

INFORMATION REGARDING THE APPLICATION FOR SUPPORT SERVICES PACKAGE

Our handling of this case depends upon the information you provide on these forms. Provide as much information as possible. If at all possible give both parents' Social Security Numbers . . . you can find it on pay stubs, tax returns, etc. Answer every question in full. If you do not know the answer, print "UNKNOWN." If the question does not apply, print "N/A."

There are several forms to read and complete. The package includes:

- Application for Support Services (CSS 2101)
- Information Regarding the Application for Support Services Package (CSS 2103)
- Child Care Verification (CSS 2105)
- Visitation Verification (CSS 2107)
- Instructions for Completing the Declaration of Support Payment History (CSS 2109)
- Declaration of Support Payment History (CSS 2109)
- Health Insurance Information (CSS 2111)
- Request for Support Services (CSS 2115)
- Child Support Domestic Violence Questionnaire (CSS 2142)
- Child Support Services Program Notice (CS 196)
- Income and Expense Declaration (FL-150)
- Child Support Handbook (Pub. 160)
- Child Support Automated System Brochure
- Complaint Resolution Fact Sheet
- Servicemembers Civil Relief Act Provision Information Sheet (CS 4050)

Instructions have been provided for the application form and the Declaration of Support Payment History.

Before you begin, please read the Child Support Handbook. This book will explain the services available through the local child support agency.

Also read the Child Support Services Program Notice. This notice will explain your responsibility to the local child support agency and the local child support agency's responsibility to you.

Please complete all the forms in **BLACK INK** and **PRINT** clearly.

**INSTRUCTIONS FOR COMPLETING
THE APPLICATION FOR SUPPORT SERVICES**

**SECTION I
IDENTIFYING INFORMATION**

If the children named in the application have different noncustodial parents a separate application must be completed for each noncustodial parent. If you need additional space for any section, attach a separate piece of paper or use Section VII.

**SECTION II
CHILD INFORMATION**

List all the children of the parents named in Section I for whom support services are being requested. Complete the full name of each child; first name, middle name, last name, and suffix (Jr., Sr., III, etc.).

Ethnic Group - please indicate the group each person identifies with:

- | | | |
|------------------------------------|---------------|----------------------|
| (B) African American | (G) Guamanian | (L) Laotian |
| (I) American Indian/Alaskan Native | (U) Hawaiian | (A) Other Asian |
| (D) Cambodian | (H) Hispanic | (P) Pacific Islander |
| (W) Caucasian | (N) Indian | (S) Samoan |
| (C) Chinese | (J) Japanese | (V) Vietnamese |
| (F) Filipino | (K) Korean | (O) Other |

Also, use the above list to indicate the ethnic group that the custodial party and the noncustodial parent identify with in Sections III and V.

**SECTION III
INFORMATION ABOUT THE CUSTODIAL PARTY**

This section is about the person or party who has primary custody of the children. Complete the entire section. If you are the custodial party, be sure to give us a phone number where you may be reached during the day.

**SECTION IV
IF YOU ARE NOT THE MOTHER OR THE FATHER OF THE CHILDREN**

Complete this section if you are an aunt, uncle, grandmother, unrelated caretaker, etc. to the children. You will need to complete two Applications for Service, one for the mother as a noncustodial parent and one for the father as a noncustodial parent. Be sure you have completed Section II and the information is about you.

**SECTION V
INFORMATION ABOUT THE NONCUSTODIAL PARENT**

This section is very long and may require you to look through old papers to find some of the information requested. The more information we have in this section the better we will be able to serve you.

Section V, page 3 - if at all possible, provide the noncustodial parent's Social Security Number or numbers. If you do not know the exact date of birth, provide the approximate age.

Section V, page 4 - provide any and all financial information about the noncustodial parent. Attach additional page(s) as needed or use Section VII, page 5.

**SECTION VI
MARRIAGE/ORDER INFORMATION**

Complete this section whether or not YOU were married to the other parent. Answer each question as it relates to the mother and the father of the children. If you and/or the other parent were represented by an attorney for divorce, custody or guardianship, please list the attorney's name and address.

**SECTION VII
COMMENTS**

You may use this section as extra space, if needed, or add any additional information you think might help us establish or enforce an order for the children. You may include information about the other person's temper; whether they own rifles or handguns; if they have made threats against you or the children, etc.

**SECTION VIII
SIGNATURE PAGE**

Read this page very carefully. We will not be able to open this case without your signature.

Your signature indicates that you have answered the questions on the application to the best of your ability and that you want to open this case. It also indicates that you have read the information provided above the signature line; that you understand your responsibility for providing information to the local child support agency; and that the local child support attorneys or Attorney General or any of their representatives are not your attorney or the children's attorney.

ADDITIONAL FORMS TO BE COMPLETED

1. **Request for Support Services** - complete, sign and date.
2. **Child Care Verification** - take form to child care provider to complete and sign. This helps the Local Child Support Agency compute child support amounts.
3. **Visitation Verification** - complete and sign. This also helps the local child support agency compute child support amounts.
4. **Health Insurance Information** - complete to the best of your knowledge.
5. **Declaration of Support Payment History** - complete, sign and date. Separate instructions are included for this form.
6. **Child Support Domestic Violence Questionnaire** - complete, sign and date.
7. **Income and Expense Declaration** - complete, sign and date.

**PLEASE PROVIDE COMPLETED FORMS
TO
YOUR LOCAL CHILD SUPPORT AGENCY**

CHILD SUPPORT SERVICES PROGRAM NOTICE

WHAT CHILD SUPPORT CAN DO FOR YOU:

All children have the right to be supported by both parents. Any person, including a noncustodial parent, whether or not he or she 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 (legal fatherhood);
- 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 LOCAL CHILD SUPPORT AGENCY 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.

SOCIAL SECURITY NUMBER DISCLOSURE

The information in your case may be discussed or given to the State, the Department of Child Support Services, other public agencies that can legally receive such information, and to the other parent or his/her attorney to the extent required by law. The local child support agency is required, under Section 466(a)(13) of the Social Security Act, to include in child support records the Social Security Number of any individual who is subject to a divorce decree, support order or paternity determination or acknowledgment. Social Security number information is mandatory and will be kept on file at the local child support agency to locate individuals for the purpose of establishing, modifying and enforcing child support obligations. Enrolling 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.

COOPERATION WITH CHILD SUPPORT

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

When you apply for, or receive, support services, you are responsible for promptly informing the local child support agency of any changes in circumstance or information. Some examples are:

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

YOUR RIGHTS

You have the right to seek legal advice from a private attorney or legal aid group at your own expense. If you hire an attorney, you must tell the local child support agency. For free legal assistance, you may contact the Superior Court's Office of the Family Law Facilitator, or free legal services may be available at the local legal services office.

If you have a support order in the State of California, you can ask the local child support agency to review your support order to determine if the amount of support should be changed based on statewide guidelines. If the amount of support does not meet guidelines for change, the local child support agency must give you or the other parent, upon request, information on how to get the forms to request the court to change the amount of support ordered. The local child support agency must also tell you of the initial date, time and purpose of every hearing for paternity or support. You also have the right to read the county clerk's file, unless that information is legally prohibited by confidentiality requirements.

