OFFICE OF THE DISTRICT ATTORNEY

FAMILY SUPPORT DIVISION • ORANGE COUNTY, CALIFORNIA

TONY RACKAUCKAS, DISTRICT ATTORNEY

July 28, 1999

RE: Opening Child Support Case

Dear Sir/Madam:

The following forms are necessary to open a child support case in this office.

COMPLETE THE ATTACHED FORMS

1. Type or use a black ink pen.
2. Print neatly. Your answers must be easily readable.
3. Provide the social security number for the absent parent if at all possible. You can find this by reviewing old pay stubs, income tax or health records, or military and union records.
4. Provide a daytime telephone number for yourself.
5. Review the forms, making sure you have provided all information requested.
6. Sign the documents where required.

MAIL THE FOLLOWING DOCUMENTS TO OUR OFFICE

1. The completed and signed forms.
2. Copies of all child support orders (if available).
3. Photograph of the absent parent (if available).

Your daytime telephone number is very important in the event our staff needs to contact you when they are reviewing your documents.

Once we receive your signed and completed documents, we will acknowledge receipt of them by a return letter.

Thank you for your interest in our office.

Family Support Staff

901 CIVIC CENTER DRIVE WEST SUITE 150 SANTA ANA, CA 92703 • FOR LOCAL CALLS (714) 541-7600 • FOR OUT OF AREA 1-888-594-7600
CORRESPONDENCE: P.O. BOX 22099, SANTA ANA, CA 92702-2099 • PAYMENTS: P.O. BOX 448, SANTA ANA, CA 92702-0448 • FAX: (714) 541-7401

NOTIFICACION SOBRE EL PROGRAMA DE CUMPLIMIENTO DE MANTENIMIENTO DE HIJOS

Todos los niños tienen derecho a que los mantengan ambos padres. Cualquier persona, incluyendo a un padre/madre que no tenga la patria potestad (custodia), tanto si recibe asistencia pública como si no, puede solicitar servicios de mantenimiento. Enseguida se mencionan algunos de los servicios que hay a la disposición:

- localizar a los padres con el propósito de que cumplan con el mantenimiento;
- establecer la paternidad;
- establecer una orden de mantenimiento de hijos y/o mantenimiento médico (seguro de salud);
- hacer cumplir una orden de mantenimiento de hijos y/o mantenimiento médico;
- modificar una orden existente de la corte, sobre mantenimiento de hijos y/o mantenimiento médico;
- hacer cumplir una orden de mantenimiento de esposa(o), junto con una orden de mantenimiento de hijos;
- cobrar y distribuir pagos de mantenimiento.

NO SE PROPORCIONAN SERVICIOS DE PATRIA POTESTAD (CUSTODIA), NI DE VISITA

LA OFICINA DEL FISCAL DEL DISTRITO/DIVISION DE MANTENIMIENTO Y APOYO PARA FAMILIAS (DA/FSD) PROPORCIONA SERVICIOS A NOMBRE DEL ESTADO DE CALIFORNIA. ELLOS NO LE REPRESENTAN A USTED, Y NO SON SUS ABOGADOS. YA QUE USTED NO ES CLIENTE DE ELLOS, LA INFORMACION QUE USTED DE NO ES CONFIDENCIAL BAJO EL PRIVILEGIO QUE EXISTE ENTRE ABOGADO Y CLIENTE.

La información que haya en el caso, puede ser discutida con, o revelada al estado, al Departamento de Servicios Sociales, a las otras dependencias públicas autorizadas legalmente para recibir dicha información, y al otro padre/madre o a su abogado, en la medida que lo requiera la ley. Es posible que para poder inscribir al niño(a) en el seguro de salud, se requiera la divulgación del número de Seguro Social y la dirección para el correo del niño al patrón del otro padre/madre o la divulgación del número de Seguro Social del niño al otro padre/madre.

Cuando usted solicite servicios, tiene que cooperar con la DA/FSD proporcionando cualquier información o documentos que se necesiten para establecer la paternidad y/o localizar al padre/madre, y obtener pagos de mantenimiento para su hijo. Una vez que se hayan solicitado los servicios de la DA/FSD, ésta determinará la acción apropiada que sea necesario tomar. Se le tienen que entregar a la DA/FSD todos los pagos de mantenimiento.

A la DA/FSD le interesa asegurarse de que los padres cumplan sus deberes respecto al mantenimiento de hijos. Ellos le pedirán a usted que les ayude con la tramitación de su caso. Las personas que reciben asistencia pública tienen que ayudar a la DA/FSD con la tramitación de su caso de mantenimiento de hijos. Si usted no les brinda esa ayuda, probablemente no podrán tramitar su caso.

Cuando usted solicite/reciba servicios de mantenimiento, usted será responsable de informarle inmediatamente a la DA/FSD sobre cualquier cambio en las circunstancias o información. Los siguientes son algunos ejemplos:

- el hijo se va del hogar;
- cambios en la dirección (incluyendo el traslado a otro estado, condado o país) y número de teléfono;
- descontinuación de la asistencia pública;
- cambio de nombre;
- comienzo de cualquier procedimiento legal o de divorcio;
- información sobre el padre/madre que no tiene la patria potestad;
- el recibir directamente pagos de mantenimiento de hijos, esposa(o), o familia.

