

**Judicial Council
of California**

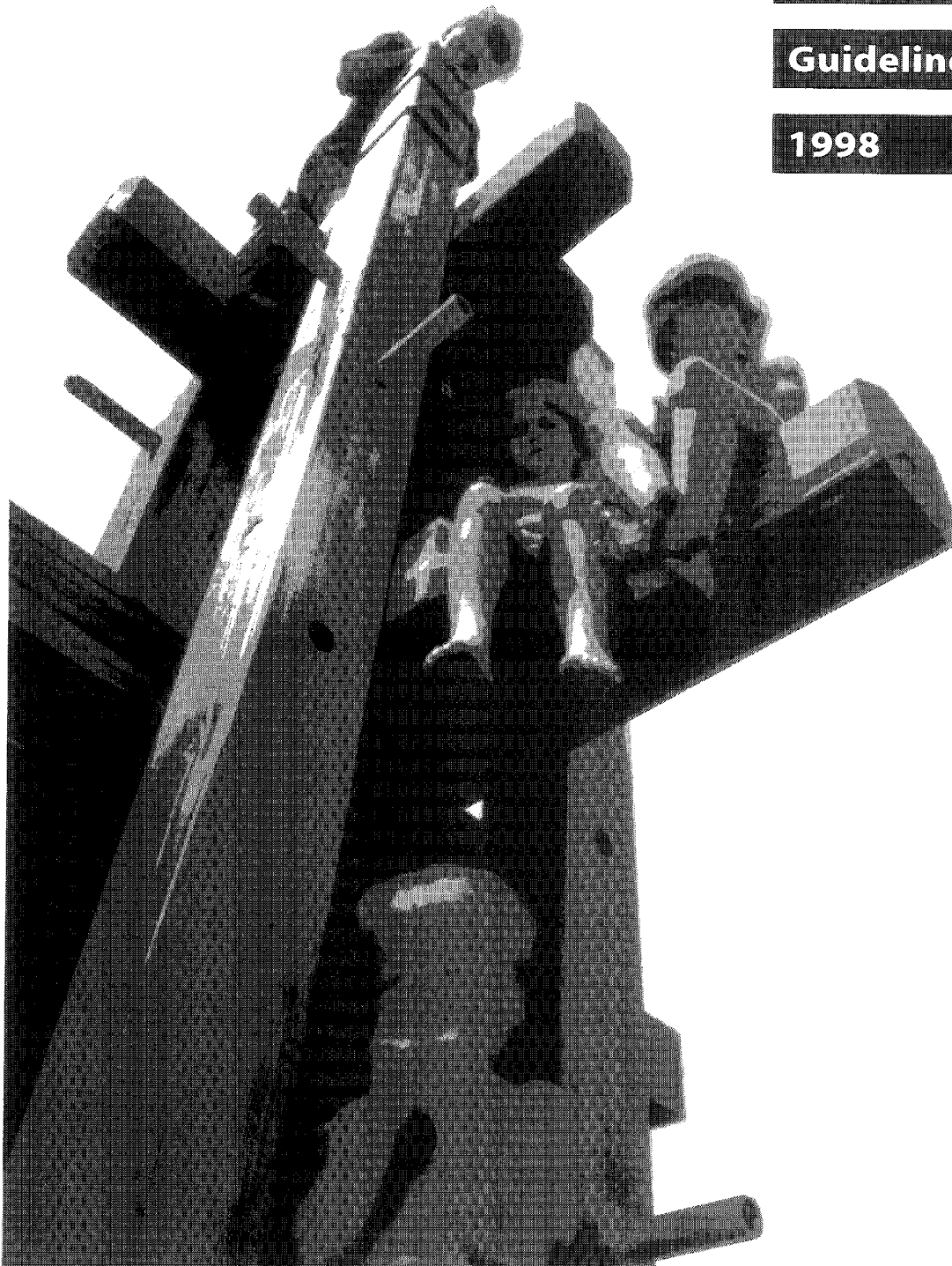
Review of

Statewide Uniform

Child Support

Guideline

1998



JUDICIAL COUNCIL OF CALIFORNIA
ADMINISTRATIVE OFFICE OF THE COURTS

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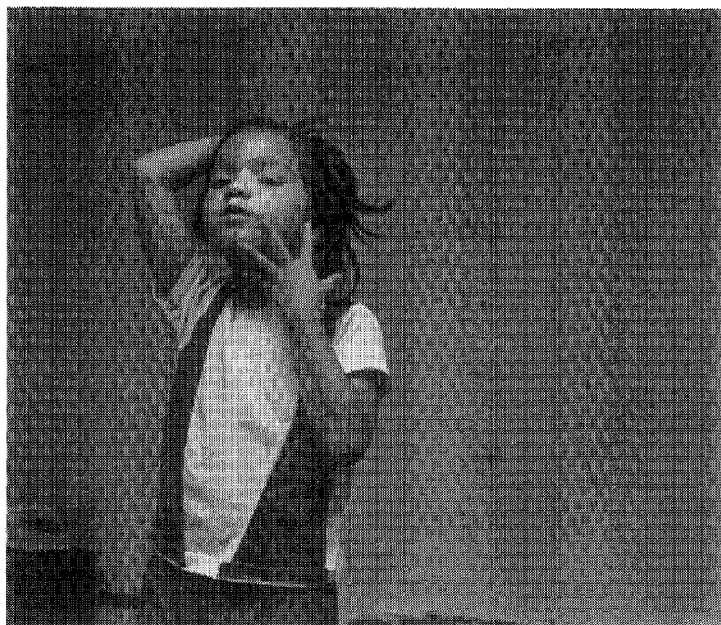
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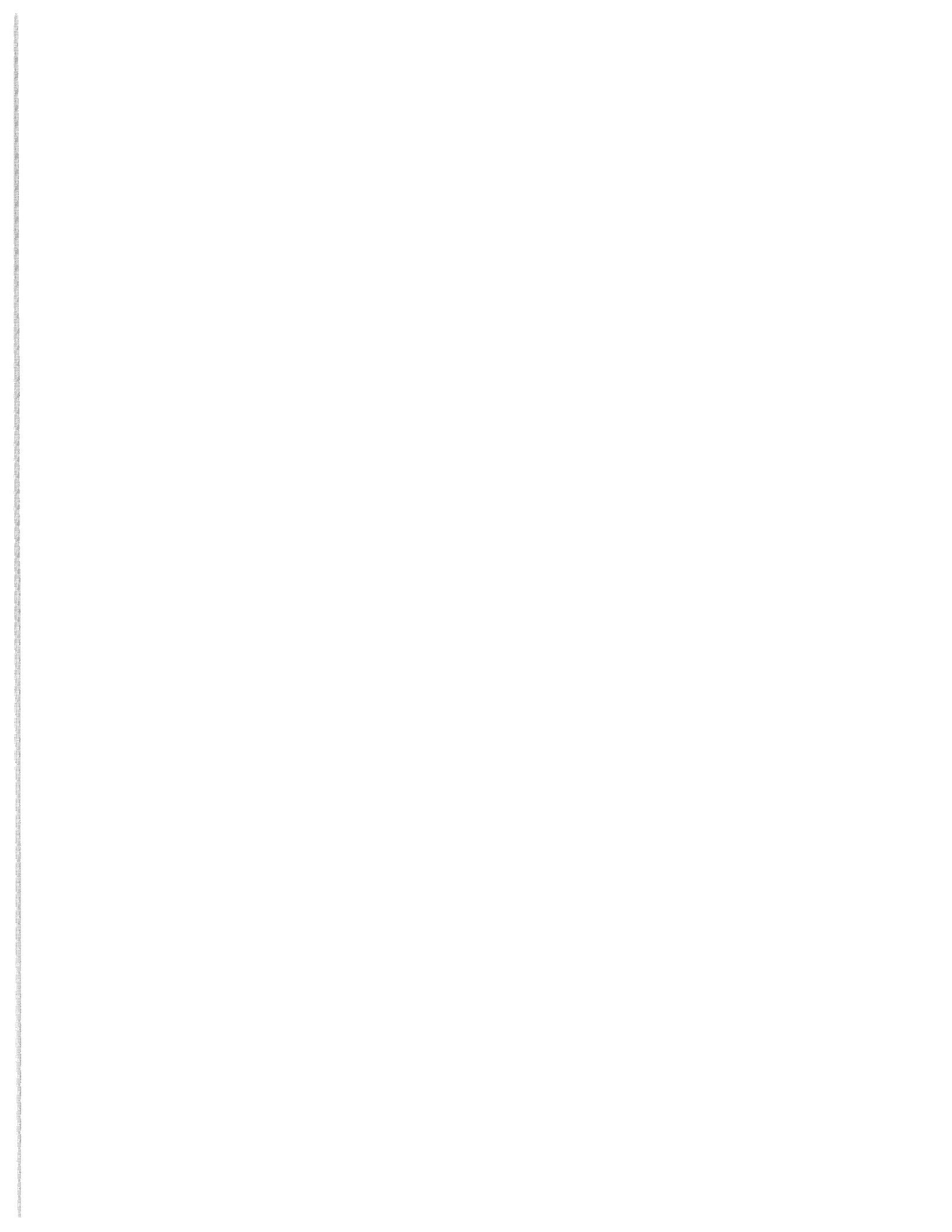
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Appendix A

Forms Implementing the Guideline





ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Mailing Address):		TELEPHONE NO.:	FOR COURT USE ONLY
ATTORNEY FOR (Name):			
SUPERIOR COURT OF CALIFORNIA, COUNTY OF			
STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:			
MARRIAGE OF PETITIONER: RESPONDENT:			
PETITION FOR <input type="checkbox"/> Dissolution of Marriage <input type="checkbox"/> And Declaration Under Uniform <input type="checkbox"/> Legal Separation Child Custody Jurisdiction Act <input type="checkbox"/> Nullity of Marriage			CASE NUMBER:

1. RESIDENCE (Dissolution only) Petitioner Respondent has been a resident of this state for at least six months and of this county for at least three months immediately preceding the filing of this Petition for Dissolution of Marriage.

2. STATISTICAL FACTS

a. Date of marriage: _____ c. Period between marriage and separation
 b. Date of separation: _____ Years: _____ Months: _____

3. DECLARATION REGARDING MINOR CHILDREN OF THIS MARRIAGE FOR WHOM SUPPORT MAY BE ORDERED OR WHO MAY BE SUBJECT TO CUSTODY OR VISITATION ORDERS

a. There are no minor children. b. The minor children are:

<u>Child's name</u>	<u>Birthdate</u>	<u>Age</u>	<u>Sex</u>
---------------------	------------------	------------	------------

c. IF THERE ARE MINOR CHILDREN, COMPLETE EITHER (1) OR (2)

(1) Each child named in 3b is currently living with petitioner respondent in the following county (specify):

During the last five years each child has lived in no state other than California and with no person other than petitioner or respondent or both. Petitioner has not participated in any capacity in any litigation or proceeding in any state concerning custody of any minor child of this marriage. Petitioner has no information of any pending custody proceeding or of any person not a party to this proceeding who has physical custody or claims to have custody or visitation rights concerning any minor child of this marriage.

(2) A completed Declaration Under Uniform Child Custody Jurisdiction Act is attached.

4. Petitioner requests confirmation as separate assets and obligations the items listed

in Attachment 4 below:
Item

Confirm to

NOTICE: Any party required to pay child support must pay interest on overdue amounts at the "legal" rate, which is currently 10 percent. This can be a large added amount.

(Continued on reverse)

MARRIAGE OF <i>(last name, first name of parties):</i> _____	CASE NUMBER: _____
--	---------------------------

- 5. DECLARATION REGARDING COMMUNITY AND QUASI-COMMUNITY ASSETS AND OBLIGATIONS AS CURRENTLY KNOWN**
- a. There are no such assets or obligations subject to disposition by the court in this proceeding.
 - b. All such assets and obligations have been disposed of by written agreement.
 - c. All such assets and obligations are listed in Attachment 5 below (*specify*):

6. Petitioner requests

- a. Dissolution of the marriage based on
 - (1) irreconcilable differences. FC 2310(a)
 - (2) incurable insanity. FC 2310(b)
- b. Legal separation of the parties based on
 - (1) irreconcilable differences. FC 2310(a)
 - (2) incurable insanity. FC 2310(b)
- c. Nullity of void marriage based on
 - (1) incestuous marriage. FC 2200
 - (2) bigamous marriage. FC 2201
- d. Nullity of voidable marriage based on
 - (1) petitioner's age at time of marriage. FC 2210(a)
 - (2) prior existing marriage. FC 2210(b)
 - (3) unsound mind. FC 2210(c)
 - (4) fraud. FC 2210(d)
 - (5) force. FC 2210(e)
 - (6) physical incapacity. FC 2210(f)

7. Petitioner requests that the court grant the above relief and make injunctive (including restraining) and other orders as follows:

	Petitioner	Respondent	Joint	Other
a. Legal custody of children to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Physical custody of children to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Child visitation be granted to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> supervised as to (<i>specify</i>):				
d. Spousal support payable by (wage assignment will be issued)	<input type="checkbox"/>	<input type="checkbox"/>		
e. Attorney fees and costs payable by	<input type="checkbox"/>	<input type="checkbox"/>		
f. <input type="checkbox"/> Terminate the court's jurisdiction (ability) to award spousal support to respondent.				
g. <input type="checkbox"/> Property rights be determined.				
h. <input type="checkbox"/> Wife's former name be restored (<i>specify</i>):				
i. <input type="checkbox"/> Other (<i>specify</i>):				

8. If there are minor children of this marriage, the court will make orders for the support of the children without further notice to either party. A wage assignment will be issued.

9. I have read the restraining orders on the back of the Summons, and I understand that they apply to me when this petition is filed.

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

Date: _____

▶ _____
(SIGNATURE OF PETITIONER)

.....

▶ _____
(SIGNATURE OF ATTORNEY FOR PETITIONER)

(TYPE OR PRINT NAME OF ATTORNEY)

NOTICE: Please review your will, insurance policies, retirement benefit plans, credit cards, other credit accounts and credit reports, and other matters you may want to change in view of the dissolution or annulment of your marriage, or your legal separation. However, some changes may require the agreement of your spouse or a court order (see Family Code sections 231-235).

MARRIAGE OF <i>(last name, first name of parties):</i>	CASE NUMBER:
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(THIS IS NOT AN ORDER)

Petitioner Respondent Claimant requests the following orders be made:

1. CHILD CUSTODY To be ordered pending the hearing
 - a. Child (name and age)
 - b. Request custody to (name)
 - c. Modify existing order
(1) filed on (date):
(2) ordering (specify):
2. CHILD VISITATION To be ordered pending the hearing
 - a. Reasonable
 - b. Other (specify):
 - c. Neither party shall remove the minor child or children of the parties

(1) from the State of California. (2) other (specify):
 - d. Modify existing order
(1) filed on (date):
(2) ordering (specify):
3. CHILD SUPPORT *(A Wage and Earnings Assignment Order will be issued.)*
 - a. Child (name and age)
 - b. Monthly amount
(if not by guideline)
\$
 - c. Modify existing order
(1) filed on (date):
(2) ordering (specify):
4. SPOUSAL SUPPORT *(A Wage and Earnings Assignment Order will be issued.)*
 - a. Amount requested (monthly): \$
 - b. Modify existing order
(1) filed on (date):
(2) ordering (specify):
 - c. Terminate existing order
(1) filed on (date):
(2) ordering (specify):
5. ATTORNEY FEES AND COSTS a. Fees: \$ b. Costs: \$
6. RESIDENCE EXCLUSION AND RELATED ORDERS To be ordered pending the hearing

Petitioner Respondent must move out immediately and must not return to the family dwelling at (address):
 taking only clothing and personal effects needed until the hearing.
7. STAY-AWAY ORDERS To be ordered pending the hearing
 - a. Petitioner Respondent must stay at least (specify): _____ yards away from applicant and the following places:
(1) applicant's residence (address optional):
(2) applicant's place of work (address optional):
(3) the children's school (address optional):
(4) other (specify):
 - b. Contacts relating to pickup and delivery of children pursuant to a court order or a stipulation of the parties arrived at during mediation shall be permitted.
8. RESTRAINT ON PERSONAL CONDUCT To be ordered pending the hearing

Petitioner Respondent

 - a. shall not molest, attack, strike, threaten, sexually or otherwise assault, or otherwise disturb the peace of the other party and any person under the care, custody, and control of the other party.
 - b. shall not contact or telephone the other party.

except that peaceful contacts relating to minor children of the parties shall be permitted.

(Continued on reverse)

9. PROPERTY RESTRAINT To be ordered pending the hearing
- a. The petitioner respondent claimant be restrained from transferring, encumbering, hypothecating, concealing, or in any way disposing of any property, real or personal, whether community, quasi-community, or separate, except in the usual course of business or for the necessities of life.
 and applicant be notified at least five business days before any proposed extraordinary expenditures and an accounting of such be made to the court.
- b. Both parties are restrained and enjoined from cashing, borrowing against, canceling, transferring, disposing of, or changing the beneficiaries of any insurance or other coverage including life, health, automobile, and disability held for the benefit of the parties or their minor children.
- c. Neither party shall incur any debts or liabilities for which the other may be held responsible, other than in the ordinary course of business or for the necessities of life.

10. PROPERTY CONTROL To be ordered pending the hearing
- a. Petitioner Respondent be given the exclusive temporary use, possession, and control of the following property we own or are buying (specify):
- b. Petitioner Respondent be ordered to make the following payments on liens and encumbrances coming due while the order is in effect:
- | | | |
|-------------|--------------------------|---------------|
| <u>Debt</u> | <u>Amount of payment</u> | <u>Pay to</u> |
|-------------|--------------------------|---------------|

11. LAW ENFORCEMENT AGENCIES I request that copies of orders be given to the following law enforcement agencies having jurisdiction over the locations where violence is likely to occur:
- | | |
|-------------------------------|----------------|
| <u>Law enforcement agency</u> | <u>Address</u> |
|-------------------------------|----------------|

12. I request that time for service of the Order to Show Cause and accompanying papers be shortened so that they may be served no less than (specify number): _____ days before the time set for the hearing. I need to have the order shortening time because of the facts specified in the attached declaration.

13. OTHER RELIEF (specify):

14. FACTS IN SUPPORT of relief requested and change of circumstances for any modification are (specify):
 contained in the attached declaration.

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 APPLICANT)

ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (pursuant to Welf. & Inst. Code, §§ 11475. 1, 11478.2) (Name and Address):	TELEPHONE NO.:	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:		
NOTICE OF MOTION AND MOTION FOR SIMPLIFIED MODIFICATION OF ORDER FOR <input type="checkbox"/> CHILD SUPPORT <input type="checkbox"/> SPOUSAL SUPPORT <input type="checkbox"/> FAMILY SUPPORT		

TO (name):

1. A hearing on this motion for the relief requested below will be held as follows:

a. Date:	Time:	Dept.:	Room:
----------	-------	--------	-------

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

2. I am requesting the court to change the amount currently payable by
 petitioner/plaintiff respondent/defendant other parent to the following:

- a. child support pursuant to the California child support guideline commencing (date):
 - b. spousal support of: \$ _____ per month beginning (date):
 - c. family support of: \$ _____ per month beginning (date):
- or such other sums as may be appropriate pursuant to applicable guidelines.

3. I am requesting issuance of modified wage and earnings assignment.

4. I am requesting the court to order the petitioner/plaintiff respondent/defendant other parent to provide health insurance coverage for the children as obligated by law, and to issue a Health Insurance Coverage Assignment.

5. (Check whichever statements are true, if any)

- a. An application for public assistance for the children is pending in (county name): _____ County.
- b. The children are receiving public assistance from (county name): _____ County.
- c. This request is made by the governmental agency providing support enforcement services in this action.