You or the other parent may raise issues concerning support, custody, visitation, and restraining orders. The local child support agency will give you copies of the most recent order entered in your case. You can go to court to enforce your support order, but you must give the local child support agency advance notice that you intend to file your own enforcement action. If the local child support agency does not respond to your notice within 30 days or if the local child support agency tells you that you can proceed, you can then file your own enforcement action as long as all support is payable through the local child support agency.

The local child support agency must have the permission of a non-public assistance recipient before filing a stipulation affecting the support order in which that person is named as a party. The local child support agency can not, without a public assistance recipient's consent, enter into a stipulation that will decrease the amount of over due support when the recipient is owed over due support that is more than the unreimbursed public assistance.

The payments received by the local child support agency are applied in the following order*:

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

*Federal income tax refunds owed to the noncustodial parent can be intercepted by the local child support agency, and are applied differently than other payments received by the local child support agency. By Federal law, this money cannot be applied to current child/spousal/family/medical support obligations. It must be applied to the past due child support. If a custodial parent has received public assistance, including Medi-Cal, the past due child support owed to the State/County will be paid first.

CALIFORNIA DOES NOT CHARGE AN APPLICATION FEE AND DOES NOT CHARGE FOR THE CHILD SUPPORT 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, COST FOR GENETIC TESTS MAY BE CHARGED.

NOTICE OF COLLECTIONS AND DISTRIBUTION

You will get a Notice of Collections and Distribution of support payments every month from the local child support agency. The Notice will show you all support that was collected and paid out during the time period shown on the Notice. You will not receive a Notice of Collections and Distribution in a month that no support was received or paid out.

MEDICAL SUPPORT AND MEDI-CAL

Every child is entitled to a court order that requires one or both parents to provide health insurance if health insurance is available at reasonable cost. In general, the cost of health insurance is 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 to the parent(s) of the health insurance.

The local child support agency will ask the court to establish or modify a child support order to require the parent(s) to provide health insurance if it is available at reasonable cost. The custodial parent may also request that the local child support agency modify the child support order to include a provision for health insurance. This may affect the amount of the monthly child support obligations. If the noncustodial parent is ordered to provide health insurance coverage, the local child support agency will contact the noncustodial parent and his or her employer, if necessary, to secure health insurance for the child. After the local child support agency receives the policy information, a copy will be given 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 tell your county CalWORKs department, your health care provider, and/or the local child support agency. Failure to provide this information is a misdemeanor. You must report to your CalWORKs eligibility worker and/or local child support agency within ten days when your private health coverage changes or stops. You must also tell your CalWORKs eligibility worker and/or the local child support agency about any court order regarding 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 for you, unless you have filed and the County CalWORKs department has approved a claim of "good cause" (CA 51) for not cooperating. Your children will still be eligible for Medi-Cal. Also, all child support services will be given, unless you tell the local child support agency that you do not want 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 local child support agency will establish paternity only.

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 service provider will bill Medi-Cal. Medi-Cal will pay the service provider. Then Medi-Cal will seek repayment from the other health coverage. You are not responsible 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 must 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.

FOR MORE INFORMATION ON CHILD SUPPORT SERVICES PLEASE REFER TO YOUR CHILD SUPPORT HANDBOOK

NONDISCRIMINATION STATEMENT

It is the policy of the State of California to ensure that all individuals are treated equally and that no person shall, on the basis of ethnic group identification, race, color, national origin, political affiliation or belief, religion, sex, age or disability be excluded from participation in, denied the benefits of any program or service, or otherwise be subjected to treatment that is different than that provided to others.

Each local child support agency has a designated Civil Rights Coordinator. Any applicant/recipient who feels they have been subjected to discriminatory treatment may file a complaint of discrimination by first contacting the local child support agency's designated Civil Rights Coordinator or by writing to the California Department of Child Support Services, Attn: Human Services Section, Civil Rights Office, P.O. Box 419064, Rancho Cordova, CA 95741-9064 or telephone (916) 464-5200.

APPLICATION FOR SUPPORT SERVICES

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SECTION I: IDENTIFYING INFORMATION

YOUR NAME <i>(First, Middle, Last, Suffix)</i>	<input type="checkbox"/> CUSTODIAL PARTY <input type="checkbox"/> NONCUSTODIAL PARENT
CHILD(REN)'S MOTHER'S NAME <i>(First, Middle, Last, Suffix)</i>	
CHILD(REN)'S FATHER'S NAME <i>(First, Middle, Last, Suffix)</i>	

SECTION II: CHILD(REN) OF THE PARENTS NAMED ABOVE

List the unmarried dependent child(ren) of the parents named above for whom you are requesting support services. If the mother is pregnant with the child of the father named above, list "UNBORN" as the child's name and the expected due date as the BIRTH DATE.

CHILD'S FULL NAME and ANY OTHER NAMES USED <i>(include Nicknames)</i> <i>First, Middle, Last, Suffix</i>	SEX	ETHNIC GROUP <small>See Instructions</small>	BIRTH DATE <i>(MM/DD/CCYY)</i>	SOCIAL SECURITY NUMBER	PLACE OF BIRTH <i>(City, State & Country)</i>
1.	<input type="checkbox"/> M				
	<input type="checkbox"/> F				
				Is there a court order for support? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	
2.	<input type="checkbox"/> M				
	<input type="checkbox"/> F				
				Is there a court order for support? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	
3.	<input type="checkbox"/> M				
	<input type="checkbox"/> F				
				Is there a court order for support? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	
4.	<input type="checkbox"/> M				
	<input type="checkbox"/> F				
				Is there a court order for support? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	
5.	<input type="checkbox"/> M				
	<input type="checkbox"/> F				
				Is there a court order for support? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	
6.	<input type="checkbox"/> M				
	<input type="checkbox"/> F				
				Is there a court order for support? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	
7.	<input type="checkbox"/> M				
	<input type="checkbox"/> F				
				Is there a court order for support? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	
8.	<input type="checkbox"/> M				
	<input type="checkbox"/> F				
				Is there a court order for support? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	

If child(ren)'s address is different than yours, please complete the information below: *(attach additional page if necessary)*

CHILD'S LAST AND FIRST NAME
ADDRESS: <i>Street, Apt. or Unit No.</i>
<i>City, State, Zip Code</i>
CHILD'S LAST AND FIRST NAME
ADDRESS: <i>Street, Apt. or Unit No.</i>
<i>City, State, Zip Code</i>

SECTION III: COMPLETE THE FOLLOWING INFORMATION ABOUT THE CUSTODIAL PARTY

NOTE: The custodial party is the person or party who has primary custody of the children.