Usted tiene derecho a obtener asesoramiento legal de un abogado particular o de un grupo que proporcione servicios legales *(Legal Aid)* que usted mismo pague. Si usted de hecho contrata a un abogado, tiene que reportar esa información a la DA/FSD.

Cada padre/madre con la obligación de obedecer una orden de mantenimiento en el estado, tiene el derecho de pedir que la DA/FSD revise su orden de mantenimiento para determinar si se debería cambiar la cantidad de mantenimiento, tomando como base requisitos seguidos en todo el estado. Si la cantidad de mantenimiento no cumple con los requisitos para justificar el cambio, la DA/FSD tiene que proporcionar a cualquiera de los padres, si la solicitan, información sobre la manera en que cualquiera de ellos puede obtener formas para pedir que la corte modifique la cantidad ordenada de mantenimiento.

La DA/FSD tiene que notificarle a usted de la fecha inicial, la hora y el propósito de cada audiencia relacionada a la paternidad o mantenimiento. Usted también tiene el derecho a inspeccionar el expediente del Actuario del Condado *(County Clerk)*, excepto con relación a la información que no se considera del dominio público y que los requisitos de confidencialidad legalmente prohíben que se divulgue.

La DA/FSD le proporcionará copias de la orden más reciente que se haya incluido en su caso.

Se le requiere a la DA/FSD que obtenga el consentimiento de un beneficiario que no esté recibiendo asistencia pública, antes de presentar una estipulación que afecte la orden de mantenimiento en la que se nombra a esa persona como una de las partes interesadas. Se le prohíbe también a la DA/FSD que establezca, sin el consentimiento del beneficiario, una estipulación que reduzca la cantidad de pagos de mantenimiento atrasados, cuando se le deban al beneficiario pagos de mantenimiento atrasados que excedan la asistencia pública que no se haya reembolsado.

En general, los pagos que recibe la DA/FSD se aplican en el siguiente orden*:

1. mantenimiento mensual actual;
2. intereses;
3. pagos atrasados - primero pagos atrasados de asistencia pública, luego pagos atrasados no relacionados a la asistencia pública; y
4. obligaciones futuras.

*La DA/FSD puede interceptar las devoluciones de impuestos federales y estatales sobre ingresos que se le deban al padre/madre que no tiene la patria potestad. En conformidad con las leyes federales, este dinero no se puede aplicar a las obligaciones actuales de mantenimiento de hijos/esposa(o)/familia/médico. Se tiene que aplicar a los pagos atrasados. Si un padre/madre que tiene la patria potestad ha recibido en el pasado asistencia pública, incluyendo Medi-Cal, se pagará primero la deuda de mantenimiento de hijos que se le debe al estado/condado.

CALIFORNIA NO COBRA NINGUNA CUOTA POR SOLICITAR SERVICIOS NI POR PRESTARLES SERVICIOS A LOS SOLICITANTES. SIN EMBARGO, ALGUNOS ESTADOS SI COBRAN UNA CUOTA POR LOS SERVICIOS. SI EL CASO DE USTED INCLUYE ALGUNO DE ESOS ESTADOS, ES POSIBLE QUE DEL PAGO DE MANTENIMIENTO DEDUZCAN LA CUOTA, O QUE LA AGREGUEN AL SALDO QUE SE DEBA. ADEMAS, EN ALGUNAS SITUACIONES, ES POSIBLE QUE COBREN POR LOS ANALISIS DE SANGRE.

(Continúa en el reverso)

NOTIFICACION DE COBROS Y DISTRIBUCION

El condado le enviará una Notificación de Cobros y Distribución con respecto a los pagos de mantenimiento por lo menos trimestralmente (cada tres meses). La notificación le indicará todo el mantenimiento que se ha recibido y pagado durante el período específico indicado en la notificación. No recibirá una Notificación de Cobros y Distribución si no se recibió ni se pagó el mantenimiento.

PROBLEMAS CON EL COBRO O DISTRIBUCION DEL MANTENIMIENTO DE HIJOS

Si usted cree que la DA/FSD cometió un error, o tomó una acción con la cual no está de acuerdo, en relación al cobro o distribución de los pagos de mantenimiento de hijos, usted tiene el derecho a presentar una queja formal o informal. Para hacer esto, comuníquese con la DA/FSD encargada de su caso y solicite hablar con el Coordinador de Quejas (*Complaint Coordinator*). Si no quiere llamar a la DA/FSD, puede escribirle al Coordinador de Quejas sobre su problema.

MANTENIMIENTO MEDICO Y MEDI-CAL

Cada niño tiene derecho a una orden de la corte que le(s) requiera a uno o ambos padres proporcionar seguro de salud si es que dicho seguro está a la disposición a un costo razonable. Por lo general, se considera que el costo de un seguro de salud es razonable si es un seguro de salud colectivo relacionado al empleo u otro seguro de salud colectivo. Sin embargo, para determinar si el costo es razonable, la corte también tomará en consideración el costo real del seguro de salud.

