JUDICIAL COUNCIL FORMS EFFECTIVE JANUARY 1, 2026
(Numerical List)

Form No.	Form Name
FL-530	Judgment Regarding Parental Obligations (UIFSA)
FL-600	Summons and Complaint or Supplemental Complaint Regarding Parental Obligations
FL-610	Answer to Complaint or Supplemental Complaint Regarding Parental Obligations
FL-616	Declaration for Amended Proposed Judgment
FL-630	Judgment Regarding Parental Obligations
Fl-635	Notice of Entry of Judgment and Proof of Service by Mail
FL-640	Notice and Motion to Cancel (Set Aside) Support Order Based on Presumed Income or Earning Capacity
FL-640-INFO	Information Sheet for Notice and Motion to Cancel (Set Aside) Support Order Based on Presumed Income or Earning Capacity
FL-643	Declaration of Obligor's Income During Judgment Period—Presumed Income Set-Aside Request
FL-665	Findings and Recommendation of Commissioner
FL-680	Notice of Motion
FL-683	Order to Show Cause
FL-687	Order After Hearing
FL-688	Short Form Order After Hearing
FL-692	Minutes and Order or Judgment
FL-693	Guideline Findings Attachment

JUDICIAL COUNCIL FORMS EFFECTIVE JANUARY 1, 2026
(Alphabetical List)

Form No.	Form Name
FL-610	Answer to Complaint or Supplemental Complaint Regarding Parental Obligations
FL-616	Declaration for Amended Proposed Judgment
FL-643	Declaration of Obligor's Income During Judgment Period—Presumed Income Set-Aside Request
FL-665	Findings and Recommendation of Commissioner
FL-693	Guideline Findings Attachment
FL-640-INFO	Information Sheet for Notice and Motion to Cancel (Set Aside) Support Order Based on Presumed Income or Earning Capacity
FL-630	Judgment Regarding Parental Obligations
FL-530	Judgment Regarding Parental Obligations (UIFSA)
FL-692	Minutes and Order or Judgment
FL-640	Notice and Motion to Cancel (Set Aside) Support Order Based on Presumed Income or Earning Capacity
Fl-635	Notice of Entry of Judgment and Proof of Service by Mail
FL-680	Notice of Motion
FL-687	Order After Hearing
FL-683	Order to Show Cause
FL-688	Short Form Order After Hearing
FL-600	Summons and Complaint or Supplemental Complaint Regarding Parental Obligations

GOVERNMENTAL AGENCY *(under Family Code, §§ 17400, 17406):*	*FOR COURT USE ONLY*
TELEPHONE NO.: FAX NO.: EMAIL ADDRESS: ATTORNEY FOR *(name):*	Form not in effect until January 1, 2026
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	
JUDGMENT REGARDING PARENTAL OBLIGATIONS (UIFSA) ☐ _____ **AMENDED** ☐ _____ **SUPPLEMENTAL**	CASE NUMBER:

1. a. ☐ **NOTICE: THIS IS A** ☐ **PROPOSED JUDGMENT** ☐ **AMENDED PROPOSED JUDGMENT.** **This *Judgment Regarding Parental Obligations (UIFSA)* may be entered by the court and may become legally binding unless you fill out and file the *Response to Uniform Support Petition (UIFSA)* (form FL-520) with the court clerk within 30 days of the date you were served with the *Summons (UIFSA)* (form FL-510) and *Uniform Support Petition* (form OMB 0970-0085). If you need a Response form, you may get one from the local child support agency, the court clerk, or the family law facilitator. The family law facilitator will help you fill out the forms. To file the Response, follow the procedures listed in the information sheet attached to that form.**

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

2. **This matter proceeded as follows:**
   a. ☐ Judgment entered under Family Code section 17430(a).
   b. ☐ Judgment entered by default after court hearing under Family Code section 17430(b)(3).
   c. ☐ Judgment entered after uncontested hearing.
   d. ☐ Judgment entered after contested hearing.
   e. Appearances as follows:
      (1) Date: Dept.: Judicial Officer:
      (2) ☐ Petitioner present ☐ Attorney present *(name):*
      (3) ☐ Respondent present ☐ Attorney present *(name):*
      (4) ☐ Other parent/party present ☐ Attorney present *(name):*
      (5) Local child support agency attorney (Fam. Code, §§ 17400,17406) *(name):*
      (6) ☐ Other *(specify):*

   f. The parent ordered to pay support is the ☐ petitioner ☐ respondent ☐ other parent/party.

3. ☐ **Earning Capacity.** This order is based on
   a. ☐ the parent ordered to pay support's earning capacity of $ per month because *(choose one):*
      (1) ☐ the earning capacity of the parent ordered to pay support is greater than their known income.
      (2) ☐ the actual income of the parent ordered to pay support is unknown.
   b. ☐ the other parent/party's earning capacity of $ per month
   c. The factors used to determine earning capacity under Family Code section 4058(b) are stated
      (1) ☐ in *Earning Capacity Factors Attachment* (form FL-302).
      (2) ☐ as follows *(specify):*

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

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:

4. ☐ Attached is a computer printout showing the parents' income and percentage of time each parent spends with the children. The printout, which shows the calculation of child support payable, will become the court's findings.

5. ☐ The order is based on the attached documents *(specify):*

6. **THE COURT ORDERS:**

a. The parent ordered to pay support ☐ is the parent of the children named in item 6b.
☐ has previously been determined to be the parent of the children named in item 6b.

b. The parent ordered to pay support must pay current child support as follows:

Name of child	Date of birth	Monthly support amount
		$
		$
		$

(1) ☐ Mandatory additional child support.

(a) The parent ordered to pay support must pay additional monthly support for reasonable childcare costs, as follows:
☐ One-half or ☐ % or ☐ *(specify amount):* $ per month of the costs
Payments must be made to the ☐ other parent/party ☐ State Disbursement Unit ☐ childcare provider.

(b) The parent ordered to pay support must pay reasonable uninsured health care costs for the children, as follows:
☐ One-half or ☐ % or ☐ *(specify amount):* $ per month of the costs
Payments must be made to the ☐ other parent/party ☐ State Disbursement Unit ☐ health care provider.

(2) ☐ Other *(specify):*

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

(4) ☐ The low-income adjustment applies at the lowest amount of the range.
☐ The lowest amount of the low-income adjustment has been rebutted and does not apply because *(specify reasons):*

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

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

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:

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

Name of child	Date of birth	Period of support	Amount
			$
			$
			$
			$
			$

(1) ☐ Other *(specify):*

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

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

e. No provision of this judgment operates 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, unless specified in item 6b(1) above, must be made to the State Disbursement Unit at the following address: **California State Disbursement Unit, P.O. Box 989067, West Sacramento, CA 95798-9067**.

g. **An earnings assignment order is issued.**

h. In the event that there is a contract between a person ordered to receive support and a private child support collector, the parent ordered to pay support must pay the fee charged by the private child support collector. This fee must not exceed 33-1/3 percent of the total amount of past due support nor may it exceed 50 percent of any fee charged by the private child support collector. The money judgment created by this provision is in favor of the private child support collector and the person ordered to receive support, jointly.

i. If "The parent ordered to pay support" box is checked in item 6c, a health insurance coverage assignment must issue.

j. The parents must notify the local child support agency in writing within 10 days of any change in residence or employment.

k. *Notice of Rights and Responsibilities Regarding Child Support* (form FL-192) is attached.

l. ☐ The court further orders *(specify):*

Date:

JUDICIAL OFFICER

Number of pages attached:

☐ SIGNATURE FOLLOWS LAST ATTACHMENT

Approved as conforming to court order.
Date:

▶

(SIGNATURE OF PARENT ORDERED TO PAY SUPPORT OR THEIR ATTORNEY)

GOVERNMENTAL AGENCY (under Family Code, §§ 17400 and 17406):	*FOR COURT USE ONLY*
TELEPHONE NO.: FAX NO.: EMAIL ADDRESS: ATTORNEY FOR *(Name):*	Form not in effect until January 1, 2026
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	
SUMMONS AND ☐ COMPLAINT ☐ _____ SUPPLEMENTAL COMPLAINT ☐ _____ AMENDED COMPLAINT REGARDING PARENTAL OBLIGATIONS	CASE NUMBER:

TO *(name):*

The local child support agency has filed this lawsuit against you. This lawsuit says you and the other parent are the parents of each child named in this Complaint and that the obligor may be required to pay child support. The attached proposed *Judgment Regarding Parental Obligations* (form FL-630) names you and the other parent as parents of each child listed below and, if there is an amount stated in item 6 of the proposed Judgment, orders the obligor to pay support for these children. **If you disagree with the proposed Judgment, you must file the attached Answer (form FL-610) with the court clerk within 30 days of the date that you were served with this Complaint. If the amount of child support in the proposed Judgment is based on actual income and you do not file the Answer, the proposed Judgment will become a final determination that you are the parent and responsible for support. If the amount of child support in the proposed Judgment is based on earning capacity, the court will hold a hearing before entering a judgment. If you do not file the Answer or appear at the hearing, the court will enter a judgment without your input.** If you are required to pay child support, the payments may be taken from your pay or other property without further notice. See the Statement of Rights and Responsibilities section of this form for more information.

La agencia local de manutención de los hijos lo ha demandado. Esta demanda dice que usted y el otro padre son los padres de cada niño indicado en esta Demanda y que el obligado puede tener la obligación de pagar manutención de los hijos. El propuesto *Fallo sobre las obligaciones de los padres* (formulario FL-630) adjunto indica que usted y el otro padre son los padres de cada hijo indicado abajo y, si hay un monto indicado en el punto 6 del Fallo propuesto, ordena al obligado a pagar manutención para estos hijos. **Si no está de acuerdo con el Fallo propuesto, tiene que presentar la Respuesta (formulario FL-610) adjunta al secretario de la corte dentro de 30 días después de la fecha en que recibió por entrega legal esta Demanda. Si el monto de manutención en el Fallo propuesto se basa en ingresos reales y usted no presenta la Respuesta, el Fallo propuesto se convertirá en una determinación final que usted es padre y responsable de pagar manutención. Si el monto de manutención en el Fallo propuesto se basa en la capacidad de generar ingresos, la corte realizará una audiencia antes de emitir un fallo. Si no presenta la Respuesta ni asiste a la audiencia, la corte emitirá un fallo sin tomar en cuenta su punto de vista.** Si tiene la obligación de pagar la manutención, los pagos pueden ser descontados de sus ingresos o de otros bienes sin aviso adicional. Vea la Declaración de derechos y responsabilidades en este formulario para más información.