FULL NAME <i>(First, Middle, Last)</i>	RELATIONSHIP TO CHILDREN <i>(Mother, Father, Grandparent, Aunt, Uncle, Cousin, Friend, etc.)</i>
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MAIDEN NAME OR OTHER NAME(S) USED

SOCIAL SECURITY NUMBER	BIRTH DATE <i>(MM/DD/CCYY)</i>	PLACE OF BIRTH <i>(City, State & Country)</i>	
ETHNIC GROUP <i>(see instructions)</i>	SEX Check one: <input type="checkbox"/> M <input type="checkbox"/> F	COLOR OF HAIR	COLOR OF EYES
WEIGHT	HEIGHT	DRIVER'S LICENSE NO.	STATE

PRIMARY LANGUAGE SPOKEN IN HOME

Check one: ENGLISH SPANISH CHINESE VIETNAMESE CAMBODIAN LAOTIAN OTHER _____

Can the Custodial Party read and understand English? Check one: YES NO

HOME ADDRESS: *Street, Apt. or Unit No.*

City, State, Zip Code

TELEPHONE NO. *(include area code)*

MAILING ADDRESS: *Street, Apt. or Unit No. or P.O. Box (if different from home address)*

City, State, Zip Code

MESSAGE TELEPHONE NO. *(include area code)*

List other child(ren) of the custodial party different from children listed in Section II

FULL NAME <i>(First, Middle, Last)</i>	SEX	BIRTHDATE OR APPROXIMATE AGE
1.		
2.		
3.		

EMPLOYER

TELEPHONE NO. *(include area code)*

ADDRESS: *Street, Apt. or Unit No.*

City, State, Zip Code

OCCUPATION/JOB TITLE	WAGES \$	PAID: <input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> SEMI-MONTHLY <input type="checkbox"/> MONTHLY
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Is Health Insurance available for the child(ren) through this employer? YES NO UNKNOWN

Is Dental Insurance available for the child(ren) through this employer? YES NO UNKNOWN

Is Vision Insurance available for the child(ren) through this employer? YES NO UNKNOWN

If you answered **YES** to any of these questions, please complete the HEALTH INSURANCE INFORMATION (OCS 2111) form included in this package.

**** ATTACH A COPY OF YOUR MOST RECENT PAYCHECK STUB ONLY IF YOU ARE THE PARENT OF THE CHILD(REN) ****

Have the child(ren) ever received public assistance/welfare or Child Support Services in another State? YES NO UNKNOWN

If **YES**, complete the following: (Attach additional page(s) if needed.)

STATE	COUNTY	DATES: <i>(Month, Day, Year)</i>	
		From:	To:

SECTION IV: COMPLETE IF YOU ARE NOT THE MOTHER OR THE FATHER OF THE CHILDREN

CHILD(REN)'S MOTHER'S NAME <i>(First, Middle, Last, Suffix)</i>	YOUR RELATIONSHIP TO THE CHILD(REN)'S MOTHER
---	--

MOTHER'S MAIDEN NAME OR OTHER NAME(S) USED

CHILD(REN)'S FATHER'S NAME <i>(First, Middle, Last, Suffix)</i>	YOUR RELATIONSHIP TO THE CHILD(REN)'S FATHER
---	--

FATHER'S OTHER NAME(S) USED

SECTION V: INFORMATION ABOUT THE NONCUSTODIAL PARENT

FULL NAME (<i>First, Middle, Last, Suffix</i>)	RELATIONSHIP TO CHILD(REN) <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER
--	---

MAIDEN NAME OR OTHER NAME(S) USED _____

SOCIAL SECURITY NUMBER(S) (*list more than one if necessary*) _____

BIRTH DATE (<i>MM/DD/CCYY</i>)	APPROXIMATE AGE	PLACE OF BIRTH (<i>City, State & Country</i>)	
ETHNIC GROUP <i>(see instructions)</i>	SEX Check one: <input type="checkbox"/> M <input type="checkbox"/> F	COLOR OF HAIR	COLOR OF EYES
WEIGHT	HEIGHT	DRIVER'S LICENSE NO.	STATE

SCARS, MARKS, TATTOOS _____

PRIMARY LANGUAGE SPOKEN IN HOME

Check one: ENGLISH SPANISH CHINESE VIETNAMESE CAMBODIAN LAOTIAN OTHER _____

Can the Noncustodial Parent read and understand English? Check one: YES NO

CURRENT HOME ADDRESS: <i>Street, Apt. or Unit No.</i>	DATE
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<i>City, State, Zip Code</i>	TELEPHONE NO. (<i>include area code</i>)
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LAST KNOWN ADDRESS: <i>Street, Apt. or Unit No. (if different from above)</i>	DATE
---	------

<i>City, State, Zip Code</i>	TELEPHONE NO. (<i>include area code</i>)
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MAILING ADDRESS: <i>Street, Apt. or Unit No. or P.O. Box. (if different from home address)</i>	DATE
--	------

<i>City, State, Zip Code</i>	MESSAGE TELEPHONE NO. (<i>include area code</i>)
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Has the Noncustodial Parent ever been arrested? YES NO If YES, when (*date*): _____

WHERE (<i>City or County and State</i>)	WHY
---	-----

NONCUSTODIAL PARENT'S CURRENT SPOUSE'S NAME (*First, Middle, Last*) _____

NONCUSTODIAL PARENT'S MOTHER'S MAIDEN NAME (<i>First, Middle, Last</i>)	LOCATION OF MOTHER'S RESIDENCE (<i>County & State</i>)
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MOTHER'S ADDRESS: *Street, Apt. or Unit No., City, State, Zip Code* _____

NONCUSTODIAL PARENT'S FATHER'S NAME (<i>First, Middle, Last</i>)	LOCATION OF FATHER'S RESIDENCE (<i>County & State</i>)
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FATHER'S ADDRESS: *Street, Apt. or Unit No., City, State, Zip Code* _____

List other child(ren) of the noncustodial parent different from children listed in Section II

FULL NAME (<i>First, Middle, Last</i>)	SEX	BIRTHDATE OR APPROXIMATE AGE
1. _____		
2. _____		
3. _____		

Is the noncustodial parent currently or ever been in the Military? YES NO If YES, complete information on the next line.

BRANCH (<i>Army, Air Force, Marines, Coast Guard</i>)	RANK	DATES (<i>Month, Year</i>) FROM _____ TO _____
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SECTION V: INFORMATION ABOUT THE NONCUSTODIAL PARENT (Continued)

CURRENT EMPLOYER	TELEPHONE NO. (include area code)
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ADDRESS: *Street, Apt. or Unit No.*

City, State, Zip Code

OCCUPATION/JOB TITLE

Is Health Insurance available for the child(ren) through this employer? YES NO UNKNOWN

Is Dental Insurance available for the child(ren) through this employer? YES NO UNKNOWN

Is Vision Insurance available for the child(ren) through this employer? YES NO UNKNOWN

If you answered YES to any of these questions, please complete the HEALTH INSURANCE INFORMATION (OCS 2111) form included in this package.

***** ATTACH A COPY OF YOUR MOST RECENT PAYCHECK STUB IF YOU ARE THE NONCUSTODIAL PARENT***
 IF YOU ARE THE CUSTODIAL PARTY AND HAVE A COPY OF THE NONCUSTODIAL PARENT'S PAY STUB, PLEASE ATTACH IT.**

UNION NAME	LOCAL NO.
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ADDRESS: *Street, Apt. or Unit No.*

City, State, Zip Code

IF SELF-EMPLOYED	NAME OF BUSINESS	TYPE OF BUSINESS
PREVIOUS OR ADDITIONAL EMPLOYER		IF PREVIOUS EMPLOYER, DATES (Month, Year)
		FROM TO

ADDRESS: *Street, Apt. or Unit No.*

City, State, Zip Code

OCCUPATION/JOB TITLE	UNION NAME OR LOCAL NO.
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Does the noncustodial parent own a car, boat, motorcycle, trailer, etc? YES NO UNKNOWN If YES, complete the following:

	1	2	3	4
VEHICLE TYPE				
MAKE				
MODEL / YEAR				
COLOR				
LICENSE NO./STATE				

Does the noncustodial parent own any real estate? YES NO UNKNOWN If YES, complete the following:

	1	2
LOCATION (City/State)		
ADDRESS (Street, Apt. or Unit No.)		
TYPE (Residential, Commercial, etc.)		