La DA/FSD le pedirá a la corte que establezca o modifique una orden de mantenimiento de hijos que le requiera al padre/madre que no tiene la patria potestad que proporcione seguro de salud si está a la disposición a un costo razonable. El padre/madre que tiene la patria potestad también puede solicitar que la DA/FSD modifique la orden de mantenimiento de hijos para que se incluya una estipulación para seguro de salud. Esto puede afectar la cantidad de la obligación mensual de mantenimiento de hijos. Si se le ordena al padre/madre que no tiene la patria potestad que proporcione cobertura para seguro de salud, la DA/FSD se comunicará con el padre/madre que no tiene la patria potestad y con su patrón, si es necesario, para obtener el seguro de salud para el niño. Después que la DA/FSD reciba información acerca de la póliza, le proporcionará una copia al padre/madre con la patria potestad.

El tener cobertura de seguro particular de salud no le impide tener cobertura de Medi-Cal. Si recibe Medi-Cal y tiene cobertura para seguro particular de salud, individual o colectivo (incluyendo cobertura dental o de la vista), las leyes federales y estatales requieren que usted le informe sobre esto al departamento local de bienestar del condado, a su proveedor de cuidado de la salud, y/o a la DA/FSD. El no proporcionar esta información es un delito menor. Tiene que notificarle a su trabajador de bienestar y/o a la DA/FSD, en un plazo de diez días a partir de la fecha en que su cobertura de seguro particular de salud cambie o termine. También tiene que informarle a su trabajador de bienestar y/o a la DA/FSD acerca de cualquier orden de la corte que proporcione seguro de salud.

Si solamente recibe beneficios de Medi-Cal, tiene que cooperar para establecer la paternidad y para obtener mantenimiento médico como condición para seguir reuniendo los requisitos para los beneficios de Medi-Cal, a menos que haya presentado una Reclamación de Motivo Justificado para no Cooperar (CA 51) y el condado la haya aprobado. Además, se le proporcionarán todos los servicios de mantenimiento de hijos, a no ser que usted notifique a la DA/FSD de que no quiere recibir aquellos servicios que no estén relacionados con el obtener mantenimiento médico y el establecer la paternidad. Es posible que el obtener mantenimiento médico reduzca la cantidad de mantenimiento de hijos que usted recibe. En casos donde ambos padres están en el hogar, la DA/FSD establecerá la paternidad.

En conformidad con las leyes federales [Sección 1396A #(25), del Código de los Estados Unidos Número 42 (U.S.C. 42)], el seguro de salud de un beneficiario de Medi-Cal, en un caso de cumplimiento de mantenimiento de hijos o de mantenimiento médico, se usa de la siguiente manera:

> El proveedor del servicio le cobrará a Medi-Cal. Medi-Cal le pagará al proveedor del servicio. Entonces, Medi-Cal intentará obtener reembolso de la otra cobertura de salud. Usted no será responsable de compartir ningún costo del seguro (coseguro, pago copartícipe o el deducible), a no ser que se tenga que pagar una parte del costo o un pago copartícipe de Medi-Cal. Si usted no coopera con la identificación de su seguro particular de salud, es posible que el proveedor le cobre a usted por el servicio. Si su otro seguro de salud es un Plan de Salud Pagado por Adelantado (*Prepaid Health Plan* - PHP) o una Organización de Mantenimiento de la Salud (*Health Maintenance Organization* - HMO), usted tiene que usar los establecimientos del plan para el cuidado médico regular. Medi-Cal no pagará por los servicios de un proveedor no asociado a su PHP/HMO a excepción de servicios fuera del área o el cuidado de emergencia. Los servicios fuera del área o el cuidado de emergencia se le deben cobrar al PHP/HMO.

Si tiene alguna pregunta acerca del uso de su tarjeta de Medi-Cal, comuníquese con su Trabajador de Elegibilidad para asistencia pública.

DECLARACION EN CONTRA DE LA DISCRIMINACION

Es la práctica del Estado de California el asegurar que a todas las personas se les trate igual y que a ninguna persona, debido a su raza, color, origen nacional, afiliación política, religión, estado civil, sexo, edad, discapacidad o incapacidad, se le excluya de participar en algo, se le nieguen los beneficios de un programa o servicio, o de otra manera, se le someta a un trato que sea diferente al que se les brinda a los demás.

Cada departamento de bienestar del condado tiene un Coordinador de Derechos Civiles (*Civil Rights Coordinator*) designado. Cualquier solicitante/beneficiario que piense que ha sido víctima de un trato discriminatorio puede presentar una queja de discriminación, comunicándose primero con el Coordinador de Derechos Civiles designado en aquel condado, o escribiendo a: California Department of Social Services, Civil Rights Bureau, M.S. 15-70, P.O. Box 944243, Sacramento, CA 94244-2430.