6. This request is based on

- a. the attached completed *Financial Statement (Simplified)* or *Income and Expense Declaration* for the applicant.
- b. a significant change in the income of petitioner/plaintiff respondent/defendant other parent
- c. the attached guideline support calculation sheet.
- d. 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 DECLARANT)
(Proof of service on reverse)		

INFORMATION SHEET
SIMPLIFIED WAY TO CHANGE CHILD, SPOUSAL, OR FAMILY SUPPORT
(California Rules of Court, rule 1285.31)

New laws make it easier for a person to ask the court to raise or lower the amount paid for child, spousal, or family support.

How to Ask for a Change

1. Get copies of these forms:
 - *Notice of Motion and Motion for Simplified Modification of Order for Child, Spousal, or Family Support* ("*Notice of Motion*") (form 1285.30).
 - *Responsive Declaration to Motion for Simplified Modification for Child, Spousal, or Family Support* (form 1285.32).
 - *Findings and Order After Hearing* (form 1296.31).
 - *Financial Statement (Simplified)* (form 1285.52) or *Income and Expense Declaration* (form 1285.50).

The court clerk's office, the office of the family law facilitator, or the district attorney family support office, can tell you where to get these forms.
2. Fill out and sign the form *Notice of Motion*. **Check with your local court clerk's office or the office of the family law facilitator to see if the forms must be typewritten.**
3. Fill out the form *Financial Statement (Simplified)*, if you are allowed to use the form. See the instructions on the back side of the form to see if you qualify; otherwise you must fill out the *Income and Expense Declaration*. You must attach copies of your most recent form W-2's, and three most recent back pay check stubs, the form *Financial Statement (Simplified)* or the form *Income and Expense Declaration*.
4. You must schedule a hearing date with your court clerk's office before filing and serving these papers. You must enter the hearing date in item 1 of the *Notice of Motion*.
5. Make at least three copies of these forms after you have completed them:
 - *Notice of Motion and Motion for Simplified Modification of Order for Child, Spousal, or Family Support* (form 1285.30).
 - *Financial Statement (Simplified)* (form 1285.52) or *Income and Expense Declaration* (form 1285.50).
6. You must have one copy of each of the following papers served on the district attorney **and on the other party**, if the other party is not the county:
 - Your *Notice of Motion and Motion for Simplified Modification of Order for Child, Spousal, or Family Support* (form 1285.30).
 - Your *Financial Statement (Simplified)* (form 1285.52) or *Income and Expense Declaration* (form 1285.50).
 - A blank *Responsive Declaration to Motion for Simplified Modification for Child, Spousal, or Family Support* (form 1285.32).
 - A blank *Financial Statement (Simplified)* (form 1285.52) or *Income and Expense Declaration* (form 1285.50).
 - *Information Sheet - How to Oppose a Motion for Simplified Modification* (form 1285.33).

For instructions on how to serve these papers properly, see the information box on the Proof of Service, found on the reverse of the *Notice of Motion*. Whoever serves the papers should fill out and must sign the Proof of Service.
7. Take the original of each of the completed forms to the court clerk's office for filing. If you or your attorney have not filed any other papers in the case, you must do one or more of the following:
 - Pay a first appearance filing fee to the court clerk when you go to file these papers (you can find out what the amount of the fee is from the court clerk's office or the office of the family law facilitator); or
 - Pay a fee to file this motion with the court clerk, even if you or your attorney have already filed papers in this case; or
 - Apply for a fee waiver. For more information on how to request a waiver of the filing fees, get the form *Information Sheet on Waiver of Court Fees and Costs* (form 982(a)(A)).

(Continued on reverse)

Using an Attorney

If you use this method to modify support, you may hire an attorney to represent you in court, or you may represent yourself. If you hire an attorney, you will have to pay the cost. The court will not provide you with a free attorney.

If the county is the other party, and if one of the parties is receiving welfare benefits, or if one of the parties has asked the district attorney to enforce support, a representative from the district attorney's office will be present at the hearing. **REMEMBER: The district attorney does not represent any individual in this lawsuit, including the child, the child's mother, or the child's father.**

Agreeing to Support Before the Hearing

A court hearing may not be necessary to modify the current support order, if you are able to reach an agreement with the other party. Note that if an agreement is reached with the other party, you must prepare an order and submit it to the court for the judge's signature and file the order with the court clerk's office. If one of the parties is receiving welfare benefits or the district attorney is enforcing the support order, the district attorney must sign the agreement before it is filed with the court.

Hearing

Even if neither the district attorney nor the other party has filed a response to your *Notice of Motion*, the judge may still require a hearing. Make sure you bring with you a copy of your *Notice of Motion, Financial Statement (Simplified)* or *Income and Expense Declaration*, your most recent federal and state income tax returns and form W-2's, and three most recent pay check stubs. The other party has a right to see your financial information, and you have the right to see the other party's financial information.

Court Order

Once the judge makes a decision, you may be required to prepare the form *Findings and Order After Hearing* (form 1296.31). If the support order has changed, you may also be required to prepare a modified *Wage and Earnings Assignment Order* (form 1285.70). You will not have to prepare these documents if the district attorney is involved. If you have prepared these documents yourself, you must make sure that they are signed by the judge. Check with the court clerk's office or the office of the family law facilitator for the proper procedure. After the *Wage and Earnings Assignment Order* is signed by the judge and filed, it must be served on the noncustodial parent's employer, on the other party, and on the district attorney if the district attorney is involved in the case.

ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (pursuant to Welf. & Inst. Code, §§ 11475.1, 11478.2) (Name, state bar number, and address): _____	TELEPHONE AND FAX NOS.:	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:		
RESPONSIVE DECLARATION TO MOTION FOR SIMPLIFIED MODIFICATION OF ORDER FOR CHILD, SPOUSAL, OR FAMILY SUPPORT		
HEARING DATE:	TIME:	DEPT., ROOM, OR DIVISION:
		CASE NUMBER:

1. I consent to the request contained in the *Motion for Simplified Modification of Order* (form 1285.30).

2. I object to the request contained in the *Motion for Simplified Modification of Order* (form 1285.30) for the following reasons (check one or more):
 - a. My income is incorrectly stated.
 - b. The other parent's income is incorrectly stated.
 - c. I am entitled to the hardship deductions as shown in my attached *Financial Statement (Simplified)* (form 1285.52) or my *Income and Expense Declaration* (form 1285.50).
 - d. The other parent is not entitled to hardship deductions as claimed.
 - e. The amount of support is not computed correctly.
 - f. OTHER (specify):

3. I have attached the following:
 - a. A completed copy of my *Financial Statement (Simplified)* (form 1285.52) or my *Income and Expense Declaration* (form 1285.50).
 - b. A guideline support calculation sheet.
 - c. OTHER (specify):

NOTICE TO BOTH PARENTS

You must bring copies of your three most recent pay stubs and your two most recent federal and state tax returns (whether individual or joint) to the hearing.

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)

(Proof of service on reverse)

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

This *Responsive Declaration* must be served on the other party. If the action was brought by the district attorney, the district attorney is enforcing the order, or the child is receiving AFDC (or TANF), the *Responsive Declaration* must also be served on the district attorney of the county where the action is filed. Service of the *Responsive Declaration* on the district attorney and other party may be made by anyone at least 18 years of age EXCEPT you. Service is made in one of the following ways:

(1) Personally delivering it to the office of the district attorney and to the other party.

OR

(2) Mailing it, postage prepaid, to the office of the district attorney and to the other party.

Anyone at least 18 years of age EXCEPT A PARTY to this action may personally serve or mail the *Responsive Declaration*. Be sure whoever served the declaration fills out and signs this proof of service. The *Responsive Declaration* cannot be filed with the court until the district attorney and the other party are served and this proof of service is properly completed.

1. At the time of service I was at least 18 years of age and not a party to the legal action.
2. I served a copy of the foregoing *Responsive Declaration* as follows (check either a. or b. below for each person served):
 - a. **Personal service.** I personally delivered a copy of the *Responsive Declaration* as follows:

<input type="checkbox"/> (1) Name of party or attorney served:	<input type="checkbox"/> (2) Name of district attorney's office served:
<input type="checkbox"/> (a) Address where delivered:	<input type="checkbox"/> (a) Address where delivered:
<input type="checkbox"/> (b) Date of delivery:	<input type="checkbox"/> (b) Date of delivery:
<input type="checkbox"/> (c) Time of delivery:	<input type="checkbox"/> (c) Time of delivery:
 - b. **Mail.** I deposited a copy of the *Responsive Declaration* in the United States mail, in a sealed envelope with postage fully prepaid, addressed as follows:

<input type="checkbox"/> (1) Name of party or attorney served:	<input type="checkbox"/> (2) Name of district attorney's office served:
<input type="checkbox"/> (a) Address:	<input type="checkbox"/> (a) Address:
<input type="checkbox"/> (b) Date of mailing:	<input type="checkbox"/> (b) Date of mailing:
<input type="checkbox"/> (c) Time of mailing:	<input type="checkbox"/> (c) Time of mailing:

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 RESPONSIVE DECLARATION)

INFORMATION SHEET
HOW TO OPPOSE A REQUEST TO CHANGE CHILD, SPOUSAL, OR FAMILY SUPPORT
(California Rules of Court, rule 1285.33)

New laws make it easier for a person to ask the court to raise or lower the amount paid for child, spousal, or family support.

What to Do

1. If you receive a *Notice of Motion and Motion for Simplified Modification or Order for Child, Spousal, or Family Support* ("*Notice of Motion*") (form 1285.30) from the other party or the district attorney family support, you have one of two choices:

- Agree with the proposed changes; or
- File a response and go to the hearing.

2. You do not need to wait to go to court before modifying the support. If you agree with the changes sought (see item 2 on the front of the *Notice of Motion*), or if you agree that the order should be changed in some way, contact the party that served you so that an agreement should be reached. If an agreement is reached with the other party, an order must be prepared and submitted to the court for the judge's signature and filed with the court clerk's office. If one of the parties is receiving welfare benefits or the district attorney is enforcing the support order, the district attorney must sign the agreement before it is filed with the court. If you are able to reach an agreement with the other party and the order is filed with the court clerk's office, you do not need to appear at the hearing. The hearing will simply be taken off calendar.

NOTICE: Unless you know the hearing has been taken off calendar, you should go to the hearing as scheduled to protect your rights. You might consider calling the court the day before the hearing to see if the hearing is still on calendar.

3. If you do not agree with the proposed changes, you must do the following:

- Complete the *Responsive Declaration to Motion for Simplified Modification of Order for Child, Spousal, or Family Support* ("*Response to Motion*") (form 1285.32). If a blank *Response to Motion* was not given to you when you received the *Notice of Motion*, the court clerk's office, the office of the family law facilitator, or the district attorney family support office, can tell you where one can be found. **NOTICE: Check with your local court clerk's office or the office of the family law facilitator to see if the forms must be typewritten.** Make at least three copies of the completed form.
- Fill out the form *Financial Statement (Simplified)* (form 1285.52), if you are allowed to use the form. See the instructions on the back side of the form to see if you qualify; otherwise, you must fill out the form *Income and Expense Declaration* (form 1285.50). You must attach copies of your most recent form W-2's, and three most recent pay check stubs to the form *Financial Statement (Simplified)* or the form *Income and Expense Declaration*. Make at least three copies of the completed form.

4. You must have one copy of each of the following papers served on the district attorney **and on the other party**, if the other party is not the district attorney:

- Your *Response to Motion* (form 1285.32).
- Your *Financial Statement (Simplified)* (form 1285.52) or *Income and Expense Declaration* (form 1285.50).

For instructions on how to serve these papers properly, see the information box on the Proof of Service, found on the reverse of the *Response to Motion*. Whoever serves the papers should fill out and must sign the Proof of Service. **NOTICE: Consult with the office of the family law facilitator or the local court rules to see if there are any other documents you will need to have served on the district attorney and on the other party.**

(Continued on reverse)

5. Take the original of each of the completed forms to the court clerk's office for filing. If you or your attorney have not filed any other papers in the case, you must do one of two things:
- Pay a first appearance filing fee to the court clerk when you go to file these papers (you can find out what the amount of the fee is from the court clerk's office or the office of the family law facilitator); or
 - Apply for a fee waiver. For more information on how to request a waiver of the filing fees, get the form *Information Sheet on Waiver of Court Fees and Costs* (form 982(a)(A)).

NOTICE: The existing support order remains in effect and payments must be made according to its terms until any new order is made.

Using an Attorney

If you use this method to modify support, you may hire an attorney to represent you in court, or you may represent yourself. If you hire an attorney, you will have to pay the cost. The court will not provide you with a free attorney.

If the county is the other party, and if one of the parties is receiving welfare benefits, or if one of the parties has asked the district attorney to enforce support, a representative from the district attorney's office will be present at the hearing.

REMEMBER: The district attorney does not represent any individual in this lawsuit, including the child, the child's mother, and the child's father.

Hearing

Make sure you bring with you a copy of your *Response to Motion, Financial Statement (Simplified)* or *Income and Expense Declaration*, your most recent federal and state income tax returns and form W-2's, and three most recent pay check stubs. The other party has a right to see your financial information, and you have the right to see the other party's financial information.

Court Order

Whether you win or lose, once the judge makes a decision, you may be required to prepare the form *Findings and Order After Hearing* (form 1296.31). If the support order has changed, you may also be required to prepare a modified *Wage and Earnings Assignment Order* (form 1285.70). Usually, the party bringing the motion is supposed to prepare these papers. If that party does not, you must be ready to do it. You will not have to prepare these documents if the district attorney is involved.

If you have prepared these documents yourself, you must make sure that they are signed by the judge. Check with the court clerk's office or the office of the family law facilitator for the proper procedure. After the *Wage and Earnings Assignment Order* is signed by the judge and filed, it must be served on the noncustodial parent's employer, on the other party, and on the district attorney if the district attorney is involved in the case.

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name and Address</i>):	TELEPHONE NO.:	<i>FOR COURT USE ONLY</i>
ATTORNEY FOR (<i>Name</i>):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF		
STREET ADDRESS:		
MAILING ADDRESS:		
CITY AND ZIP CODE:		
BRANCH NAME:		
PETITIONER/PLAINTIFF:		
RESPONDENT/DEFENDANT:		
INCOME AND EXPENSE DECLARATION		

Step 1
Attachments to this summary | I have completed Income Expense Child Support Information forms.
(If child support is not an issue, do not complete the Child Support Information Form. If your only income is AFDC, do not complete the Income Information Form.)

Step 2
Answer all questions that apply to you

1. Are you receiving or have you applied for or do you intend to apply for welfare or AFDC?
 Receiving Applied for Intend to apply for No

2. What is your date of birth (*month/day/year*)? _____

3. What is your occupation? _____

4. Highest year of education completed: _____

5. Are you currently employed? Yes No

a. If yes: (1) Where do you work? (*name and address*): _____

(2) When did you start work there (*month/year*)? _____

b. If no: (1) When did you last work (*month/year*)? _____

(2) What were your gross monthly earnings? _____

6. What is the total number of minor children you are legally obligated to support? _____

Step 3
Monthly income information

7. Net monthly disposable income (*from line 16a of Income Information*): \$

8. Current net monthly disposable income (*if different from line 7, explain below or on Attachment 8*):

Step 4
Expense information

9. Total monthly expenses from line 2q of Expense Information: \$ _____

10. Amount of these expenses paid by others: \$ _____

Step 5 **Other party's income**

11. My estimate of the other party's gross monthly income is: \$ _____

Step 6
Date and sign this form | I declare under penalty of perjury under the laws of the State of California that the foregoing and the attached information forms are true and correct.

Date: _____

.....
 (TYPE OR PRINT NAME) ▶ _____
 (SIGNATURE OF DECLARANT)

Petitioner Respondent

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT:	CASE NUMBER:
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INCOME INFORMATION OF (name):

1. Total gross salary or wages, including commissions, bonuses, and overtime paid during the last 12 months: 1. \$ _____
2. All other money received during the last 12 months **except welfare, AFDC, SSI, spousal support from this marriage, or any child support.** *Specify sources below:*

_____	2a. \$ _____
_____	2b. \$ _____
_____	2c. \$ _____
_____	2d. \$ _____

Include pensions, social security, disability, unemployment, military basic allowance for quarters (BAQ), spousal support from a different marriage, dividends, interest or royalty, trust income, and annuities. Include income from a business, rental properties, and reimbursement of job-related expenses

➤ *Prepare and attach a schedule showing gross receipts less cash expenses for each business or rental property*
3. Add lines 1 through 2d 3. _____
 Divide line 3 by 12 and place result on line 4a.

	Average last 12 months:	Last month:
4. Gross income	4a. \$ _____	4b. \$ _____
5. State income tax	5a. _____	5b. \$ _____
6. Federal income tax	6a. \$ _____	6b. \$ _____
7. Social Security and Hospital Tax ("FICA" and "MEDI") or self-employment tax, or the amount used to secure retirement or disability benefits	7a. \$ _____	7b. \$ _____
8. Health insurance for you and any children you are required to support	8a. \$ _____	8b. \$ _____
9. State disability insurance	9a. \$ _____	9b. \$ _____
10. Mandatory union dues	10a. \$ _____	10b. \$ _____
11. Mandatory retirement and pension fund contributions	11a. \$ _____	11b. \$ _____
<i>Do not include any deduction claimed in item 7.</i>		
12. Court-ordered child support, court-ordered spousal support, and voluntarily paid child support in an amount not more than the guideline amount, actually being paid for a relationship other than that involved in this proceeding:	12a. \$ _____	12b. \$ _____
13. Necessary job-related expenses (<i>attach explanation</i>)	13a. \$ _____	13b. \$ _____
14. Hardship deduction (Line 4d on Child Support Information Form)	14a. \$ _____	14b. \$ _____
15. Add lines 5 through 14. Total monthly deductions:	15a. \$ _____	15b. \$ _____
16. Subtract line 15 from line 4. Net monthly disposable income:	16a. \$ _____	16b. \$ _____

17. AFDC, welfare, spousal support from this marriage, and child support from other relationships received each month: 17. \$ _____
18. Cash and checking accounts: 18. \$ _____
19. Savings, credit union, certificates of deposit, and money market accounts: 19. \$ _____
20. Stocks, bonds, and other liquid assets: 20. \$ _____
21. All other property, real or personal (*specify below*): 21. \$ _____

➤ **Attach a copy of your three most recent pay stubs.**

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: EXPENSE INFORMATION OF (name):	CASE NUMBER:
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1. a. List all persons living in your home whose expenses are included below and their income: <input type="checkbox"/> Continued on Attachment 1a.	1. 2. 3. 4.	<u>name</u>	<u>age</u>	<u>relationship</u>	<u>gross monthly income</u>
b. List all other persons living in your home and their income: <input type="checkbox"/> Continued on Attachment 1b.	1. 2. 3.				

2. MONTHLY EXPENSES

a. Residence payments

(1) Rent or mortgage \$ _____

(2) If mortgage, include:
 Average principal \$ _____

Average interest _____
 Impound for real property taxes _____
 Impound for homeowner's insurance _____

(3) Real property taxes (if not included in (item (2))) _____

(4) Homeowner's or renter's insurance (if not included in item (2)) _____

(5) Maintenance _____

b. Unreimbursed medical and dental expenses _____

c. Child care _____

d. Children's education _____

e. Food at home and household supplies . . . _____

f. Food eating out _____

g. Utilities _____

h. Telephone _____

i. Laundry and cleaning _____

j. Clothing _____

k. Insurance (life, accident, etc. Do not include auto, home, or health insurance) \$ _____

l. Education (specify): _____

m. Entertainment _____

n. Transportation and auto expenses (insurance, gas, oil, repair) _____

o. Installment payments (insert total and itemize below in item 3) _____

p. Other (specify): _____

q. TOTAL EXPENSES (a-p) _____
 (do not include amounts in a(2))

3. ITEMIZATION OF INSTALLMENT PAYMENTS OR OTHER DEBTS Continued on Attachment 3.

CREDITOR'S NAME	PAYMENT FOR	MONTHLY PAYMENT	BALANCE	DATE LAST PAYMENT MADE

4. ATTORNEY FEES

a. To date I have paid my attorney for fees and costs:

The source of this money was:

b. I owe to date the following fees and costs over the amount paid:

c. My arrangement for attorney fees and costs is:

I confirm this information and fee arrangement.