Does the noncustodial parent have any bank accounts? YES NO UNKNOWN If YES, complete the following:

	1	2	3	4
BANK/CREDIT UNION				
BRANCH				
ADDRESS				
ACCOUNT NO.				
TYPE OF ACCOUNT	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS

Does the noncustodial parent have any other financial assets, stocks, bonds, etc.? YES NO UNKNOWN If YES, complete the following:

	1	2	3	4
LOCATION				
TYPE				

SECTION VI: MARRIAGE & COURT ORDER INFORMATION

Were the mother and father of the child(ren) married to each other? YES NO UNKNOWN If YES, complete the following:

DATE OF MARRIAGE	DATE OF SEPARATION	DATE OF DIVORCE	DIVORCE CASE NO.
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LOCATION OF MARRIAGE (City, County, State & Country)

LOCATION OF DIVORCE (City, County, State & Country)

Is there a support order? YES NO UNKNOWN If YES, complete the following:

DATE ORDER FILED	COURT ORDER NO.
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WHERE ORDER WAS FILED (City, County, State & Country)

Has an order for paternity been established? YES NO UNKNOWN If YES, complete the following:

DATE ORDER FILED	COURT ORDER NO.
------------------	-----------------

WHERE ORDER WAS FILED (City, County, State & Country)

If you are not the mother or the father of the child(ren), is there a court order granting custody to you? YES NO UNKNOWN

If YES, complete the following:

DATE ORDER FILED	COURT ORDER NO.
------------------	-----------------

WHERE ORDER WAS FILED (City, County, State & Country)

CUSTODIAL PARTY'S ATTORNEY'S NAME	TELEPHONE NO. (include area code)
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ADDRESS: Street, Apt. or Unit No.

City, State, Zip Code

NONCUSTODIAL PARENT'S ATTORNEY'S NAME	TELEPHONE NO. (include area code)
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ADDRESS: Street, Apt. or Unit No.

City, State, Zip Code

SECTION VII: COMMENTS

PROVIDE ADDITIONAL COMMENTS/INFORMATION HERE

SECTION VIII (MUST BE COMPLETED)

Read carefully before signing below. Your signature is required in order for us to open a case for you.

I declare under penalty of perjury that the information I have provided on this application is true to the best of my knowledge and belief.

SIGNATURE OF APPLICANT	DATE:
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FOR OFFICE USE ONLY

APPLICATION ID:	DATE MAILED:	DATE RECEIVED:
DATE REQUESTED:		

REQUEST FOR SUPPORT SERVICES

INSTRUCTIONS: Read carefully before signing each of the areas below. Your signature is required in order for us to open a case for you.

I request the services of the local child support agency to assist in my efforts to locate the noncustodial parent, establish paternity and/or secure support for the children listed in Section II.

I am applying for these services under the Child Support Enforcement Program under Title IV-D of the Social Security Act.

I will notify the Local Child Support Agency immediately of any of the following events:

- When each child marries, reaches age 19 or reaches age 18 and is not a full-time student, whichever occurs first.
- Any change in my residence address, mailing address, or telephone number.
- Any change in my employer, including name, address and telephone number.
- Any change in my income.
- Any change in the status, cost or availability of health insurance coverage.
- Any information regarding the whereabouts of the other parent(s).
- When the parent(s) move back in together with the children.
- Any change in the custody of the children.
- Any change in child care.

I am aware that the local child support agency and the Attorney General do not represent me, the other parent, or the children who are the subject of this case. No attorney-client relationship exists between the local child support agency or the Attorney General, and myself, the other parent, or the children. No attorney-client relationship will arise if the local child support agency or the Attorney General provides the support services I have requested.

I declare under penalty of perjury that I have read, understand and agree to all of the terms specified above.

SIGNATURE: _____ DATE: _____

Your signature below acknowledges that you are aware that any amounts overpaid to you may not be deducted from future support payments sent to you unless you consent in writing at the time, which consent may be revoked at any time. However if you do not consent to repay the overpayment to the county by a deduction from future support, the local child support agency is authorized to use the collection of the last unassigned arrearage payment to repay the overpayment.

SIGNATURE: _____ DATE: _____

HEALTH INSURANCE INFORMATION

Page 1 of 2

FULL NAME (First, Middle, Last, Suffix)

CUSTODIAL PARTY
 NONCUSTODIAL PARENT

SECTION I: YOUR INSURANCE

Complete this section if your insurance is provided or available through your employer or a private policy maintained by you and not the other parent. Section II is about the insurance provided by the other parent.

HEALTH INSURANCE

Do you currently have Health Insurance coverage? YES NO If YES, complete the following information.

HEALTH INSURANCE COMPANY

INSURANCE COMPANY'S ADDRESS: Street, Apt. or Unit No. (Address where claims are mailed)

City, State, Zip Code

POLICY NO.

PREMIUM DEDUCTION AMOUNT	CHECK ONE: <input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> SEMI-MONTHLY <input type="checkbox"/> MONTHLY	AMOUNT PAID BY EMPLOYER
AMOUNT PAID BY YOU	CHECK ONE: <input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> SEMI-MONTHLY <input type="checkbox"/> MONTHLY	

NAME(S) OF DEPENDENTS CURRENTLY COVERED BY HEALTH INSURANCE	DEPENDENT'S POLICY NO.
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

Check here if names & policy numbers of additional dependents covered by Health Insurance are listed on a separate sheet attached.

DENTAL INSURANCE

Do you currently have Dental Insurance coverage? YES NO If YES, complete the following information.

DENTAL INSURANCE COMPANY

INSURANCE COMPANY'S ADDRESS: Street, Apt. or Unit No. (Address where claims are mailed)

City, State, Zip Code

POLICY NO.

PREMIUM DEDUCTION AMOUNT	CHECK ONE: <input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> SEMI-MONTHLY <input type="checkbox"/> MONTHLY	AMOUNT PAID BY EMPLOYER
AMOUNT PAID BY YOU	CHECK ONE: <input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> SEMI-MONTHLY <input type="checkbox"/> MONTHLY	

NAME(S) OF DEPENDENTS CURRENTLY COVERED BY DENTAL INSURANCE	DEPENDENT'S POLICY NO.
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

Check here if names & policy numbers of additional dependents covered by Dental Insurance are listed on a separate sheet attached.

VISION INSURANCE

Do you currently have Vision Insurance coverage? YES NO If YES, complete the following information.

VISION INSURANCE COMPANY

INSURANCE COMPANY'S ADDRESS: *Street, Apt. or Unit No. (Address where claims are mailed)*

City, State, Zip Code

POLICY NO.