CHILD SUPPORT ENFORCEMENT PROGRAM NOTICE

All children have the right to be supported by both parents. Any person, including a noncustodial parent, whether or not (s)he receives public assistance, can apply for support services. Some of the available services are as follows:

- locating the parent(s) for support enforcement purposes;
- establishing paternity;
- establishing a child and/or medical support (health insurance) order;
- enforcing a child and/or medical support order;
- modifying an existing court order for child and/or medical support;
- enforcing a spousal support order in conjunction with a child support order;
- collecting and distributing support payments.

CUSTODY AND VISITATION SERVICES ARE NOT PROVIDED

THE DISTRICT ATTORNEY/FAMILY SUPPORT DIVISION (DA/FSD) PROVIDES SERVICES ON BEHALF OF THE STATE OF CALIFORNIA. THEY DO NOT REPRESENT YOU AND ARE NOT YOUR ATTORNEY. BECAUSE YOU ARE NOT THEIR CLIENT THE INFORMATION YOU PROVIDE IS NOT CONFIDENTIAL UNDER ATTORNEY/CLIENT PRIVILEGE.

The information in the case may be discussed or disclosed to the State, the Department of Social Services, other public agencies that are authorized by law to receive such information, and to the other parent or his/her attorney to the extent required by law. To enroll a child in health insurance may require the release of the child's Social Security Number and mailing address to the other parent's employer or the release of the child's Social Security Number to the other parent.

When you request services, you must cooperate with the DA/FSD by providing any information or documents needed to establish paternity and/or locate the parent and to get support payments for your child. Once the services of the DA/FSD have been requested, the DA/FSD will determine the appropriate action to take. All support payments must be turned over to the DA/FSD.

The DA/FSD is interested in making sure that parents take care of their child support duties. They will ask you to help them work your case. People who receive welfare must help the DA/FSD work their child support case. If you do not give them that help, they probably cannot work your case.

When you apply/receive support services, you are responsible for promptly informing the DA/FSD of any change in circumstances or information. Some examples are as follows:

- child leaves the home;
- address changes (including a move to another State, County or Country) and telephone number changes;
- discontinuance of welfare;
- name change;
- initiation of any divorce or legal proceedings;
- information regarding the noncustodial parent;
- direct receipt of any child, spousal, or family support.

You have the right to seek legal advice from a private attorney or legal aid group at your own expense. If you do hire an attorney, you must report this to the DA/FSD.

Each parent subject to a support order in the State has the right to request that the DA/FSD review his/her support order to determine whether the amount of support should be changed based on statewide criteria. If the amount of support does not meet criteria for change, the DA/FSD must provide to either parent, upon request, information on how either parent can get forms to request the court to modify the amount of support ordered.

The DA/FSD must notify you of the initial date, time and purpose of every hearing for paternity or support. You also have a right to inspect the county clerk's file, except for that information which is not considered public and is legally prohibited by confidentiality requirements.

The DA/FSD will provide you with copies of the most recent order entered in your case.

The DA/FSD is required to obtain the consent of a nonwelfare recipient prior to the filing of a stipulation affecting the support order in which that person is named as a party. The DA/FSD is also prohibited from entering into a stipulation that will reduce the amount of past due support when the recipient is owed support arrearages that exceed unreimbursed public assistance without the recipient's consent.

In general, payments received by the DA/FSD are applied in the following order*:

1. Current monthly support;
2. Interest;
3. Arrearages - first welfare arrears, then non-welfare arrears; and
4. Future obligations.

*Federal and State income tax refunds owed to the noncustodial parent may be intercepted by the DA/FSD. By Federal law, these monies cannot be applied to current child/spousal/family/medical obligations. They must be applied to the arrearages. If a custodial parent has received public assistance, including MEDI-CAL, in the past, the child support debt owed to the State/County will be paid first.

CALIFORNIA DOES NOT CHARGE ANY APPLICATION FEES AND DOES NOT CHARGE FOR THE SERVICES PROVIDED TO APPLICANTS. HOWEVER, SOME STATES DO CHARGE A FEE FOR SERVICES. IF YOUR CASE INVOLVES ONE OF THOSE STATES, THEY MAY DEDUCT THE FEE FROM THE SUPPORT PAYMENTS, OR ADD IT TO THE BALANCE THAT IS OWED. IN ADDITION, IN SOME SITUATIONS, COSTS FOR BLOOD TESTS MAY BE CHARGED.

(Continued on back)

NOTICE OF COLLECTIONS AND DISTRIBUTION

A Notice of Collections and Distribution of support payments will be mailed to you by the county at least quarterly. The Notice will show you all support which was received and paid out during the specific time period shown on the Notice. You will not receive a Notice of Collections and Distribution if no support was received or paid out.

CHILD SUPPORT COLLECTION OR DISTRIBUTION CONCERNS

If you believe the DA/FSD made a mistake, or took an action with which you disagree about the collection or distribution of a child support payment(s), you have the right to file an informal or formal complaint. To do that, contact the DA/FSD handling your case and ask to speak with the Complaint Coordinator. If you do not want to call the DA/FSD, you can write to the DA/FSD Complaint Coordinator about your concerns.

