ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name and Address):*	*FOR COURT USE ONLY*
TELEPHONE NO.:	
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:

NOTICE TO LOCAL CHILD SUPPORT AGENCY OF INTENT TO TAKE INDEPENDENT ACTION TO ENFORCE SUPPORT ORDER	CASE NUMBER:

NOTICE

If you are receiving support enforcement services from the local child support agency, you may start independent enforcement action 30 days after you send this notice to the local child support agency unless the local child support agency objects.

You must personally deliver personally or mail this notice to the local child support agency.

You must file the independent action specified below within 180 days of the date this notice is served.

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1. I am a parent of the minor children in this action.

2. I intend to start an independent enforcement action at least 30 days after this notice is delivered personally or mailed to the local child support agency. The enforcement action to be taken is as follows *(specify):*

3. *(Check whichever statement is true)*

    a. ☐ I am receiving public assistance.   ☐ I have applied for public assistance.   ☐ I intend to apply for
       public assistance from *(county name):*   County for the children in this action.

    b. ☐ I am not receiving public assistance for the children in this action.

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)

**NOTICE TO LOCAL CHILD SUPPORT AGENCY OF INTENT TO TAKE
INDEPENDENT ACTION TO ENFORCE SUPPORT ORDER**
(Governmental)

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

DECLARATION OF MAILING

I served a copy of this document by enclosing it in a sealed envelope and depositing the envelope
[ ] directly in the United States mail with postage paid   or   [ ] at my place of business for same day collection
and mailing with the United States mail, following our ordinary business practices with which I am readily familiar.

a. Date of deposit
b. Addressed as follows:

c. Place of deposit *(city and state):*

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 NOTICE)

FL-645 [Rev. January 1, 2003]   **NOTICE TO LOCAL CHILD SUPPORT AGENCY OF INTENT TO TAKE
INDEPENDENT ACTION TO ENFORCE SUPPORT ORDER**
(Governmental)

INFORMATION SHEET FOR *NOTICE TO LOCAL CHILD SUPPORT AGENCY OF INTENT TO TAKE INDEPENDENT ACTION TO ENFORCE SUPPORT ORDER*

Please follow these instructions to complete the *Notice to Local Child Support Agency of Intent to Take Independent Action to Enforce Support Order* (form FL-645) if you do not have an attorney to represent you. Your attorney, if you have one, should complete this form.

When you have completed this notice, you should keep the original and mail a copy of the notice to the local child support agency. The local child support agency must give you a written response to your notice within 30 days. You **cannot** proceed with an enforcement action if the local child support agency notifies you within 30 days that it objects to your proposed enforcement action. If the local child support agency either does not answer or does not object to your proposed enforcement action, you may file the proposed action. You must file your enforcement action within 180 days of the date you send this notice to the local child support agency.

When you file your enforcement action with the court clerk, you should include the original copy of this notice and a copy of the local child support agency's response if you received one. The address of the court clerk is listed in the telephone directory under "County Government Offices." You may have to pay a filing fee. If you cannot afford to pay the filing fee, the court may waive it. For more information about the filing fee and waiver of the filing fee, contact the court clerk.

INSTRUCTIONS FOR COMPLETING THE *NOTICE TO LOCAL CHILD SUPPORT AGENCY OF INTENT TO TAKE INDEPENDENT ACTION TO ENFORCE SUPPORT ORDER* (TYPE OR PRINT ON FORM IN BLACK INK):

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

Front page, second box on left side: Print your county's name and the court's address in the box. Use the same address for the court that is on your most recent support order or judgment. 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.

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 in your most recent support order or judgment. If no name is listed for the Other Parent, leave that line blank.

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 your case number in this box. This number is also listed on your most recent support order or judgment.

1. This section states that you are the parent of the minor children.
2. In this space you must write the enforcement action that you intend to file.
3. a. Check the correct box if you either receive welfare, have applied for welfare, or if you are going to apply for welfare for the children. Write the name of the county where you receive or may receive welfare for the children.
    b. Check this box if you do not receive and have not applied for welfare for the children.

You must date the request, 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 the front page.

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

Declaration of mailing: Complete the declaration of mailing.

FL-645 [Rev. January 1, 2003]

NOTICE TO LOCAL CHILD SUPPORT AGENCY OF INTENT TO TAKE INDEPENDENT ACTION TO ENFORCE SUPPORT ORDER (Governmental)