PREMIUM DEDUCTION AMOUNT CHECK ONE: WEEKLY BI-WEEKLY SEMI-MONTHLY MONTHLY AMOUNT PAID BY EMPLOYER

AMOUNT PAID BY YOU CHECK ONE: WEEKLY BI-WEEKLY SEMI-MONTHLY MONTHLY

NAME(S) OF DEPENDENTS CURRENTLY COVERED BY VISION INSURANCE	DEPENDENT'S POLICY NO.
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

Check here if names & policy numbers of additional dependents covered by Vision Insurance are listed on a separate sheet attached.

SECTION II: OTHER PARENT'S INSURANCE

HEALTH INSURANCE

Does the other parent currently provide Health Insurance coverage for the children or you? YES NO If YES, complete the following information.

HEALTH INSURANCE COMPANY

INSURANCE COMPANY'S ADDRESS: *Street, Apt. or Unit No. (Address where claims are mailed)*

City, State, Zip Code

DENTAL INSURANCE

Does the other parent currently provide Dental Insurance coverage for the children or you? YES NO If YES, complete the following information.

DENTAL INSURANCE COMPANY

INSURANCE COMPANY'S ADDRESS: *Street, Apt. or Unit No. (Address where claims are mailed)*

City, State, Zip Code

VISION INSURANCE

Does the other parent currently provide Vision Insurance coverage for the children or you? YES NO If YES, complete the following information.

VISION INSURANCE COMPANY

INSURANCE COMPANY'S ADDRESS: *Street, Apt. or Unit No. (Address where claims are mailed)*

City, State, Zip Code

CHILD CARE VERIFICATION

APPLICANT NAME: _____

I am the Custodial Party Noncustodial Parent

APPLICANT: Give your child care provider this form to complete. Attach any receipts or copies of canceled checks for child care that you may have.

CHILD CARE PROVIDER: Complete the appropriate section(s) for the children of the above named applicant for whom you provide child care.

SECTION I: INFANT & PRE-SCHOOL CHILDREN

Name of Provider/Day Care Center _____

Address _____ Apt. or Unit No. _____

City _____ State _____ Zip _____ Phone () _____

Name of Person or persons who pay(s) you for childcare _____

Name of the children of this parent for whom you provide care and the amount you receive.

Child _____	Amount \$ _____	(Circle One) per week/month/day
Child _____	Amount \$ _____	per week/month/day
Child _____	Amount \$ _____	per week/month/day
Child _____	Amount \$ _____	per week/month/day
Total: \$ _____		per week/month/day

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

(Signature of Child Care Provider) Date: _____

SECTION II: SCHOOL-AGE CHILDREN

A. For child care provided during regular school sessions:

Name of Provider/Day Care Center _____

Address _____ Apt. or Unit No. _____

City _____ State _____ Zip _____ Phone () _____

Name of Person or persons who pay(s) you for childcare _____

Name of the children of this parent for whom you provide care and the amount you receive.

Child _____	Amount \$ _____	(Circle One) per week/month/day
Child _____	Amount \$ _____	per week/month/day
Child _____	Amount \$ _____	per week/month/day
Child _____	Amount \$ _____	per week/month/day
Total: \$ _____		per week/month/day

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

(Signature of Child Care Provider) Date: _____

CONTINUED ON REVERSE

SECTION II: SCHOOL-AGE CHILDREN continued

**B. For summer/vacation care for school-age children, attach receipts or canceled checks.
Include these amounts in the information specified below.**

Name of Provider/Day Care Center _____
Address _____ Apt. or Unit No. _____
City _____ State _____ Zip _____ Phone () _____
Name of Person or persons who pay(s) you for childcare _____

Name of the children of this parent for whom you provide care and the amount you receive.

		(Circle One)
Child _____	Amount \$ _____	per week/month/day
Child _____	Amount \$ _____	per week/month/day
Child _____	Amount \$ _____	per week/month/day
Child _____	Amount \$ _____	per week/month/day
	Total: \$ _____	per week/month/day

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

_____ Date: _____
(Signature of Child Care Provider)

VISITATION VERIFICATION

NAME OF PERSON COMPLETING FORM: _____

I am the Custodial Party Noncustodial Parent

Part 1. ACTUAL VISITATION BY THE NONCUSTODIAL PARENT

INSTRUCTIONS: Complete the visitation history for the past 12 months by filling in the number of hours per month the noncustodial parent actually visited with the children.

Example: If the last 12 months are June of 2000 through May of 2001, you will complete June through December on the left side of the chart below. You would put 2000 for the year. Then you would complete the right side of the chart with January through May and enter 2001 for the year.

YEAR _____

YEAR _____

MONTH	NO. OF HOURS PER MONTH	MONTH	NO. OF HOURS PER MONTH
January		January	
February		February	
March		March	
April		April	
May		May	
June		June	
July		July	
August		August	
September		September	
October		October	
November		November	
December		December	
TOTAL		TOTAL	

Part 2. SHARED CUSTODY/VISITATION ARRANGEMENTS

CHECK ONE: Shared Custody Visitation Only None

Please describe custody/visitation arrangements:

Visitation Hours: **From** (specify day of the week) _____ at (specify time) _____ a.m./p.m. (Circle One)
To (specify day of the week) _____ at (specify time) _____ a.m./p.m. (Circle One)

Overnight Visitation? Yes No

Is this custody/visitation arrangement court-ordered? Yes No

I declare to the best of my knowledge and belief that the above information is true and correct. I am aware that this may be provided to the other parent for their verification and that either party may be required to provide documentation.

Signature: _____

Date: _____

CHILD SUPPORT DOMESTIC VIOLENCE NOTICE

Date: AUGUST 01, 2005

Due to recent changes in federal and state law, the child support program must send child support computer records to the federal government. The federal government will give the information to the courts, child support agencies, and sometimes to the other parent of your child. If you or your child is a victim of domestic violence, we will tell the federal government and they will not give out your information without a court order.

If you think that giving out your information may cause physical or emotional harm to you or your child(ren), fill out the enclosed form and return it to our office immediately. You must fill out the form completely, especially Section II. If you do not return this form to us in 30 days from the date of this letter, we will give your case information to the federal government for release to authorized persons and/or agencies.

Mail the completed form to: OR Drop by our office at:
YOLO COUNTY, DCSS
P.O. BOX 1385
WOODLAND, CA 95776
100 W. COURT STREET
WOODLAND, CA 95696

If you or your child(ren) are not the victim of domestic violence you do not have to return this form. Please understand that your personal information is never given to the other party without a court order. The only exception is the filing of records or documents with the court in connection with certain court proceedings.

If you have questions, the number to call is (530) 661-2880

Please have your social security number ready.

YOLO COUNTY, DCSS

Office Use Only

DATE FVI PLACED: _____ DATE RECEIVED BY THIS OFFICE _____

PLEASE COMPLETE FORM ON REVERSE SIDE

CHILD SUPPORT DOMESTIC VIOLENCE QUESTIONNAIRE

NOTICE: If you do not complete and return this form the federal government will release information about you or the child's whereabouts to other child support agencies, and possibly to the child's other parent.

Your name: _____

Case No.: _____

Other party's name: _____

SECTION I: Check the appropriate box for each of the questions.