 (SIGNATURE OF ATTORNEY)

.....
 (TYPE OR PRINT NAME OF ATTORNEY)

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: CHILD SUPPORT INFORMATION OF (name):	CASE NUMBER:
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THIS PAGE MUST BE COMPLETED IF CHILD SUPPORT IS AN ISSUE.

1. Health insurance for my children is is not available through my employer.

a. Monthly cost paid by me or on my behalf for the children *only* is: \$ _____

Do not include the amount paid or payable by your employer.

b. Name of carrier:

c. Address of carrier:

d. Policy or group policy number:

2. Approximate percentage of time each parent has primary physical responsibility for the children:

Mother % Father %

3. The court is requested to order the following as additional child support:

a. Child care costs related to employment or to reasonably necessary education or training for employment skills

(1) Monthly amount currently paid by mother: \$ _____

(2) Monthly amount currently paid by father: \$ _____

b. Uninsured health care costs for the children (*for each cost state the purpose for which the cost was incurred and the estimated monthly, yearly, or lump sum amount paid by each parent*):

c. Educational or other special needs of the children (*for each cost state the purpose for which the cost was incurred and the estimated monthly, yearly, or lump sum amount paid by each parent*):

d. Travel expense for visitation

(1) Monthly amount currently paid by mother: \$ _____

(2) Monthly amount currently paid by father: \$ _____

4. The court is requested to allow the deductions identified below, which are justifiable expenses that have caused an extreme financial hardship.

a. Extraordinary health care expenses (*specify and attach any supporting documents*):

Amount paid
per month

How many months will
you need to make
these payments

b. Uninsured catastrophic losses (*specify and attach supporting documents*):

c. Minimum basic living expenses of dependent minor children from other marriages or relationships who live with you (*specify names and ages of these children*):

d. Total hardship deductions requested (*add lines a-c*): _____

Your name and address or attorney's name and address:	TELEPHONE NO.:	FOR COURT USE ONLY
ATTORNEY FOR (Name):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF		
STREET ADDRESS:		
MAILING ADDRESS:		
CITY AND ZIP CODE:		
BRANCH NAME:		
PETITIONER/PLAINTIFF:		
RESPONDENT/DEFENDANT:		
FINANCIAL STATEMENT (SIMPLIFIED)		CASE NUMBER:

NOTICE: See reverse for instructions and eligibility.

1. a. My only source of income is AFDC, SSI, or GA/GR. (If you check this box, skip to item 8.)
- b. I have applied for AFDC, SSI, or GA/GR.
2. I am the parent of the following number of natural or adopted children from this relationship: _____
3. a. The children from this relationship are with me this amount of time: _____
- b. The children from this relationship are with the other parent this amount of time: _____
- c. Our arrangement for custody and visitation is (specify, using extra sheet if necessary): _____
4. My tax filing status is: single married filing jointly head of household married filing separately.
5. My current gross income (before taxes) per month is (specify amount): _____
- This income comes from the following:
- Salary (wages): Amount before taxes per month (specify amount): _____
- Retirement: Amount before taxes per month (specify amount): _____
- Unemployment compensation: Amount per month (specify amount): _____
- Worker's compensation: Amount per month (specify amount): _____
- Social Security SSI Other Amount per month (specify amount): _____
- Disability: Amount per month (specify amount): _____
- I have no income other than as stated in this paragraph.
6. I pay the following monthly expenses for the children in this case:
 - a. Day care or preschool to allow me to work or go to school (specify amount): _____
 - b. Health care not paid for by insurance (specify amount): _____
 - c. School, education, tuition, or other special needs of the child (specify amount): _____
 - d. Travel expenses for visitation (specify amount): _____
7. There are (specify number) _____ other minor children of mine living with me. Their monthly expenses which I pay are (specify amount): _____
8. I spend the following average monthly amounts (please attach proof): _____
 - a. Job-related expenses that are not paid by my employer (specify on separate sheet for what expenses are paid): _____
 - b. Required union dues (specify amount): _____
 - c. Required retirement payments (not Social Security or FICA) (specify amount): _____
 - d. Health insurance costs (specify amount): _____
 - e. Child support I am paying for other minor children of mine who are not living with me (specify amount): _____
 - f. Spousal support I am paying because of a court order for another relationship (specify amount): _____
 - g. Monthly housing costs: rent or mortgage (specify amount): _____
9. Information concerning my current employment my most recent employment:

Employer: _____

Address: _____

Telephone number: _____

Occupation: _____

Date work started: _____

(Continued on reverse)

MARRIAGE OF <i>(last name, first name of parties)</i> : _____	CASE NUMBER: _____
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10. My estimate of the other party's gross monthly income (before taxes) is *(specify amount)*; \$ _____

11. Other information I want the court to know concerning child support in my case *(attach extra sheet with the information)*.
 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) <input type="checkbox"/> PETITIONER/PLAINTIFF <input type="checkbox"/> RESPONDENT/DEFENDANT
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INSTRUCTIONS

Step 1: Are you eligible to use this form? *If your answer is YES to any of the following questions, you may NOT use this form:*

- Are you asking for spousal support (alimony) or a change in spousal support?
- Is your spouse or former spouse asking for spousal support (alimony) or a change in spousal support?
- Are you asking the other party to pay your attorney fees?
- Is the other party asking you to pay that party's attorney fees?
- Do you receive money (income) from any source other than the following?
 - Welfare (such as AFDC, GR, or GA)
 - Salary or Wages
 - Disability
 - Unemployment
 - Worker's Compensation
 - Social Security
 - Retirement
- Are you self-employed?

If you are eligible to use this form and choose to do so, you do not need to complete the Income and Expense Declaration (Form 1285.50). Even if you are eligible to use this form, you may choose instead to use the Income and Expense Declaration (Form 1285.50).

Step 2: Make 2 copies of each of your 3 most recent pay stubs. If you received money from other than wages of salary, include copies of the payment notice received with that money.

Privacy notice: If you wish, you may cross out your Social Security Number if it appears on the wage stub or other payment notice.

Step 3: Make 2 copies of your most recent federal income tax form.

Step 4: Complete this form with the required information. Type the form if possible or complete it neatly and clearly in black ink. If you need additional room, please use plain or lined paper, 8 1/2" x 11", and staple to this form.

Step 5: Make 2 copies of each side of this completed form and any attached pages.

Step 6: Serve a copy on the other party. Have someone other than yourself mail to the attorney for the other party, the other party, or the District Attorney one copy of this form, one copy of each of your three most recent pay stubs, and one copy of your most recent federal income tax return.

Step 7: File the original with the court. Staple this form with one copy of each of your three most recent pay stubs. Take this document and give it to the clerk of the court.

Step 8: Keep the remaining copies of the documents for your file.

Step 9: Bring the copy of your latest federal income tax return to the court hearing.

It is very important that you attend the hearings scheduled for this case. If you do not attend a hearing, the court may make an order without considering the information you want the court to consider. This may result in an order that is not what you want.

MARRIAGE OF (last name, first name of parties):

CASE NUMBER:

DECLARATION OF NO HEALTH INSURANCE COVERAGE

No health insurance coverage is available to the obligor (name):
because (state reasons):

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 AND TITLE)

.....
(SIGNATURE OF EMPLOYER OR PERSON PROVIDING HEALTH INSURANCE)

MAIL A COPY OF THIS DECLARATION WITHIN 20 DAYS TO THE ATTORNEY OR PERSON SEEKING THIS ENROLLMENT
(SEE INSTRUCTION NO. 5, BELOW).

INSTRUCTIONS FOR EMPLOYER OR OTHER PERSON PROVIDING HEALTH INSURANCE

These instructions apply only to an Order for Health Insurance Coverage issued by a court.

1. If the obligor works for you or is covered by health insurance provided by you, you must give him or her a copy of this order within 10 days after you receive it.
2. Unless you receive a motion to quash the assignment, you must take steps to begin or maintain coverage of the specified children within 10 days after you receive this order. The coverage should begin at the earliest possible time consistent with group plan enrollment rules.
3. The obligor's existing health coverage shall be replaced only if the children are not provided benefits under the existing coverage where they reside.
4. If the obligor is not enrolled in a plan and there is a choice of several plans, you may enroll the children in any plan that will reasonably provide benefits or coverage where they live, unless the court has ordered coverage by a specific plan.
5. If no coverage is available, complete the Declaration of No Health Insurance Coverage at the top of this page and mail the declaration by first class mail to the attorney or person seeking the assignment within 20 days of your receipt of this order. Keep a copy of the form for your records.
6. If coverage is provided, you must supply evidence of coverage to both parents and any person having custody of the child.
7. Upon request of the parents or person having custody of the child, you must provide all forms and other documentation necessary for submitting claims to the insurance carrier to the extent you provide them to other covered individuals.
8. You must notify the applicant of the effective date of the coverage of the children.
9. You will be liable for any amounts incurred for health care services that would otherwise have been covered under the insurance policy if you willfully fail to comply with this order. You can also be held in contempt of court. California law forbids your firing or taking any disciplinary action against any employee because of this order.

EMPLOYEE INFORMATION

1. This order tells your employer or other person providing health insurance coverage to you to enroll or maintain the named children in a health insurance plan available to you and to deduct the appropriate premium or costs, if any, from your wages or other compensation.
2. You have 10 days to contest this order. Family Code section 3765 tells you how.
3. Family Code section 3770 tells you how and when to petition the court to end this assignment.

PETITIONER/PLAINTIFF:	CASE NUMBER:
RESPONDENT/DEFENDANT:	
EMPLOYER'S HEALTH INSURANCE RETURN	

1. Name of parent employee:

2. Home address of absent parent employee:
 Not known

3. The employee has *no* insurance policies for health care, vision care, or dental care through this employment.

4. The employee has the following insurance policies covering health care, vision care, and dental care:

<u>Company</u>	<u>Type of policy</u>	<u>Policy No.</u>	<u>Persons insured</u>
----------------	-----------------------	-------------------	------------------------

Date:

.....
 (TYPE OR PRINT NAME OF EMPLOYER)



.....
 (SIGNATURE OF EMPLOYER)

Address:

Telephone No.:

5. Return this completed return to the following district attorney within 30 days (*name and address of district attorney*):

If any insurance coverage lapses, complete the notice below and return a copy to the same district attorney.

NOTICE OF LAPSE IN HEALTH INSURANCE

6. The health insurance listed on the Employer's Health Insurance Return above has

- lapsed terminated FOR (*check one*):
- a. all persons insured for the following reason (*specify*):

- b. the following person (*name*): _____ for the following reason (*specify*): _____

Date:

.....
 (TYPE OR PRINT NAME OF EMPLOYER)



.....
 (SIGNATURE OF EMPLOYER)

Address:

Telephone No.:

NOTICE OF RIGHTS AND RESPONSIBILITIES

Health Care Costs and Reimbursement Procedures

IF YOU HAVE A CHILD SUPPORT ORDER THAT INCLUDES A PROVISION FOR THE REIMBURSEMENT OF A PORTION OF THE CHILD'S OR CHILDREN'S HEALTH CARE COSTS AND THOSE COSTS ARE NOT PAID FOR BY INSURANCE, THE LAW SAYS:

1. NOTICE. You must give the other parent an itemized statement of the charges that have been billed for any health care costs that are not paid for by insurance. You must give this statement to the other parent within a reasonable time, but no longer than 30 days after those costs were given to you.

2. PROOF OF FULL PAYMENT. If you have already paid all of the uninsured costs, you must (1) provide the other parent with proof that you have paid those costs, and (2) ask for reimbursement for the other parent's court-ordered share of those costs.

3. PROOF OF PARTIAL PAYMENT. If you have only paid your share of the uninsured costs, you must (1) provide the other parent with proof that you have paid your share, (2) ask that the other parent pay his or her share of the costs directly to the health care provider, and (3) provide the other parent with the information necessary for that parent to be able to pay the bill.

4. PAYMENT BY NOTIFIED PARENT. If you receive notice from a parent that an uninsured health care cost has been incurred, you must pay your share of that cost within the time the court orders, or if the court has not specified a period of time, you must make payment either (1) within 30 days from the time you were given notice of the amount due, (2) according to any payment schedule set by the health care provider, (3) according to a schedule agreed to in writing by yourself and the other parent, or (4) according to a schedule adopted by the court.

5. DISPUTED CHARGES. If you dispute a charge, you may file a motion in court to resolve the dispute, but only if you pay that charge before filing your motion. If you claim that the other party has failed to reimburse you for a payment, or the other party has failed to make a payment to the provider after proper notice has been given, you may file a motion in court to resolve the dispute. The court will presume that if uninsured costs have been paid, those costs were reasonable. The court may award attorney fees against a party who has been unreasonable.

6. COURT-ORDERED INSURANCE COVERAGE. If a parent provides health care insurance pursuant to a court order, that insurance shall be used at all times to the extent that it is available for health care costs.

a. Burden to prove. The burden to prove to the court that the coverage is inadequate to meet the child(ren)'s needs is upon the party claiming that inadequacy.

b. Cost of additional coverage. If a parent purchases health care insurance in addition to that being ordered, the purchasing parent shall pay for all the costs of the additional coverage. In addition, if the parent uses the alternative coverage, that parent shall pay for all costs that exceed what would have been incurred under the coverage provided by court order.

7. PREFERRED HEALTH PROVIDERS. If the court ordered coverage designates a preferred health care provider, that provider shall be used at all times consistent with the terms of the health insurance policy. When any party uses a health care provider other than the preferred provider, any health care costs that would have been paid by the preferred health provider had that provider been used shall be the sole responsibility of the party incurring those costs.

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name and Address</i>)	TELEPHONE NO.:	<i>FOR COURT USE ONLY</i>
ATTORNEY FOR (<i>Name</i>):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF		
STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
PETITIONER/PLAINTIFF:		
RESPONDENT/DEFENDANT:		
CLAIMANT:		
FINDINGS AND ORDER AFTER HEARING (Family Law—Domestic Violence Prevention—Uniform Parentage)		CASE NUMBER:

1. This proceeding was heard
on (*date*): _____ at (*time*): _____ in Dept.: _____ Room: _____
by Judge (*name*): _____ Temporary Judge

Petitioner/plaintiff present Attorney present (*name*): _____
 Respondent/defendant present Attorney present (*name*): _____
 Claimant present Attorney present (*name*): _____
On the order to show cause or motion filed (*date*): _____ by (*name*): _____

2. THE COURT ORDERS

3. Custody and visitation: As attached Not applicable

4. Child support: As attached Not applicable

5. Spousal-Family support: As attached Not applicable

6. Property orders: As attached Not applicable

7. Domestic Violence Miscellaneous Orders As attached Not applicable

8. Other orders: As attached Not applicable

9. Attorney fees (*specify amount*): \$ _____ payable as child support payable as spousal support
Payable to (*name and address*): _____

Payable forthwith other (*specify*): _____

10. All other issues are reserved until further order of court.

Date: _____ ▶ _____
JUDGE OF THE SUPERIOR COURT

Approved as conforming to court order.

▶ _____
SIGNATURE OF ATTORNEY FOR PETITIONER / PLAINTIFF RESPONDENT / DEFENDANT

(Continued)

CHILD SUPPORT INFORMATION AND ORDER ATTACHMENT
(Attachment to Findings and Order After Hearing)

Place an "X" by each item that is based on a stipulation of the parties.

THE COURT USED THE FOLLOWING INFORMATION IN DETERMINING THE AMOUNT OF CHILD SUPPORT

- A printout of a computer calculation is attached for all required items not filled out below.
- 1. There is a prior support order for the children of this relationship. The most recent prior support order was for: \$ _____ total per month for (number): _____ children, made on (date): _____
- 2. **Income** Each parent's monthly income is as follows: Mother Father
Net monthly disposable income before rebuttal factors: \$ _____ \$ _____
- 3. **Children of this relationship**
a. Number of children who are the subjects of the support order (specify): _____
b. Approximate percentage of time spent with: Mother _____ % Father _____ %
- 4. **Agreed amount of support** The Court finds by a preponderance of the evidence that a rebuttal factor exists; namely, that the parties stipulated to a support amount of: \$ _____ per month. The court finds the stipulated child support amount to be in the best interests of the child and that application of the formula would be unjust or inappropriate in this case. This change remains in effect until further order.

THE COURT ORDERS

- 5. A Wage and Earnings Assignment Order for child support shall issue.
- 6. Mother Father shall pay child support beginning (date): _____ and continuing until further order of the court, or until the child marries, dies, is emancipated, reaches age 19, or reaches age 18 and is not a full-time high school student, whichever occurs first, as follows:
a. **Base child support**

<u>(1) Child's name</u>	<u>Monthly amount</u>	<u>Payable to (name)</u>
-------------------------	-----------------------	--------------------------

 (2) Payable on the 1st of the month one-half on the 1st and one-half on the 15th of the month
 other (specify): _____
b. **Additional child support**
 (1) Child care costs:
(i) one-half of total \$ _____ per month
(ii) payable by mother father to (specify): _____
 (2) Other (specify): _____
 (3) The total amount of additional support is: \$ _____ per month
payable by mother father to (specify): _____
 (4) Payable on the 1st of the month one-half on the 1st and one-half on the 15th of the month
 other (specify): _____
 (5) A Health Insurance Coverage Assignment Order shall issue.
c. **Total child support per month: \$**
- 7. Attached are Child Support Extended Information Attachment Child Support Extended Order Attachment

NOTICE: Any party required to pay child support must pay interest on overdue amounts at the "legal" rate, which is currently 10 percent. This can be a large added amount.

CHILD SUPPORT EXTENDED INFORMATION ATTACHMENT
Attachment to Child Support Information and Order Attachment

Place an "X" by each item that is based on a stipulation of the parties.