MEDICAL SUPPORT AND MEDI-CAL

Every child is entitled to a court order that requires either or both parents to provide health insurance if such insurance is available at reasonable cost. In general, the cost of health insurance is assumed to be reasonable if it is employment related group health insurance or other group health insurance. However, in determining reasonable cost, the court will also consider the actual cost of the health insurance.

The DA/FSD will ask the court to establish or modify a child support order which requires the noncustodial parent to provide health insurance if it is available at reasonable cost. The custodial parent may also request that the DA/FSD modify the child support order to include a provision for health insurance. This may affect the amount of the monthly child support obligation. If the noncustodial parent is ordered to provide health insurance coverage, the DA/FSD will contact the noncustodial parent and his or her employer, if necessary, to secure health insurance for the child. After the DA/FSD receives the policy information, a copy will be provided to the custodial parent.

Having private health insurance coverage does not prevent you from having Medi-Cal coverage. If you receive Medi-Cal and have individual or group health private coverage (including dental or vision coverage), you are required by Federal and State law to report this to your local county welfare department, to your health care provider, and/or to the DA/FSD. Failure to provide this information is a misdemeanor. You must report to your welfare worker and/or DA/FSD within ten days when your private health coverage changes or stops. You must also tell your welfare worker and/or the DA/FSD about any court order providing health insurance.

If you are only receiving Medi-Cal benefits, you must cooperate in establishing paternity and obtaining medical support as a condition of continued eligibility for Medi-Cal benefits, unless you have filed and the County Welfare Department has approved a claim of good cause (CA 51) for not cooperating. Also, you will be provided all child support services, unless you notify the DA/FSD that you do not want to receive those services that are unrelated to obtaining medical support and establishing paternity. Obtaining medical support may reduce the amount of child support you receive. In cases where both parents are in the home, the DA/FSD will establish paternity.

Under Federal law [42 U.S.C. Section 1396A (25)] health insurance belonging to a Medi-Cal recipient in a child or medical support enforcement case is used as follows:

> The provider of service will bill Medi-Cal. Medi-Cal will pay the provider of service. Then Medi-Cal will seek repayment from the other health coverage. You will not be liable for any insurance cost-sharing amount (co-insurance, co-payment or deductible) unless a Medi-Cal co-payment or share of cost must be met. The provider may bill you for the service if you do not cooperate in identifying your private health insurance. If your other health insurance is a Prepaid Health Plan (PHP) or a health maintenance organization (HMO), you <u>must</u> use the plan facilities for regular medical care. Except for out-of-area service or emergency care, Medi-Cal will not pay for services rendered by a provider not associated with your PHP/HMO. Out-of-area services or emergency care should be billed to the PHP/HMO.

If you have questions about using your Medi-Cal card, contact your welfare eligibility worker.

COUNTY OF ORANGE, OFFICE OF THE DISTRICT ATTORNEY
FAMILY SUPPORT DIVISION

PLEASE PRINT — COMPLETE BOTH SIDES

FACTS ABOUT YOU AND YOUR CHILD OR CHILDREN

YOUR PRESENT NAME: LAST, FIRST, MIDDLE | YOUR HOME PHONE NUMBER: | WORK OR OTHER PHONE NUMBER (S)

YOUR ADDRESS: STREET CITY STATE ZIP | RELATIONSHIP TO CHILDREN: | YOUR PRESENT MARITAL STATUS: ☐ SINGLE ☐ MARRIED ☐ SEPARATED ☐ DIVORCED

YOUR SOCIAL SECURITY NO.: – – | RACE: | MAIDEN NAME: | DATE OF BIRTH:

NAME AND ADDRESS OF YOUR EMPLOYER: | *NAME OF RELATIVE OR FRIEND* WHO WILL BE ABLE TO CONTACT YOU: PHONE:

DATE AND PLACE OF YOUR MARRIAGE TO NON CUSTODIAL PARENT *(IF NEVER MARRIED, PRINT "NONE")*
DATE: COUNTY & STATE:

DATE AND PLACE OF YOUR DIVORCE FROM THIS NON CUSTODIAL PARENT. *(IF NONE, PRINT "NONE")*
DATE: COUNTY & STATE:

HAVE YOU EVER HAD A CASE WITH A FAMILY SUPPORT DIVISION IN ANOTHER COUNTY? (IF YES, PLEASE GIVE DATE, CITY, STATE)
DATE FROM: TO: CITY: STATE: HAVE YOU EVER RECEIVED CASH AID (WELFARE) FOR THE LISTED CHILD(REN)? ☐ YES ☐ NO

ARE YOU APPLYING FOR INTERSTATE COLLECTION ENFORCEMENT OF AN EXISTING ORDER FOR SPOUSAL SUPPORT ONLY (OTHER PARTY OUT OF STATE - COPY OF ORDER(S) MUST BE PROVIDED)

☐ YES ☐ NO IF YES, YOU MAY SKIP TO **FACTS ABOUT THIS PARENT** BELOW

IF NOT MARRIED TO NON CUSTODIAL PARENT, DID YOU COMPLETE A DECLARATION OF PATERNITY AT A CALIFORNIA HOSPITAL OR AGENCY? ☐ YES (WHERE) ☐ NO ☐ DON'T KNOW