1. Have you or a child in your care ever been a victim of domestic violence or child abuse committed by the other party to your child support case? Yes No

2. Have you ever obtained a restraining order, emergency protective order or stay away order against the other party to your child support case? Yes No

If "Yes", please attach a copy of this order and provide the following information:

County/State: _____ Court Case Number: _____

Expiration Date: _____

3. If you or a child in your care receive public assistance, do you want to claim "Good Cause" because of increased risk of physical, sexual or emotional harm to you or your child, and request that the welfare department authorize that your support case be closed? Yes No

SECTION II: You MUST complete this section if you answered "yes" to any item in Section I.

Please provide detailed domestic violence information including dates, times, places and witnesses (Attach additional pages if needed.)

SECTION III: Check the appropriate box, sign, date and return the form to the local child support agency.

The disclosure of my address or other information identifying my location could be harmful to me or the child(ren) in my care. I am requesting that my address or other identifying information not be given to the other party in this case. This request for non-disclosure of information will remain in effect until I notify the local child support agency in writing, and the office that manages my case acknowledges that they have received my request. I understand that under federal law, an authorized person may submit a written request to the court which has jurisdiction to make or enforce child custody or visitation determinations. I will be notified in writing by the local child support agency if the court orders the release of information on my case.

The disclosure of my address or other information identifying my location is not harmful to me or the child(ren) in my care. I understand this information will be made available to the federal government, courts, child support agencies and sometimes to the other parent of the child(ren).

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

Date: _____

Signature _____

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): 0000005 57EOR	FOR COURT USE ONLY
TELEPHONE NO.: E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF YOLO STREET ADDRESS: 238 W. BEAMER STREET MAILING ADDRESS: 725 COURT ST, RM 103 CITY AND ZIP CODE: WOODLAND, CA 95695 BRANCH NAME: YOLO COUNTY SUPERIOR COURT	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	
INCOME AND EXPENSE DECLARATION	CASE NUMBER:

1. Employment (Give information on your current job or, if you're unemployed, your most recent job.)

Attach copies of your pay stubs for last two months here (black out social security numbers).

- a. Employer:
- b. Employer's address:
- c. Employer's phone number:
- d. Occupation:
- e. Date job started:
- f. If unemployed, date job ended:
- g. I work about _____ hours per week.
- h. I get paid \$ _____ gross (before taxes) per month per week per hour.

If you have more than one job, attach an 8½-by-11-inch sheet of paper and list the same information as above for your other jobs. Write "Question 1 – Other Jobs" at the top.)

2. Age and education

- a. My age is (specify): _____
- b. I have completed high school or the equivalent: Yes No If no, highest grade completed (specify): _____
- c. Number of years of college completed (specify): _____ Degree(s) obtained (specify): _____
- d. Number of years of graduate school completed (specify): _____ Degree(s) obtained (specify): _____
- e. I have: professional/occupational license(s) (specify): _____
 vocational training (specify): _____

3. Tax information

- a. I last filed taxes for tax year (specify year): _____
- b. My tax filing status is: single head of household married, filing separately
 married, filing jointly with (specify name): _____
- c. I file state tax returns in California other (specify state): _____
- d. I claim the following number of exemptions (including myself) on my taxes (specify): _____

4. Other party's income. I estimate the gross monthly income (before taxes) of the other party in this case at (specify): \$ _____
 This estimate is based on (explain): _____

(If you need more space to answer any questions on this form, attach an 8½-by-11-inch sheet of paper and write the question number before your answer.)

5. Number of pages attached: _____

I declare under penalty of perjury under the laws of the State of California that the information contained on all pages of this form and any attachments is true and correct.

Date: _____

(TYPE OR PRINT NAME)
(SIGNATURE OF DECLARANT)

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	CASE NUMBER:
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Attach copies of your pay stubs for the last two months and proof of any other income to the first page. Take a copy of your latest federal tax return to the court hearing. (Black out your social security number on the pay stub and tax return.)

5. **Income** (For average monthly, add up all the income you received in each category in the last 12 months and divide the total by 12.)

	Last month	Average monthly
a. Salary or wages (gross, before taxes)	\$ _____	_____
b. Overtime (gross, before taxes)	\$ _____	_____
c. Commissions or bonuses	\$ _____	_____
d. Public assistance (for example, TANF, SSI, GA/GR) <input type="checkbox"/> currently receiving	\$ _____	_____
e. Spousal support <input type="checkbox"/> from this marriage <input type="checkbox"/> from a different marriage	\$ _____	_____
f. Partner support <input type="checkbox"/> from this domestic partnership <input type="checkbox"/> from a different domestic partnership	\$ _____	_____
g. Pension/retirement fund payments	\$ _____	_____
h. Social security retirement (not SSI)	\$ _____	_____
i. Disability: <input type="checkbox"/> Social security (not SSI) <input type="checkbox"/> State disability (SDI) <input type="checkbox"/> Private Insurance	\$ _____	_____
j. Unemployment compensation	\$ _____	_____
k. Workers' compensation	\$ _____	_____
l. Other (military BAQ, royalty payments, etc.) (specify):	\$ _____	_____

6. **Investment income** (Attach a schedule showing gross receipts less cash expenses for each piece of property.)

a. Dividends/interest	\$ _____	_____
b. Rental property income	\$ _____	_____
c. Trust income	\$ _____	_____
d. Other (specify):	\$ _____	_____

7. **Income from self-employment, after business expenses for all businesses.** \$ _____

I am the owner/sole proprietor business partner other (specify): _____

Number of years in this business (specify): _____

Name of business (specify): _____

Type of business (specify): _____

Attach a profit and loss statement for the last two years or a Schedule C from your last federal tax return. Black out your social security number. If you have more than one business, provide the same information above for each of your businesses.

8. **Additional income.** I received one-time money (lottery winnings, inheritance, etc.) in the last 12 months (specify source and amount): _____

9. **Change in income.** My financial situation has changed significantly over the last 12 months because (specify): _____

10. **Deductions**

	Last month
a. Required union dues	\$ _____
b. Required retirement payments (not social security, FICA, 401k or IRA)	\$ _____
c. Medical, hospital, dental, and other health insurance premiums (total monthly amount)	\$ _____
d. Child support that I pay for children from other relationships	\$ _____
e. Spousal support that I pay by court order from a different marriage	\$ _____
f. Partner support I pay by court order from a different domestic partnership	\$ _____
g. Necessary job-related expenses not reimbursed by my employer (attach explanation labeled "Question 10(g)")	\$ _____

11. **Assets**

	Total
a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts	\$ _____
b. Stocks, bonds, and other assets I can easily sell	\$ _____
c. All other property, <input type="checkbox"/> real and <input type="checkbox"/> personal (estimate fair market value minus the debts you owe)	\$ _____

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	CASE NUMBER:
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12. The following people live with me:

Name	Age	How is the person related to me? (ex:son)	That person's gross monthly income	Pays some of the household expenses?
a.				<input type="checkbox"/> Yes <input type="checkbox"/> No
b.				<input type="checkbox"/> Yes <input type="checkbox"/> No
c.				<input type="checkbox"/> Yes <input type="checkbox"/> No
d.				<input type="checkbox"/> Yes <input type="checkbox"/> No
e.				<input type="checkbox"/> Yes <input type="checkbox"/> No