Notice to person served: You are served

1. ☐ as an individual.
2. ☐ on behalf of a minor child or children.
3. ☐ other *(specify):*

Date: Clerk, by _____, Deputy

Form Adopted for Mandatory Use
Judicial Council of California
FL-600 [Rev. January 1, 2026]

SUMMONS AND COMPLAINT OR SUPPLEMENTAL COMPLAINT REGARDING PARENTAL OBLIGATIONS (Governmental)

Family Code, §§ 2330.1, 17400, 17402, 17404, 17428, 17430
www.courts.ca.gov

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:

1. The local child support agency is asking the court to issue judgment or orders for the following children:

Name	Date of Birth	Establish Parentage	Establish Support	Modify Order	Beginning Date
		☐	☐	☐	
		☐	☐	☐	
		☐	☐	☐	
		☐	☐	☐	
		☐	☐	☐	
		☐	☐	☐	

☐ Additional children are listed on a page (labeled Attachment 1) attached to this Complaint.

2. a. The parents of the children named in item 1 are *(specify name):*
(specify name):

b. ☐ *(Specify name):* is named as the parent of the children listed in item 1 in the declaration of parentage on file with the ☐ local child support agency or the ☐ county welfare department.

c. The obligor (the parent asked to pay support) is *(specify):*

d. The obligee (the person who will be ordered to receive support) is *(specify):*

3. Complete the following section if support is being requested but the "Establish Parentage" box has not been checked in item 1. Please specify each child. You do not need to complete this section if a final judgment of parentage was previously entered under this case number.

a. ☐ A voluntary declaration of parentage or paternity that has not been canceled and was signed by both parents has been forwarded to the California Department of Child Support Services for the following children *(specify):*

b. ☐ The following are named as children of the marriage in a family law judgment in *(specify county and state)* in case number *(specify)* for the following children *(specify):*

c. ☐ Judgment of parentage has previously been entered in *(specify county and state)* in case number *(specify)* for the following children *(specify):*

d. ☐ Other *(specify):*

(Names of children):

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:

4. a. ☐ Some or all of the children named in item 1 are receiving or have received public assistance from the following counties *(specify):*

   b. ☐ Date public assistance first paid:

5. ☐ The local child support agency has taken the following steps to establish actual income prior to considering earning capacity:

   a. ☐ Attempted to contact the obligor through telephonic, electronic, and postal means, to the extent contact information was known and could be discovered through reasonably available means. At least three attempts to contact the obligor have been made.

   b. ☐ Sought information about the expenses and work history of the obligor from the other parent/party.

   c. ☐ Searched available databases for information related to the obligor's employment, income, or both.

   d. ☐ Other *(specify):*

6. Other *(specify):*

THE LOCAL CHILD SUPPORT AGENCY REQUESTS THAT:

7. ☐ The court determine that the persons listed in item 2 are the parents of the children listed in item 1 for whom the "Establish Parentage" boxes have been checked.

8. ☐ Based on the California support guideline, the court order the obligor to pay:

   a. ☐ $ current monthly child support based on the obligor's known actual income of $ per month, and, if applicable, the obligee's known actual income of $ per month.

   b. ☐ $ current monthly child support based on the obligor's earning capacity of $ per month because *(check one)*

      (1) ☐ the obligor's earning capacity is greater than the obligor's known actual income.

      (2) ☐ the obligor's actual income is unknown.

      (3) The obligor's earning capacity was determined based on a consideration of all the factors listed below. The local child support agency has known information about the following factors *(check all that apply):*

      (a) ☐ Assets
      (b) ☐ Residence
      (c) ☐ Work and earnings history
      (d) ☐ Job skills
      (e) ☐ Education
      (f) ☐ Ability to read and write
      (g) ☐ Age
      (h) ☐ Health
      (i) ☐ Criminal record
      (j) ☐ Employment barriers
      (k) ☐ Record of seeking work
      (l) ☐ Local job market
      (m) ☐ Availability of employers willing to hire
      (n) ☐ Average earnings in local community
      (o) ☐ Other *(specify):*

   c. ☐ $ additional monthly child support for the following reasons *(specify):*

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:

8. d. ☐ The court issue appropriate orders for sharing the costs of

(1) ☐ childcare *(specify):*

(2) ☐ uninsured health care *(specify):*

e. ☐ Other *(specify):*

9. ☐ The court order the obligor to provide health insurance for each child named in item 1 if available at no or reasonable cost; to keep the local child support agency informed of the availability of the coverage; and to complete and return, within 20 days of the local child support agency's request, a health insurance form and that a *National Medical Support Notice* be issued. If health insurance is not available at no or reasonable cost, that the court orders obligor to provide coverage when it becomes available. **NOTICE:** The obligor's employer or other person providing health insurance will be ordered to enroll the children in an appropriate health insurance plan if the obligor is found to be the parent.

10. A wage and earnings assignment be issued.

11. The court order the parents to advise the local child support agency within 10 days in writing of any change in residence or employment.

12. The court order the obligor to make all payments to *(specify):*

13. ☐ The other parent be added as a party to this case.

14. Number of pages attached:

NOTICE

- **Child support:** The court will make orders for the support of the children upon request and submission of financial forms by the requesting party.
- If you want legal advice, contact a lawyer immediately.
- **Please carefully read the Statement of Rights and Responsibilities on the next page.**

Date:

(TYPE OR PRINT NAME)

▶

(ATTORNEY FOR LOCAL CHILD SUPPORT AGENCY)

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:

Hearing by Court Commissioner

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. You can object to the commissioner acting as a temporary judge in one of two ways: (1) by telling the commissioner in court, at the start of your hearing, that you object 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. The court commissioner may still hear your case to make findings and a recommended order. If you do not like the recommended order, you must object to it within 10 court days in writing (use *Notice of Objection* (form FL-666); otherwise, the recommended order will become a final order of the court). If you object to the recommended order, a judge will make a temporary order and set a new hearing.

Family Law Facilitator

Each superior court has a family law facilitator's office to provide education, information, and assistance to parents who have child support issues. The basic duties of the family law facilitator include:

- Providing educational materials;
- Distributing court forms;
- Providing assistance in completing forms;
- Preparing child support guideline calculations; and
- Providing referrals to the local child support agency, family court services, and other community agencies.

The family law facilitator is a neutral person whose services are available to any person who is NOT represented by an attorney. Both parties in the same case may receive assistance from the family law facilitator. There is no attorney-client privilege between the family law facilitator and any person assisted by the family law facilitator, and matters discussed with the family law facilitator are not confidential. No person can be represented by the family law facilitator.

STATEMENT OF RIGHTS AND RESPONSIBILITIES

NOTICE: The proposed *Judgment Regarding Parental Obligations* (form FL-630) may be entered against you unless you file your written *Answer to Complaint or Supplemental Complaint Regarding Parental Obligations* (form FL-610) with the court clerk within 30 days of the date you were served with the Complaint. The proposed Judgment may 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 attend the hearing.

DECLARACIÓN DE DERECHOS Y RESPONSABILIDADES

AVISO: El *Fallo sobre las obligaciones de los padres* (formulario FL-630) propuesto puede ser emitido en su contra si no presenta una *Respuesta a la demanda o demanda suplementaria sobre las obligaciones de los padres* (formulario FL-610) al secretario de la corte dentro de 30 días después de la fecha en que recibió por entrega legal la Demanda. El Fallo propuesto puede ser emitido tenga o no tenga usted un abogado. Si recibió por entrega legal un formulario con la fecha de una audiencia, debería ir a la corte en esa fecha. Si no asiste a la audiencia, la corte puede emitir una orden judicial sin tomar en cuenta su punto de vista.

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:

NOTICE TO BOTH PARENTS

The local child support agency has sued both of you to determine whether you are the parents of the children listed and if one or both of you should be ordered to pay child support. The local child support agency does not represent any individual in this lawsuit, including either parent or the children. Carefully read this statement and the other papers that you received.

You have the right to be represented by a lawyer. If you dispute that you are the parent of the children listed in the Complaint and you do not have enough money for a lawyer, you may ask the court to appoint a lawyer to represent you on the issue of parentage.

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

A blank *Answer to Complaint or Supplemental Complaint Regarding Parental Obligations* (form FL-610) 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 the local child support agency, the court clerk's office, or the family law facilitator. The family law facilitator can assist you in filling out the Answer form. **You must file your Answer form with the court clerk within 30 days of the date you were served with the Complaint whether or not you obtain an attorney.**

Settling Out of Court
You may contact the local child support agency to try to work out a settlement agreement. However, you must still file an Answer form within 30 days. If you and the local child support agency can reach an agreement 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, you are agreeing that you are the parent of the children listed in the Complaint, and you are agreeing to obey all of the terms of the stipulation. The stipulation will become a court order that you must obey.

Going to Court
If you file your Answer form, you have the right to a court hearing, to subpoena witnesses, to ask questions of any witness against you, and to present evidence on your behalf. If the amount of child support requested in the Complaint is based on earning capacity, the court will hold a hearing even if you do not file an answer. Genetic testing may be performed if the respondent questions parentage of the children listed in the Complaint. If the respondent or other parent refuses to cooperate in the genetic testing process, the issue of parentage may be resolved against that person. The costs of the genetic testing may be charged to one of you.

Earnings Assignment
All orders for support must contain an earnings assignment. If you are obligated to pay support, this assignment will require your employer or other payor to deduct support payments from your salary or earnings and send the payments to the California State Disbursement Unit. Your employer may also be required to enroll your children in a health insurance plan and deduct the cost from your salary or earnings.

Any amounts you owe may be collected from your property, whether or not you are current in your payments toward past due support. 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.

If the local child support agency does not know how much money the obligor (parent asked to pay support) earns, the local child support agency will base the child support amount stated in item 6b of the proposed *Judgment Regarding Parental Obligations* (form FL-630) on the obligor's earning capacity after review of the factors stated in item 8b of the Complaint.

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:

Other Important Information

Both parents should tell the local child support agency everything they know about the other parent's earnings, assets, work history, job skills, education, and any other specific circumstances that may affect earning capacity (see item 8b of the Complaint).

The respondent is always a party to this action. If the other parent has requested or is receiving services from the local child support agency, that parent will become a party to the lawsuit filed by the local child support agency after the initial support order or medical support order is entered by the court. After the other parent has become a party to the lawsuit, either parent may then ask the court to decide issues concerning support, custody, visitation, and restraining orders (domestic violence). No other issues may be raised in this lawsuit. Either parent may go to court to modify the court order. The local child support agency cannot bring proceedings to establish or modify custody, visitation, or restraining orders.

After the other parent has become a party to the lawsuit, either parent may go to court to enforce the existing order against the other, but must first notify the local child support agency as required by law. The local child support agency is allowed 30 days to determine whether or not a parent will be permitted to proceed with the enforcement action against the other parent. The local child support agency may deny a parent permission to proceed if it is currently taking enforcement action or if the action by a parent would interfere with an investigation. If the local child support agency does not respond to the notice by the parent seeking enforcement within 30 days or if the local child support agency notifies the parent seeking enforcement that the enforcement action can proceed, the parent may then file the enforcement action as long as all support is paid through the California State Disbursement Unit.