THE COURT USED THE FOLLOWING INFORMATION IN DETERMINING THE AMOUNT OF CHILD SUPPORT:

- | | | | | | | |
|--------------------------|----|--------------------------|--|---|----------|--|
| <input type="checkbox"/> | 1. | <input type="checkbox"/> | Details of income | The details of each parent's monthly income and deductions and tax status are as follows: | | |
| <input type="checkbox"/> | | | | Mother | Father | |
| <input type="checkbox"/> | | | a. Gross monthly income | \$ _____ | \$ _____ | |
| <input type="checkbox"/> | | | b. Deductions from gross income
(Family Code section 4059(a)-(f)) | \$ _____ | \$ _____ | |
| <input type="checkbox"/> | | | c. Hardship deductions from gross
income (Family Code section 4059(g)) | \$ _____ | \$ _____ | |
| <input type="checkbox"/> | | | d. Net monthly disposable income before
rebuttal factors | \$ _____ | \$ _____ | |
| <input type="checkbox"/> | | | e. Federal income tax filing status (single, married,
married filing separately, head of household) | _____ | _____ | |
| <input type="checkbox"/> | | | f. Number of federal income tax
exemptions claimed | _____ | _____ | |
| <input type="checkbox"/> | 2. | <input type="checkbox"/> | Support calculation | | | |
| <input type="checkbox"/> | | | a. The guideline amount of child support calculated is: \$
per month payable by <input type="checkbox"/> mother <input type="checkbox"/> father | | | |
| <input type="checkbox"/> | | | b. <input type="checkbox"/> The court finds by a preponderance of the evidence that rebuttal factors exist. The rebuttal factors result in an
<input type="checkbox"/> increase <input type="checkbox"/> decrease in child support. The revised amount of support is: \$ _____ per month.
The court finds the child support amount revised by these factors to be in the best interests of the child and that
application of the formula would be unjust or inappropriate in this case. These changes remain in effect
<input type="checkbox"/> until further order <input type="checkbox"/> until (date): | | | |
| <input type="checkbox"/> | | | The factors are: | | | |
| <input type="checkbox"/> | | | (1) <input type="checkbox"/> The sale of the family residence is deferred under Family Code section 3800 and the rental value of the
family residence in which the children reside exceeds the mortgage payments, homeowners insurance, and
property taxes by: \$ _____ per month. Child support is decreased by: \$ _____ per month. | | | |
| <input type="checkbox"/> | | | (2) <input type="checkbox"/> The parent paying support has extraordinarily high income and the amount determined under the guideline
would exceed the needs of the child. Child support is decreased by: \$ _____ per month. | | | |
| <input type="checkbox"/> | | | (3) <input type="checkbox"/> The <input type="checkbox"/> mother <input type="checkbox"/> father is not contributing to the needs of the children at a level commensurate
with that party's custodial time. Child support is <input type="checkbox"/> increased <input type="checkbox"/> decreased by:
\$ _____ per month. | | | |
| <input type="checkbox"/> | | | (4) <input type="checkbox"/> Special circumstances exist in this case. Child support is <input type="checkbox"/> increased <input type="checkbox"/> decreased by:
\$ _____ per month. The special circumstances are: | | | |
| <input type="checkbox"/> | | | (i) <input type="checkbox"/> The parents have different custody arrangements for different children. | | | |
| <input type="checkbox"/> | | | (ii) <input type="checkbox"/> The parents have substantially equal custody of the children and one parent has a
much lower or high percentage of income used for housing than the other parent. | | | |
| <input type="checkbox"/> | | | (iii) <input type="checkbox"/> The child has special medical or other needs that require support greater than the
formula amount. These needs are (specify): | | | |
| <input type="checkbox"/> | | | (iv) <input type="checkbox"/> Other (specify): | | | |

CHILD SUPPORT EXTENDED ORDER ATTACHMENT
(Attachment to Child Support Information and Order Attachment)

Place an "X" by each item that is based on a stipulation of the parties.

THE COURT ORDERS

Additional child support (See item 6b(2) on the Child Support Information and Order Attachment)

a. Reasonable uninsured health care costs for the children

(1) Mother pays _____ % reasonable uninsured health care costs for the children.

(2) Father pays _____ % reasonable uninsured health care costs for the children.

(3) Costs be paid as follows (specify):

(4) See attached Notice of Rights and Responsibilities—Health Care Costs and Reimbursement Procedures.

b. Costs related to the educational or other special needs of the children

(1) one-half of total \$ _____ per month

(2) payable by mother father to (specify):

c. Travel expenses for visitation

(1) one-half of total \$ _____ per month

(2) payable by mother father to (specify):

PETITIONER / PLAINTIFF:	CASE NUMBER:
RESPONDENT / DEFENDANT:	

SPOUSAL OR FAMILY SUPPORT ORDER ATTACHMENT
(Attachment to Findings and Order After Hearing)

Place an "X" by each order that is based on a stipulation of the parties.

THE COURT FINDS

1. Net income (*Check at least one*):

a. The parties' monthly income and deductions are as follows:

Total gross monthly income	Total monthly deductions	Total hardship deductions	Net monthly disposable income
Petitioner: <input type="checkbox"/> on AFDC			
Respondent: <input type="checkbox"/> on AFDC			

—OR—

b. A printout of a computer calculation of the parties' financial circumstances is attached.

c. Other findings (*specify*):

THE COURT ORDERS

2. a. Petitioner Respondent shall pay to petitioner respondent
as spousal family support
\$ _____ per month, beginning (*date*):
 payable on the (*specify*): _____ day of each month
 payable other (*specify*): _____

b. A wage assignment for the foregoing support shall issue.

3. The parties shall promptly inform each other of any change of employment, including the employer's name, address, and telephone number.

4. 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. This can be a large added amount.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): 	TELEPHONE NO.:	<i>FOR COURT USE ONLY</i>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF		
STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT:		
APPLICATION FOR EXPEDITED CHILD SUPPORT ORDER (Family Code, §§ 3620-3634)		CASE NUMBER:

Notice to applicant: This form must be served before it is filed with the court.

To (name):

- I am requesting the court to order you to pay child support in the sum of: \$ _____ per month until trial of this action. (See item 2 of the proposed EXPEDITED CHILD SUPPORT ORDER attached to this form.) Attached is a completed Income and Expense Declaration for each parent and a worksheet showing the basis for the support.
- I am receiving am not receiving intend to apply for public assistance for the child or children listed in the proposed order.

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)

IF YOU DO NOT WANT TO PAY THE AMOUNT OF CHILD SUPPORT ASKED FOR, YOU MUST FILE A WRITTEN RESPONSE WITHIN 30 DAYS AND ASK FOR A COURT HEARING. The necessary forms (three blank copies of the Response to Application for Expedited Child Support Order and Notice of Hearing, and three blank copies of the Income and Expense Declaration) are attached. You do not have to pay any fee for filing the Response.

Contact the clerk's office by telephone or in person and ask for a date for a hearing. The hearing date must be at least 20 days and not more than 30 days after you file the Response to Application for Expedited Child Support Order. Complete and file the Response after serving a copy on the other parent. You must have someone over 18 years old, other than you, serve the forms. Have that person mail the papers to the address of the other parent or attorney for the other parent as shown on the top of the Application, or have that person personally give the papers to the other parent or attorney for the other parent. See the back of the Response for details. Have the person serving the Response complete and sign the Proof of Service on the back of the Response.

If you have this matter set for hearing, you must bring a copy of your most recent state income tax return (whether individual or joint) to the hearing. You may examine the other parent's tax return and ask questions about it. The other parent may examine your tax return and ask questions about it. If you cannot find a copy of your tax return you must ask for a copy from the State Franchise Tax Board, Data Storage, c/o R.I.D. Unit, Sacramento, CA 95867.

Tell them your name, the year of the return, your social security number, and the address to which they should mail the return. Sign the letter in the same way as you signed your tax return. Make a copy of the letter before you mail the original and bring it to the hearing.

If you have not filed a tax return for the last three years, you do not need to bring any return.

- IMPORTANT WARNING -

Unless you file a written response **within 30 calendar days** from the date this form is served on you, and ask the court for a hearing, you will be ordered to pay child support in the amount shown.

(Proof of service on reverse)

PETITIONER/PLAINTIFF:	CASE NUMBER:
RESPONDENT/DEFENDANT:	

PROOF OF SERVICE — APPLICATION FOR EXPEDITED CHILD SUPPORT ORDER

1. I served the

a. Application for Expedited Child Support Order, proposed Expedited Child Support Order, a completed Income and Expense Declaration for both parents, a worksheet setting forth the basis of the amount of support requested, three blank copies of the Income and Expense Declaration, and three blank copies of the Response to Application for Expedited Child Support Order and Notice of Hearing.

b. on petitioner/plaintiff respondent/defendant

c. by serving petitioner/plaintiff respondent/defendant
 other (name and title or relationship to person served):

d. by delivery at home at business
(1) date:
(2) time:
(3) address:

e. By mailing
(1) date:
(2) place:

2. Manner of service (check proper box):

a. **Personal service.** By personally delivering copies. (CCP 415.10)

b. **Substituted service on natural person.** By leaving copies at the dwelling house, usual place of abode, or usual place of business of the person served in the presence of a competent member of the household or a person apparently in charge of the office or place of business, at least 18 years of age, who was informed of the general nature of the papers, and thereafter mailing (by first-class mail, postage prepaid) copies to the person served at the place where the copies were left. (CCP 415.20(b)) *(Attach separate declaration or affidavit stating acts relied on to establish reasonable diligence in first attempting personal service.)*

c. **Mail and acknowledgment service.** By mailing (by first-class mail or airmail, postage prepaid) copies to the person served, together with two copies of the form of notice and acknowledgment and a return envelope, postage prepaid, addressed to the sender. (CCP 415.30) *(Attach completed acknowledgment of receipt.)*

d. **Certified or registered mail service.** By mailing to an address outside California (by first-class mail, postage prepaid, requiring a return receipt) copies to the person served. (CCP 415.40) *(Attach signed return receipt or other evidence of actual delivery to the person served.)*

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

4. Fee for service: \$

5. Person serving:

- a. California sheriff, marshal, or constable.
- b. Registered California process server.
- c. Employee or independent contractor of a registered California process server.
- d. Not a registered California process server.
- e. Exempt from registration under Bus. & Prof. Code, § 22350(b).

f. Name, address, and telephone number and, if applicable, county of registration and number:

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

Date:

(For California sheriff, marshal, or constable use only)

I certify that the foregoing is true and correct.

Date:

(SIGNATURE)

(SIGNATURE)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): 	TELEPHONE NO.:	FOR COURT USE ONLY
ATTORNEY FOR (Name): SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT:		
RESPONSE TO APPLICATION FOR EXPEDITED CHILD SUPPORT ORDER AND NOTICE OF HEARING (Family Code, §§ 3620-3634)		CASE NUMBER:

To (name):

1. I object to the proposed expedited child support order for the following reasons (check one or more):
- a. I am not the parent of the child or children involved in this action.
 - b. My income is incorrectly stated in the application.
 - c. The other parent's income is incorrectly stated in the application.
 - d. I am entitled to hardship deductions as shown in the attached Income and Expense Declaration.
 - e. The other parent is not entitled to hardship deductions claimed in the application.
 - f. The amount of support is incorrectly computed.
 - g. other (specify):

2. I have attached a completed copy of my income and Expense Declaration.

3. At my request, the court has set a hearing on the application as follows:

a. Date:	Time:	<input type="checkbox"/> Dept.:	<input type="checkbox"/> Rm.:
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b. The address of the court is shown is:

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)

You must bring a copy of your most recent state income tax return (whether individual or joint) to the hearing or declare at the hearing that it doesn't exist or that you don't have it and have requested it from the Franchise Tax Board. Otherwise the court may grant the other party's request.

(Proof of service on reverse)

PETITIONER/PLAINTIFF:	CASE NUMBER:
RESPONDENT/DEFENDANT:	

PROOF OF SERVICE BY PERSONAL SERVICE MAIL

Service of the response on the other party may be made by anyone at least 18 years of age EXCEPT you. Service is made in one of the following ways:

(1) Personally delivering it to the attorney for the other party or, if no attorney, to the other party.

OR

(2) Mailing it, postage prepaid, to the last known address of the attorney for the other party or, if no attorney, to the other party.

Anyone at least 18 years of age EXCEPT ANY PARTY may personally serve or mail the response. Be sure whoever served the response fills out and signs this proof of service. File this Proof of Service with the court as soon as the response is served.

1. At the time of service I was at least 18 years of age and not a party to this legal action.
2. I served a copy of the Response to Application for Expedited Child Support Order and Notice of Hearing as follows (check either a or b below):
 - a. Personal service. I personally delivered the response as follows:
 - (1) Name of person served:
 - (2) Address where served:
 - (3) Date served:
 - (4) Time served:
 - b. Mail. I deposited the response in the United States mail, in a sealed envelope with postage fully prepaid. The envelope was addressed as follows:
 - (1) Name of person served:
 - (2) Address:
 - (3) Date of mailing:
 - (4) Place of mailing (city and state):
 - (5) I am a resident of or employed in the county where the response was mailed.
 - c. My residence or business address is (specify):
 - d. My phone number is (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 OF PERSON WHO SERVED THE RESPONSE)

▶

(SIGNATURE OF PERSON WHO SERVED THE RESPONSE)

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

THE DISTRICT ATTORNEY REQUESTS

5. The court determine that the persons listed in item 2 are the parents of the children as requested above.

6. Based on the California support guideline, the court order the Obligor to pay
 - a. \$ _____ current monthly child support based on the Obligor's known income of: \$ _____ per month, and, if applicable, the other parent's known income of: \$ _____ per month.
 - b. \$ _____ current monthly child support based on the Obligor's presumed income as provided by law.
 - c. \$ _____ additional monthly child support for the following reasons (*specify*): _____

 - d. \$ _____ child support from the beginning dates specified in item 1 through the end of the month this complaint is filed date (*specify*): _____ for the following children (*specify*): _____

7. Other (*specify*): _____

8. The court order the Obligor to provide health insurance for each child named in item 1 and to complete the attached health insurance form and immediately return it to the office of the district attorney at the address printed in the top left corner of page one. A Health Insurance Coverage Assignment Order be issued. NOTICE: Your employer will be ordered to enroll the children in an appropriate health insurance plan if you are found to be the parent. (Family Code, § 3761.)

9. A wage and earnings assignment be ordered.

10. The court order the Obligor to inform the court clerk in writing of any change of his or her home address and to inform the office of the district attorney of any change of his or her home address, income, employment, and availability of health insurance and policy information within 10 days.

11. The court order the Obligor to make all payments to (*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 acting as a temporary judge. The court commissioner may still hear your case to make findings and recommendations to a judge about your case. However, if you object to the commissioner acting as a temporary judge, an order will not be made until a judge reviews your case.

Date:

.....
 (TYPE OR PRINT NAME)



.....
 (DISTRICT ATTORNEY BY PROSECUTING ATTORNEY)

NOTICE

IF YOU WANT LEGAL ADVICE, CONTACT A LAWYER IMMEDIATELY

A Statement of Rights is attached to this document. Please read it carefully.

(Continued on page three)

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

STATEMENT OF RIGHTS AND RESPONSIBILITIES

NOTICE TO THE PARENT ASKED TO PAY SUPPORT (OBLIGOR)

The district attorney has sued you to determine whether you are the parent and must pay child support. The district attorney does not represent any individual in this lawsuit, including the other parent, the children, or you. Carefully read this statement and the other papers which you received.

You have the right to be represented by a lawyer. If you do not have enough money for a lawyer, you may ask the court to appoint a lawyer to represent you in this case. You must file your Answer with the court clerk within 30 days of the date you were served with the Complaint whether or not you obtain an attorney.

Other information about court-appointed lawyers (*specify*):

A blank Answer form is included in the papers that were served on you. If you did not receive an Answer form or if you would like another copy you may get one from either the district attorney's office or the court clerk's office.

You may contact the district attorney to try to work out an agreement. However, you must still file an Answer within 30 days. If you and the district attorney can agree regarding the requests made in the Complaint, you may sign a settlement agreement called a STIPULATION. By signing a stipulation you are agreeing to give up your rights explained in this statement and you are agreeing: (1) you are the parent of the children listed in the Complaint; (2) you are obligated to pay support as stated in the stipulation; (3) you agree to all of the terms of the stipulation; and (4) the court will order you to obey the stipulation without further notice.

All orders for support must contain a provision for a wage and earnings assignment. This assignment will require your employer or other payor to deduct support payments from your salary or earnings and send the payments to the district attorney's office. Your employer may also be required to enroll your children in a health insurance plan and deduct the cost from your salary or earnings.

If you file your Answer, you have the right to a court hearing, to ask questions of any witness against you, to subpoena witnesses, and to present evidence on your behalf. You also have the right to ask the court to decide how much you will pay for support under the California guideline. If you deny that you are the parent of the children, you may be scheduled for parentage blood tests. If you refuse to submit to the testing the court may determine that you are the parent anyway. If you are determined to be the parent, the court may order you to pay for the tests.

The proposed judgment will be entered against you unless you file your written Answer (form 1299.04) with the court clerk within 30 days of the date you were served with the Complaint. The proposed judgment will be entered whether or not you have a lawyer. If you were served with a form telling you the date of a court hearing, you should go to court on that date. An order may be entered without your input if you do not show up for the hearing.

(Continued on reverse)

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

Any amounts you owe from a prior time may be collected from any of your property, whether or not you are current in your installment payments. Collection may be made by taking money owed to you by the state or federal government (such as tax refunds, unemployment and disability benefits, and lottery winnings), by taking property you own, by placing a lien on your property, or by any other lawful means. You may be fined or imprisoned if you fail to pay support as ordered.

NOTICE TO THE "OTHER PARENT"

The district attorney does not represent any individual in this lawsuit, including you.

If you requested or are receiving services from the district attorney's office you will become a party to the lawsuit filed by the district attorney after a support order, or an order for medical support only, is entered by the court. You and the other parent may then raise issues concerning support, custody, visitation, and restraining orders. You may not raise any other issue in this action. Once you become a party, you can go to court to modify your court order but you must first properly notify the district attorney. You can also go to court to enforce your support order if you first notify the district attorney and give the district attorney 30 days to tell you that you cannot file your own enforcement action because the district attorney is actually taking steps to enforce your order. If the district attorney does not respond to your notice within 30 days or if the district attorney notifies you that you can proceed, you may then file your own enforcement action as long as all support is paid through the district attorney's office.

You should tell the district attorney everything you know about the Obligor's earnings and assets. If you receive welfare, the district attorney may agree to settle any parentage or support issues in this lawsuit without letting you know in advance. If you do not receive welfare, the district attorney cannot settle any support issue without your

consent. The district attorney also cannot negotiate, settle, or contest any issues of custody, visitation, or restraining orders.

NOTICE TO BOTH PARENTS

If the district attorney does not know how much money the parent asked to pay support (Obligor) earns, he or she is presumed to earn enough money to pay the amounts stated in item 6 of the proposed judgment.

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 about your case. However, if you object to the commissioner acting as a temporary judge, an order will not be made until a judge reviews your case.

You can object to the commissioner acting as a temporary judge in two ways: (1) by telling the commissioner in court on the day of your hearing, or (2) by delivering a written objection to the court clerk. You must object before the hearing in your case begins. You do not have to give a reason for your objection.

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name and Address</i>):	TELEPHONE NO.:	FOR COURT USE ONLY
ATTORNEY FOR (<i>Name</i>):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF		
STREET ADDRESS:		
MAILING ADDRESS:		
CITY AND ZIP CODE:		
BRANCH NAME:		
PETITIONER/PLAINTIFF:		
RESPONDENT/DEFENDANT:		
OTHER PARENT:		
ANSWER TO COMPLAINT OR SUPPLEMENTAL COMPLAINT REGARDING PARENTAL OBLIGATIONS		CASE NUMBER:

YOU MUST FILE THIS ANSWER WITH THE COURT IF YOU WISH TO OPPOSE THE LAWSUIT

If you disagree with the proposed judgment attached to the complaint, you must file this answer with the court clerk within 30 days of the date you were served with the complaint. File the original answer with the court clerk at the address for the superior court listed above and serve a copy on the district attorney. Keep a copy for your records.

1. PARENTAGE. I am the parent of the following children:

		<u>Name of child</u>	<u>Date of birth</u>
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

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

2. I request that a genetic (blood) test to determine parentage be done for all children for whom I have checked a "No" box above. I understand that the district attorney's office will pay for the cost of the testing now, but that I may have to repay those costs if the court decides that I am the parent.

3. CHILD SUPPORT

- a. I agree to pay support as stated in the proposed judgment.
- b. I disagree with the support requested. Attached is my completed *Income and Expense Declaration* (form 1285.50) or *Financial Statement (Simplified)* (form 1285.52). NOTE: You can file this answer without either of these forms.

4. I disagree with the proposed judgment for the following reasons (*specify*):

5. I am requesting a court hearing.

(Continued on reverse)

Page one of three

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

6. My address and telephone number for receipt of all notices and court dates until I file a change with the court and with the district attorney's office are as follows:

- Address:
- City 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 OF DECLARANT)

An adult other than you must complete the Proof of Service below and provide a copy of this answer to the district attorney at the following address (specify):

PROOF OF SERVICE

a. **Personal delivery.** I personally delivered this answer to an employee of the district attorney as follows:

- (1) Name of employee:
- (2) Address where delivered:
- (3) Date of delivery:
- (4) Time of delivery:

b. **Mail.** I deposited this answer in the United States mail, in a sealed envelope with postage fully prepaid. I used first class mail. The envelope was addressed and mailed as follows:

- (1) Name:
- (2) Address:
- (3) Date of mailing:
- (4) Place of mailing (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 ANSWER)

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.

