write all the facts, check the box that says "continued on Attachment 7" and attach a separate sheet to this order to show cause.

Item 8: a. Check this box if the citee has disobeyed orders for child support, custody, visitation, spousal support, family support, attorney fees, and court or litigation costs. Refer to item 1a on *Affidavit of Facts Constituting Contempt* (form FL-411).

b. Check this box if the citee has disobeyed domestic violence orders or child custody and visitation orders. Refer to *Affidavit of Facts Constituting Contempt* (form FL-412).

**Information Sheet (continued)**

- Item 8:** c. If you are completing this item, use facts personally known to you or known to the best of your knowledge. State the facts in detail. If there is not enough space to write all the facts, check the box that says "continued on Attachment 8c" and attach a separate sheet to this order to show cause, including facts indicating that the violation of the orders was without justification or excuse.
- d. Use this item to write other facts that are important to this order. If you are completing this item, insert facts personally known to you, or known to the best of your knowledge. State facts in detail. If there is not enough space to write all the facts, check the box that says "Continued on Attachment 8d" and attach a separate sheet to the order to show cause.
- e. If you request attorney fees and/or costs for pursuing this contempt action, check this box. Attach a copy of your *Income and Expense Declaration* (form FL-150).

Type or print and sign your name at the bottom of page 2.

If you checked the boxes in item 3 and item 8a or 8b, complete the appropriate *Affidavit of Facts Constituting Contempt* (form FL-411), following the instructions for the affidavit above.

Make at least three copies of the *Order to Show Cause and Affidavit for Contempt* (form FL-410) and any supporting *Affidavit of Facts Constituting Contempt* (form FL-411 or FL-412) and the *Income and Expense Declaration* (form FL-150) for the court clerk, the citee, and yourself. If the district attorney or local child support agency is involved in your case, you must provide a copy to the district attorney or local child support agency.

Take the completed form(s) to the court clerk's office. The clerk will provide hearing date and location in item 2, obtain the judicial officer's signature, file the originals, and return the copies to you.

Have someone who is at least 18 years of age, who is not a party, serve the order and any attached papers on the disobedient party. For example, a process server or someone you know may serve the papers. **You may not serve the papers yourself. Service must be personal; service by mail is insufficient.** The papers must be served at least 16 court days before the hearing. The person serving papers must complete a *Proof of Personal Service* (form FL-330) and give the original to you. Keep a copy for yourself and file the original *Proof of Personal Service* (form FL-330) with the court.

*If you need assistance with these forms, contact an attorney or the Family Law Facilitator in your county.*

PETITIONER/PLAINTIFF:  RESPONDENT/DEFENDANT:  OTHER PARENT:	CASE NUMBER:
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**AFFIDAVIT OF FACTS CONSTITUTING CONTEMPT  
Financial and Injunctive Orders**

**Attachment to Order to Show Cause and Affidavit for Contempt (form FL-410)**

1. a. Orders for child support, spousal support, family support, attorney fees, and court and litigation costs (separately itemize each default on installment payments):

DATE DUE	TYPE OF ORDER AND DATE FILED	PAYABLE TO	AMOUNT ORDERED	AMOUNT PAID	AMOUNT DUE
			0.00	0.00	0.00
			0.00	0.00	0.00
			0.00	0.00	0.00
			0.00	0.00	0.00
			0.00	0.00	0.00
			0.00	0.00	0.00
			0.00	0.00	0.00
			0.00	0.00	0.00
			0.00	0.00	0.00
			0.00	0.00	0.00
			0.00	0.00	0.00
			0.00	0.00	0.00
			0.00	0.00	0.00
			0.00	0.00	0.00
			0.00	0.00	0.00
<input type="checkbox"/> Continued on Attachment 1a.			<b>TOTAL AMOUNT ORDERED</b>	<b>TOTAL AMOUNT PAID</b>	<b>TOTAL AMOUNT DUE</b>
Summary of contempt counts alleged (including all attachments):					
Child support:			0.00	0.00	0.00
Spousal support:			0.00	0.00	0.00
Family support:			0.00	0.00	0.00
Attorney fees:			0.00	0.00	0.00
Court and other costs:			0.00	0.00	0.00
<b>Total</b>			\$ 0.00	\$ 0.00	\$ 0.00

b.  Other orders (specify which order was violated, how the order was violated, and when the violation occurred):

Continued on Attachment 1b.

c.  Other material facts (specify):

Continued on Attachment 1c.