If the custodial person receives public assistance, the local child support agency may agree to settle any parentage or support issue in this lawsuit without providing advance notice to the custodial person. A child support agency may not settle any child support issue without the consent of any parent who is an applicant for child support services and who does not receive public assistance.

The local child support agency is required, under section 466(a)(13) of the Social Security Act, to place in the records pertaining to child support the social security number of any individual who is subject to a divorce decree, support order, or parentage determination or acknowledgment. This information is mandatory and will be kept on file at the local child support agency.

Your family law facilitator is available to help you with any questions you may have about the above information. You can find information about the family law facilitator in your county or the county where the case is filed at www.courts.ca.gov/selfhelp-facilitators.htm.

You can reach your family law facilitator in the county where the case is filed by telephone at:

or in person at:

For more information on finding a lawyer or family law facilitator, see the Self-Help Guide to the California Courts at https://selfhelp.courts.ca.gov/.

PARTY WITHOUT ATTORNEY OR ATTORNEY *(Name, state bar number, and address):*	*FOR COURT USE ONLY*
TELEPHONE NO.: FAX NO. *(Optional):* EMAIL ADDRESS: ATTORNEY FOR (*Name*):	Form not in effect until January 1, 2026
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	
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 Summons and 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 stated at the top of the Complaint and serve a copy on the local child support agency. Keep a copy for your records.

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

	Name of Child	Date of Birth
☐ Yes ☐ No		
☐ Yes ☐ No		
☐ Yes ☐ No		
☐ Yes ☐ No		
☐ Yes ☐ No		
☐ Yes ☐ No		

   ☐ Additional children are listed on a page attached to this Answer.

   b. ☐ I request genetic testing to determine parentage be done for all children for whom I have checked a "No" box above. I understand that the local child support agency 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.

2. **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 FL-150) or *Financial Statement (Simplified)* (form FL-155). NOTE: You can file this Answer without either of these forms.

3. **CHILDCARE COSTS:**
   a. ☐ I agree with the requested order for childcare costs in the proposed judgment.
   b. ☐ I disagree with the requested order for childcare costs.

4. **UNINSURED HEALTH CARE COSTS:**
   a. ☐ I agree with the requested order for uninsured health care costs stated in the proposed judgment.
   b. ☐ I disagree with the requested order for uninsured health care costs.

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

Form Adopted for Mandatory Use
Judicial Council of California
FL-610 [Rev. January 1, 2026]

ANSWER TO COMPLAINT OR SUPPLEMENTAL COMPLAINT REGARDING PARENTAL OBLIGATIONS
(Governmental)

Family Code, §§ 2330.1, 17400, 17404
www.courts.ca.gov

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:

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 local child support agency are as follows:

Address:
City and Zip Code:
Home Telephone:
Work Telephone:
Email Address *(optional):*

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 local child support agency at the following address *(specify)*:

PROOF OF SERVICE

7. I am at least 18 years of age, and not a party to this action. I served this Answer and any other forms filed with the Answer on the local child support agency and any other party required to be served.
   a. ☐ **Personal delivery.** I personally delivered this Answer to an employee of the local child support agency 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 a recommended order. If you do not like the recommended order, you must object to it within 10 court days in writing (use *Notice of Objection (Governmental)* (form FL-666)); otherwise, the recommended order will become a final order of the Court. If you object to the recommended order, a judge will make a temporary order and set a new hearing.

INFORMATION SHEET FOR ANSWER TO COMPLAINT

Please follow these instructions to complete the *Answer to Complaint or Supplemental Complaint Regarding Parental Obligations* (form FL-610) 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 FL-600). The address of the court clerk is the same as the one shown for the superior court on the *Summons and Complaint* (form FL-600). You may also be able to file through the court's e-filing system. Look at your court's website to see if you can file the Answer electronically. Visit www.courts.ca.gov/find-my-court.htm. There is no fee to file an answer in this case. **Keep two copies of the filed Answer form and its attachments. Serve one copy on the local child support agency and keep the other copy for your records. (See *Information Sheet for Service of Process* (form FL-611).)**

Upon receipt of your filed Answer, the local child support agency will set a court hearing on this matter.

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

Front page, top of form. Print your name, address, and telephone number in the box. You will also need to print the address of the court, the case name, and the case number stated at the top of the Complaint if they are not already on the Answer.

1. a. List each child named in the complaint and, for each child listed on the Answer form, you must check the "Yes" box if you agree that you are that child's parent, or check the "No" box if you do not think or 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 FL-600) if your Answer form does not include the names of any children.
   b. If you have checked a "No" box in answer to item 1 on the form, you must request genetic testing to determine whether you or the other parent is the parent. The local child support agency will tell you when and where to go for the test. The local child support agency will pay for the cost of the test now. If the court decides the test shows parentage as pleaded in the Complaint, you may have to repay this cost to the local child support agency.

   NOTE: Checking the "No" box does not satisfy the requirements needed to request the court cancel (set aside) any voluntary declaration of parentage or paternity that you may have signed or to request the court find a voluntary declaration is void (invalid) (Fam. Code, §§ 7573.5, 7576, 7577). To make this request, you must file a *Request for Hearing and Application to Cancel (Set Aside) Voluntary Declaration of Parentage or Paternity* (form FL-280) with the court. If you signed a voluntary declaration of parentage or paternity for a child listed in the Summons and Complaint, you will need to file the request before genetic testing can be considered by the court.

2. a. Check this box if you agree to pay the support asked for in the proposed *Judgment Regarding Parental Obligations* (form FL-630) 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 FL-630).

3. a. Check this box if you agree to pay the requested amount or portion of childcare costs.
   b. You should check this box if you do not agree to pay the requested amount of childcare or do not agree with how the childcare costs are to be divided.

4. a. Check this box if you agree to pay the requested amount or portion of uninsured health care costs.
   b. You should check this box if you do not agree to pay the requested amount of health care costs or do not agree with how the costs are to be divided.

5. If you agree to pay the support, childcare costs, and uninsured health care costs asked for in the proposed *Judgment Regarding Parental Obligations* (form FL-630), 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.**

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. If the court does not have your current address, you may not receive important notices that affect you.

You must date the Answer form, print your name, and sign the form under 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 FL-611). 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 *(under Family Code, §§ 17400, 17406):*	*FOR COURT USE ONLY*
TELEPHONE NO.: FAX NO. *(Optional):* EMAIL ADDRESS: ATTORNEY FOR *(name):*	Form not in effect until January 1, 2026
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	
DECLARATION FOR AMENDED PROPOSED JUDGMENT	CASE NUMBER:

1. The local child support agency is providing enforcement services in this case.
2. On *(date):* a *Summons and Complaint Regarding Parental Obligations* (form FL-600) was filed requesting the respondent pay child support based on the California support guideline. The amount of the support requested was based on the respondent's gross monthly income as follows *(check one):*
   a. ☐ Known income of: $ per month
   b. ☐ Earning capacity of: $ per month because respondent's *(check one)*
      (1) ☐ earning capacity was greater than known income.
      (2) ☐ actual income was unknown.
3. Since the service of the *Summons and Complaint Regarding Parental Obligations* (form FL-600), the local child support agency has received the following additional information that would result in a different support order.
   a. ☐ Other parent's gross monthly income is: $
   b. ☐ Respondent's gross monthly income is as follows *(check one):*
      (1) ☐ Known income of: $ per month
      (2) ☐ Earning capacity of: $ per month. The factors used to calculate respondent's earning capacity under Family Code section 4058(b) are stated
         (a) ☐ in *Earning Capacity Factors Attachment* (form FL-302).
         (b) ☐ as follows *(specify):*
   c. ☐ Other *(specify):*
4. An amended proposed judgment is attached.

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

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

Form Adopted for Mandatory Use
Judicial Council of California
FL-616 [Rev. January 1, 2026]

DECLARATION FOR AMENDED PROPOSED JUDGMENT
(Governmental)

Family Code, §§ 17400, 17406, 17430
www.courts.ca.gov

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:

PROOF OF SERVICE

5. I served this declaration and the attached amended proposed judgment on the respondent.

   a. ☐ **Personal delivery.** I personally delivered this declaration and amended proposed judgment to the respondent as follows:

      (1) Name:

      (2) Address where delivered:

      (3) Date of delivery:

      (4) Time of delivery:

   b. ☐ **Mail.** I deposited this declaration and amended proposed judgment 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 RESPONDENT)

6. I served this declaration and the attached amended proposed judgment on the other parent/party.

   a. ☐ **Personal delivery.** I personally delivered this declaration and amended proposed judgment to the other parent/party as follows:

      (1) Name:

      (2) Address where delivered:

      (3) Date of delivery:

      (4) Time of delivery:

   b. ☐ **Mail.** I deposited this declaration and amended proposed judgment 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 OTHER PARENT/PARTY)

GOVERNMENTAL AGENCY *(under Family Code, §§ 17400, 17406):*	*FOR COURT USE ONLY*
TELEPHONE NO.: FAX NO.: EMAIL ADDRESS: ATTORNEY FOR *(name):*	Form not in effect until January 1, 2026
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	
JUDGMENT REGARDING PARENTAL OBLIGATIONS ☐ _____ **AMENDED** ☐ _____ **SUPPLEMENTAL**	CASE NUMBER:

1. a. ☐ **NOTICE: THIS IS A** ☐ **PROPOSED** ☐ **AMENDED PROPOSED JUDGMENT. This *Judgment Regarding Parental Obligations* may be entered by the court and may become legally binding unless you fill out and file *Answer to Complaint or Supplemental Complaint Regarding Parental Obligations (Governmental)* (form FL-610) with the court clerk within 30 days of the date you were served with *Summons and Complaint or Supplemental Complaint Regarding Parental Obligations (Governmental)* (form FL-600). If you need form FL-610, you may get one from the local child support agency, the court clerk, or the family law facilitator. The family law facilitator will help you fill out the forms. To file form FL-610, follow the procedures listed in the information sheet included with that form.**

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

2. **This matter proceeded as follows:**
   a. ☐ Judgment entered under Family Code section 17430(a).
   b. ☐ Judgment entered by default after court hearing under Family Code section 17430(b)(3).
   c. ☐ Judgment entered after uncontested hearing.
   d. ☐ Judgment entered after contested hearing.
   e. Appearances as follows:
      (1) Date: Dept.: Judicial Officer:
      (2) ☐ Petitioner present ☐ Attorney present *(name):*
      (3) ☐ Respondent present ☐ Attorney present *(name):*
      (4) ☐ Other parent/party present ☐ Attorney present *(name):*
      (5) Local child support agency attorney (Fam. Code, §§ 17400,17406) *(name):*
      (6) ☐ Other *(specify):*

   f. The parent ordered to pay support is the ☐ petitioner ☐ respondent ☐ other parent/party.