IS THERE A COURT ORDER FOR CHILD SUPPORT? ☐ YES ☐ NO ☐ PENDING LOCATION OF COURT: COURT ORDER #
AMOUNT ORDER: $ HOW OFTEN: DATE OF ORDER: COUNTY : STATE:

FULL NAMES OF ALL CHILDREN BY NON CUSTODIAL PARENT *(IF CHILD IS NOT YET BORN, PRINT "UNBORN" AND DATE EXPECTED)*

	NAME	SEX	BIRTH DATE	BIRTHPLACE	SOCIAL SECURITY NO.	LIVING WITH YOU
1.			– –		– –	YES ☐ NO ☐
2.			– –		– –	YES ☐ NO ☐
3.			– –		– –	YES ☐ NO ☐
4.			– –		– –	YES ☐ NO ☐
5.			– –		– –	YES ☐ NO ☐

ARE YOU NOW LIVING WITH THE NON CUSTODIAL PARENT? YES ☐ NO ☐ *(IF NOT, GIVE DATE AND ADDRESS YOU LAST LIVED TOGETHER)*
DATE: ADDRESS: CITY: STATE: ZIP:

IF PATERNITY NEEDS TO BE ESTABLISHED, PLEASE ANSWER 1-3; IF YOUR ORDER IS NOT FROM CALIFORNIA, PLEASE ANSWER 1 AND 2

1. HAS NON CUSTODIAL PARENT EVER LIVED IN CALIFORNIA? YES ☐ NO ☐ , IF SO, WHEN? WHERE?
2. HAS NON CUSTODIAL PARENT EVER WORKED IN CALIFORNIA? YES ☐ NO ☐ , IF SO, WHEN? WHERE?
3. IN WHICH STATE WAS THE CHILD(REN) CONCEIVED? (EACH CHILD ABOVE, USE NUMBER)

LIST DATES AND PLACES OF ALL YOUR MARRIAGES, DISSOLUTIONS OR ANNULMENTS

DATE OF MARRIAGE	CITY & STATE	NAME OF HUSBAND/WIFE	DATE OF DISSOLUTION	WHERE OBTAINED

FACTS ABOUT THIS PARENT OF YOUR CHILD OR CHILDREN

NON CUSTODIAL PARENT'S NAME: LAST, FIRST, MIDDLE | NON CUSTODIAL PARENT'S PHONE:
HOME:
BUSINESS:
RELATIVE:

NON CUSTODIAL PARENT'S ADDRESS: STREET CITY STATE ZIP | NON CUSTODIAL PARENT'S DATE OF BIRTH:
NON CUSTODIAL PARENT'S PLACE OF BIRTH:
☐ CURRENT NOW ☐ CURRENT AS OF: (DATE)

NON CUSTODIAL PARENT'S SOCIAL SECURITY NUMBER: – – | DRIVERS LICENSE NUMBER: | STATE: | PROFESSIONAL LICENSE NUMBER: | STATE:

NAME AND ADDRESS OF NON CUSTODIAL PARENT'S PRESENT EMPLOYER (IF NOT WORKING PRINT "UNEMPLOYED")
NAME: STREET CITY STATE ZIP
☐ CURRENT NOW ☐ CURRENT AS OF:_____ (DATE)

FACTS ABOUT THIS PARENT OF YOUR CHILD OR CHILDREN

IF NON CUSTODIAL PARENT IS UNEMPLOYED OR PRESENT EMPLOYER IS UNKNOWN, GIVE NAME AND ADDRESS OF LAST EMPLOYMENT
NAME: ADDRESS CITY STATE ZIP

NON CUSTODIAL PARENT'S USUAL OCCUPATION OR TRADE:

LIST ANY OTHER TRADES OR SKILLS NON CUSTODIAL PARENT HAS:

IS NON CUSTODIAL PARENT A MEMBER OF A LABOR UNION? YES ☐ NO ☐
NAME AND NUMBER OF UNION ADDRESS CITY STATE ZIP

IF SELF EMPLOYED, WHAT IS THE NAME OF BUSINESS?

GROSS WAGES: ☐ WEEKLY ☐ MONTHLY

HOW PAID: ☐ WEEKLY ☐ BI-WEEKLY ☐ MONTHLY

IS NON CUSTODIAL PARENT A STEADY WORKER? YES ☐ NO ☐ IF NOT, EXPLAIN

IS NON CUSTODIAL PARENT KNOWN BY ANY NAME OTHER THAN THE ONE GIVEN? YES ☐ NO ☐
PLEASE FURNISH:

LIST ANY OTHER SOURCES OF INCOME NON CUSTODIAL PARENT HAS: (VA BENEFITS, SOCIAL SECURITY DISABILITY, INTEREST, DIVIDENDS, ETC.)