(Continued on page three)

**INFORMATION SHEET FOR ANSWER TO COMPLAINT
(California Rules of Court, rule 1299.04)**

Please follow these instructions to complete the *Answer to Complaint or Supplemental Complaint Regarding Parental Obligations* (form 1299.04) if you do not have an attorney to represent you. Your attorney, if you have one, should complete this form.

You must file the completed answer and attachments with the court clerk within 30 days of the date you received the *Summons and Complaint* (form 1299.01). The address of the court clerk is the same as the one shown for the Superior Court on the *Summons and Complaint* (form 1299.01). You may have to pay a filing fee. If you cannot afford to pay the filing fee, contact the court clerk. **Keep two copies of the filed answer form and its attachments. Serve one copy on the district attorney and keep the other copy for your records. (See *Information Sheet for Service of Process*, form 1299.05.)**

INSTRUCTIONS FOR COMPLETING THE ANSWER FORM (TYPE OR PRINT FORM IN BLACK INK):

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

1. For each child listed on the answer form, you must check the "yes" box if you agree that you are that parent or check the "no" box if you do not think or you are not sure whether you are that child's parent. You must write in the name of each child listed in the *Summons and Complaint* (form 1299.01) if your answer form does not include the names of any children.
2. You must request a genetic test to determine if you are the parent if you have checked a "no" box in answer to number 1 above. The test is usually a blood test. The district attorney's office will tell you when and where to go for the test. The district attorney's office will pay for the cost of the test now. If the court decides that you are the parent, you may have to repay this cost to the district attorney.
3.
 - a. Check this box if you agree to pay the support asked for in the proposed *Judgment Regarding Parental Obligations* (form 1299.13) that you received.
 - b. You should check this box if you do not agree to pay the support asked for in the proposed *Judgment Regarding Parental Obligations* (form 1299.13).
4. If you agree to pay the support asked for in the proposed *Judgment Regarding Parental Obligations* (form 1299.13), but you disagree with the proposed judgment for another reason, you should check this box and write your reasons in this space. **If you have documents that prove your reasons for disagreeing with the proposed judgment, you should attach the documents to the answer form.**
5. Check this box if you want a court hearing. The district attorney may also schedule a hearing whether or not you have checked this box.
6. You must list your address and phone numbers where you can receive all notices and court dates. You must let the court know whenever your address changes. You may not receive important notices that affect you if the court does not have your current address.

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

Instructions for how to complete the Proof of Service section of the answer form are in the *Information Sheet for Service of Process* (form 1299.05). The person who serves the answer and its attachments must fill out this section of the form. **You cannot serve your own answer.**

GOVERNMENTAL AGENCY (pursuant to Welf. & Inst. Code, §§ 11475.1, 11478.2): 	TELEPHONE AND FAX NOS.: 	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:		
STIPULATION FOR <input type="checkbox"/> JUDGMENT <input type="checkbox"/> SUPPLEMENTAL JUDGMENT REGARDING PARENTAL OBLIGATIONS AND JUDGMENT		
		CASE NUMBER:

1. THIS MATTER PROCEEDED AS FOLLOWS:

- a. By written stipulation without court appearance.
- b. By court hearing, appearances as follows:

(1) Date:	Dept.:	Judicial officer:
(2) <input type="checkbox"/> Petitioner/Plaintiff present	<input type="checkbox"/>	<input type="checkbox"/> Attorney present (name):
(3) <input type="checkbox"/> Respondent/Defendant present	<input type="checkbox"/>	<input type="checkbox"/> Attorney present (name):
(4) <input type="checkbox"/> Other parent present	<input type="checkbox"/>	<input type="checkbox"/> Attorney present (name):
(5) District attorney (Welf. & Inst. Code, §§ 11475.1, 11478.2) (name):		
(6) <input type="checkbox"/> Other (specify):		
- c. The Obligor (the parent ordered to pay support) is

<input type="checkbox"/> Petitioner/Plaintiff	<input type="checkbox"/> Respondent/Defendant
<input type="checkbox"/> Other parent	

2. This order is based on the attached documents (specify):

3. THE PARTIES AGREE THAT

- a. Obligor has read and understands the *Advisement and Waiver of Rights* on page four of this form. Obligor gives up these rights and freely agrees that a judgment may be entered in accordance with this stipulation.
- b. The amount of support payable by obligor as calculated under the guideline is: \$ _____ per month.
 - We agree to guideline support.
 - The guideline amount should be rebutted because of the following:
 - (1) We have been fully informed of the guideline amount of support; we agree voluntarily to child support in the amount of: \$ _____ per month; the agreement is in the best interest of the children; the needs of the children will be met adequately by the agreed amount; the children are not receiving public assistance; no application for public assistance is pending; and application of the guideline would be unjust and inappropriate in this case. We understand that no change of circumstances need be shown to raise this order to the guideline amount.
 - (2) Other rebutting factors (specify):
- c. Attached is a computer printout showing the parents' incomes and percentage of time each parent spends with the child(ren). The printout, which shows the calculation of child support payable, shall become the court's findings.

NOTICE: Any party required to pay child support must pay interest on overdue amounts at the "legal" rate, which is currently 10 percent. This can be a large added amount.

(Continued on reverse)

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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3.d. The mother and father listed in the complaint are the parents of the children named in item 3e below.

e. Obligor shall pay current child support as follows:

<u>Name</u>	<u>Date of birth</u>	<u>Monthly support amount</u>
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- (1) Other (specify):
- (2) For a total of: \$ _____ payable on the: _____ day of each month beginning (date): _____
- (3) The support order was reduced, pursuant to the low income adjustment, because the Obligor's net monthly income is less than \$1,000.
- (4) Any support ordered shall continue until further order of court, unless terminated by operation of law.

f. Obligor shall pay child support for the past periods and in the amounts set forth below (specify):

<u>Name</u>	<u>Date of birth</u>	<u>Period of support</u>	<u>Amount</u>
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- (1) Other (specify):
- (2) For a total of: \$ _____ payable: \$ _____ on the: _____ day of each month beginning (date): _____
- (3) Interest shall accrue on the entire principal balance owing and not on each installment as it becomes due.

g. 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.

h. No provision of this judgment shall 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.

i. All payments shall be made to (name and address of agency):

j. A *Wage and Earnings Assignment Order* shall issue.

k. Obligor Oblige shall (1) provide and maintain health insurance coverage for the children if it is available through employment, a group plan, or otherwise available at no or reasonable cost, and shall keep the district attorney's office informed of the availability of the coverage; (2) if health insurance is not available, provide coverage when it becomes available; (3) within 20 days of the district attorney's request, complete and return a health insurance form; (4) provide to the district attorney 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 to the children; (6) assign any rights to reimbursement to the other parent or caretaker who incurs costs for health care services for the children. If the "obligor" box is checked, a Health Insurance Coverage Assignment shall issue.

(Continued on page three)

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

3. l. Obligor shall provide written notification to the court clerk of any change in residence and to the office of the district attorney of any change of residence, income, employment, or availability of health insurance and policy information within 10 days.

m. Obligor shall pay costs of: \$ _____ to (specify): _____ on the following terms and conditions (specify): _____

n. The following person (the "Other Parent") is added as a party to this action under Welfare and Institutions Code section 11350.1 (name): _____

o. Other (specify): _____

Date: _____
 (TYPE OR PRINT NAME) _____
 (SIGNATURE OF DISTRICT ATTORNEY BY PROSECUTING ATTORNEY)

Date: _____
 (TYPE OR PRINT NAME) _____
 (SIGNATURE OF FATHER)

Date: _____
 (TYPE OR PRINT NAME) _____
 (SIGNATURE OF ATTORNEY FOR FATHER)

Date: _____
 (TYPE OR PRINT NAME) _____
 (SIGNATURE OF MOTHER)

Date: _____
 (TYPE OR PRINT NAME) _____
 (SIGNATURE OF ATTORNEY FOR MOTHER)

JUDGMENT

4. The court so orders.

Date: _____
 JUDICIAL OFFICER
 SIGNATURE FOLLOWS LAST ATTACHMENT

5. Number of pages attached: _____

(Continued on reverse)

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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ADVISEMENT AND WAIVER OF RIGHTS FOR STIPULATION

1. RIGHT TO BE REPRESENTED BY A LAWYER. I understand that I have the right to be represented by a lawyer of my choice at my expense. If I cannot afford a lawyer to represent me, I can ask the court to appoint one to represent me free of charge. I understand that the district attorney does not represent me.

2. RIGHT TO A TRIAL. I understand that I have a right to have a judicial officer: (a) determine if I am the parent of the children named in the stipulation; (b) decide how much child support I must pay; and (c) decide how much I owe for arrearages (unpaid support).

3. RIGHT TO CONFRONT AND CROSS EXAMINE WITNESSES. I understand that in a trial any allegations made against me must be proved. At the trial I may be present with a lawyer when witnesses testify, and I may ask them questions. I may also present evidence and witnesses.

4. RIGHT TO HAVE PARENTAGE TESTS WHERE THE LAW PERMITS. I understand that, where the law permits, I have the right to have the court order parentage tests. The court will decide who pays

for the tests. The court could order that I pay none, some, or all of the costs of the tests.

5. I understand that by signing the *Stipulation for Judgment*, I am admitting that I am the parent of the children named in the stipulation and I am giving up the rights stated above.

6. WHERE THE STIPULATION INCLUDES CHILD SUPPORT.

a. I understand that I will have the duty to obey the support order for the children named in the stipulation until the order is changed by the court or ended by law.

b. I also understand that the court will order any support payments to be paid directly from my wages or other earnings and sent to the district attorney.

7. WHERE THE STIPULATION INCLUDES A PROVISION FOR HEALTH INSURANCE. I understand that I must keep health insurance coverage for the minor children if insurance is available, or becomes available, to me at reasonable cost. A health insurance coverage assignment may be ordered to get health insurance for my children.

8. I am signing the stipulation freely and voluntarily.

9. I understand that the district attorney is required by state law to enforce the duty of support.

10. I UNDERSTAND THAT I MAY BE PROSECUTED UNDER CALIFORNIA LAW IF I WILLFULLY FAIL TO SUPPORT MY CHILDREN, WHETHER OR NOT THERE IS A SUPPORT ORDER.

11. I understand that any support I owe may be collected from any of my property. This collection may be made by intercepting money owed to me by the state or federal government (such as tax refunds, unemployment and disability benefits, and lottery winnings), by taking property I own, by placing a lien on my property, or by any other lawful means.

12. IF I AM REPRESENTED BY AN ATTORNEY, MY ATTORNEY HAS READ AND EXPLAINED TO ME THE STIPULATION, AND THIS ADVISEMENT AND WAIVER OF RIGHTS AND I UNDERSTAND THEM.

- I have read and understand the *Stipulation and Advisement and Waiver of Rights*; or
- Attached is a translation of this advisement in (*specify language*):
- I understand the translation.

Date:

.....
(TYPE OR PRINT NAME)



(PARTY'S SIGNATURE)

INTERPRETER'S DECLARATION. The defendant is unable to read or understand this advisement because

- his or her primary language is (*specify*):
- other (*specify*):

I certify under penalty of perjury under the laws of the State of California that I have, to the best of my ability, read or translated for the defendant the *Stipulation and Advisement and Waiver of Rights*. The defendant said he or she understood the *Stipulation and Advisement and Waiver of Rights* before signing it.

Date:

.....
(TYPE OR PRINT NAME OF INTERPRETER)



(INTERPRETER'S SIGNATURE)

GOVERNMENTAL AGENCY (pursuant to Welf. & Inst. Code, §§ 11475.1, 11478.2):	TELEPHONE AND FAX NOS.:	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:		
<input type="checkbox"/> AMENDED <input type="checkbox"/> SUPPLEMENTAL		
JUDGMENT REGARDING PARENTAL OBLIGATIONS		CASE NUMBER:

1. a. **NOTICE: THIS IS A 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 (form 1299.04)* with the court clerk within 30 days of the date you were served with the *Summons and Complaint (form 1299.01)*. If you need an answer form, you may get one from the district attorney's office or the court clerk. To file the answer, follow the procedures listed in the attached instructions.

b. **NOTICE: THIS IS A FINAL JUDGMENT.** It is now legally binding.

2. THIS MATTER PROCEEDED AS FOLLOWS:

a. Judgment entered pursuant to Welfare and Institutions Code section 11355.

b. 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) District attorney (Welf. & Inst. Code, §§ 11475.1, 11478.2) (name): | | |
| (6) <input type="checkbox"/> Other (specify): | | |

c. The Obligor (the parent ordered to pay support) is Petitioner/Plaintiff Respondent/Defendant Other parent

3. This order is based on presumed income for the obligor under Welfare and Institutions Code section 11475.1(c).

4. Attached is a computer printout showing the parents' incomes and percentage of time each parent spends with the child(ren). The printout, which shows the calculation of child support payable, shall become the court's findings.

5. This order is based on the attached documents (specify):

6. THE COURT ORDERS

a. The mother and father listed in the complaint are the parents of the children named in item 6b.

b. Obligor shall pay current child support as follows:

<u>Name</u>	<u>Date of birth</u>	<u>Monthly support amount</u>
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(1) Other (specify):

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

NOTICE: Any party required to pay child support must pay interest on overdue amounts at the "legal" rate, which is currently 10 percent. This can be a large added amount.

(Continued on reverse)

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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6. b. (3) The support order was reduced, pursuant to the low income adjustment, because the Obligor's net monthly income is less than \$1,000.

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

c. Obligor shall pay child support for the past periods and in the amounts set forth below:

<u>Name</u>	<u>Date of birth</u>	<u>Period of support</u>	<u>Amount</u>
-------------	----------------------	--------------------------	---------------

(1) Other (specify):

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

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

d. 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.

e. No provision of this judgment shall 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.

f. All payments shall be made to (name and address of agency):

g. **A Wage and Earnings Assignment Order shall issue.**

h. Obligor Obligee shall (1) provide and maintain health insurance coverage for the children if it is available through employment, a group plan, or otherwise available at no or reasonable cost, and shall keep the district attorney's office informed of the availability of the coverage; (2) if health insurance is not available, provide coverage when it becomes available; (3) within 20 days of the district attorney's request, complete and return a health insurance form; (4) provide to the district attorney 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 to the children; (6) assign any rights to reimbursement to the other parent or caretaker who incurs costs for health care services for the children. If the "obligor" box is checked, a Health Insurance Coverage Assignment shall issue.

i. Obligor shall provide written notification to the superior court clerk of any change in residence and to the office of the district attorney of any change of residence, income, or employment within 10 days.

j. The following person (the "Other Parent") is added as a party to this action under Welfare and Institutions Code section 11350.1 (name):

k. Obligor shall pay costs of: \$ _____

l. The court further orders (specify):

Date: _____

7. Number of pages attached: _____

JUDICIAL OFFICER

SIGNATURE FOLLOWS LAST ATTACHMENT

Approved as conforming to court order:

Date: _____

(SIGNATURE OF ATTORNEY FOR OBLIGOR)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address):	TELEPHONE NO.:	<i>FOR COURT USE ONLY</i>
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 AND MOTION TO CANCEL (SET ASIDE) SUPPORT ORDER BASED ON PRESUMED INCOME AND PROPOSED ANSWER		CASE NUMBER:

If your support order is based on presumed income you may file this motion and ask the court to cancel (set aside) your support order. If the court agrees with you, the court will issue another order based on either your actual income or earning capacity. You must file the original copy of this motion and the attachments specified in item 4 below with the court clerk within 90 days from the date the first collection of support was made and serve a copy upon the district attorney. Keep a copy of this motion for your records.

1. To the district attorney: A hearing on this 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:
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b. Address of court: same as noted above other (specify):

2. I am asking the court to cancel (set aside) my 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 which is greater than my actual income.
4. Attached are my completed *Answer to Complaint* (form 1299.04), either an *Income and Expense Declaration* (form 1285.50) or a *Financial Statement (Simplified)* (form 1285.52), and tax returns for each year that my actual income was different from the amount used to calculate the support order. I ask the court to hold the tax returns for use at the hearing and to return them to me at the conclusion of the hearing.

5. 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.

(See reverse for Proof of Service)

Page one of three

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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An adult other than you must complete the Proof of Service below and provide a copy of this motion to the district attorney at the following address (*specify*):

PROOF OF SERVICE

6. I served this motion and any other forms filed with the motion on the district attorney.
- a. **Personal delivery.** I personally delivered this motion to an employee of the district attorney as follows:
- (1) Name of employee:
 - (2) Address where delivered:

 - (3) Date of delivery:
 - (4) Time of delivery:
- b. **Mail.** I deposited this motion in the United States mail, in a sealed envelope with postage fully prepaid. I used first class mail. The envelope was addressed and mailed as follows:
- (1) Name:
 - (2) Address:

 - (3) Date of mailing:
 - (4) Place of mailing (*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 MOTION)

(Continued on page three)

**INFORMATION SHEET FOR NOTICE AND MOTION TO CANCEL (SET ASIDE)
SUPPORT ORDER BASED ON PRESUMED INCOME
(California Rules of Court, rule 1299.19)**

Please follow these instructions to complete the *Notice and Motion to Cancel (Set Aside) Support Order* (form 1299.19) if you do not have an attorney to represent you. Your attorney, if you have one, should complete this form.

This form should only be used when your support order was based on presumed income and the presumed income is greater than your actual income. If you are not sure if your order is based on presumed income you should look at your copy of the *Judgment Regarding Parental Obligations* (form 1299.13) that you received. 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. If you do not have a copy of the judgment, you can get one from either the court clerk or the district attorney's office.

You must file the completed motion form and attachments with the court clerk within 90 days 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 1299.13). 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. **Keep three copies of the filed motion form and its attachments. Serve one copy on the district attorney and one copy on the person listed as the Other Parent. (See *Information Sheet for Service of Process*, form 1299.05.) 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):

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

Front page, 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 1299.13) that you received.

Front page, third box, left side: Print the names of the Petitioner/Plaintiff, Respondent/Defendant, and Other Parent in this box. Use the same names listed in the *Judgment Regarding Parental Obligations* (form 1299.13) that you received.

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 your case number in this box. This number is also stated on the *Judgment Regarding Parental Obligations* (form 1299.13).

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. **You cannot file this motion unless you attach a completed *Answer to Complaint* (form 1299.04), *Income and Expense Declaration* (form 1285.50) or *Financial Statement (Simplified)* (form 1285.52), and your tax returns for each year that your actual income was less than the amount used to calculate the support order.**
5. You must list your address and phone numbers where you can receive all notices and court dates. You must let the court know whenever your address changes. You may not receive important notices that affect you if the court does not have your current address.

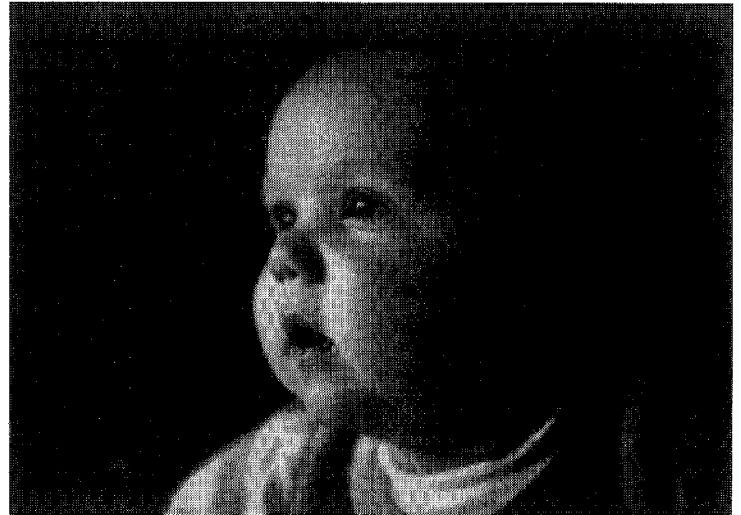
You must date the form, print your name, and sign the form under a penalty of perjury. When you sign the form, you are stating that the information you have provided is true and correct.