3. ☐ **Earning Capacity.** This order is based on
   a. ☐ the parent ordered to pay support's earning capacity of $ per month because *(choose one):*
      (1) ☐ the earning capacity of the parent ordered to pay support is greater than their known income.
      (2) ☐ the actual income of the parent ordered to pay support is unknown.
   b. ☐ the other parent/party's earning capacity of $ per month.
   c. The factors used to determine earning capacity under Family Code section 4058(b) are stated
      (1) ☐ in *Earning Capacity Factors Attachment* (form FL-302).
      (2) ☐ as follows *(specify):*

Form Adopted for Alternative Mandatory Use
Instead of Form FL-692
Judicial Council of California
FL-630 [Rev. January 1, 2026]

JUDGMENT REGARDING PARENTAL OBLIGATIONS (Governmental)

Family Code, §§ 17400, 17402, 17404,17430
www.courts.ca.gov

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:

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

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

THE COURT ORDERS

6. a. ☐ Petitioner ☐ Respondent ☐ Other parent/party are the parents of the children named in item 6b below.

b. The parent ordered to pay support must pay current child support as follows:

Name of Child	Date of birth	Monthly Support Amount
		$
		$
		$

(1) ☐ Mandatory additional child support.

(a) The parent ordered to pay support must pay additional monthly support for reasonable childcare costs, as follows:
☐ One-half or ☐ % or ☐ *(specify amount):* $ per month of the costs.
Payments must be made to the ☐ other parent/party ☐ State Disbursement Unit ☐ childcare provider.

(b) The parent ordered to pay support must pay reasonable uninsured health care costs for the children, as follows:
☐ One-half or ☐ % or ☐ *(specify amount):* $ per month of the costs.
Payments must be made to the ☐ other parent/party ☐ State Disbursement Unit ☐ health care provider.

(2) ☐ Other *(specify):*

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

(4) ☐ The low-income adjustment applies at the lowest amount of the range.
☐ The lowest amount of the low-income adjustment has been rebutted and does not apply because *(specify reasons):*

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

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

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:

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

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

Name of child	Date of birth	Period of support	Amount
			$
			$
			$

(1) ☐ Other *(specify):*

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

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

e. If this is a judgment on a *Supplemental Complaint,* it does not modify or supersede any prior judgment or order for support or arrearage, unless specifically provided.

f. No provision of this judgment can operate to limit any right to collect the principal (total amount of unpaid support) or to charge and collect interest and penalties as allowed by law. All payments ordered are subject to modification.

g. All payments, unless specified in item 6b(1) above, must be made to the State Disbursement Unit at the address listed below:
California State Disbursement Unit, P.O. Box 989067, West Sacramento, CA 95798-9067

h. An earnings assignment order is issued.

i. In the event that there is a contract between a person ordered to receive support and a private child support collector, the parent ordered to pay support must pay the fee charged by the private child support collector. This fee must not exceed 33-1/3 percent of the total amount of past due support nor may it exceed 50 percent of any fee charged by the private child support collector. The money judgment created by this provision is in favor of the private child support collector and the person ordered to receive support, jointly.

j. If "The parent ordered to pay support" box is checked in item 6c, a health insurance coverage assignment must issue.

k. The parents must notify the local child support agency in writing within 10 days of any change in residence or employment.

l. Notice of Rights and Responsibilities Regarding Child Support (*form FL-192*) is attached.

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:

6. m. ☐ The following person (the "other parent/party") is added as a party to this action *(name):*

n. ☐ **The court further orders** *(specify):*

Date:

JUDICIAL OFFICER

Number of pages attached:

☐ SIGNATURE FOLLOWS LAST ATTACHMENT

Approved as conforming to court order.
Date:

(SIGNATURE OF PARENT ORDERED TO PAY SUPPORT OR THEIR ATTORNEY)

GOVERNMENTAL AGENCY *(under Family Code, §§ 17400, 17406):*	*FOR COURT USE ONLY*
TELEPHONE NO.: FAX NO. *(Optional):* EMAIL ADDRESS: ATTORNEY FOR *(name):*	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	Form not in effect until January 1, 2026
PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	
NOTICE OF ENTRY OF JUDGMENT AND PROOF OF SERVICE BY MAIL	CASE NUMBER:

1. You are notified that the following judgment was entered on *(date):*
   a. ☐ Default taken and proposed ☐ *Judgment Regarding Parental Obligations (UIFSA)* (form FL-530) ☐ *Judgment Regarding Parental Obligations* (form FL-630) entered under Family Code section 17430(a)
   b. ☐ Default taken and ☐ *Judgment Regarding Parental Obligations (UIFSA)* (form FL-530) ☐ *Judgment Regarding Parental Obligations* (form FL-630) entered after court hearing under Family Code section 17430(b)(3)
   c. ☐ *Judgment Regarding Parental Obligations (UIFSA)* (form FL-530)
   d. ☐ *Judgment Regarding Parental Obligations* (form FL-630)
   e. ☐ Other *(specify):*

2. A copy of each document referred to in item 1 is attached.

NOTICE

If the support order contained in the judgment is based on earning capacity and was entered by default, the parents or the local child support agency may file a request (form FL-640) to cancel (set aside) the support order. The request can be obtained online at www.courts.ca.gov/forms.htm, or from the family law facilitator's office, the court clerk, or the local child support agency. The request must be filed to ask the court to cancel (set aside) the child support portions of the judgment. If the court decides to cancel (set aside) the support order, the court will issue a new support order based on the actual income or earning capacity of the parent ordered to pay support. The request must be filed with the court clerk within two years from the date the first collection of support by wage garnishment is made.

PROOF OF SERVICE BY MAIL

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

5. I served a copy of this notice of entry and referenced documents by enclosing them in a sealed envelope and depositing the envelope ☐ directly in the United States mail with postage prepaid OR ☐ at my place of business for same-day collection and mailing with the United States mail, following our ordinary business practices with which I am readily familiar.
   a. Date of deposit:
   b. Place of deposit *(city and state):*
   c. Addressed as follows:

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)

Form Adopted for Mandatory Use
Judicial Council of California
FL-635 [Rev. January 1, 2026]

NOTICE OF ENTRY OF JUDGMENT AND PROOF OF SERVICE BY MAIL (Governmental)

Code of Civil Procedure, § 664.5;
Family Code, §§ 17404, 17404.1, 17430
www.courts.ca.gov

GOVERNMENTAL AGENCY *(under Family Code, §§ 17400, 17406)* OR ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, state bar number, and address):*	*FOR COURT USE ONLY*
TELEPHONE NO.: FAX NO. *(Optional):* EMAIL ADDRESS *(Optional):* ATTORNEY FOR *(Name):*	Form not in effect until January 1, 2026
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	
NOTICE AND MOTION TO CANCEL (SET ASIDE) SUPPORT ORDER BASED ON PRESUMED INCOME OR EARNING CAPACITY	CASE NUMBER:

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

1. To: ☐ Petitioner ☐ Respondent ☐ Local child support agency ☐ Other *(specify):*
   A hearing on this motion will be held as follows (see instructions on how to get a hearing date):
   a. Date: Time: ☐ Dept.: ☐ Div: ☐ Room:
   b. Address of court is ☐ same as noted above ☐ other *(specify):*
2. I am asking the court to cancel (set aside) the child support order in this case.
3. I am asking the court to issue another order because the current order was entered by default and is based on presumed income or earning capacity that is different from the actual income or earning capacity of the parent ordered to pay support.
4. ☐ Attached is an *Income and Expense Declaration* (form FL-150) or a *Financial Statement (Simplified)* (form FL-155), or other information concerning income for any relevant years.
5. ☐ Attached is my proposed *Answer to Complaint or Supplemental Complaint Regarding Parental Obligations (Governmental)* (form FL-610).
6. ☐ My address and telephone number for receipt of all notices and court dates are as follows:
   Address:
   City, state, and zip code:
   Home telephone:
   Work telephone:

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

Date:

(TYPE OR PRINT NAME) (SIGNATURE OF PARTY OR ATTORNEY)

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 recommended order in writing within 10 days (use *Notice of Objection (Governmental)* (form FL-666)), a judge will enter a temporary order and review your case before a final order is entered.

Form Adopted for Mandatory Use
Judicial Council of California
FL-640 [Rev. January 1, 2026]

Family Code, §§ 2330.1, 17400, 17428, 17430, 17432
www.courts.ca.gov

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:

PROOF OF SERVICE

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

3. I served a copy of the foregoing *Notice and Motion to Cancel (Set Aside) Support Order Based on Presumed Income or Earning Capacity (Governmental)* and all attachments as follows (check either a, b, or c for each person served):
   a. ☐ **Personal delivery.** I personally delivered a copy and all attachments as follows:
      (1) ☐ Name of party or attorney served:
         (a) Address where delivered:
         (b) Date delivered:
         (c) Time delivered:
      (2) ☐ Name of party or attorney served:
         (a) Address where delivered:
         (b) Date delivered:
         (c) Time delivered:
   b. ☐ **Mail.** I am a resident of or employed in the county where the mailing occurred.
      (1) I enclosed a copy in an envelope and
         (a) ☐ **deposited** the sealed envelope with the U.S. Postal Service with the postage fully prepaid.
         (b) ☐ **placed** the envelope for collection and mailing on the date and at the place shown below, following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the U.S. Postal Service in a sealed envelope with postage fully prepaid.
      (2) ☐ Name of party or attorney served:
         (a) Address where delivered:
         (b) Date mailed:
         (c) Place of mailing *(city and state):*
      (3) ☐ Name of local child support agency served:
         (a) Address where delivered:
         (b) Date mailed:
         (c) Place of mailing *(city and state):*
      (4) **Address Verification** (please specify):
         (a) ☐ I served a request to modify a child custody, visitation, or child support judgment or permanent order, which included an address verification declaration (*Declaration Regarding Address Verification—Postjudgment Request to Modify a Child Custody, Visitation, or Child Support Order* (form FL-334) may be used for this purpose).
         (b) ☐ The address for each individual identified in items 3a and 3b was
            (i) ☐ verified by the California Child Support Enforcement System (CSE) as the current primary mailing address on file.
            (ii) ☐ **Other** *(specify):*
   c. ☐ **Other** *(specify code section):*
      ☐ Additional page is attached.

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

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF PERSON WHO SERVED MOTION)

Form not in effect until January 1, 2026

FL-640-INFO Information Sheet: Notice and Motion to Cancel (Set Aside) Support Order Based on Presumed Income or Earning Capacity

INSTRUCTIONS

Who can use this form?