NON CUSTODIAL PARENT'S PHYSICAL DESCRIPTION: (PLEASE PROVIDE PHOTO)

RACE:	COMPLEXION:	IDENTIFYING FEATURES (MARKS, SCARS, TATTOOS, ETC.)
HAIR:	HEIGHT:	
EYES:	WEIGHT:	

NON CUSTODIAL PARENT'S MOTHER'S NAME (MAIDEN) AND FATHER'S NAME AND ADDRESS:
MOTHER'S LAST (MAIDEN), FIRST ADDRESS CITY STATE ZIP

FATHER'S LAST, FIRST ADDRESS CITY STATE ZIP

LIST ANY RELATIVES OR FRIENDS OF NON CUSTODIAL PARENT:

NAME	RELATIONSHIP	ADDRESS	CITY	STATE	ZIP

HAS NON CUSTODIAL PARENT EVER BEEN ARRESTED? YES ☐ NO ☐ IF YES,
DATE: AGENCY CITY STATE OFFENSE (REASON)

ASSETS-DOES NON CUSTODIAL PARENT OWN:

REAL PROPERTY YES ☐ NO ☐ IF YES, ADDRESS: CITY: STATE: ZIP:

AUTOMOBILE YES ☐ NO ☐ IF YES, MAKE YEAR: LICENSE NUMBER:

OTHER PROPERTY YES ☐ NO ☐ IF YES, WHAT?

BANK ACCOUNTS? YES ☐ NO ☐ IF YES, BRANCH: ADDRESS: CITY:

LIST THE AMOUNT OF TIME THE NON CUSTODIAL PARENT HAS THE CHILDREN WITH HIM/HER (Do not list court ordered time visitation, list actual time.):
DAYS PER MONTH: HOURS PER MONTH:

DOES THE NON CUSTODIAL PARENT HAVE ANY OTHER CHILD SUPPORT OBLIGATIONS? YES ☐ NO ☐ IF YES, WHAT?

NON CUSTODIAL PARENT'S PRESENT MARITAL STATUS: ☐ SINGLE ☐ MARRIED ☐ DIVORCED ☐ SEPARATED ☐ LIVING WITH ANOTHER

LIST ALL MINOR CHILDREN OF NON CUSTODIAL PARENT LIVING WITH AND SUPPORTED BY NON CUSTODIAL PARENT:

NAME	DATE OF BIRTH	NAME	DATE OF BIRTH
1.		3.	
2.		4.	

I REQUEST THE SERVICES OF THE DISTRICT ATTORNEY TO ASSIST ME IN THE FOLLOWING EFFORTS: (MARK ALL THAT APPLY)

- ☐ ESTABLISH PATERNITY
- ☐ OBTAIN A CHILD SUPPORT ORDER (INCLUDES REQUIRED MEDICAL INSURANCE PROVISION)
- ☐ ENFORCE AN EXISTING CHILD AND/OR SPOUSAL SUPPORT ORDER INCLUDING ARREARS
- ☐ ENFORCE AN EXISTING SPOUSAL SUPPORT ORDER AGAINST AN OUT OF STATE PERSON (ONLY)
- ☐ MODIFY AN EXISTING CHILD SUPPORT ORDER
- ☐ OBTAIN AN ORDER FOR MEDICAL INSURANCE (REQUIRED)
- ☐ ENFORCE AN EXISTING MEDICAL INSURANCE ORDER
- ☐ MY CHILDREN HAVE SATISFACTORY MEDICAL INSURANCE COVERAGE, NO ENFORCEMENT IS NEEDED AT THIS TIME

I am applying for support services under the Child Support Enforcement Program of Title IV-D of the Social Security Act. I declare under penalty of perjury (Penal Code, Section 118) that this questionnaire has been examined by me and to the best of my knowledge and belief it is true and correct.

DATE: SIGNATURE OF APPLICANT:

ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name and Address)*: TELEPHONE NO.:	*FOR COURT USE ONLY*
ATTORNEY FOR *(Name)*:	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF ORANGE **FAMILY LAW DIVISION** 341 THE CITY DRIVE POST OFFICE BOX 14170 ORANGE, CA 92613-1570	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT:	
INCOME AND EXPENSE DECLARATION	CASE NUMBER:

Step 1 Attachments to this summary

I have completed ☐ Income ☐ Expense ☐ Child Support Information forms.
(If child support is not an issue, do not complete the Child Suport Information Form. If your only income is AFDC, do not complete the Income Information Form.)

Step 2 Answer all questions that apply to you

1. Are you receiving or have you applied for or do you intend to apply for welfare or AFDC?
   ☐ Receiving ☐ Applied for ☐ Intend to apply for ☐ No
2. What is your date of birth *(month/day/year)*? . . . . . _____
3. What is your occupation? _____
4. Highest year of education completed: _____
5. Are you currently employed? ☐ Yes ☐ No
   a. If yes: (1) Where do you work? *(name and address)*: _____
   (2) When did you start work there *(month/year)*? . . . . . _____
   b. If no: (1) When did you last work *(month/year)*? . . . . . _____
   (2) What were your gross monthly earnings? . . . . . _____
6. What is the total number of minor children you are legally obligated to support? . . . . . _____

Step 3 Monthly income information

7. Net monthly disposable income *(from line 16a of Income Information)*: . . . . . $
8. Current net monthly disposable income *(if different from line 7, explain below or on Attachment 8)*: $

Step 4 Expense information

9. Total monthly expenses from line 2q of Expense Information: . . . . . $_____
10. Amount of these expenses paid by others: . . . . . $_____

Step 5 Other party's income

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

Step 6 Date and sign this form

I declare under penalty of perjury under the laws of the State of California that the foregoing and the attached information forms are true and correct.