13. Average monthly expenses Estimated expenses Actual expenses Proposed needs

- | | |
|--|---|
| <p>a. Home:</p> <p>(1) <input type="checkbox"/> Rent or <input type="checkbox"/> mortgage \$ _____</p> <p style="margin-left: 20px;">If mortgage:</p> <p style="margin-left: 40px;">(a) average principal\$ _____</p> <p style="margin-left: 40px;">(b) average interest\$ _____</p> <p>(2) Real property taxes \$ _____</p> <p>(3) Homeowner's or renter's insurance (if not included above) \$ _____</p> <p>(4) Maintenance and repair \$ _____</p> <p>b. Health-care costs not paid by insurance \$ _____</p> <p>c. Child care \$ _____</p> <p>d. Groceries and household supplies \$ _____</p> <p>e. Eating out \$ _____</p> <p>f. Utilities (gas, electric, water, trash) \$ _____</p> <p>g. Telephone, cell phone, and e-mail..... \$ _____</p> | <p>h. Laundry and cleaning \$ _____</p> <p>i. Clothes \$ _____</p> <p>j. Education \$ _____</p> <p>k. Entertainment, gifts, and vacation \$ _____</p> <p>l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.) \$ _____</p> <p>m. Insurance (life, accident, etc.; do not include auto, home, or health insurance) ... \$ _____</p> <p>n. Savings and investments \$ _____</p> <p>o. Charitable contributions \$ _____</p> <p>p. Monthly payments listed in item 14 (itemize below in 14 and insert total here) \$ _____</p> <p>q. Other (specify): \$ _____</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>r. TOTAL EXPENSES (a-q) (do not add in the amounts in a(1)(a) and (b)) \$ _____</p> </div> <p>s. Amount of expenses paid by others..... \$ _____</p> |
|--|---|

14. Installment payments and debts not listed above

Paid to	For	Amount	Balance	Date of last payment
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

15. This form does does not contain the locations of, or identifying information about, the assets and debts listed. NOTE: If the form does contain such information, you may ask the court to seal this document by completing and submitting an *Ex Parte Application and Order to Seal Financial Forms* (form FL-316).

16. **Attorney fees** (This is required if either party is requesting attorney fees.): \$
- a. To date I have paid my attorney this amount for fees and costs (specify): \$
- b. The source of this money was (specify):
- c. I still owe the following fees and costs to my attorney (specify total owed): \$
- d. My attorney's hourly rate is (specify): \$

I confirm this fee arrangement.

Date:

(TYPE OR PRINT NAME OF ATTORNEY)

▶

(SIGNATURE OF ATTORNEY)

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

Child Support Information
 (NOTE: Fill out this page only if your case involves child support.)

17. Number of children

- a. I have *(specify number)*: _____ children under the age of 18 with the other parent in this case.
 b. The children spend _____ percent of time with me and _____ percent of their time with the other parent.
(If you're not sure about percentage or it has not been agreed on, please describe your parenting schedule here.)

18. Children's health-care expenses

- a. I do I do not have health insurance available to me for the children through my job.
 b. Name of insurance company:
 c. Address of insurance company:
 d. The monthly cost for the children's health insurance is or would be *(specify)*: \$ _____
(Do not include the amount your employer pays.)

19. Additional expenses for the children in this case:

Amount per month

- a. Child care so I can work or get job training..... \$ _____
 b. Children's health care not covered by insurance..... \$ _____
 c. Travel expenses for visitation..... \$ _____
 d. Children's educational or other special needs *(specify below)*:... \$ _____

20. Special hardships: I ask the court to consider the following special financial circumstances
(attach documentation of any item listed here, including court orders):

Amount per month

For how many months?

- a. Extraordinary health expenses not included in 19b..... \$ _____
- b. Major losses not covered by insurance *(examples: fire, theft, other uninsured loss)*..... \$ _____
- c. (1) Expenses for my minor children who are from other relationships and are living with me..... \$ _____
 (2) Names and ages of those children *(specify)*:
 (3) Child support I receive for those children \$ _____

The expenses listed in a, b and c create an extreme financial hardship because *(explain)*:

21. Other information I want the court to know concerning support in my case *(specify)*:

DECLARATION OF SUPPORT PAYMENT HISTORY

Person completing this form (name): _____

I am the Custodial Party Noncustodial Parent

Support Payment History For (check one): Child Spousal Family Medical

Unreimbursed medical expenses Other (specify): _____

YEAR _____

YEAR _____

YEAR _____

	AMOUNT ORDERED	AMOUNT PAID	AMOUNT ORDERED	AMOUNT PAID	AMOUNT ORDERED	AMOUNT PAID
January						
February						
March						
April						
May						
June						
July						
August						
September						
October						
November						
December						

YEAR _____

YEAR _____

YEAR _____

	AMOUNT ORDERED	AMOUNT PAID	AMOUNT ORDERED	AMOUNT PAID	AMOUNT ORDERED	AMOUNT PAID
January						
February						
March						
April						
May						
June						
July						
August						
September						
October						
November						
December						

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. I am aware that this may be provided to the other parent for their verification and that either party may be required to provide documentation.

Signature: _____

Date: _____



INSTRUCTIONS FOR COMPLETING THE DECLARATION OF SUPPORT PAYMENT HISTORY

The reverse of this page is your declaration of the support payment history for your case. You are asked to complete a month-by-month, year-by-year breakdown of the amounts of support that were due (ordered by the court) and the amount of each payment that was made. These figures will help determine the amount of past due support owed, if any.

You must complete a separate page (or pages) for child support, spousal support, family support, medical support, unreimbursed medical expenses, and other types of support not listed. **DO NOT combine child support and spousal support unless your court order combines the two support payments into a "family" support order.**

In the Amount Ordered column, fill in the amount of support that became due each month since your court order began. If there has been a change in your court order, make sure each month reflects the correct amount of support due.

In the Amount Paid column, indicate a dollar amount of support paid in that month. If more than one payment was made in a given month, put the total dollar amount of support paid. **Put the dollar amounts next to the month in which the payment was actually made, and not the month or months which those payments were intended to cover.** You may attach additional sheets as necessary.

Be aware that this declaration is not confidential and may be given to the other parent in your case for review. If there is a disagreement regarding the payment history, the parties may be required to present proof of payments in the form of canceled checks, receipts, etc.

Complete this Declaration neatly and correctly to make sure there is no mistake nor confusion as to the amounts of past due support owed, if any.

CHILD SUPPORT AUTOMATED INFORMATION SYSTEM

The Child Support Automated Information System allows you to use a touch tone phone to answer your child support questions. You can use the system to answer common questions and get information about your case such as: payment history, case balances, case status and enforcement actions.

The system will also provide general office information such as: office location, mailing address, phone and fax numbers, office hours and services provided.

The Child Support Automated Information System can be used by either parent, other custodial parties or agencies. You can use the system 24 hours a day, seven days a week to find out information on your case.

The Child Support Automated Information System will allow the local child support agency to serve more people and provide faster service to the public.

To use the Child Support Automated Information System, you must use a touch tone phone. The system will greet you with a menu of available choices. Simply listen and select the menu option you want by pressing the correct button on your phone. You must have your social security number and participant number to access case level information. For the best results, review the information provided here and keep it handy.