Either parent or the local child support agency can use this form.

Fill out this form yourself if you do not have an attorney to represent you. If you have an attorney, your attorney will need to fill out this form.

What do I use this form for?

Use this form to ask the court to cancel (set aside) a default judgment that is based on earning capacity or presumed income.

A **default judgment** is made when a party does not file an Answer and does not show up to court.

Earning capacity is used when the court does not have information about a parent's income, or the court believes the parent is underemployed. Before January 1, 2026, courts used **presumed income** when actual income was unknown, which was minimum wage at 40 hours every week.

You can only use this form if your actual income or earning capacity was different from the amount of earning capacity or presumed income that was used to make a decision about child support.

Is there a deadline to ask for a judgment to be canceled or set aside?

Yes, you must file this request within **two years** from the date that the first child support payment made by wage garnishment was received by the local child support agency.

How do I fill out this form?

① Fill out the **caption**. The caption is the box at the top left of the first page. Put your name, address, and telephone number in the top left part of the box if they are not already there. You will also need to put information about the local child support agency, the other parent, case number, and the court name and address in the caption. Look at *Judgment Regarding Parental Obligations (Governmental)* (form FL-630) in your case to help you fill out this information.

② Contact the court clerk to ask for a hearing date. You can find information about how to contact the court at www.courts.ca.gov/find-my-court.htm.

③ Fill out an ***Income and Expense Declaration*** **(form FL-150)** or ***Financial Statement (Simplified)*** **(form FL-155)** to give the court information about your current income and expenses. Attach this form to the Motion.

Find forms FL-150 and FL-155 at www.courts.ca.gov/forms.htm.

④ You may fill out a *Declaration About Parent's Income or Earning Capacity During Judgment Periods* (FL-643) to give the court information about your actual income and expenses during the time period covered by the Judgment.

Find form FL-643 at www.courts.ca.gov/documents/fl643.pdf.

⑤ You might also want to attach *Answer to Complaint or Supplemental Complaint Regarding Parental Obligations (Governmental)* (form FL-610) to give the court more information. Talk to a lawyer or your family law facilitator for more information.

⑥ Fill out your contact information so the court can get in touch with you about this motion.

⑦ Sign and date your Motion.

⑧ Fill out the box at the top of the second page. Use the same information printed in the caption box on page 1 of form FL-640. Make sure to leave the rest of the page blank. You **do not** fill out this page. The person who serves the Motion will fill this out. Look at the "What do I do after I fill out the form?" section of these instructions for more information.

What do I do after I fill out the form?

① Make copies.

Fill out the box at the top of the second page. Use the same information printed in the caption box on page 1 of form FL-640. Make at least 3 copies of the papers: one for yourself, one to send to the local child support agency, and one to send to the other parent if the other parent is a party in the case.

② Have someone give a copy of the Motion to the local child support agency and the other parent if necessary.

The local child support agency and, in some situations, the other parent must be given a copy of any documents that you file. This is called service. You **cannot** serve your own Motion.

To serve these documents, you must ask someone who is 18 or older and not a part of the case to mail or hand deliver the documents to the local child support agency. If the other parent is a part of the case, the person serving the motion must also mail or hand deliver them to the other parent. If the documents are mailed to the other parent, the person serving the documents will need to state on the proof of service how the mailing address of the other parent was verified as their current address.

If you do not know the other parent's current mailing address, the person serving the documents can mail extra copies of the documents to the local child support agency. They will send the copies to the other parent. The local child support agency must receive the documents **at least 30 days before the hearing** if you want them to send the Motion to the other parent.

The person who serves the Motion will need to fill out the "Proof of Service" section on page 2 of the form.

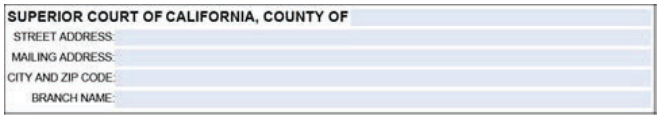
③ File your Motion with the Court.

There is no fee to file this Motion.

You can file in person, by mail, or electronically (if available at your court).

If you file in person:

Take your original Notice and Motion form and your copies to the court. Look at the top of the Notice and Motion in your case to find the court's address:

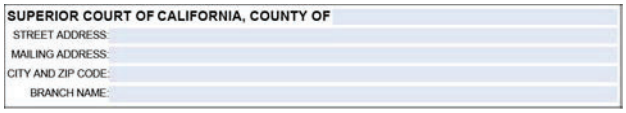

SUPERIOR COURT OF CALIFORNIA, COUNTY OF
STREET ADDRESS:
MAILING ADDRESS:
CITY AND ZIP CODE:
BRANCH NAME:

Give your original Motion form and copies to the court clerk. The clerk will:

- Stamp your forms
- Keep the original and give the copies back to you.

If you file by mail:

- Mail your original Motion form and your copies to the court. Look at the top of the Notice and Motion in your case to find the court's address:


SUPERIOR COURT OF CALIFORNIA, COUNTY OF
STREET ADDRESS:
MAILING ADDRESS:
CITY AND ZIP CODE:
BRANCH NAME:

- Send a self-addressed stamped envelope with your forms. If you do not include a self-addressed stamped envelope, you will have to go to the courthouse to pick up your copies.

You may be able to file electronically:

- Look at your court's website to see if you can file electronically. Visit www.courts.ca.gov/find-my-court.htm.

What happens next?

Go to your court hearing.

If you do not go, the court may not cancel and recalculate the child support order in your case.

How can I get free help?

Every county has a family law facilitator that can:

- Explain the legal process;
- Give you free legal forms; and
- Help you fill out court papers.

Depending on your county, the facilitator may help you in person, online, or by phone. You can find the facilitator in your county here: www.courts.ca.gov/selfhelp-facilitators.htm.

Ask for a *Disability Accommodation Request*.

If you have a disability and need an accommodation while you are at court, you can use form MC-410 to make your request. For more information, see form MC-410-INFO.

GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406) OR ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, state bar number, and address):*	*FOR COURT USE ONLY*
TELEPHONE NO.: FAX NO. *(Optional):* EMAIL ADDRESS: ATTORNEY FOR *(name):*	Form not in effect until January 1, 2026
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	
DECLARATION ABOUT PARENT'S INCOME OR EARNING CAPACITY DURING JUDGMENT PERIODS	CASE NUMBER:

1. I am:
   a. ☐ the parent ordered to pay support.
   b. ☐ the person ordered to receive support.
   c. ☐ a representative of the local child support agency providing services in this case.

2. On *(date):* a ☐ *Judgment Regarding Parental Obligations* (form FL-630) ☐ *Judgment Regarding Parental Obligations (UIFSA)* (form FL-530) was entered by default using earning capacity or presumed income, instead of actual income.

3. ☐ The actual income of the parent ordered to pay support and other factors needed to calculate the correct support for the time periods in the judgment are listed below *(see item 6 in the Judgment to find the relevant time period):*

	Time periods in judgment *(enter start and end dates)*	**Average monthly income**	**Percentage of time with children**	**Monthly guideline support requested**	**Source of income**
a.	from *(month/year)* to *(month/year)*	$ /month	%	$ /month	
b.	from *(month/year)* to *(month/year)*	$ /month	%	$ /month	
c.	from *(month/year)* to *(month/year)*	$ /month	%	$ /month	
d.	from *(month/year)* to *(month/year)*	$ /month	%	$ /month	
e.	from *(month/year)* to *(month/year)*	$ /month	%	$ /month	
f.	from *(month/year)* to *(month/year)*	$ /month	%	$ /month	
g.	from *(month/year)* to *(month/year)*	$ /month	%	$ /month	
h.	from *(month/year)* to *(month/year)*	$ /month	%	$ /month	

4. ☐ Additional proof about the parent ordered to pay support's actual income during the time periods in the judgment is attached. *(Black out the Social Security number from any papers you attach, like paycheck stubs.)*

Form Approved for Optional Use
Judicial Council of California
FL-643 [Rev. January 1, 2026]

DECLARATION ABOUT PARENT'S INCOME OR EARNING CAPACITY DURING JUDGMENT PERIODS
(Governmental)

Family Code, §§ 17400, 17432
www.courts.ca.gov

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:

5. ☐ Information regarding the earning capacity of the parent ordered to pay support needed to calculate the correct support amount for the time periods in the judgment is

   a. ☐ provided in *Earning Capacity Factors Attachment* (form FL-302).

   b. ☐ as follows *(specify):*

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

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

PARTY WITHOUT ATTORNEY OR ATTORNEY *(Name, state bar number, and address):*	*FOR COURT USE ONLY*
TELEPHONE NO.: FAX NO.: EMAIL ADDRESS: ATTORNEY FOR *(name):*	Form not in effect until January 1, 2026
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	
FINDINGS AND RECOMMENDATION OF COMMISSIONER	CASE NUMBER:

1. Name *(specify):* objected to Commissioner *(name):*
   hearing this matter as a temporary judge.
2. **THIS MATTER PROCEEDED AS FOLLOWS**
   a. ☐ By court hearing, appearances as follows:
      (1) Date: Dept.: Judicial Officer:
      (2) ☐ Petitioner present ☐ Attorney present *(name):*
      (3) ☐ Respondent present ☐ Attorney present *(name):*
      (4) ☐ Other parent/party present ☐ Attorney present *(name):*
      (5) Local child support agency attorney (Fam. Code, §§ 17400, 17406) by *(name):*
      (6) ☐ Other *(specify):*
   b. The parent ordered to pay support is the ☐ petitioner ☐ respondent ☐ other parent/party.
3. ☐ Attached is a computer printout showing the parents' incomes and percentage of time each parent spends with the children. The printout, which shows the calculation of child support payable, will become the court's findings.
4. ☐ This recommended order is based on the attached documents *(specify):*

5. **THE COMMISSIONER RECOMMENDS THE FOLLOWING**
   a. All orders previously made in this action remain in full force and effect except as modified below.
   b. *(Name of parent):* *(Name of parent):*
      are the parents of the children listed below.
   c. The parent ordered to pay support must pay current child support as follows:

Name of child	Date of birth	Monthly support amount
		$
		$
		$

   (1) ☐ Mandatory additional child support.
      (a) The parent ordered to pay support must pay additional monthly support for reasonable childcare costs, as follows:
      ☐ One-half or ☐ % or ☐ *(specify amount):* $ per month of the costs
      Payments must be made to the ☐ other parent/party ☐ State Disbursement Unit ☐ childcare provider.
      (b) The parent ordered to pay support must pay reasonable uninsured health care costs for the children, as follows:
      ☐ One-half or ☐ % or ☐ *(specify amount):* $ per month of the costs
      Payments must be made to the ☐ other parent/party ☐ State Disbursement Unit ☐ health care provider.