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 the front page.

Top of second page, box on right side: Print your case number in this box. Use the same number as the one on the front page. Instructions for how to complete the Proof of Service section of the motion form are in the *Information Sheet for Service of Process* (form 1299.05). The person who serves the motion and its attachment must fill out this section of the form. **You cannot serve your own motion.**

Appendix B

Methodology for Analysis of Operation of the Child Support Guideline Contained in Section 6



B.1 Survey of Child Support Orders

A retrospective sample of child support orders representative of orders throughout California was collected and analyzed for the study. The orders examined were from support actions in cases filed between July 1, 1995 and June 30, 1996. In some cases the order itself was entered after June 30, 1996. This time frame was chosen because all major changes to the 1992 child support guideline (including the low-income adjustment) were in effect and the presumed income requirements under AB 1058 had not yet been implemented.¹

B.2 Criteria for County Selection

The tables that follow summarize the sociodemographic characteristics evaluated in the 11 counties selected for the study. Table B-1 provides the actual values associated with

¹ AB 1058 amended Welfare and Institutions Code section 11475.1 to provide for a standard method for imputing income in district attorney child support cases when the defendant's income or income history is unknown. These provisions were effective for complaints filed after January 1, 1997 by the district attorney. Cases reviewed for this study were all filed prior to July 1, 1996.

the county's population, regional density (rural, suburban, and urban) geographic location, relative wealth, and total number of Title IV-D child support orders.

Eleven counties participated in the study: Alameda, Amador, Fresno, Los Angeles, San Diego, San Luis Obispo, Santa Clara, Siskiyou, Solano, Tehama, and Tulare. Because Los Angeles County is so large and diverse, researchers gathered data in six superior court branches throughout Los Angeles to insure that a wide range of case characteristics were included in the study sample. As in other county case samples, an equal number of Title IV-D and non-Title IV-D cases were collected. Title IV-D cases were selected from the Central Civil West branch. The remainder of the cases, which consisted of private family law actions, were selected from the following court branches: Main, South District, North Central, Northeast, and West District, reflecting geographically diverse areas of Los Angeles County. Participating courts in all selected counties were informed that the goal was not to report on how closely their respective county followed the child support guideline, but rather to extrapolate how the guideline was being applied statewide.

Table B-1:
Selection of 11 Counties and their Sociodemographic Characteristics

County	Population	Median Income	% Pop. AFDC	Total DA Orders	% of DA Orders Statewide
Alameda	1,347,700	\$37,544	7.61%	7,237	2.68%
Fresno	754,100	\$26,377	15.53%	17,737	6.56%
Los Angeles	9,352,200	\$34,965	9.39%	31,673	11.71%
Santa Clara	1,603,300	\$48,115	5.24%	13,980	5.17%
San Diego	2,669,200	\$35,022	7.08%	17,239	6.37%
San Luis Obispo	228,400	\$31,164	4.19%	2,276	0.84%
Solano	370,500	\$39,113	6.64%	5,302	1.96%
Tulare	349,800	\$24,450	15.52%	14,806	5.47%
Amador	32,600	\$30,265	3.36%	298	0.11%
Siskiyou	44,650	\$21,921	10.90%	2,258	0.83%
Tehama	54,200	\$22,436	10.22%	981	0.36%

Sources of data used in selecting counties for the study:

Column Title	Reference
Population	Table 2: Estimates of the Total Population of California Counties and the State, Provisional, July 1, 1996, Demographic Research Unit, State Department of Finance
Median Income	Table C: Median Income of Households by State, Income 1996, U.S. Census Bureau
% Pop. AFDC = Percent of Population that Received AFDC/TANF	Table 4: "Aid to Families with Dependent Children" — Family Groups and Unemployed, Number of Cash Grant Cases and Total Persons—Adults and Children for Fiscal Year Ending June 30, 1996, Demographic Research Unit, State Department of Finance
Total DA Orders = Total Orders Established by the District Attorney for Each County	"State of California Health and Welfare Agency, Child Support Enforcement Activities," Department of Social Services, July 1995–June 1996
% of DA Orders Statewide	Each county's percentage of the 270,502 orders established by the district attorneys in California, from July 1995–June 1996.

Table B-2:
Value Assignments, Ranking Characteristics for the Eleven Counties Selected

County	County Size	Pop. Density	Region	% AFDC Pop.	Median Household Income	Total Orders	% Contribution to the Sample*	County Sample **
Alameda	L	U/S/R	N	M	\$\$	7,237	6.36%	191
Fresno	M/L	S/R	C	H	\$	17,737	15.59%	468
Los Angeles	L	U/S/R	S	M/H	\$\$	31,673	27.84%	835
San Diego	L	U/S	S	M	\$\$	17,239	15.15%	455
Santa Clara	L	U/S	N	L/M	\$\$\$	13,980	12.29%	369
San Luis Obispo	M	S/R	S	L	\$\$	2,276	2.00%	60
Solano	M	S	N	M/L	\$\$\$	5,302	4.66%	140
Tulare	M	S/R	C	H	\$	14,806	13.01%	390
Amador	S	R	C	L	\$\$	298	0.26%	8
Siskiyou	S	R	N	H	\$	2,258	1.98%	60
Tehama	S	R	N	H/M	\$	981	0.86%	26
For Fiscal Year 1995-1996=						113,787	100.00%	3002
	County Size	Pop. Density	Region	% AFDC Pop.	Median Household Income			
	L=Large	U=Urban	N=North	H=High	\$=Less than Average Median Income Level			
	M=Medium	S=Suburban	C=Central	M=Medium	\$\$=Near Median Income Level			
	S=Small	R=Rural	S=South	L=Low	\$\$\$=Above Median Income Level			
* This figure is calculated by dividing the number of orders listed for each county by the total of orders established by the sample counties orders (113,787).								
** This figure is calculated by multiplying the total sample size (rounded down to 3,000) by each county's "% Contribution to the Sample".								

B.3 Method for Determining Sample Size

The size of the sample was based on our desire to be 95 percent confident that any significant difference among the characteristics found in the child support orders could be generalized to the population subject to child support orders for the state of California. In other words, any significant finding with a 95 percent confidence level assures that the difference noted was not due to chance occurrence and that the finding is valid.

Since the courts have not been required to keep statistics on child support orders and there is no statewide database of all current child support orders, the estimated number of child support orders used in this study was based on a statewide report from the California Child Support Management Information System (CCSMIS) of Title IV-D cases, prepared by California Department of Social Services (CDSS). The total universe of child support orders was estimated in the following way. According to CDSS reports, there were 270,502 Title IV-D child support orders, including modifications, issued from July 1, 1995 through June 30, 1996. The DSS Research Department estimated that there are at least as many non-IV-D orders as there are IV-D orders. Thus the estimated number of child support orders for fiscal year 1995–1996 was 541,004 (see Table B-3, describing the total number of Title IV-D orders for the selected participating counties).

A sample of 3,000 cases filed during the period July 1, 1995 through June 30, 1996, approximately 2.8 percent of the total cases for the fiscal year was collected for the study.

Table B-3:

Total Number of Current Child Support Orders Established or Modified by District Attorney Offices for Fiscal Year 1995-1996

County	New Support Orders	Modified Orders	Total Orders	% of DA Orders Statewide
Alameda	5,213	2,024	7,237	2.68%
Amador	298	0	298	0.11%
Fresno	9,399	8,338	17,737	6.56%
Los Angeles	28,373	3,300	31,673	11.71%
San Diego	16,240	999	17,239	6.37%
San Luis Obispo	2,021	255	2,276	0.84%
Santa Clara	7,183	6,797	13,980	5.17%
Siskiyou	2,020	238	2,258	0.83%
Solano	3,295	2,007	5,302	1.96%
Tehama	754	227	981	0.36%
Tulare	572	14,234	14,806	5.47%
Statewide Orders	191,039	79,463	270,502	FY 1995-1996

B.4 Method for Random Sampling of Cases

To remove the effect of selection bias in selecting cases for the sample, a simple random sampling scheme was applied. At the time of the study there was no information available to determine the average number of orders involving child support within each county or to compare the range of orders across counties. Therefore, a conservative approach was taken, estimating the prevalence of current child support orders at 10 percent of all family law cases. Many counties were unable to systematically select out cases with child support orders. In some counties, it was difficult to identify the family law cases from the rest of the civil cases.

The step-by-step process used to insure the random selection of cases in each of the participating counties is described below.

1. The first case selected was the first filing on or after July 1, 1995.
2. Once the starting case was determined, every tenth family law case was reviewed to check for a child support order.
 - a. If there was a child support order, the case was added to the sample.
 - b. If there was no child support order, the case was returned to the file.
3. The study was designed to include an equal proportion of IV-D and non-IV-D cases for the sample as a whole.

- a. In courts in which IV-D and non-IV-D cases were not separated and could not be distinguished, if half of the county sample of IV-D cases was selected and the next case pulled was a IV-D case, it was returned to the files. The next case in order was pulled to locate a non-IV-D case with a current child support order until there was an equal proportion of IV-D and non-IV-D cases selected for the county sample. The same process would occur if half of the sample selected first was made up of non-IV-D cases.
 - b. For counties where family law cases could not be separated from other civil cases, the process described above occurred similarly, but required pulling many more cases to derive the sample of cases with current child support orders filed within the sample's time frame.
 - c. For county courts where IV-D and non-IV-D cases could be separated, the pulling and selection of cases proceeded until there was an equal proportion of cases contributing to the sample.
4. This process of selecting cases and looking for child support orders continued within each county until either:
 - a. Enough cases with child support orders were collected for the county's respective sample size, or
 - b. Every tenth family law case filed between July 1, 1995 and June 30, 1996 was reviewed.
 5. If after the first pass, there were not enough cases for the sample for that county, to preserve the randomness and assurance that all cases had a chance of being pulled, a second-pass sampling method was developed.

B.5 Method for Recording the Data

Researchers consisted of attorneys and paralegals who were experienced in family law and were trained by the Administrative Office of the Courts staff on the method for randomly selecting cases and on how to record information. Sample B-1 is a copy of the data-recording tool used. The data dictionary consisting of the definitions used in collecting the information is included in Table B-4. A copy of the instructions on case selection and data recording can be found in Sample B-2.

B.6 Data Analysis

The orders were electronically coded for statistical analysis. The electronic data entry process was designed so the internal consistency of the data collected within each record could be checked. Moreover, edit checks were built into the data entry program to insure that data entered fell within certain parameters. Some data collected had to fall within required fields before the records could be electronically accepted. These fields included the type of resolution, which parent

was the payor, whether parents were represented by counsel, whether one of the parties was receiving welfare, whether the district attorney was responsible for establishing or seeking modification of the child support order, and the number of children subject to the order. Other types of edit checks that restricted entered data included insuring total time share for both parents could not be greater than 100 percent, and that the county listed was one of the 11 participating counties.

Summary and descriptive statistics were derived using the SAS electronic statistical application package. Data was collected and analyzed to provide information to be inferred at the state level.

County		Case #	
Order Date (Must be between 7/1/95-6/30/96)	! / !		
	Circle Answers Below	YES	NO
District Attorney's Case		Y	N
Welfare		Y	N
Pro Per Father		Y	N
Pro Per Mother		Y	N
Order Type:		Check One	
Stipulation		()	
Default		()	
Contested		()	
Income:		Monthly	Check if Imputed
Father's Gross	\$		()
Father's Net	\$		
Mother's Gross	\$		()
Mother's Net	\$		
Percent of Time of Shared Custody of:			
Father			%
Mother			%
Number of Children Subject to the Order	#		
	Circle Answers Below		
Hardship Deductions:		YES	NO
Children of Other Relationship		Y	N
Catastrophic Loss		Y	N
Extraordinary Medical Expense		Y	N
		Check if "Yes"	
		Zero	Reserved
Amt. Support Ordered: (Not incl. Add-On)	\$	()	()
Guideline Amount (If "No", Circle Rebutting Factors)		Y	N
Payor (Circle One Answer)		FATHER	MOTHER
		\$	()
Rebutting Factors (Deviations)		YES	NO
Family House		Y	N
Extraordinary High Income		Y	N
Parent Not Equal in Time Share Contribution		Y	N
Different Custody Arrangement		Y	N
Equal Custody, Unequal Housing		Y	N
Child Has Other Special Needs		Y	N
Stipulation		Y	N
Unjust		Y	N
Unstated		Y	N
	Circle Answers Below		
Low Income Adjustment:		YES	NO
Qualified		Y	N
Granted		Y	N
	Circle Answers Below		Amount
Add-On:		YES	NO
Child care		Y	N
Education		Y	N
Visitation		Y	N
Medical (uncovered expenses)		Y	N
Other		Y	N

Sample B-1

Sample B-2

Instructions for Data Collection for Child Support Guideline Study

1. Identify all Family Law/District Attorney cases that were filed from 7/1/95 to 6/30/96.
2. Pull 1 out of every 10 cases.
3. For each family law case pulled, look for a “current” child support order.²
 - a) If there is a current child support order that meets the definition, add the case to the sample

Or

 - b) If there isn't a child support order, return case back to be filed.

4. Continue this process of pulling cases and looking for child support orders until either:
 - a) enough cases have been collected for the respective county's sample

Or

 - b) you have gone through the first pass of all eligible family law/district attorney cases.
5. If there are not enough cases after the first pass, refer to the attached table to determine what the “sampling interval” will be for the second pass. See examples below:
 - Ex 1- If you got *more than half* the child support cases, for example, 75% of the cases were collected on the first pass, then pull 1 out of every 30 eligible cases in the next pass.
 - Ex 2- If however, you only obtained 33% (less than half) of the cases on the first pass, pull 1 out of every 5 cases to look for a child support order.

² Eligible child support orders for the study include all cases in which orders for current child support (not arrears only) were based upon California's guideline. Cases with only orders related to payment of health insurance cannot be part of the sample since the child support guidelines were not used to calculate the award amount for health insurance coverage.

If X% of the CS Orders		Pull 1 out of every X
Pass	5%	
	10%	1
	15%	2
	20%	3
	25%	3
	30%	4
	33%	5
	35%	5
	40%	7
	45%	8
	50%	10
	55%	12
	60%	15
	65%	19
	70%	23
	75%	30
	80%	40
	85%	57
	90%	90
	95%	19
		0

- **Once the desired sample of CHILD SUPPORT orders are collected:**
6. Review and Enter information on the Data Collection Tool. (Please refer to the attached copy of the data collection tool)
 7. Instructions on determining whether child support order in a **Welfare** case
 - a) **If child support order is a DA case:** Review complaint. If the complaint seeks support for periods prior to the date the complaint is filed, it is a welfare case. Also some complaints will specify whether the children are receiving welfare.
 - b) **Not a DA case:** Review Income and Expense declarations or Simplified Financial statements. There is a box on both forms to check if income is from public assistance.
 - c) If there is no indication from these documents that an individual is receiving public assistance it should be assumed that he or she is not.
Check the "NO" box as the default answer.
 8. Instructions on determining if either party was **pro per**.

- a) If any paper has been filed on behalf of a party, the upper left hand corner should indicate whether or not the party is represented by counsel. If represented by counsel, he or she is not pro per.

If counsel is not listed in the upper left-hand corner, assume pro per.

- b) If a defendant/respondent defaults and does not file any papers, assume pro per.
- c) Assume custodial parent in DA action is pro per unless there is an indication in the file that counsel represents him or her. (e.g. custodial parent's attorney signs stipulation)

If information is unknown in **Income** or **Percentage of Time Share** section, write "UNK" in the appropriate boxes.

9. Under **Hardship Deductions**:

If there are none, circle all "NOs". If there are hardship deductions, Check the "Yes" box and indicate for each category, by checking either "Yes" or "No" for the appropriate hardship deduction used.

10. For those orders with **Support Amount** of either "Zero" or "Reserved", please note the "reason" why if possible.

11. If **Child Support** ordered was less than guideline amount (as noted on a DissoMaster, SupportTax, or any other child support calculation document or pleading), circle "NO" in the box **Guideline Amount** (Yes/No)

12. **Payor**: Circle one, either "Father" or "Mother."

13. If support order is less than guideline, look for **Rebutting Factors** noted in the order.
- If there are rebutting factors, Check the "Yes" box and indicate for each category, by circle either "Yes" or "No" the rebutting factors applies.
 - If none are stated in the order, circle "Yes" for "Unstated" and "No" for the rest of the factors.

14. **Low Income Adjustment**: Family Code section 4055 requires that the court document the amount of the adjustment and state the reasons therefor when it is granted. Circle answers.

- a) Anytime a party's net income is less than \$1,000, he or she qualifies for a low income adjustment, check the "Qualified" box.
- b) If there is nothing mentioned about a low-income adjustment in the order, assume that it was not granted and circle "No."

15. Add-ons: Many of the add-on amounts will be stated in terms of percentage (e.g. 50% of uncovered medical expenses). If so, put percentage in the amount box and circle "Yes."
16. Make Copies of Supporting Documents, used for the information indicated on the data collection tool for at least 10% of the sample collected or of 10 CHILD SUPPORT cases, whichever is greater.
- If the copies are paper, make sure they are stapled and have the file number clearly identified on the document(s)
 - If they are scanned in, name the electronic file beginning with the county initials as referenced in table below, add an underscore "_" followed by the assigned file number for the case.

EX: If the case is from Solano County, the file name would be SOL_FO15604

County	County Initial
Alameda	AL
Fresno	FR
Los Angeles	LA
San Diego	SD
Santa Clara	SC
San Luis Obispo	SLO
Solano	SOL
Tulare	TU
Amador	AM
Siskiyou	SI
Tehama	TE

18. Use the UPS forms provided with the instruction package. Fill out your name and date. It will already contain our address and account number for the shipping charge.
19. Mail the completed forms and accompanied supporting document(s) either at the end of the day or the next morning.

References

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- Hogg and Tanis, *Probability and Statistical Inference* (New York: Macmillan, 1983)
- Jaeger R., *Sampling in Education and the Behavioral Sciences* (New York: Longman, 1984)
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- Light, R., Singer, J., and Wilett, J., *By Design: Planning Research in Higher Education* (Cambridge: Harvard University Press, 1990)
- Sudman, S., *Applied Sampling* (New York: Academic Press, 1976)

Appendix C

Charts on Costs of Raising Children



Appendix C

Table C-1
Results from the Betson Study:
Percentage of Expenditures Attributable to Children in Two-Parent Families^a

	Engel		Iso-prop			Rothbarth		Barten- Gorman ^b	Per capita ^c
	1	2	1	2	3	1	2		
Number of children ^{d,e}									
One	33	30	16	13	9	25	23	11	33
Two	49	45	29	27	21	35	33	16	50
Three	59	55	41	41	34	39	37	21	60
Children's ages (2 children) ^{d,f}									
4 and 8	46	37	27	25	22	36	33	13	50
8 and 10	49	45	29	27	21	35	33	16	50
10 and 16	53	50	34	32	24	n/a	n/a	19	50
Family expenditures (2 children) ^g									
Low	49	46	34	33	28	36	36	13	50
Medium	49	45	29	27	21	35	33	16	50
High	49	45	27	23	17	35	31	17	50

^a See Lewin/ICF, "Estimate of Expenditures on Children and Child Support Guidelines," U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation (October 1990), p. 4-7. The Lewin study analyzed the results from the Betson study. See David M. Betson, "Alternative Estimates of the Cost of Children from the 1980-1986 Consumer Expenditure Survey," U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation (September 1990). The measures of well-being used by each of the estimators are as follows: Engel (1) is percentage of expenditures devoted to food at home; Engel (2) is percentage of total expenditures devoted to food (at home and away); Iso-prop (1) is the percentage of total expenditures devoted to food at home and to shelter, clothing, and health care; Iso-prop (2) is the percentage of total expenditures devoted to food at home and to shelter and clothing; Iso-prop (3) is the percentage of total expenditures devoted to food at home and shelter; Rothbarth (1) is expenditures on adult clothing, alcohol, and tobacco; Rothbarth (2) is expenditures on adult clothing.