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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7. a.  Citee is not guilty of contempt of court for the following counts (defaults/violations) alleged in the *Order to Show Cause and Affidavit for Contempt* (form FL-410) (specify):
- b.  Citee has a previous finding of contempt (specify):
8.  Citee waived time for sentencing.
9.  Citee waived time for trial.
10.  Citee failed to appear as ordered.
11.  Other (specify):



**THE COURT ORDERS**

12. a.  That the following counts alleged in the *Order to Show Cause and Affidavit for Contempt* (form FL-410) (specify):
- are dismissed  with prejudice  without prejudice.
- b.  That the request to dismiss the following counts alleged in the *Order to Show Cause and Affidavit for Contempt* (form FL-410) (specify): is denied.
13.  Citee must perform \_\_\_\_\_ hours of community service for counts (specify):
- a.  To commence on (date): \_\_\_\_\_ to be completed by (date): \_\_\_\_\_
- Citee must report to (specify): \_\_\_\_\_ at (time): \_\_\_\_\_
- b.  Citee must pay an administrative fee  of \$ \_\_\_\_\_
- as determined by the community service agency
14.  Citee must serve \_\_\_\_\_ hours in the county jail for counts (specify):
- To commence on (date): \_\_\_\_\_ to be completed by (date): \_\_\_\_\_
- Citee must report to (specify): \_\_\_\_\_ at (time): \_\_\_\_\_
15.  Citee must pay:
- a.  attorney fees in the total amount of \$ \_\_\_\_\_ payable to (specify name): \_\_\_\_\_
- b.  fines in the total amount of \$ \_\_\_\_\_
16. a.  The contempt proceedings are suspended on condition that citee comply with all terms and conditions of this order.
- b.  Imposition of sentence is suspended on condition that citee comply with all terms and conditions of this order.
17.  Execution of sentence for  hours of community service  hours in county jail will be suspended for a period of \_\_\_\_\_ and citee is placed on court probation on condition that citee comply with all terms and conditions of this order, and
- a.  Comply with current support order.
- b.  Pay at least \$ \_\_\_\_\_ per month on current support order, payable to (specify name): \_\_\_\_\_ commencing (date): \_\_\_\_\_
- c.  Pay at least \$ \_\_\_\_\_ per month on arrears commencing (date): \_\_\_\_\_
- d.  Serve any remaining hours not suspended as specified in items 13 and 14.
18.  Citee must seek and maintain employment and must keep written records, copies of which must be forwarded by the 5th day of each month as follows to the  Local Child Support Agency  court  other (specify):
- a. Records of efforts to gain employment must include the name, address, and telephone numbers of individuals and firms contacted regarding employment, the dates of such contact and the anticipated results.
- b. Records of all actual employment must include the name of the employer, dates, and hours worked and the gross and net amounts of income from each employer.