Date:

▶ _____
(SIGNATURE OF DECLARANT)

. . . . . .
(TYPE OR PRINT NAME)

☐ Petitioner ☐ Respondent

Form Adopted by Rule 1285.50
Judicial Council of California
1285.50 [Rev. January 1, 1995]
311 (R1/95)

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

1. Total gross salary or wages, including commissions, bonuses, and overtime paid during the last 12 months: 1. $ _____
2. All other money received during the last 12 months **except welfare, AFDC, SSI, spousal support from this marriage, or any child support.** *Specify sources below:*
   Include pensions, social security, disability, unemployment, military basic allowance for quarters (BAQ), spousal support from a different marriage, dividends, interest or royalty, trust income, and annuities.
   Include income from a business, rental properties, and reimbursement of job-related expenses.
   ► *Prepare and attach a schedule showing gross receipts less cash expenses for each business or rental property.*
   _____ 2a. $ _____
   _____ 2b. $ _____
   _____ 2c. $ _____
   _____ 2d. $ _____
3. Add lines 1 through 2d . . . . . 3. $ _____
   Divide line 3 by 12 and place result on line 4a.

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

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

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

Form Adopted by Rule 1285.50a
Judicial Council of California
1285.50a [Rev. January 1, 1995]

INCOME INFORMATION
(Family Law)

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

1.

	name	age	relationship	gross monthly income
a. List all persons living in your home **whose expenses are included below** and their income: ☐ Continued on Attachment 1a.	1. 2. 3. 4.			
b. List all other persons living in your home and their income: ☐ Continued on Attachment 1b.	1. 2. 3.			

2. MONTHLY EXPENSES

a. Residence payments

(1) ☐ Rent or ☐ mortgage . . . . . $_____

(2) If mortgage, include:

Average principle . . . . . $_____

Average interest . . . . . $_____

Impound for real property taxes . . . . . $_____

Impound for homeowner's insurance . . . $_____

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

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

(5) Maintenance . . . . . $_____

b. Unreimbursed medical and dental expenses . . . . . $_____

c. Child care . . . . . $_____

d. Children's education . . . . . $_____

e. Food at home and household supplies . $_____

f. Food eating out . . . . . $_____

g. Utilities . . . . . $_____

h. Telephone . . . . . $_____

i. Laundry and cleaning . . . . . $_____

j. Clothing . . . . . $_____

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

l. Education *(specify)*: . . . . . $_____

m. Entertainment . . . . . $_____

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

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

p. Other *(specify)*: . . . . . $_____

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

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

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

4. ATTORNEY FEES

a. To date I have paid my attorney for fees and costs: $ _____ The source of this money was:

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

c. My arrangement for attorney fees and costs is:

I confirm this information and fee arrangement.

▶ _____
(SIGNATURE OF ATTORNEY)

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

Form Adopted by Rule 1285.50b
Judicial Council of California
1285.50b [Rev. January 1, 1995]

EXPENSE INFORMATION
(Family Law)

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: CHILD SUPPORT INFORMATION OF *(name)*:	CASE NUMBER:

THIS PAGE MUST BE COMPLETED IF CHILD SUPPORT IS AN ISSUE.

1. Health insurance for my children ☐ is ☐ is not available through my employer.
   a. Monthly cost paid by me or on my behalf for the children *only* is: $_____
   Do not include the amount paid or payable by your employer.
   b. Name of carrier:
   c. Address of carrier:

   d. Policy or group policy number:

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

3. ☐ The court is requested to order the following as additional child support:
   a. ☐ Child care costs related to employment or to reasonably necessary education or training for employment skills
      (1) Monthly amount currently paid by mother: $
      (2) Monthly amount currently paid by father: $
   b. ☐ Uninsured health care costs for the children *(for each cost state the purpose for which the cost was incurred and the estimated monthly, yearly, or lump sum amount paid by each parent)*:

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

   d. ☐ Travel expense for visitation
      (1) Monthly amount currently paid by mother: $
      (2) Monthly amount currently paid by father: $

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

	Amount paid per month	How many months will you need to make these payments
a. ☐ Extraordinary health care expenses *(specify and attach any supporting documents)*:	$ _____	_____
b. ☐ Uninsured catastrophic losses *(specify and attach supporting documents)*:	$ _____	_____
c. ☐ Minimum basic living expenses of dependent minor children from other marriages or relationships who live with you *(specify names and ages of these children)*:	$ _____	_____
d. Total hardship deductions requested *(add lines a–c)*:	$ _____	

Form Adopted by Rule 1285.50c
Judicial Council of California
1285.50c [Rev. January 1, 1995]

CHILD SUPPORT INFORMATION
(Family Law)