^b Note that while the Iso-prop and Barten-Gorman estimates are included in this table for the sake of completeness, Betson believes (and Lewin concurs) that both these estimates should be discounted.

^c This column is included to indicate how the estimates compare to a per capita calculation.

^d Based on annual expenditures of \$30,000.

^e In families with one child, the child is assumed to be 8 years old; with two children, the children are assumed to be 8 and 10 years old; with three children, the children are assumed to be 4, 8, and 13 years old.

^f The Rothbarth estimates for older children are unreliable because of a data problem in the Consumer Expenditure Survey (CEX).

^g Based on two children (ages 8 and 10). The Betson study reported expenditure patterns for families with expenditures between \$5,000 and \$50,000 (in \$5,000 increments). Low-expenditure families are defined to be those with annual expenditures of \$5,000, \$10,000, or \$15,000. Medium-expenditure families are defined to be those with expenditures in the \$20,000 to \$40,000 range. High-expenditure families are those with annual expenditures of \$45,000 or \$50,000. The figures reported in the table represent the average over this range.

Appendix C

Table C-2

Results from the Betson Study:
Percentage of Expenditures Attributable to Children in One-Parent Families^a

	Engel		Iso-prop			Rothbarth		Barten-Gorman ^b	Per capita ^c
	1	2	1	2	3	1	2		
Number of children ^{d,e}									
One	61	49	56	55	60	38	38	40	50
Two	78	66	69	68	74	53	55	50	67
Three	85	73	77	75	81	60	65	53	75
Children's ages (2 children) ^{d,f}									
4 and 8	76	61	67	66	73	51	56	52	67
8 and 10	78	66	69	68	74	53	55	50	67
10 and 16	78	68	70	69	74	n/a	n/a	57	67
Family expenditures (2 children) ^g									
Low	81	66	70	68	77	55	54	39	67
Medium	78	66	69	68	74	53	55	50	67
High	77	65	69	68	73	53	56	51	67

^a See Lewin/ICF, "Estimate of Expenditures on Children and Child Support Guidelines," U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation (October 1990) p. 4-11. The Lewin study analyzed the results from the Betson study. See David M. Betson, "Alternative Estimates of the Cost of Children from the 1980-1986 Consumer Expenditure Survey," U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation (September 1990). The measures of well-being used by each of the estimators are as follows: Engel (1) is percentage of expenditures devoted to food at home; Engel (2) is percentage of total expenditures devoted to food (at home and away); Iso-prop (1) is the percentage of total expenditures devoted to food at home and to shelter, clothing, and health care; Iso-prop (2) is the percentage of total expenditures devoted to food at home and to shelter and clothing; Iso-prop (3) is the percentage of total expenditures devoted to food at home and shelter; Rothbarth (1) is expenditures on adult clothing, alcohol, and tobacco; Rothbarth (2) is expenditures on adult clothing.

^b Note that while the Iso-prop and Barten-Gorman estimates are included in this table for the sake of completeness, Betson believes (and Lewin concurs) that both these estimates should be discounted.

^c This column is included to indicate how the estimates compare to a per capita calculation.

^d Based on annual expenditures of \$30,000.

^e In families with one child, the child is assumed to be 8 years old; with two children, the children are assumed to be 8 and 10 years old; with three children, the children are assumed to be 4, 8, and 13 years old.

^f The Rothbarth estimates for older children are unreliable because of a data problem in the Consumer Expenditure Survey (CEX).

^g Based on two children (ages 8 and 10). The Betson study reported expenditure patterns for families with expenditures between \$5,000 and \$50,000 (in \$5,000 increments). Low-expenditure families are defined to be those with annual expenditures of \$5,000, \$10,000, or \$15,000. Medium-expenditure families are defined to be those with expenditures in the \$20,000 to \$40,000 range. High-expenditure families are those with annual expenditures of \$45,000 or \$50,000. The figures reported in the table represent the average over this range.

Appendix C

Table C-3
Percentage of Expenditures Attributable to Two Children
in an Average-Income, Two-Parent Family^a

	CNPP Method ^b	FERG Method	Engel	Iso-prop	Rothbarth	Prais- Houthakker	Utility max.
Other studies ^c	36	37	41	n/a	27	28	38
Betson study ^d	n/a	n/a	45–49	21–29	33–35	n/a	16

-
- ^a See Description 1 for notes explaining how these numbers were derived. This chart was produced by the Lewin study, but it has been updated to account for the Center for Nutrition Policy and Promotion (CNPP) study. See Lewin/ICF, "Estimate of Expenditures on Children and Child Support Guidelines," U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation (October 1990) p. 4-11. The definition of average income," which is often not made explicit by the authors, varies from study to study. As a result, the Lewin study has simply adopted each author's definition of average income. For the Betson study, it has chosen an annual expenditure level of \$30,000 to represent the average family.
- ^b This percentage is based on the average before-tax income of the middle tier two-parent families in the overall United States. (See Table C-6). The average before-tax income is \$46,100, and the average total expenditures on one child in a household of two children is \$8,323 (which is derived from the average per year cost based on the \$149,820 total for 18 years).
- ^c The Engel estimate was produced by Espenshade; the Rothbarth by Lazear and Michael; the Prais-Houthakker by Turchi; and the utility maximization by Olson.
- ^d Betson used several alternative measures of well-being to implement the Engel, Iso-prop, and Rothbarth estimators. Consequently, a range of estimates is produced by each of these procedures. Betson's utility maximization estimator was the Barten-Gorman. The Iso-prop and Barten-Gorman estimates have been included for the sake of completeness. Betson believes (and Lewin concurs) that both these estimates should be discounted.

APPENDIX C

Description 1

Description 1 explains the derivation of the numbers in Table C-3.

The FERG (Family Economics Research Group) Method

The number reported in Table C-3 is the FERG's estimate of average expenditures on 2 children, based on data from the 1987 Consumer Expenditure Survey (CEX) that has been updated to 1989 using the Consumer Price Index. The FERG reported that in 1989, average expenditures for a younger child in a family with 2 children at a middle income (before-tax income between \$28,300 and \$46,900) were \$6,340¹ (or \$114,150 over the course of 18 years, divided by 18). As a percentage of income, the range was 28 to 45 percent, for an average of 37 percent.

Engel Estimate (1972–1973)

This estimate is taken directly from Table 20 of the Espenshade report.²

Rothbarth Estimate (1972–1973)

This number is derived from estimates reported by Lazear and Michael.³ The authors estimate that an average household (with 2.2 children and 1.93 adults) spends \$38 per child for every \$100 spent per adult. In other words, a child is approximately equivalent to 0.38 adults (in terms of consumption expenditures). After adjusting Lazear and Michael's estimates to find the relationship between children's and adult's consumption in a two-parent household with 2.0 children, it appears that \$37.50 is spent on children in such a household for every \$100 spent on adults. As a result, the percent of expenditures attributable to 2 children in a two-parent family is equal to 0.27. The calculation for this percentage is outlined below:

1. Expenditures on 2 children (in terms of adult equivalents) = $2 \times 37.5 = 75$
2. Expenditures on 2 adults (in terms of adult equivalents) = $2 \times 100 = 200$
3. Total family expenditures (in terms of adult equivalents) = $75 + 200 = 275$

¹ This figure is 3 percent higher for the older of the two children.

² Thomas J. Espenshade, *Investing in Children: New Estimates of Parental Expenditures* (Washington, D.C.: Urban Institute, 1984) p. 66.

³ Edward P. Lazear and Robert T. Michael, *Allocation of Income Within the Household* (Chicago: University of Chicago Press, 1988) p. 86.

Therefore, expenditures on two children as a percentage of total family expenditures is equal to 0.27 (which is 75/275).

Prais-Houthakker Estimates (1972–1973)

This estimate is based on calculations reported by Turchi.⁴ As was the case with the Lazear and Michael estimates, Turchi's estimates are reported in terms of equivalence scales (the percentage of consumption expenditures that are attributable to a child relative to those that are attributable to an adult). Turchi reports equivalence scales by age and sex of the child. By taking the average value of the equivalence scales across children's ages and sexes, we find that Turchi's equivalence scale for children is .38.⁵ To translate this equivalence scale into the percentage of total family expenditures that are attributable to 2 children in a two-parent family, we followed the same procedure as was used for the Lazear and Michael estimates. A child equivalence scale of .38 corresponds to an estimate that 28 percent of total family expenditures are attributable to the family's children. $[(2 \times 38)/(2 \times 100 + 2 \times 38)]$.

Utility Maximization Estimate (1972–1973)⁶

This estimate is based on expenditures for two-children families, by age and sex reported by Olson.⁷ In order to make his figures roughly comparable to those of the other authors, we have chosen an average income family with a 12-year-old boy and a 7-year-old girl.⁸ Olson estimates that the expenditures attributable to the children in such a family are 29.8 percent of total (pre-tax) family income. As a result, the percent of expenditures attributable to children (as a percentage of total family consumption) is 38 percent. The calculation for this latter percentage is outlined below:

1. Expenditures on two children = $.298 \times$ family income
2. Total family expenditures = $.789 \times$ family income⁹

⁴ Boone A. Turchi, *Estimating the Cost of Children in the United States* (Washington, D.C.: National Institute of Child Health and Human Development, June 1983) p. 59.

⁵ Note that the estimated value of Turchi's equivalence scale is nearly identical to Lazear and Michael's.

⁶ Mathtech did a 1981 study using a utility maximization approach. Unfortunately, severe technical difficulties in the implementation of this approach make it difficult for the computer estimation techniques to converge upon an estimate. As a result, Table C-3 does not include a summary of the Mathtech results (which were quite limited in their scope).

⁷ Lawrence Olson, *Costs of Children* (Lexington: D.C. Heath, 1983) p. 44.

⁸ Olson does not report detailed expenditure patterns by the age of the children. As a result, we were constrained to using the ages reported in the text.

⁹ This percentage, which was derived from Table B-26 of the 1989 Economic Report of the President, is very nearly constant over time.

Therefore, expenditures on two children is 38 percent of total family expenditures (.298/.789).

Engel Estimates (1980–1986)

These estimates are taken directly from Betson's study, Tables F-1 and F-3, using a family with \$30,000 income.¹⁰ The lower estimate (45 percent) is based on Table F-3, in which Betson used the percentage of expenditures devoted to food (both at home and away from home) as the basis for evaluating family well-being. The higher estimate (49 percent) is based on Table F-1, in which Betson used the percentage of expenditures devoted only to food consumed at home as the basis for evaluating family well-being.

Iso-prop Estimates (1980–1986)

These estimates are taken directly from Betson's study, Tables F-5 and F-9, using a family with a \$30,000 income. The lower estimate (21 percent) is based on Table F-9, in which the iso-prop used as the basis for evaluating family well-being was the percentage of expenditures devoted to food at home and to shelter. The higher estimate (29 percent) is based on Table F-5, in which the percentage of expenditures devoted to food at home and to shelter, clothing, and health care was the basis for evaluating family well-being.¹¹

Rothbarth Estimates (1980–1986)

These estimates are taken directly from Betson's study, Tables F-11 and F-13, using a family with a \$30,000 income. The lower estimate (33 percent) is based on Table F-13, in which the basis for evaluating well-being was the level of expenditures on adult clothing. The higher estimate (35 percent) is based on Table F-11, in which the level of expenditures on adult clothing, alcohol, and tobacco was used as the basis for evaluating well-being.

Utility Maximization (Barten-Gorman) Estimate (1980–1986)

This estimate was taken directly from Betson's study, Table F-15, using a family with \$30,000 income.

¹⁰ David M. Betson, "Alternative Estimates of the Cost of Children from the 1980–1986 Consumer Expenditure Survey," U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation (September 1990).

¹¹ A third Iso-prop (the percentage of expenditures devoted to food at home and to shelter and clothing) produced an intermediate estimate of 27 percent (see Table F-7 in Betson).

Appendix C

Table C-4 Percentage of Expenditures Attributable to Children^a

Data:	1972-1973 CEX				1980-1987 CEX			1987 CEX		
Estimator:	Engel	Rothbarth	Utility max.	Prais- Houthakker	Engel	Rothbarth	Utility max.	--	Per capita ^b	CNPP
Study:	Espenshade	Lazear and Michael	Olson	Turchi	Betson(1) ^c	Betson(2) ^d	Betson(3) ^e	FERG		
Number of children ^{f,g}										
One	24	16	22	n/a	33	25	11	22	33	22
Two	41	27	38	n/a	49	35	16	37	50	36
Three	n/a	35	50	n/a	59	39	21	43	60	42
Children's ages [2 children] ^{f,g}										
0-8	n/a	n/a	n/a	19	46	36	13	n/a	50	37
8-10	n/a	n/a	n/a	25	49	35	16	n/a	50	38
10-17	n/a	n/a	n/a	32	53	n/a	19	n/a	50	40
Number of parents living at home [2 children] ^h										
One	n/a	52	n/a	n/a	78	53	50	n/a	67	54
Two	41	27	38	28	49	35	16	37	50	36
Family expenditures [2 children] ^f										
Low	n/a	n/a	n/a	33	49	36	13	40	50	56
Average	41	27	38	28	49	36	16	37	50	36
High	n/a	n/a	n/a	28	49	35	17	37	50	28

^a See Description 2 for notes explaining how these numbers were derived. This chart is derived from the Lewin study, but it has been updated to account for the Center for Nutrition Policy and Promotion (CNPP) study. See Lewin/ICF, "Estimate of Expenditures on Children and Child Support Guidelines," U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation (October 1990) p. 4-19.

^b This column is included to indicate how the estimates compare to a per capita calculation.

^c Based on Betson's Engel (1) estimates, which are most directly comparable to Espenshade's estimates.

^d Based on Betson's Rothbarth (1) estimates, which are most directly comparable to Lazear and Michael's estimates. The estimates for older children are unreliable because of a data problem in the Consumer Expenditure Survey (CEX).

^e Betson's utility maximization (Barten-Gorman) estimates are included in this table for the sake of completeness. Betson believes (and Lewin concurs) that both these estimates should be discounted.

^f Based on two-parent families.

^g Based on average-expenditure families.

APPENDIX C

Description 2

Description 2 explains the derivation of the numbers in Table C-4.

Espenshade

Number of Children:

These estimates are taken directly from Table 20 of the Espenshade report.¹

Children's Ages:

It is not possible to derive meaningful estimates of how expenditures on children as a percentage of total family expenditures vary with the ages of the children from Espenshade's study. Although Espenshade's standard-of-living equation (in Table A-15 of his report) could, in theory, enable us to make the necessary calculation, the results would be highly unstable (because of a lack of stability in the underlying regression coefficient measuring the consumption impacts of children by their ages).

Family Income:

Espenshade's standard-of-living equation (in Table A-15 of his report) does not control for income. As a result, it is impossible to calculate how expenditures vary with income.²

Number of Parents Living at Home:

Since Espenshade limits his sample to two-parent families, it is impossible to determine how his estimates vary with the number of parents living in the household.

Lazear and Michael

Number of Children:

These numbers are based on estimates that Lazear and Michael present on page 86 of their report.³ They estimate that a typical family, with 2.0 children and 2.0 adults, spends \$37.50 on children's consumption for every \$100 of adult consumption (see the discussion in Appendix 4.1 of their report). If an additional child is added, each child's consumption (relative to an adult's consumption) is estimated to fall by \$1.67. As a result, the percentage of expenditures attributable to three children in a two-parent family is equal to 0.35. The calculation for this percentage is outlined below:

¹ Thomas J. Espenshade, *Investing in Children: New Estimates on Parental Expenditures* (Washington, D.C.: Urban Institute Press, 1984) p. 66.

² It should be noted that Espenshade produces estimates at three different socioeconomic status (SES) levels. These SES levels, however, are not synonymous with income levels.

³ Edward P. Lazear and Robert T. Michael, *Allocation of Income Within the Household* (Chicago: University of Chicago Press, 1988) p. 86.

1. Expenditures on three children (in terms of adult equivalents) = $3 \times 35.83 = 107.49$
2. Expenditures on two adults (in terms of adult equivalents) = $2 \times 100 = 200$
3. Total family expenditures (in terms of adult equivalents) = $107.49 + 200 = 307.49$

Therefore, expenditures on three children as a percentage of total family expenditures are equal to 0.35 ($107.49/307.49$).

Similarly, Lazear and Michael's calculations indicate that in a family with only one child, that child's consumption (relative to an adult's) would be \$39.17. As a result, the percentage of expenditures attributable to one child in a two-parent family is equal to 0.16. The calculation for this percentage is outlined below:

1. Expenditures on one child (in terms of adult equivalents) = 39.17
2. Expenditures on two adults (in terms of adult equivalents) = $2 \times 100 = 200$
3. Total family expenditures (in terms of adult equivalents) = $39.17 + 200 = 239.17$

Therefore, expenditures on one child as a percentage of total family expenditures are equal to 0.16 ($39.17/239.17$).

Children's Ages:

Lazear and Michael do not examine how expenditures vary with the ages of the children in the family.

Family Income:

While Lazear and Michael report regression results (on page 96 of their report) on how expenditures vary with income, these results are not sufficiently detailed to make the calculations required for Table C-4.⁴

Number of Parents Living at Home:

This number is also based on estimates provided by Lazear and Michael in their report on page 86.⁵ If income were held constant, and the number of adults in a household were reduced by one, Lazear and Michael estimate that expenditures per child (in adult equivalents) would rise from \$37.50 to \$53.90. As a result, the percentage of expenditures attributable to two children in a one-parent family is equal to 0.52. The calculation for this percentage is outlined below:

1. Expenditures on the two children (in terms of adult equivalents) = $2 \times 53.90 = 107.80$

⁴ Because of the mathematical properties of the estimator that Lazear and Michael use, the percentage change in expenditures that results from a decrease in income is constrained to be of equal magnitude (but the opposite sign) of the change in expenditures that results from an increase in income. This leads to unrealistic estimates of how expenditures attributable to children, as a percentage of total family expenditures, vary with income.

⁵ Lazear and Michael express some skepticism about the plausibility of their numbers.

2. Expenditures on one adult (in terms of adult equivalents) = $1 \times 100 = 100$
3. Total family expenditures (in terms of adult equivalents) = $107.80 + 100 = 207.80$

Therefore, expenditures on two children as a percentage of total family expenditures are equal to 0.52 ($107.80/207.80$).

Olson

The estimation method used by Olson⁶ does not allow us to identify (with an adequate degree of precision) how expenditures vary with the age of children, the number of parents living in the household, or the income of the household.⁷ However, on page 3 of his report he describes how his estimates vary with the number of children; they are 1.69 as times as great for two children as one, and 2.24 times as great for three children as one.

Since Olson reports expenditures made on behalf of children as a percentage of income, these percentages must be translated into percentages of total expenditures. The procedure for doing so was described in Description 1 of this report. Since, according to this procedure, two children consume 38 percent of total family expenditures, one child must then consume 22 percent of expenditures [$(1/1.69) \times 0.38$], and three children must consume 50 percent of total expenditures [$(2.24/1.69) \times 0.38$].

Turchi

Number of Children:

Turchi⁸ does not report any estimates of how expenditures vary with the number of children.