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

Form Adopted for Alternative Mandatory Use
Instead of Form FL-692
Judicial Council of California
FL-665 [Rev. January 1, 2026]

Family Code, § 4251
www.courts.ca.gov

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:

5. c. (2) ☐ Other *(specify):*

(3) ☐ For a total of: $ payable on the *(specify):* day of each month beginning on *(date):*

(4) ☐ The low-income adjustment applies at the lowest amount of the range.
☐ The lowest amount of the low-income adjustment is rebutted and does not apply because *(specify reasons):*

(5) **Earning capacity**. The court finds that the *(check all that apply):*

(a) ☐ parent ordered to pay support has the ability to earn $ per month.

(b) ☐ person ordered to receive support has the ability to earn $ per month.

(c) The factors used to calculate earning capacity under Family Code section 4058(b) are stated

(i) ☐ in *Earning Capacity Factors Attachment* (form FL-302).

(ii) ☐ as follows *(specify):*

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

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

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

Name of child	Date of birth	Period of support	Amount
			$
			$
			$

(1) ☐ Other *(specify):*

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

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

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

(1) ☐ Child support: $ ☐ Spousal support: $ ☐ Family support: $

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

(3) ☐ Payable: $ on the: day of each month beginning *(date):*

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:

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

g. No provision of this judgment/order may operate to limit any right to collect the principal (total amount of unpaid support) or to charge and collect interest and penalties as allowed by law. All payments ordered are subject to modification.

h. All payments, unless specified in item 5c(1) above, must be made to the State Disbursement Unit at: **California State Disbursement Unit, P.O. Box 989067, West Sacramento, CA 95798-9067**.

i. **An earnings assignment order is issued.**

j. In the event that there is a contract between a person ordered to receive support and a private child support collector, the party ordered to pay support must pay the fee charged by the private child support collector. This fee must not exceed 33-1/3 percent of the total amount of past due support nor may it exceed 50 percent of any fee charged by the private child support collector. The money judgment created by this provision is in favor of the private child support collector and the person ordered to receive support, jointly.

k. If "The parent ordered to pay support" box is checked in item 5d, a health insurance coverage assignment must issue.

l. The parents must notify the local child support agency in writing within 10 days of any change in residence or employment.

m. *Notice of Rights and Responsibilities Regarding Child Support* (form FL-192) is attached.

n. ☐ The following person (the "other parent/party") is added as a party to this action *(name):*

o. ☐ The court further recommends *(specify):*

Date:

COMMISSIONER

Number of pages attached:

☐ SIGNATURE FOLLOWS LAST ATTACHMENT

CLERK'S CERTIFICATE OF SERVICE OR MAILING

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

1. ☐ **Personal service.** A true copy of this *Findings and Recommendation of Commissioner* was handed to the
☐ petitioner ☐ respondent ☐ other parent/party
at the hearing of this matter before the commissioner.

2. ☐ **Mail.** A true copy of this *Findings and Recommendation of Commissioner* was mailed first class, postage fully prepaid, in a sealed envelope addressed as shown below, and that the request was mailed
at *(place):* California,
on *(date):*

Date: Clerk, by , Deputy

GOVERNMENTAL AGENCY *(under Family Code, §§ 17400, 17406):*	*FOR COURT USE ONLY*
TELEPHONE NO.: FAX NO. *(Optional):* EMAIL ADDRESS *(Optional):* ATTORNEY FOR *(Name):*	Form not in effect until January 1, 2026
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	
NOTICE OF MOTION ☐ **JUDGMENT** ☐ **MODIFICATION** ☐ **Child Support** ☐ **Health Care** ☐ **Injunctive Order** ☐ **Other:**	CASE NUMBER:

1. TO *(name):*

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

   a. Date: Time: ☐ Dept.: ☐ Div.: ☐ Room:

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

3. Supporting attachments:
   a. Completed *Request for Order and Supporting Declaration* (form FL-684) and blank *Response to Governmental Notice of Motion or Order to Show Cause* (form FL-685)
   b. ☐ Financial information and blank *Income and Expense Declaration* (form FL-150)
   c. ☐ *Earning Capacity Factors Attachment* (form FL-302)
   d. ☐ Points and authorities
   e. ☐ *Order for Genetic (Parentage) Testing* (form FL-627) **(If the respondent or other parent/party ignores this order, the issue of parentage may be decided against them.)**
   f. ☐ Other *(specify):*

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

Date:

(TYPE OR PRINT NAME) (SIGNATURE OF ATTORNEY)

ORDER

IT IS ORDERED THAT

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

Date:

JUDICIAL OFFICER

Form Adopted for Mandatory Use
Judicial Council of California
FL-680 [Rev. January 1, 2026]

NOTICE OF MOTION (Governmental)

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:

NOTICE

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

Child support is based on your ability to pay, which may include your income, earning capacity, expenses, and lifestyle. The amount of child support can be large and can continue until the children reach age 18. You should give the court information about your income and expenses, and any specific circumstances that may affect your ability to earn. If you do not, the support order will be based on other information given to the court. If the child support amount in the proposed judgment is based on your earning capacity, and you do not appear at the hearing after failing to file an *Answer* (form FL-610), the court will enter a judgment without your input.

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

PROOF OF SERVICE BY MAIL

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

3. I served a copy of this motion by enclosing it in a sealed envelope and depositing the envelope ☐ directly in the U.S. mail with postage paid OR ☐ at my place of business for same-day collection and mailing with the U.S. mail, following our business practices, with which I am readily familiar.
   a. Date of deposit:
   b. Place of deposit *(city and state):*
   c. Addressed as follows:

4. The address for each individual identified in item 3 was
   a. ☐ verified by the California Child Support Enforcement System (CSE) as the current primary mailing address on file.
   b. ☐ Other *(specify):*
5. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME) ▶ (SIGNATURE OF PERSON WHO SERVED MOTION)

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

GOVERNMENTAL AGENCY *(under Family Code, §§ 17400, 17406):*	*FOR COURT USE ONLY*
TELEPHONE NO.: FAX NO. *(Optional):* EMAIL ADDRESS *(Optional):* ATTORNEY FOR *(Name):*	Form not in effect until January 1, 2026
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	
ORDER TO SHOW CAUSE FOR ☐ **MODIFICATION** ☐ **Child Support** ☐ **Health Care** ☐ **Injunctive Relief** ☐ **Other:**	CASE NUMBER:

1. To *(name):*
2. YOU ARE ORDERED TO APPEAR IN THIS COURT AS FOLLOWS TO GIVE ANY LEGAL REASON WHY THE RELIEF SOUGHT IN THE ATTACHED APPLICATION SHOULD NOT BE GRANTED.

   a. Date: Time: ☐ Dept.: ☐ Room:

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

3. a. IT IS FURTHER ORDERED that a completed *Request for Order and Supporting Declaration (Governmental)* (form FL-684), or equivalent application order form, a **blank** *Response to Governmental Notice of Motion or Order to Show Cause (Governmental)* (form FL-685), and the following must be served with this order:
      (1) ☐ Financial information and blank *Income and Expense Declaration* (form FL-150) or *Financial Statement (Simplified)* (form FL-155)
      (2) ☐ Points and authorities
      (3) ☐ *Order for Genetic (Parentage) Testing* (form FL-627)
      (4) ☐ Other *(specify):*

   b. (1) ☐ Time for ☐ service ☐ hearing is shortened. Service must be on or before *(date):*
      Any responsive declaration must be served on or before *(date):*
      (2) ☐ Petitioner ☐ Respondent ☐ Other parent/party
      is restrained from transferring, encumbering, hypothecating, concealing, or in any way disposing of the following property *(describe):*
      (3) ☐ Other *(specify):*

Date:

JUDICIAL OFFICER

NOTICE

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

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

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

Request for Accommodations

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

Form Adopted for Mandatory Use
Judicial Council of California
FL-683 [Rev. January 1, 2026]

ORDER TO SHOW CAUSE (Governmental)

Family Code §§ 215, 4001, 4002, 4251, 17400
www.courts.ca.gov

GOVERNMENTAL AGENCY *(under Family Code, §§ 17400, 17406)* OR PARTY WITHOUT ATTORNEY OR ATTORNEY *(Name, state bar number, and address):* TELEPHONE NO.: FAX NO. *(Optional):* EMAIL ADDRESS: ATTORNEY FOR *(Name):*	***FOR COURT USE ONLY*** Form not in effect until January 1, 2026
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	
ORDER AFTER HEARING	CASE NUMBER:

1. **This matter proceeded as follows:** ☐ Uncontested ☐ By stipulation ☐ Contested
   a. Date: Dept.: Judicial Officer:
   b. ☐ Petitioner present ☐ Attorney present *(name):*
   c. ☐ Respondent present ☐ Attorney present *(name):*
   d. ☐ Other parent/party present ☐ Attorney present *(name):*
   e. Local child support agency attorney (Fam. Code, §§ 17400, 17406) by *(name):*
   f. ☐ Other *(specify):*
   g. The parent ordered to pay support is the ☐ petitioner ☐ respondent ☐ other parent/party.

2. ☐ Attached is a computer printout showing the parents' income and percentage of time each parent spends with the children. The printout, which shows the calculation of child support payable, will become the court's findings.

3. ☐ This order is based on the attached documents *(specify):*

THE COURT ORDERS

4. a. All orders previously made in this action remain in full force and effect except as specifically modified below.
   b. The parent ordered to pay support is the parent of and must pay current child support for the following children:

Name of child	Date of birth	Monthly support amount
		$
		$
		$
		$
		$

   (1) ☐ Mandatory additional child support.
   (a) The parent ordered to pay support must pay additional monthly support for reasonable childcare costs, as follows:
   ☐ One-half or ☐ % or ☐ *(specify amount):* $ per month of the costs
   Payments must be made to the ☐ other parent/party ☐ State Disbursement Unit ☐ childcare provider.
   (b) The parent ordered to pay support must pay reasonable uninsured health care costs for the children, as follows:
   ☐ One-half or ☐ % or ☐ *(specify amount):* $ per month of the costs
   Payments must be made to the ☐ other parent/party ☐ State Disbursement Unit ☐ health care provider.

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

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:

4. b. (2) ☐ Other *(specify):*

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

(4) ☐ The low-income adjustment applies at the lowest amount of the range.

☐ The lowest amount of the low-income adjustment is rebutted and does not apply because *(specify reasons):*

(5) **Earning capacity**. The court finds that the *(check all that apply):*

(a) ☐ parent ordered to pay support has the ability to earn $ per month.

(b) ☐ person ordered to receive support has the ability to earn $ per month.

(c) The factors used to calculate earning capacity under Family Code section 4058(b) are stated

(i) ☐ in *Earning Capacity Factors Attachment* (form FL-302).