MARK J JONES
DIRECTOR
YOLO
YOLO COUNTY, DCSS



CHILD SUPPORT AUTOMATED INFORMATION SYSTEM

DIAL 1-800-419-0461

YOLO COUNTY, DCSS
100 W. COURT STREET
WOODLAND, CA 95696

**HOW TO USE THE CHILD SUPPORT
AUTOMATED INFORMATION
SYSTEM**

DIAL 1-800-419-0461

**WELCOME
PRESS:**

- 1** Instructions in English
- 2** Instrucciones in Spanish
(Instrucciones en Español)

**MAIN MENU
PRESS:**

- 1** Account Balance, Payment Information, Case Status, License Suspensions or Notice from the Franchise Tax Board (FTB)
- 2** Mailing Address, Telephone and Fax Numbers
- 3** Office Address and Directions to the Office
- 4** Office Hours and Days
- 5** Description of Services
- 9** To End Call
- 0** Transfer to a County Child Support Representative

**Account Balance,
Payments,
License
Suspensions**

- 1** To Enter your Social Security Number

You must next enter your Participant ID Number. Together these two numbers act as your personal key to your information. You cannot get case level information without BOTH numbers.

**MENU
PRESS:**

- 1** For Account Balance(s)
- 2** For Date and Amount of Last Payment
- 3** For Dates and Amount of Last Three Payments
- 4** For Date and Amount of Last Disregard Authorization
- 5** For Case Status and Date
- 6** If you have received a Notice of License Suspension or a Payment Demand Letter from the Franchise Tax Board (FTB)

**MENU
PRESS:**

- 1** License Suspension Information
- 2** Demand From FTB
- 9** To End Call
- 0** Transfer to a County Child Support Representative
- #** Return to Main Menu

YOUR IDENTIFICATION NUMBERS.

These are needed to obtain your case level information. Please keep the numbers handy when you are using the Automated Child Support Information System:

SSN: _____

PARTICIPANT ID: _____

NOTES

CASE NUMBER: _____

DEPARTMENT OF CHILD SUPPORT SERVICES

FACT SHEET

CHILD SUPPORT STATE HEARING PROCESS

You Have A Right To A State Hearing

- If the local child support agency does not respond to you within 30 days after receiving your complaint, you have the right to request a State Hearing before an Administrative Law Judge. **IMPORTANT: Your request for a State Hearing must be made within 90 days after you complained to the local child support agency.**
- If the local child support agency does respond to you within 30 days after receiving your complaint, and you are not satisfied with the local child support agency's complaint resolution or response, you have the right to request a State Hearing before an Administrative Law Judge. **IMPORTANT: Your request for a State Hearing must be made within 90 days after you received the local child support agency's written response to your complaint.**
- You can request a State Hearing in writing by sending a Request for State Hearing (form SH001) to the State Hearing Office, or you can call the State Hearing Office at 1 (866) 289-4714.
- The State Hearing Office will let you know the date, time and place of your State Hearing and will provide an interpreter or disability accommodation for you at the hearing if you need one. **IMPORTANT: Not all complaints can be heard at a State Hearing.**

State Hearings will only be granted for the following issues:

- An application for child support has been denied or has not been acted upon within the required time frame.
- The child support services case has been acted upon in violation of federal or state law or regulation, or Department of Child Support Services policy letter, including services for the establishment, modification, and enforcement of child support orders and child support accountings.
- Child support collections have not been distributed, or have been distributed or disbursed incorrectly, or the amount of child support arrears, as calculated by the local child support agency is inaccurate.
- The local child support agency's decision to close a child support case.

IMPORTANT: The following issues cannot be heard at a State Hearing:

- Child support issues requiring a motion, order to show cause, or appeal in court.
- A review of any court order for child support or child support arrears.
- A court order or equivalent determination of paternity.
- A court order for spousal support.
- Child custody or visitation determinations
- Complaints of alleged discourteous treatment by a local child support agency employee, unless such conduct resulted in a hearable action or inaction.

HELPING TO MAKE IT EASIER FOR YOU

Department of Child Support Services Toll-free Telephone Number 1 (866) 249-0773

(7/1/01)



DEPARTMENT OF CHILD SUPPORT SERVICES

FACT SHEET

OMBUDSPERSON PROGRAM AND COMPLAINT RESOLUTION PROCESS

Your Local Child Support Ombudsperson Program

- Every local child support agency has an Ombudsperson available to provide assistance regarding complaint resolution or State Hearing.
- The Ombudsperson can help you make your complaint with the local child support agency, or request a State Hearing from the State Hearing Office.
- The Ombudsperson can help you obtain information regarding your complaint to help you prepare for your State Hearing.
- **IMPORTANT: The Ombudsperson cannot be your representative and will not give you legal advice.**

Every Customer's Right To Complaint Resolution

- If you have a complaint against a local child support agency or the Franchise Tax Board for any action or inaction regarding your child support case, you have the right to request complaint resolution from the local child support agency.
- You can make a complaint in writing by completing and submitting a complaint resolution form to your local child support agency or you can call the local child support agency directly.
- **IMPORTANT: Your request for complaint resolution must be made within 90 days from the date you knew, or should have known, about the subject of your complaint.**
- The local child support agency has 30 days from the date it receives your complaint to give you a written resolution of your complaint. The local child support agency will contact you if it needs more information or time to resolve your complaint.

Please Note: You can request a State Hearing after you have gone through the Complaint Resolution process. See reverse for State Hearing process information.

HELPING TO MAKE IT EASIER FOR YOU

Department of Child Support Services Toll-free Telephone Number 1 (866) 249-0773

(7/1/01)

NOTICE TO ALL CUSTODIAL PARTIES AND NON-CUSTODIAL PARENTS

SUBJECT: OPERATION ENDURING FREEDOM -- REVIEW AND ADJUSTMENT REQUESTS
THE SERVICEMEMBERS CIVIL RELIEF ACT -- RESTRICTIONS ON INTEREST

This is to tell you about a federal law called The Servicemembers Civil Relief Act (SCRA). This Act offers certain benefits to a parent who has recently been called to active duty as a result of our War on Terrorism, the war in Iraq, or any other United States action that deploys servicemembers into active military duty.

- If your income has gone down since you were called to active military service, you may be able to have your current child support amount changed.
- You may also receive a lower interest rate charged on any past due child support you owed before you were called to active military service.

Changes to Child Support Orders

If you were called to active military service and you are a Custodial Party or Non-Custodial Parent, your local child support agency (LCSA) must allow you to request a review of your current support order. The review process may result in an upward or downward change or no change. Once the review has been completed, both parents must receive a notice.

Lower Interest Rate on Past Due Support

As a parent called to military service you may also ask for a lower interest rate on child support arrearages under the SCRA. The interest rate on unpaid child support is usually ten percent in California. However, as a servicemember you may request the LCSA to lower the interest rate from ten percent down to six percent charged on past due support that was owed before the date you entered into active military service.

Your request for a lower interest rate must be in writing and say that you are making this request because of the Servicemembers Civil Relief Act. You must also provide documentation of active duty status and provide the date when active duty began.

To request a change to your child support order or a lower interest rate on past due support as allowed in the Servicemembers Civil Relief Act, contact your Local Child Support Agency at:(530) 661-2880

**YOLO COUNTY, DCSS
P.O. BOX 1385
WOODLAND, CA 95776**