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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19. Orders for payments required to be made as conditions of probation or suspension of sentence in this order do not modify a court ordered support obligation.
20. Citee must provide written notification to the superior court clerk of any change in residence and to  
 the local child support agency     the other party  
 of any change of residence, income, or employment within 10 days of the change.
21.  A wage and earnings assignment will issue.
22.  This matter is continued to *(date)*: \_\_\_\_\_ at *(specify time)*: \_\_\_\_\_  
 in court department *(specify)*: \_\_\_\_\_ room *(specify)*: \_\_\_\_\_ of this court for  further hearing  
 compliance review. Citee is ordered to personally appear in court on that date and time.  
**WARNING:** Failure to appear may result in issuance of a bench warrant for citee's arrest.
23.  A *Warrant of Attachment* will issue for citee's arrest. Bail is set in the sum of: \$ \_\_\_\_\_  
 Execution of the *Warrant of Attachment* is stayed until *(date)*: \_\_\_\_\_  
 at *(specify court name)*: \_\_\_\_\_
24.  Other *(specify)*: \_\_\_\_\_

25. Number of pages attached: \_\_\_\_\_

<input type="checkbox"/> Approved as conforming to court order and findings: Date: _____  _____ (SIGNATURE OF ATTORNEY FOR CITEE)
<input type="checkbox"/> The citee agrees to the above terms: Date: _____  _____ (SIGNATURE OF CITEE)

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

\_\_\_\_\_  
 (JUDICIAL OFFICER OF THE SUPERIOR COURT)

Signature follows last attachment



ATTORNEY (NAME AND ADDRESS):

TELEPHONE NO:

Superior Court of California  
County of Sonoma

ATTORNEY FOR: **Father**

**DISSOMASTER REPORT**

2015, Monthly

CASE NUMBER:

Input Data	Father	Mother	Guideline (2015)	Cash Flow Analysis	Father	Mother
Number of children	0	2	<b>Nets (adjusted)</b>	<b>Guideline</b>		
% time with NCP	20%	0%	Father	Payment (cost)/benefit	(1,251)	1,251
Filing status	Single	HH/MLA	Mother	Net spendable income	2,424	2,921
# Federal exemptions	1*	3*	Total	% combined spendable	45.4%	54.6%
Wages + salary	5,000	1,170	<b>Support</b>	Total taxes	1,325	(500)
401(k) emp. contribution	0	0	CS Payor	# withholding allowances	1	2
Self-employment income	0	0	Presumed	Net wage paycheck/mo	3,566	1,039
Other taxable income	0	0	Basic CS	1,251		
TANF plus CS received	0	0	Add-ons	0		
Other nontaxable income	0	0	Per Kid	<b>Proposed</b>		
New-spouse income	0	0	Child 1	Payment (cost)/benefit	(1,415)	1,415
Wages + salary	0	0	Child 2	Net spendable income	2,651	2,940
Self-employment income	0	0	Spousal support	NSI change from gdl	227	19
SS paid other marriage	0	0	blocked	% combined spendable	47.4%	52.6%
Retirement contrib if ATI	0	0	Total	% of saving over gdl	92.2%	7.8%
Required union dues	0	0	1,251	Total taxes	935	(356)
Nec job-related exp.	0	0	<b>Proposed, tactic 9</b>	# withholding allowances	6	2
Adj. to income (ATI)	0	0	CS Payor	Net wage paycheck/mo	4,000	1,039
SS paid other marriage	0	0	Presumed	Default Case Settings		
CS paid other relationship	0	0	Basic CS			
Health insurance	0	0	Add-ons			
Itemized deductions	0	0	Per Kid			
Other medical expenses	0	0	Child 1			
Property tax expenses	0	0	Child 2			
Ded. interest expense	0	0	Spousal support			
Charitable contribution	0	0	blocked			
Miscellaneous itemized	0	0	Total			
Required union dues	0	0	1,415			
Mandatory retirement	0	0	Combined			
Hardship deduction	0*	0*	Savings			
Other gdl. deductions	0	0	Total			
AMT info (IRS Form 6251)	0	0	2			
Child support add-ons	0	0	releases to			
			Father			

ATTORNEY (NAME AND ADDRESS):

**Superior Court of California  
County of Sonoma**

TELEPHONE NO:

ATTORNEY FOR: **Father**

**DISSOMASTER REPORT**  
2015, Monthly

CASE NUMBER:

Input Data	Father	Mother	Guideline (2015)	Cash Flow Analysis	Father	Mother
Number of children	0	2	<b>Nets (adjusted)</b>	<b>Guideline</b>		
% time with NCP	20%	0%	Father	4,065	Payment (cost)/benefit	(1,415) 1,415
Filing status	Single	HH/MLA	Mother	1,526	Net spendable income	2,651 2,940
# Federal exemptions	3	1	Total	5,591	% combined spendable	47.4% 52.6%
Wages + salary	5,000	1,170	<b>Support</b>		Total taxes	935 (356)
401(k) emp. contribution	0	0	CS Payor	Father	# withholding allowances	6 2
Self-employment income	0	0	Presumed	1,415	Net wage paycheck/mo	4,000 1,039
Other taxable income	0	0	Basic CS	1,415	<b>Proposed</b>	
TANF plus CS received	0	0	Add-ons	0	Payment (cost)/benefit	(1,415) 1,415
Other nontaxable income	0	0	Per Kid		Net spendable income	2,651 2,940
New-spouse income	0	0	Child 1	530	NSI change from gdl	0 0
Wages + salary	0	0	Child 2	884	% combined spendable	47.4% 52.6%
Self-employment income	0	0	Spousal support	blocked	% of saving over gdl	0% 0%
SS paid other marriage	0	0	Total	1,415	Total taxes	935 (356)
Retirement contrib if ATI	0	0	<b>Proposed, tactic 9</b>		# withholding allowances	6 2
Required union dues	0	0	CS Payor	Father	Net wage paycheck/mo	4,000 1,039
Nec job-related exp.	0	0	Presumed	1,415	Default Case Settings	
Adj. to income (ATI)	0	0	Basic CS	1,415		
SS paid other marriage	0	0	Add-ons	0		
CS paid other relationship	0	0	Per Kid			
Health insurance	0	0	Child 1	530		
Itemized deductions	0	0	Child 2	884		
Other medical expenses	0	0	Spousal support	blocked		
Property tax expenses	0	0	Total	1,415		
Ded. interest expense	0	0	Combined Savings	0		
Charitable contribution	0	0	No releases			
Miscellaneous itemized	0	0				
Required union dues	0	0				
Mandatory retirement	0	0				
Hardship deduction	0*	0*				
Other gdl. deductions	0	0				
AMT info (IRS Form 6251)	0	0				
Child support add-ons	0	0				

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ATTORNEY (NAME AND ADDRESS):

TELEPHONE NO:

Superior Court of California  
County of Sonoma

ATTORNEY FOR: **Father**

DISSOMASTER REPORT  
2015, Monthly

CASE NUMBER:

Input Data	Father	Mother	Guideline (2015)	Cash Flow Analysis	Father	Mother
Number of children	0	2	<b>Nets (adjusted)</b>	<b>Guideline</b>		
% time with NCP	45%	0%	Father	4,102	Payment (cost)/benefit	(910) 910
Filing status	Single	HH/MLA	Mother	1,526	Net spendable income	3,191 2,436
# Federal exemptions	3	1	Total	5,628	% combined spendable	56.7% 43.3%
Wages + salary	5,000	1,170	<b>Support</b>		Total taxes	898 (356)
401(k) emp. contribution	0	0	CS Payor	Father	# withholding	6 2
Self-employment income	0	0	Presumed	910	allowances	
Other taxable income	0	0	Basic CS	910	Net wage paycheck/mo	4,000 1,039
TANF plus CS received	0	0	Add-ons	0	<b>Proposed</b>	
Other nontaxable income	0	0	Per Kid		Payment (cost)/benefit	(910) 910
New-spouse income	3,000	0	Child 1	341	Net spendable income	3,191 2,436
Wages + salary	3,000	0	Child 2	569	NSI change from gdl	0 0
Self-employment income	0	0	Spousal support	blocked	% combined spendable	56.7% 43.3%
SS paid other marriage	0	0	Total	910	% of saving over gdl	0% 0%
Retirement contrib if ATI	0	0	<b>Proposed, tactic 9</b>		Total taxes	898 (356)
Required union dues	0	0	CS Payor	Father	# withholding	6 2
Nec job-related exp.	0	0	Presumed	910	allowances	
Adj. to income (ATI)	0	0	Basic CS	910	Net wage paycheck/mo	4,000 1,039
SS paid other marriage	0	0	Add-ons	0	Default Case Settings	
CS paid other relationship	0	0	Per Kid			
Health insurance	0	0	Child 1	341		
Itemized deductions	0	0	Child 2	569		
Other medical expenses	0	0	Spousal support	blocked		
Property tax expenses	0	0	Total	910		
Ded. interest expense	0	0	Combined	0		
Charitable contribution	0	0	Savings			
Miscellaneous itemized	0	0	No releases			
Required union dues	0	0				
Mandatory retirement	0	0				
Hardship deduction	0*	0*				
Other gdl. deductions	0	0				
AMT info (IRS Form 6251)	0	0				
Child support add-ons	0	0				

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ATTORNEY (NAME AND ADDRESS):

TELEPHONE NO.:

Superior Court of California  
County of Sonoma

ATTORNEY FOR: **Father**

DISSOMASTER REPORT  
2015, Monthly

CASE NUMBER:

Input Data	Father	Mother	Guideline (2015)	Cash Flow Analysis	Father	Mother
Number of children	0	2	<b>Nets (adjusted)</b>	<b>Guideline</b>		
% time with NCP	20%	0%	Father	4,065	Payment (cost)/benefit	(1,415) 1,415
Filing status	Single	HH/MLA	Mother	1,526	Net spendable income	2,651 2,940
# Federal exemptions	3	1	Total	5,591	% combined spendable	47.4% 52.6%
Wages + salary	5,000	1,170	<b>Support</b>		Total taxes	935 (356)
401(k) emp. contribution	0	0	CS Payor	Father	# withholding	6 2
Self-employment income	0	0	Presumed	1,415	allowances	
Other taxable income	0	0	Basic CS	1,415	Net wage paycheck/mo	4,000 1,039
TANF plus CS received	0	0	Add-ons	0	<b>Proposed</b>	
Other nontaxable income	0	0	Per Kid		Payment (cost)/benefit	(1,415) 1,415
New-spouse income	3,000	0	Child 1	530	Net spendable income	2,651 2,940
Wages + salary	3,000	0	Child 2	884	NSI change from gdl	0 0
Self-employment income	0	0	Spousal support	blocked	% combined spendable	47.4% 52.6%
SS paid other marriage	0	0	Total	1,415	% of saving over gdl	0% 0%
Retirement contrib if ATI	0	0	<b>Proposed, tactic 9</b>		Total taxes	935 (356)
Required union dues	0	0	CS Payor	Father	# withholding	6 2
Nec job-related exp.	0	0	Presumed	1,415	allowances	
Adj. to income (ATI)	0	0	Basic CS	1,415	Net wage paycheck/mo	4,000 1,039
SS paid other marriage	0	0	Add-ons	0	Default Case Settings	
CS paid other relationship	0	0	Per Kid			
Health insurance	0	0	Child 1	530		
Itemized deductions	0	0	Child 2	884		
Other medical expenses	0	0	Spousal support	blocked		
Property tax expenses	0	0	Total	1,415		
Ded. interest expense	0	0	Combined	0		
Charitable contribution	0	0	Savings			
Miscellaneous itemized	0	0	No releases			
Required union dues	0	0				
Mandatory retirement	0	0				
Hardship deduction	0*	0*				
Other gdl. deductions	0	0				
AMT info (IRS Form 6251)	0	0				
Child support add-ons	0	0				

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