(ii) ☐ as follows *(specify):*

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

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

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

(1) ☐ Child support: $ ☐ Spousal support: $ ☐ Family support: $

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

(3) ☐ Payable: $ on the: day of each month beginning *(date):*

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

e. No provision of this order may operate to limit any right to collect the principal (total amount of unpaid support) or to charge and collect interest and penalties as allowed by law. All payments ordered are subject to modification.

f. All payments, unless specified in item 4b(1) above, must be made to the State Disbursement Unit at: **California State Disbursement Unit, P.O. Box 989067, West Sacramento, CA 95798-9067**.

g. **An earnings assignment order is issued.**

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:

4. h. In the event that there is a contract between a person ordered to receive support and a private child support collector, the party ordered to pay support must pay the fee charged by the private child support collector. This fee must not exceed 33-1/3 percent of the total amount of past due support nor may it exceed 50 percent of any fee charged by the private child support collector. The money judgment created by this provision is in favor of the private child support collector and the person ordered to receive support, jointly.

   i. If "The parent ordered to pay support" box is checked in item 4c, a health insurance coverage assignment must issue.

   j. The parents must notify the local child support agency in writing within 10 days of any change in residence or employment.

   k. *Notice of Rights and Responsibilities Regarding Child Support* (form FL-192) is attached.

   l. ☐ The following person (the "other parent/party") is added as a party to this action *(name):*

   m. ☐ The court further orders *(specify):*

Date:

JUDICIAL OFFICER

Number of pages attached:

☐ SIGNATURE FOLLOWS LAST ATTACHMENT

Approved as conforming to court order. Date: ▶ _____ (SIGNATURE OF THE PARENT ORDERED TO PAY SUPPORT OR THEIR ATTORNEY)	Approved as conforming to court order. Date: ▶ _____ (SIGNATURE OF THE PERSON ORDERED TO RECEIVE SUPPORT OR THEIR ATTORNEY)

GOVERNMENTAL AGENCY *(under Family Code, §§ 17400, 17406):*	*FOR COURT USE ONLY*
TELEPHONE NO.: FAX NO.: EMAIL ADDRESS: ATTORNEY FOR *(name):*	Form not in effect until January 1, 2026
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	
SHORT FORM ORDER AFTER HEARING	CASE NUMBER:

1. **This matter proceeded as follows:** ☐ Uncontested ☐ By stipulation ☐ Contested
   a. Date: Dept: Judicial Officer:
   b. ☐ Petitioner present ☐ Attorney present *(name):*
   c. ☐ Respondent present ☐ Attorney present *(name):*
   d. ☐ Other parent/party present ☐ Attorney present *(name):*
   e. Local child support agency attorney (Fam. Code §§17400, 17406) *(name):*
   f. ☐ Other *(specify):*

2. ☐ Attached is a computer printout showing the parent's income and percentage of time each parent spends with the children. The printout, which shows the calculation of child support payable, will become the court's findings.

3. **THE COURT FINDS,** based on the moving papers:
   a. *(Name):* is the parent ordered to pay support in this proceeding.
   b. ☐ The parent ordered to pay support has no ability to pay support because *(specify):*
   c. ☐ Health insurance coverage at no or reasonable cost is currently not available to the parent ordered to pay support to cover the minor children in this action.

4. **THE COURT ORDERS**
   a. All orders previously made in this action will remain in full force and effect except as specifically modified below.
   b. ☐ This matter is continued to: in Dept.: for the following purposes only:
   c. ☐ The parent ordered to pay support is ordered to appear on the continuance date.
   d. ☐ Current child support is modified to: $ per month beginning *(date):*
   e. ☐ The low-income adjustment applies at the lowest amount of the range.
      ☐ The lowest amount of the low-income adjustment is rebutted and does not apply because *(specify reasons):*

Form Adopted for Mandatory Use
Judicial Council of California
FL-688 [Rev. January 1, 2026]

Family Code, §§ 17400, 17402, 17404, 17406
www.courts.ca.gov

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:

4. f. **Earning capacity**. The court finds that the *(check all that apply):*

(1) ☐ parent ordered to pay support has the ability to earn $ per month.

(2) ☐ person ordered to receive support has the ability to earn $ per month.

(3) The factors used to calculate earning capacity under Family Code section 4058(b) are stated

(a) ☐ in *Earning Capacity Factors Attachment* (form FL-302).

(b) ☐ as follows *(specify):*

g. ☐ The court retains jurisdiction to order support retroactive to

(1) ☐ *(specify date):*

(2) ☐ the date the parent ordered to pay support becomes employed or otherwise has the ability to pay support.

(3) ☐ the date the parent ordered to pay support abandons or separates from the children at issue in this case.

h. ☐ Any order to liquidate the support arrearage is suspended until further order of this court.

i. ☐ In the event that there is a contract between a person ordered to receive support and a private child support collector, the party ordered to pay support must pay the fee charged by the private child support collector. This fee must not exceed 33-1/3 percent of the total amount of past due support nor may it exceed 50 percent of any fee charged by the private child support collector. The money judgment created by this provision is in favor of the private child support collector and the person ordered to receive support, jointly.

j. ☐ The parents must notify the local child support agency in writing within 10 days of any change in residence or employment.

k. ☐ The parent ordered to pay support is ordered to obtain health insurance coverage for the children in this action if it becomes available at no or reasonable cost. The party ordered to provide health insurance must seek continuation of coverage for the child after the child attains the age when the child is no longer considered eligible for coverage as a dependent under the insurance contract, if the child is incapable of self-sustaining employment because of a physically or mentally disabling injury, illness or condition and is chiefly dependent on the parent providing health insurance for support and maintenance.

l. If this order includes orders for child support or reimbursement of uninsured health care or childcare costs, *Notice of Rights and Responsibilities Regarding Child Support* (form FL-192) must be attached and is incorporated into this order.

m. ☐ Other *(specify):*

5. Number of pages attached:

Date:

JUDICIAL OFFICER

Approved as conforming to court order. Date: ▶ _____ (SIGNATURE OF PARENT ORDERED TO PAY SUPPORT OR THEIR ATTORNEY)	Approved as conforming to court order. Date: ▶ _____ (SIGNATURE OF THE PERSON ORDERED TO RECEIVE SUPPORT OR THEIR ATTORNEY)

SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	*FOR COURT USE ONLY* Form not in effect until January 1, 2026
PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	
☐ **MINUTES** ☐ **ORDER** ☐ **JUDGMENT** ☐ **RECOMMENDED ORDER**	CASE NUMBER:

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

1. **This matter proceeded as follows:** ☐ Uncontested ☐ By stipulation ☐ Contested
   ☐ Judgment entered by default after court hearing under Family Code section 17430(b)(3).
   a. Date: Time: Department:
   b. Judicial officer *(name):* ☐ Judge Pro Tempore ☐ Commissioner
      Court reporter *(name):* Court clerk *(name):*
   c. ☐ Interpreter(s) present *(name):*
      for *(name):* *(specify language):*
   d. ☐ Petitioner present ☐ Attorney present *(name):*
   e. ☐ Respondent present ☐ Attorney present *(name):*
   f. ☐ Other parent/party present ☐ Attorney present *(name):*
   g. Local child support agency attorney (Fam. Code, §§ 17400, 17406) by *(name):*
   h. The parent ordered to pay support is the ☐ petitioner ☐ respondent ☐ other parent/party.
   i. ☐ Other *(specify):*
2. ☐ This is a recommended order/judgment based on the objection of *(specify name):*
3. a. ☐ This matter is taken off calendar.
   b. ☐ This entire matter is denied ☐ with ☐ without prejudice.
   c. ☐ This matter is continued at the request of the ☐ local child support agency ☐ petitioner ☐ respondent ☐ other parent/party to
      Date: Time: Department:
      (specific issues):
      ☐ Petitioner ☐ Respondent ☐ Other parent/party is ordered to appear at that date and time.
   d. ☐ The court takes the following matters under submission *(specify):*

4. ☐ **Order of examination**
   The ☐ petitioner ☐ respondent ☐ other parent/party ☐ other *(specify):*
   was sworn and examined.
   ☐ Examination was held outside of court.
5. **Referrals**
   a. ☐ The parties are referred to family court services or mediation.
   b. ☐ ☐ Petitioner ☐ Respondent ☐ Other parent/party is referred to the family law facilitator.
   c. ☐ Other *(specify):*

THE COURT FINDS

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

Form Adopted for Alternative Mandatory Use
Instead of Form FL-615, FL-625, FL-630, FL-665, or FL-687
Judicial Council of California
FL-692 [Rev. January 1, 2026]

MINUTES AND ORDER OR JUDGMENT
(Governmental)

Family Code, §§ 17400, 17406
www.courts.ca.gov

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:

9. ☐ Petitioner ☐ Respondent ☐ Other parent/party has read, understands, and has signed *Advisement and Waiver of Rights for Stipulation (Governmental)* (*form FL-694*) and gives up those rights and freely agrees that a judgment may be entered in accordance with these findings.

10. a. Guideline support amount: $
    b. This order ☐ is ☐ is not based on the guideline.
    c. ☐ The attached *Guideline Findings Attachment (Governmental)* (form FL-693) is incorporated into these findings.
    d. ☐ A printout, which shows the calculation of child support payable, is attached and must become the court's findings.
    e. ☐ The child support agreed to by the parents is ☐ below ☐ above the statewide child support guideline. The amount of support that would have been ordered under the guideline formula is: $ per month. The parties have been fully informed of their rights concerning child support. Neither party is acting out of duress or coercion. Neither party is receiving public assistance, and no application for public assistance is pending. The needs of the children will be adequately met by this agreed-upon amount of child support. The order is in the best interest of the children. If the order is below the guideline, no change of circumstance will be required for the court to modify this order. If the order is above the guideline, a change of circumstance will be required for the court to modify this order.
    f. ☐ The low-income adjustment applies at the lowest amount of the range.
    ☐ The lowest amount of the low-income adjustment is rebutted and does not apply because *(specify reasons):*

11. ☐ Arrearages from *(specify date):* through *(specify date):*
    are: $ ☐ including interest ☐ interest not computed and not waived.

THE COURT ORDERS

12. All orders previously made in this action must remain in full force and effect except as specifically modified below.

13. ☐ Genetic testing must be coordinated by the local child support agency.
    a. ☐ Petitioner ☐ Respondent ☐ Other parent/party ☐ other *(specify):*
    and the minor children must each submit to genetic testing as directed by the local child support agency.
    b. ☐ The parent ordered to pay support must reimburse the local child support agency for genetic testing costs of:
    $

14. a. ☐ The parent ordered to pay support is the parent of the children listed below and must pay current child support for them.
    ☐ The court finds that there is sufficient evidence that the parent ordered to pay support is the parent of the children listed below and therefore there is sufficient evidence to enter a support order.

