GOVE	RNMENTAL AGENCY (under Family Code, §§ 17400, 17406):	FOR COURT USE ONLY			
	HONE NO.: FAX NO.:				
	ADDRESS: NEY FOR ( <i>name</i> ):				
	ERIOR COURT OF CALIFORNIA, COUNTY OF	-			
	ET ADDRESS:				
MAILI	NG ADDRESS:				
	ND ZIP CODE:				
BI	RANCH NAME:	-			
_	PONDENT/DEFENDANT:				
		CASE NUMBER:			
	JUDGMENT REGARDING PARENTAL OBLIGATIONS	CAOL NUMBER.			
<ol> <li>a. NOTICE: THIS IS A PROPOSED AMENDED PROPOSED JUDGMENT. This Judgment Regarding Parental Obligations will be entered by the court and will become legally binding unless you fill out and file the Answer to Complaint or Supplemental Complaint Regarding Parental Obligations (Governmental) (form FL-610) with the court clerk within 30 days of the date you were served with the Summons and Complaint or Supplemental Complaint Regarding Parental Obligations (Governmental) (form FL-600). If you need form FL-610, you may get one from the local child support agency's office, the court clerk, or the family law facilitator. The family law facilitator will help you fill out the forms. To file the answer, follow the procedures listed in the attached instructions</li> <li>b. NOTICE: THIS IS A JUDGMENT. It is now legally binding.</li> </ol>					
2. <b>T</b>	his matter proceeded as follows:				
а	Judgment entered under Family Code section 17430.				
b	By court hearing, appearances as follows:				
	(1) Date: Dept.: Judicial officer:				
	(2) Petitioner/plaintiff present Attorney present (name):				
	(3) Respondent/defendant present Attorney present (name):				
	(4) Other parent/party present Attorney present (name):				
	(5) Local child support agency attorney (Family Code, §§ 17400,17406) (name):				
	(6) Other (specify):				
C	The parent ordered to pay support is the petitioner/plaintiff respon	ndent/defendant other parent/party.			
<ul> <li>3. This order is based on presumed income for the parent ordered to pay support under Family Code section 17400.</li> <li>4. Attached is a computer printout showing the parents' incomes and percentage of time each parent spends with the children. The printout, which shows the calculation of child support payable, will become the court's findings.</li> </ul>					
5. [	This order is based on the attached documents (specify):				
THE	COURT ORDERS				
6. a	Petitioner/plaintiff Respondent/defendant Other parent/party	are the parents of the children named in			
	item 6b below.				
b					
	Name of Child Date of birth	Monthly Support Amount			

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. Page 1 of 3

				FL-030
PETITIONER/PLAINTIFF:			CASE NUMBER:	
RESPONDENT/DEFENDANT:				
OTHER PARENT/PAR	TY:			
(a) The part (b) The part (b) The part (b) The part (c) T	One-half or ents must be made to the rent ordered to pay support mu One-half or	ust pay reasonable uninsured health % or (specify amou	unt): \$ pe rsement Unit _ chi n-care costs for the child unt): \$ pe	r month of the costs. ld-care provider. ren, as follows: r month of the costs.
-	ents must be made to the	other parent State Disbu	rsement Unit hea	alth-care provider.
	(opcony).			
	total of:\$ ning <i>(date):</i>	payable on the	day of each month	
(4) The low-income adjustment applies.				
c. The parent coverage for availability a child); (2) local child a agency all payment of (6) assign children. The attains the if the child	t ordered to pay support or the children if available at no of the coverage (the cost is pr ) if health insurance is not avail support agency's request, com information and forms necessa r reimbursement to the other p any rights to reimbursement to he parent ordered to provide h age when the child is no long is incapable of self-sustaining	rther order of court, unless terminate The parent receiving support (1) o or reasonable cost and keep the laresumed to be reasonable if it does ilable, provide coverage when it becomplete and return a health insurance ary to obtain health-care services for parent or caretaker who incurs costs to the other parent or caretaker who health insurance must seek continua- per considered eligible for coverage gemployment because of a physical the parent providing health insurance	) must provide and main ocal child support agence not exceed 5 percent of comes available; (3) with form; (4) provide to the or the children; (5) present for health-care services incurs costs for health-ca ation of coverage for the as a dependent under the ly or mentally disabling in	y informed of the gross income to add in 20 days of the local child support at any claim to secure for the children; and are services for the child after the child he insurance contract, injury, illness, or
d The parent <u>Name of C</u>		pay child support for the past perioc <u>Date of birth</u> <u>P</u>	ls and in the amounts se <u>Period of support</u>	et forth below: <u>Amount</u>
(1) Cther	(specify):			

			. = •••	
PETITIONER/PLAINTIFF:		CASE NUMBER:		
RESPONDENT/DEFENDANT:		CASE NOMBER.		
OTHER PARENT/PARTY:				
6. d. (2) For a total of: \$	payable: \$	on the:	day of each month	
			2	

- (3) Interest accrues on the entire principal balance owing and not on each installment as it becomes due.
- e. If this is a judgment on a Supplemental Complaint, it does not modify or supersede any prior judgment or order for support or arrearage, unless specifically provided.
- f. No provision of this judgment can 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.
- g. All payments, unless specified in item 6b(1) above, must be made to the State Disbursement Unit at the address listed below (specify address):

## h. An earnings assignment order is issued.

beginning (date):

- i. 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.
- j. If "The parent ordered to pay support" box is checked in item 6c, a health insurance coverage assignment must issue.
- k. The parents must notify the local child support agency in writing within 10 days of any change in residence or employment.
- I. 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.
- m. The following person (the "other parent/party") is added as a party to this action (name):

n. The court further orders (specify):

Date:	
	JUDICIAL OFFICER
Number of pages attached:	SIGNATURE FOLLOWS LAST ATTACHMENT
Approved as conforming to court order. Date:	
(SIGNATURE OF ATTORNEY FOR THE PARENT ORDERED TO PAY SUPPORT)	