Children's Ages:

These numbers are based on estimates of equivalence scales by age and sex of the child, reported on page 59 of Turchi's report. The procedure for translating these equivalence scales (by age group) into the percentage of expenditures attributable to children (by age group), is identical to the procedure described for Turchi's estimates in Description 1.

⁶ Lawrence Olson, *Costs of Children* (Lexington: D.C. Heath, 1983) p. 44.

⁷ Olson reports how expenditures vary with the ages of two children, making it impossible to sort out the separate effects of the change in the age of each of the children. His regression results that report how expenditures vary with the number of parents living in the household and with the income of the household are not sufficiently detailed to produce reliable estimates.

⁸ Boone A. Turchi, *Estimating the Cost of Children in the United States* (Washington, D.C.: National Institute of Child Health and Human Development, June 1983) p. 59.

Family Income:

These numbers are based on the equivalence scales for children in three socioeconomic status (SES) groups (high, medium, and low) that Turchi describes on page 59 of his report. While these SES groups do not correspond exactly to income groups, they are intended to be correlated with long-run earnings capacity. The same procedures were used to translate the equivalence scales into the percentage of expenditures attributable to children as those outlined in Description 1.

Number of Parents Living at Home:

While Turchi does report some evidence on expenditure patterns in one- as well as two-parent households, these estimates do not account for differences in income between the two household types. Therefore, it is impossible to determine how household type affects expenditures, independent of its effects on income.

Betson 1

These estimates are taken directly from Tables F-1 and F-2 of Betson's study of the Engel estimator (using percentage of expenditures devoted to food at home as the basis for measuring well-being). Except for the cases where family income is explicitly varied, income is assumed to be \$30,000 (both for one- and two-parent families). The family income groupings are as follows: the low-income group's income ranges from \$20,000 and \$40,000, and the upper-income group has income between \$45,000 and \$50,000. The numbers in Table C-4 represent an average over these ranges.

Betson 2

These numbers are taken directly from Tables F-11 and F-12 of Betson's study of the Rothbarth estimator (using the level of expenditures devoted to adult clothing, alcohol, and tobacco as the basis for measuring well-being).⁹ Except for the family income groupings, income is assumed to be \$30,000 (both for one and two-parent families). The family income groupings are as follows: the low-income grouping consists of families with income up to \$15,000, the middle group has income between \$20,000 and \$40,000, and the upper income group has income between \$45,000 and \$50,000. The numbers in Table C-4 represent an average over these ranges.

One peculiarity of Betson's estimated expenditures is that they are very low for 10 to 17 year olds (9 percent). Betson believes that this extremely low estimate is not credible. It appears to reflect a data problem in the CEX.¹⁰ Consequently, we have

⁹ David M. Betson, *Alternative Estimates of the Cost of Children from the 1980-1986 Consumer Expenditure Survey*, U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation (September 1990).

¹⁰ Expenditures for clothing for 16 to 17-year-old children is coded as adult clothing in the CEX, resulting in what appears to be

not reported Betson's estimates for 10 to 17-year-olds. Fortunately, this data problem does not affect Betson's other estimates of expenditures.¹¹

Betson 3

These estimates are taken directly from Table F-15 of Betson's study of the Barten-Gorman estimator. Except for the cases where family income is explicitly varied, income is assumed to be \$30,000 (both for one- and two-parent families). The family income groupings are as follows: the low-income grouping consists of families with income up to \$15,000, the middle group has income between \$20,000 and \$40,000, and the upper-income group has income between \$45,000 and \$50,000. The numbers in Table C-4 represent an average over these ranges.

FERG

These numbers were derived by Mark Lino, the author of the FERG study, and made available for inclusion through private correspondence.

CNPP

These numbers were derived from the cost of raising children (dollar figures) in the overall United States for two-parent and single-parent households. For two-parent families the average before-tax income for the low-tier is \$22,100, middle-tier is \$47,200, and the high-tier is \$89,300. The average-expenditure family for the purpose of Tables C-3 and C-4 is the middle-tier income at an average of \$47,200. For single-parent families, the low- and high-tier incomes and expenditures on children were averaged in order to approximate an average-income family. Moreover, the average annual expenditure per child was calculated as the yearly average of the 18-year total provided in Tables C-6 and C-7.

a substantial downward bias in the estimated cost of children in this age group.

¹¹ Since most of the estimates are based on the average child (who is younger than 16), the average estimates are unaffected by the data problem.

Appendix C

Table C-5

Estimated Annual Expenditures^a on a Child by Husband-Wife Families, Urban West,^b 1997

Age of Child in Years	Total	Housing	Food	Transportation	Clothing	Health Care	Child Care and Education	Miscellaneous ^c
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Before-tax income: Less than \$35,200 (Average = \$22,000)

0-2	\$6,420	\$2,650	\$900	\$790	\$360	\$340	\$700	\$680
3-5	\$6,560	\$2,630	\$1,000	\$770	\$350	\$320	\$790	\$700
6-8	\$6,730	\$2,600	\$1,290	\$880	\$390	\$370	\$470	\$730
9-11	\$6,820	\$2,450	\$1,540	\$950	\$430	\$400	\$280	\$770
12-14	\$7,570	\$2,630	\$1,610	\$1,070	\$720	\$410	\$200	\$930
15-17	\$7,520	\$2,260	\$1,740	\$1,410	\$640	\$430	\$330	\$710
Total ^d	\$124,860	\$45,660	\$24,240	\$17,610	\$8,670	\$6,810	\$8,310	\$13,560

Before-tax income: \$35,200 to \$59,300 (Average = \$46,900)

0-2	\$8,670	\$3,410	\$1,060	\$1,160	\$420	\$460	\$1,160	\$1,000
3-5	\$8,900	\$3,390	\$1,220	\$1,140	\$410	\$440	\$1,280	\$1,020
6-8	\$8,990	\$3,350	\$1,560	\$1,250	\$460	\$500	\$820	\$1,050
9-11	\$9,030	\$3,210	\$1,840	\$1,310	\$510	\$540	\$530	\$1,090
12-14	\$9,720	\$3,390	\$1,840	\$1,440	\$850	\$550	\$400	\$1,250
15-17	\$9,900	\$3,020	\$2,050	\$1,790	\$750	\$580	\$680	\$1,030
Total	\$165,630	\$59,310	\$28,710	\$24,270	\$10,200	\$9,210	\$14,610	\$19,320

Before-tax income: More than \$59,300 (Average = \$88,700)

0-2	\$12,450	\$5,040	\$1,370	\$1,600	\$550	\$540	\$1,760	\$1,590
3-5	\$12,740	\$5,030	\$1,550	\$1,580	\$540	\$520	\$1,910	\$1,610
6-8	\$12,680	\$4,990	\$1,870	\$1,680	\$590	\$590	\$1,320	\$1,640
9-11	\$12,630	\$4,840	\$2,180	\$1,750	\$640	\$630	\$910	\$1,680
12-14	\$13,430	\$5,020	\$2,280	\$1,870	\$1,070	\$640	\$710	\$1,840
15-17	\$13,800	\$4,650	\$2,400	\$2,250	\$960	\$670	\$1,240	\$1,630
Total	\$233,190	\$88,710	\$34,950	\$32,190	\$13,050	\$10,770	\$23,550	\$29,970

^a See U.S. Department of Agriculture, Center for Nutrition Policy and Promotion (CNPP), *Expenditures on Children by Families, 1997 Annual Report* (Washington, D.C.: GPO, 1998) p. 16. Estimates are based on 1990-1992 Consumer Expenditure Survey (CEX) data updated to 1997 dollars using the Consumer Price Index. The figures represent estimated expenses on the younger child in a two-child family. Estimates are about the same for the older child, so to calculate expenses for two children, figures should be summed for the appropriate age categories. To estimate expenses for an only child, multiply the total expense for the appropriate age category by 1.24. To estimate expenses for each child in a family with three or more children, multiply the total expense for each appropriate age category by 0.77. For expenses on all children in a family, these totals should then be summed.

^b The Western region consists of Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, and Wyoming.

^c Miscellaneous expenses include personal-care items, entertainment, and reading materials.

^d The total figures include those expenditures for the younger child through age 17. Each column entry should be multiplied by the three years to come up with the total figure.

Appendix C

Table C-6
Estimated Annual Expenditures^a on a Child by Husband-Wife Families,
Overall United States, 1997

Age of Child in Years	Total	Housing	Food	Transportation	Clothing	Health Care	Child Care and Education	Miscellaneous ^b
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Before-tax income: Less than \$35,500 (Average = \$22,100)

0-2	\$5,820	\$2,220	\$830	\$730	\$370	\$400	\$690	\$580
3-5	\$5,920	\$2,190	\$920	\$700	\$360	\$380	\$780	\$590
6-8	\$6,070	\$2,120	\$1,190	\$820	\$410	\$440	\$460	\$630
9-11	\$6,090	\$1,910	\$1,420	\$890	\$450	\$480	\$280	\$660
12-14	\$6,880	\$2,130	\$1,490	\$1,000	\$760	\$480	\$200	\$820
15-17	\$6,790	\$1,720	\$1,610	\$1,350	\$670	\$510	\$330	\$600
Total ^c	\$112,710	\$36,870	\$22,380	\$16,470	\$9,060	\$8,070	\$8,220	\$11,640

Before-tax income: \$35,500 to \$59,700 (Average = \$47,200)

0-2	\$8,060	\$3,000	\$990	\$1,090	\$440	\$520	\$1,130	\$890
3-5	\$8,270	\$2,970	\$1,140	\$1,060	\$430	\$500	\$1,260	\$910
6-8	\$8,350	\$2,900	\$1,460	\$1,180	\$480	\$570	\$810	\$950
9-11	\$8,320	\$2,700	\$1,710	\$1,250	\$530	\$620	\$530	\$980
12-14	\$9,050	\$2,920	\$1,730	\$1,360	\$890	\$620	\$390	\$1,140
15-17	\$9,170	\$2,500	\$1,920	\$1,720	\$790	\$660	\$660	\$920
Total	\$153,660	\$50,970	\$26,850	\$22,980	\$10,680	\$10,470	\$14,340	\$17,370

Before-tax income: More than \$59,700 (Average = \$89,300)

0-2	\$11,990	\$4,770	\$1,310	\$1,520	\$580	\$600	\$1,710	\$1,500
3-5	\$12,230	\$4,740	\$1,480	\$1,490	\$570	\$580	\$1,860	\$1,510
6-8	\$11,180	\$4,670	\$1,790	\$1,610	\$620	\$660	\$1,280	\$1,550
9-11	\$12,090	\$4,470	\$2,080	\$1,680	\$680	\$710	\$890	\$1,580
12-14	\$12,930	\$4,690	\$2,180	\$1,790	\$1,120	\$710	\$690	\$1,750
15-17	\$13,260	\$4,270	\$2,300	\$2,180	\$1,020	\$750	\$1,210	\$1,530
Total	\$224,040	\$82,830	\$33,420	\$30,810	\$13,770	\$12,030	\$22,920	\$28,260

^a See U.S. Department of Agriculture, Center for Nutrition Policy and Promotion (CNPP), Expenditures on Children by Families, 1997 Annual Report (Washington, D.C.: GPO, 1998) p. 15. Estimates are based on 1990-1992 Consumer Expenditure Survey (CEX) data updated to 1997 dollars using the Consumer Price Index. The figures represent estimated expenses on the younger child in a two-child family. Estimates are about the same for the older child, so to calculate expenses for two children, figures should be summed for the appropriate age categories. To estimate expenses for an only child, multiply the total expense for the appropriate age category by 1.24. To estimate expenses for each child in a family with three or more children, multiply the total expense for each appropriate age category by 0.77. For expenses on all children in a family, these totals should then be summed.

^b Miscellaneous expenses include personal-care items, entertainment, and reading materials.

^c The total figures include those expenditures for the younger child through age 17. Each column entry should be multiplied by the three years to come up with the total figure.

Appendix C

Table C-7
Estimated Annual Expenditures^a on a Child by Single-Parent Families,
Overall United States, 1997

Age of Child in Years	Total	Housing	Food	Transportation	Clothing	Health Care	Child Care and Education	Miscel- laneous ^b
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Before-tax income: Less than \$35,500 (Average = \$14,800)

0-2	\$4,900	\$1,990	\$920	\$680	\$340	\$190	\$430	\$350
3-5	\$5,510	\$2,260	\$960	\$600	\$360	\$280	\$590	\$460
6-8	\$6,230	\$2,410	\$1,220	\$690	\$420	\$330	\$540	\$620
9-11	\$5,820	\$2,310	\$1,410	\$500	\$430	\$420	\$260	\$490
12-14	\$6,270	\$2,310	\$1,410	\$580	\$720	\$450	\$320	\$480
15-17	\$6,970	\$2,450	\$1,540	\$900	\$840	\$440	\$250	\$550
Total ^c	\$107,100	\$41,190	\$22,380	\$11,850	\$9,330	\$6,330	\$7,170	\$8,850

Before-tax income: \$35,500 or more (Average = \$53,900)

0-2	\$11,210	\$4,290	\$1,410	\$2,080	\$480	\$440	\$1,060	\$1,450
3-5	\$12,030	\$4,560	\$1,500	\$2,000	\$500	\$590	\$1,330	\$1,550
6-8	\$12,800	\$4,700	\$1,800	\$2,090	\$580	\$680	\$1,240	\$1,710
9-11	\$12,380	\$4,610	\$2,160	\$1,900	\$580	\$810	\$730	\$1,590
12-14	\$13,120	\$4,610	\$2,120	\$1,970	\$960	\$860	\$1,030	\$1,570
15-17	\$13,580	\$4,750	\$2,240	\$2,140	\$1,100	\$850	\$840	\$1,650
Total	\$225,360	\$82,560	\$33,690	\$36,540	\$12,630	\$12,690	\$18,690	\$28,560

^a See, U.S. Department of Agriculture, Center for Nutrition Policy and Promotion (CNPP), Expenditures on Children by Families, 1997 Annual Report (Washington, D.C.: GPO, 1998) p. 21. Estimates are based on 1990-1992 Consumer Expenditure Survey (CEX) data updated to 1997 dollars using the Consumer Price Index. The figures represent estimated expenses of the younger child in a single-parent, two-child family. For estimated expenses of the older child, multiply the total expense for the appropriate age category by 0.93. To estimate expenses for two children, the expenses of the younger child and older child—after adjusting the expense of the older child downward—should be summed for the appropriate age categories. To estimate expenses for an only child, multiply the total expense for the appropriate age category by 1.35. To estimate expense for each child in a family with three or more children, multiply the total expense for each appropriate category by 0.72—after adjusting the expenses of the older children downward. For expenses on all children in a family, these totals should then be summed.

^b Miscellaneous expenses include personal-care items, entertainment, and reading materials.

^c The total figures include those expenditures for the younger child through age 17. Each column entry should be multiplied by the three years to come up with the total figure.

Appendix C

Table C-8
Summary of Alternative Estimation Techniques

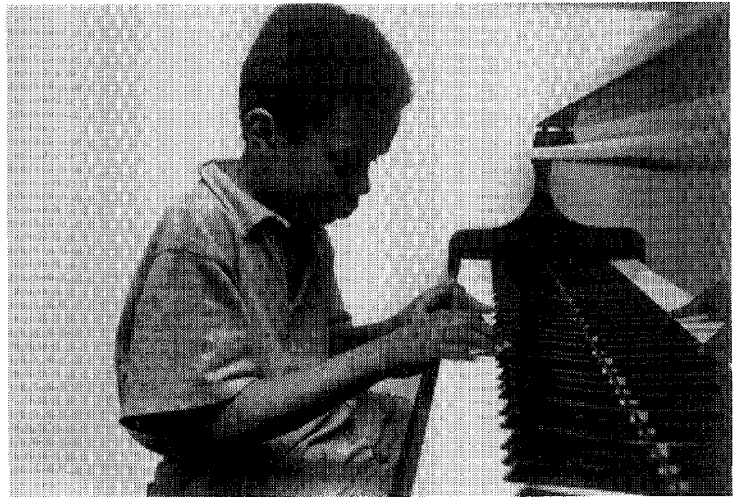
Estimator		Assumptions	Comments
Per capita	1.	Each family member receives the same proportion of family expenditures.	This technique is based entirely on its underlying assumption that all goods are shared (divided) equally; no estimation techniques are used. It is likely to overstate true levels of expenditures on children
FERG	1. 2.	Identifiable child-related expenditures allocated among children and other categories of expenditures assigned to family members based on previous research findings of household member shares. Assumes that some categories of expenditures should be assigned on a per capita basis.	This estimator suffers, at least in part, from the same problems as the per capita estimator. It, too, is likely to overstate true levels of expenditures on children.
Engel	1. 2.	Assumes that if two families spend an equal <u>percentage</u> of their total expenditures on food, then the families are equally well off. Assumes "independence" of consumption decisions. This implies that the relationship between expenditures on food and expenditures on "all other goods" is the same for families with and without children.	This estimator is likely to over-estimate true levels of expenditures on children because children are likely to be "food-intensive."
Rothbarth	1.	Assumes that if two families spend an equal <u>amount</u> on "observable adult goods," then the adults in the families are equally well off.	This estimator is likely to underestimate levels of expenditures on children because it does not account for the possibility that the presence of children may cause adults to consume disproportionately large amounts of "observable adult goods."

Table C-8 (continued)

	2.	Assumes “independence” of consumption decisions. This implies that the relationship between expenditures on “observable adult goods” and “all other goods” is the same for families with and without children.	
Prais-Houthakker	1.	Assumes that a “relative expenditure scale” can be estimated for each major category of expenditures and for each type of family member (based on age and gender).	There is not enough information available to “identify” (i.e., reliably estimate) expenditures on children using this technique.
Utility maximization	1.	Assumes a particular mathematical relationship between expenditures (by category) and the level of well-being.	The reliability of this class of estimators is not known.
Barten-Gorman	1.	Based on the assumptions of both the Prais-Houthakker and utility maximization estimators.	The very strong empirical assumptions required to implement this estimator indicate that it is likely to yield unstable estimates.

Appendix D

Acknowledgments



This report was prepared under the direction and oversight of the Judicial Council Family and Juvenile Law Advisory Committee. This committee is co-chaired by Hon. Mary Ann Grilli and Hon. Leonard Edwards and is comprised of the following persons: Mr. Walter Aldridge, Mr. Tony Antenoracruz, Mr. Joseph J. Bell, Hon. Josanna Berkow, Hon. Patricia Bresee, Hon. Janice Rogers Brown, Hon. Gregory M. Caskey, Ms. Rita Cregg, Hon. Morrison England, Jr., Hon. Terry Friedman, Hon. James D. Garbolino, Hon. Susan Harlan, Mr. Milton M. Hyams, Hon. J. Anthony Kline, Ms. Patrice McElroy, Mr. Raymond Merz, Hon. Michael Nash, Mr. John Paulsen, Ms. Mary J. Risling, Mr. Ronald Rosenfeld, Hon. Arnold D. Rosenfield, Hon. Frances Rothschild, Ms. Jan Shaw, Dr. Michael Schumacher, Mr. Joseph L. Spaeth, Ms. Maria St. John, Ms. Susan Strom, Ms. Pat Sweeten, Hon. Marguerite L. Wagner. The Advisory Members of the Committee include Hon. David Kenyon and Ms. Helen Cavanaugh Stauts.

Staff from the Administrative Office of the Courts assisting in the preparation of this report included Diane Nunn, Michael Fischer, Kate Howard, George Nielsen, Lee Morhar, Gail Gannon, Bonnie Hough, Carolynn Castaneda, Susan Reusswig, Barry Lynch, Adam Byer, Charlene Depner, Mimi Lyster, Marlene Simon, Karen Cannata, Kathleen Shih, Eileen Chadwick, Paula Bocciardi, Suzanne Bean, Catherine Cambron, Carolyn McGovern, Christine Miklas, Sheila Ng, and Tony Wernert.

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