Name of child	Date of birth	Monthly basic support amount
		$
		$
		$

    ☐ Additional children are listed on an attached page.
    b. ☐ The parent ordered to pay support must pay additional support monthly for actual childcare costs of
    ☐ *(specify amount):* $ ☐ one-half ☐ *(specify percent):* percent of said costs.
    Payments must be made to the ☐ other parent/party ☐ State Disbursement Unit ☐ childcare provider.
    c. ☐ The parent ordered to pay support must pay reasonable uninsured health care costs for the children of
    ☐ *(specify amount):* $ ☐ one-half ☐ *(specify percent):* percent of said costs.
    Payments must be made to the ☐ other parent/party ☐ State Disbursement Unit ☐ health care provider.
    d. ☐ The parent ordered to pay support must pay additional support monthly for the following *(specify):*
    ☐ *(specify amount):* $ ☐ one-half ☐ *(specify percent):* percent of said costs.
    Payments must be made to the ☐ other parent/party ☐ State Disbursement Unit.
    e. ☐ Other *(specify):*

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

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:

14. f. ☐ For a total of: $ payable on the: day of each month beginning *(date):*

g. ☐ The low-income adjustment applies at the lowest amount of the range.
☐ The lowest amount of the low-income adjustment is rebutted and does not apply because *(specify reasons):*

h. **Earning capacity**. The court finds that the *(check all that apply):*
(1) ☐ parent ordered to pay support has the ability to earn $ per month.
(2) ☐ person ordered to receive support has the ability to earn $ per month.
(3) The factors used to calculate earning capacity under Family Code section 4058(b) are stated
(a) ☐ in *Earning Capacity Factors Attachment* (form FL-302).
(b) ☐ as follows *(specify):*

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

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

16. ☐ The parent ordered to pay support may claim the children for tax purposes as long as all child support payments are current as of the last day of the year for which the exemptions are claimed.

17. ☐ ☐ Petitioner ☐ Respondent ☐ Other parent/party must pay to ☐ petitioner ☐ respondent ☐ other parent/party as ☐ spousal support ☐ family support $ per month, beginning *(date):* ☐ payable on the: day of each month.

18. ☐ The parent ordered to pay support must pay child support for the following past periods and in the following amounts:

Name of child	Period of support	Amount
		$
		$
		$

a. ☐ Other *(specify):*

b. ☐ For a total of: $ payable on the: day of each month beginning *(date):*

c. ☐ Interest accrues on the entire principal balance owing and not on each installment as it becomes due.

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

a. ☐ Child support: $ ☐ Spousal support: $
☐ Family support: $ ☐ Other: $

b. ☐ Interest is not computed and is not waived.

c. ☐ Payable: $ on the: day of each month beginning *(date):*

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:

19. d. ☐ Interest accrues on the entire principal balance owing and not on each installment as it becomes due.

20. No provision of this judgment can operate to limit any right to collect all sums owing in this matter as otherwise provided by law.

21. All payments, unless specified in items 14b, 14c, and 14d above, must be made to the State Disbursement Unit at: **California State Disbursement Unit, P.O. Box 989067, West Sacramento, CA 95798-9067**.

22. **An earnings assignment order is issued.**

23. In the event that there is a contract between a person ordered to receive support and a private child support collector, the party ordered to pay support must pay the fee charged by the private child support collector. This fee must not exceed 33-1/3 percent of the total amount of past due support nor may it exceed 50 percent of any fee charged by the private child support collector. The money judgment created by this provision is in favor of the private child support collector and the person ordered to receive support, jointly.

24. If "The parent ordered to pay support" box is checked in item 15, a health insurance coverage assignment must issue.

25. ☐ Job search. *(Specify name(s)):* must seek employment for at least *(specify number):* jobs per week and report those job applications and results to the court and the local child support agency at the continuance date. These job applications are to be made in person, not by phone, fax, or email.

26. ☐ For purposes of the licensing issue only, the parent ordered to pay support is found to be in compliance with the support order in this action. The local child support agency must issue a release of license(s).

27. ☐ Notwithstanding any noncompliance issues with the support order in this action, the court finds that the needs of the party ordered to pay support warrant a conditional release. The local child support agency must issue a release of license(s). Such release is effective only as long as the parent ordered to pay support complies with all payment terms of this order.

28. ☐ A warrant of attachment/bench warrant issues for *(specify name):*
    a. ☐ Bail is set in the amount of: $
    b. ☐ Service is stayed until *(date):*

29. ☐ The court retains jurisdiction to make orders retroactive to *(date):*

30. ☐ The court reserves jurisdiction over ☐ all issues ☐ the issues of *(specify):*

31. The parents must notify the local child support agency in writing within 10 days of any change in residence or employment.

32. *Notice of Rights and Responsibilities Regarding Child Support* (*form FL-192*) is attached and incorporated.

33. ☐ The following person (the "other parent/party") is added as a party to this action *(name):*

34. ☐ The court further orders *(specify):*

☐ Number of pages attached:

Approved as conforming to court order.

Date:

▶ _____

(SIGNATURE OF PARENT ORDERED TO PAY SUPPORT OR THEIR ATTORNEY)

▶ _____

(SIGNATURE OF PERSON ORDERED TO RECEIVE SUPPORT OR THEIR ATTORNEY)

_____

JUDICIAL OFFICER

☐ Signature follows last attachment.

Approved as conforming to court order.

Date:

▶ _____

(SIGNATURE OF ATTORNEY FOR LOCAL CHILD SUPPORT AGENCY)

Form not in effect until January 1, 2026

FL-693

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:

GUIDELINE FINDINGS ATTACHMENT

The court makes the following findings required by Family Code sections 4056, 4057, and 4065:

1. a. The parent ordered to pay support is: ☐ petitioner ☐ respondent ☐ other parent/party
   b. The person ordered to receive support is: ☐ petitioner ☐ respondent ☐ other parent/party

2. **INCOME**
   a. ☐ A printout of a computer calculation and findings is attached and incorporated in this order for all required items not filled out below.

b. Each parent's monthly income is as follows:	Gross monthly income	Net monthly income	Receiving TANF/CalWORKs
Parent ordered to pay support:	$	$	☐
Person ordered to receive support:	$	$	☐

   c. **Earning capacity**. The court finds that the *(check all that apply):*
      (1) ☐ parent ordered to pay support has the ability to earn $ per month.
      (2) ☐ person ordered to receive support has the ability to earn $ per month.
      (3) The factors used to calculate earning capacity under Family Code section 4058(b) are stated
         (a) ☐ in *Earning Capacity Factors Attachment* (form FL-302).
         (b) ☐ as follows *(specify):*

3. ☐ **TAX FILING STATUS**
   a. Parent ordered to pay support: ☐ Single ☐ HH/MLA ☐ MFJ ☐ MFS Number of exemptions:
   b. Person ordered to receive support: ☐ Single ☐ HH/MLA ☐ MFJ ☐ MFS Number of exemptions:

4. ☐ **CHILDREN OF THIS RELATIONSHIP**
   a. Number of children who are the subjects of the support order *(specify):*
   b. Approximate percentage of time spent with the parent ordered to pay support: %
   c. Approximate percentage of time spent with the person ordered to receive support: %

5. ☐ **HARDSHIPS**
   Hardships for the following have been allowed in calculating child support:

	Parent ordered to pay support	Person ordered to receive support	Approximate ending time for the hardship
a. ☐ Other minor children:	$	$	
b. ☐ Extraordinary medical expenses:	$	$	
c. ☐ Catastrophic losses:	$	$	

6. **THE COURT FINDS:**
   a. Mandatory findings for orders that differ from the guideline:
      (1) The guideline amount of child support calculated is $ per month.
      (2) The reasons for departure from guideline support are *(specify):*
      (3) The reasons the amount ordered is consistent with the best interests of the children are *(specify):*

Form Approved for Court Use in Lieu of Mandatory Forms FL-342 and FL-342(A)
Judicial Council of California
FL-693 [Rev. January 1, 2026]

Family Code, §§ 4056, 4057
www.courts.ca.gov

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:

6. b. *If requested,* mandatory findings for orders that differ from the guideline:

☐ are contained in the attached declaration.

(1) The net monthly disposable income for each parent is:

(a) Parent ordered to pay support: $ (b) Person ordered to receive support: $

(2) The actual federal income tax filing status for each parent is:

(a) Parent ordered to pay support: (b) Person ordered to receive support:

(3) The deductions from gross wages for each parent are:

(a) Parent ordered to pay support:

Description of Deduction	Amount
	$
	$
	$
	$
	$
	$
	$
	$
TOTAL	$_____

(b) Person ordered to receive support:

Description of Deduction	Amount
	$
	$
	$
	$
	$
	$
	$
	$
TOTAL	$_____

c. Other findings *(specify):*

7. **STIPULATION TO NON-GUIDELINE ORDER**

☐ The child support agreed to by the parties is ☐ below ☐ above the statewide child support guideline. The amount of support that would have been ordered under the guideline formula is $ per month. The parties have been fully informed of their rights concerning child support. Neither party is acting out of duress or coercion. Neither party is receiving public assistance, and no application for public assistance is pending. The needs of the children will be adequately met by this agreed-upon amount of child support. The order is in the best interest of the children. If the order is below the guideline, no change of circumstances will be required to modify this order. If the order is above the guideline, a change of circumstances will be required to modify this order.

8. **OTHER REBUTTAL FACTORS**

☐ **Support calculation**

a. The court finds by a preponderance of the evidence that rebuttal factors exist. The rebuttal factors result in an ☐ increase ☐ decrease in child support. The revised amount of support is $ per month.

b. The court finds the child support amount revised by these factors to be in the best interest of the child and that application of the formula would be unjust or inappropriate in this case.
The revised amount remains in effect ☐ until further order ☐ until *(date):* when guideline support of $ must commence.

PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	CASE NUMBER:

8. c. **The factors are:**

(1) ☐ 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.

(2) ☐ The parent paying support has extraordinarily high income, and the amount determined under the guideline would exceed the needs of the children.

(3) ☐ The ☐ parent ordered to pay support ☐ person ordered to receive support is not contributing to the needs of the children at a level commensurate with that party's custodial time.

(4) ☐ After application of the low-income adjustment, guideline child support would be greater than 50 percent of the net disposable income of the parent ordered to pay support.

(5) ☐ Special circumstances exist in this case. The special circumstances are:

(a) ☐ The parents have different time-sharing arrangements for different children.

(b) ☐ The parents have substantially equal custody of the children and one parent has a much lower or higher percentage of income used for housing than the other parent.

(c) ☐ A child has special medical or other needs that require support greater than the formula amount. These needs are *(specify):*

(d) ☐ Other *(specify):*