

PARTICIPANT RESPONSIBILITY TO FILE DOCUMENTS WITH COURT AND PROTECT CONFIDENTIAL INFORMATION

We may forward documents to court for you: While it is your responsibility to file documents related to your case directly with the court, it is the policy of the Department of Child Support Services (Child Support) to forward appropriate legal forms and supporting documents received from participants such as yourself to the Superior Court for filing. Documents you return to Child Support for the purpose of modifying your order may also be forwarded to court. Documents intended for the court but received by Child Support will be routed to the court as a convenience to you. Documents forwarded to the court from Child Support may also be served on the other party in the court case.

We cannot change information on paperwork we send to court: Documents filed with the court may become a matter of public record. Child Support will not remove or change any information on forms that are submitted for filing with the court, so please be aware that private information such as your address or social security number on documents sent to the court by Child Support can become public records that anyone may see.

We are not your attorney: Since current law does not allow any child support agency to provide legal representation for you, you or your attorney are responsible for properly completing all forms prior to filing them with the court or submitting them to Child Support. Incomplete or improper forms may not be accepted by the court, and routing of completed documents from Child Support to the court as a courtesy to you does not create an attorney-client relationship between you and Child Support.

Legal help is available: If you have any questions or concerns about private information on legal forms and documents, we strongly encourage you to seek legal assistance or talk to your county's Family Law Facilitator office for possible options.

If you have any questions, please visit Customer Connect at www.cse.ca.gov/CustomerConnect for assistance on-line or call Customer Connect at 1-866-901-3212. Persons with hearing or speech impairments, please call the TTY number at 1-866-399-4096.

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NOTICE OF CHILD SUPPORT SERVICES PROGRAM

DCSS 0064 (01/03/2022)

Children have the right to be supported by both parents as much as they are able. Child Support is here to work with either parent, or any caregiver of a child who might benefit from these services. There is no income eligibility limit, so services are available to everyone.

Child Support Services are provided to you through people at the Local Child Support Agency (LCSA) who work with the local Superior Court for all Child Support processes. Our goal is to make it easier for you and the children you care about to receive the support they need.

CHILD SUPPORT CAN WORK WITH BOTH PARENTS TO:

- Establish parentage (legal parent relationship);
- Establish and Manage court orders for child, spousal and medical support;
- Review an existing child support order to see if the amount should be changed;
- Collect and distribute support payments and provide consistent accounting of child support owed and paid;
- Pursue enforcement or legal action when necessary to make sure child support is paid in full and on time;
- Or any combination of the above items.

WORKING WITH CHILD SUPPORT

When you open a child support case the LCSA will need you to provide information on yourself, the other parent, and the child(ren) on the case. Depending on what services you request from us, you will also need to fill out forms that may seem long and complicated. If you ever run into problems understanding what we need, just let us know.

Based on the information you provide, the LCSA will work to fill in any gaps and then take the next appropriate action to provide the requested services. If anything changes after your case is open that might affect the child support process, please let us know.

CHANGES YOU NEED TO REPORT TO THE LCSA:

- Any support payments made by the Parent Ordered to Pay Support directly to the Person Ordered to Receive Support;
- If a/the child(ren) on your case moves out of your home;
- If your telephone number, address, employer, or name changes;
- If you start a divorce action, or are changing custody or visitation for the child(ren) on your case;
- The child(ren) enrolls in or stops receiving any private health insurance coverage;
- If you are aware of any of the above changes for the other parent on the case.

YOU HAVE THE RIGHT TO:

- Seek legal assistance from a private attorney, legal services office, or through the Superior Court Family Law Facilitator. Please let us know if you hire an attorney to represent you through the Child Support process so that we can update our records. Any costs for legal representation are at your own expense.
- Ask the LCSA to review an existing child support order to see if the amount should be changed. If we are not able to change the support order, you will be given information how to pursue the change through the Superior Court Family Law Facilitator.
- Be informed of all court dates regarding your child support case. Information will most often be provided by mail, so to be sure you have all the facts, please keep us updated on your current mailing address.

- Receive and review copies of documents from your court file unless they are confidential. If the LCSA cannot provide them because they are not stored with us, you will be told how you can request them from the Superior Court.
- You can go to court to enforce your support order, but you must give the LCSA advance notice that you intend to file your own enforcement action. If the LCSA does not respond to your notice within thirty (30) days or if the LCSA tells you that you can proceed, you can then file your own enforcement action with the Superior Court as long as all support is payable through the State Disbursement Unit.

THE LCSA WILL:

- Use all available resources to locate the Parent Ordered to Pay Support and their income or assets, including verifying with the Social Security Administration through data matching.
- Other actions the LCSA may take when necessary:
 - Intercept Federal Income Tax refunds, or other payments from the IRS, of the Parent Ordered to Pay Support. In some situations, these payments are held for 6 months or more before being distributed;
 - Intercept payments from the Federal Government, like retirement, vendor expense reimbursements, or travel payments;
 - Intercept California State Income Tax Refunds, or lottery distributions managed by California Franchise Tax Board.
- Distribute support payments (including child, medical, and spousal support) as listed below:
 - Current Monthly Support/Disregard
 - Past Due Support
 - Interest
 - Future Obligations
- Distribute Disregards to parents who receive cash public assistance; (up to) the first \$100 in payments received will be paid to families with one child or (up to) the first \$200 in payments received will be paid to families with two or more children, and the remaining amount will be applied to government-owed obligations before existing family-owed obligations.
- Provide a monthly statement of the support collected and distributed to the Person Ordered to Receive Support each month. This notice can be provided electronically by email or in paper form by regular mail.
- For any Child Support case where at least \$550 of support has been distributed in the prior year (October 1st - September 30th) a \$35 Annual Service Fee will be automatically deducted from the first support payment distributed the next year. This fee is waived for any family that is or has ever received cash public assistance. Additionally, some other states 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.

THE LCSA MUST NOT:

- File a Stipulation that changes current support or arrears owed to you without your approval and signature. This does not include any support that is due while you receive(d) cash public assistance.
- Set a support amount below state guidelines if you receive cash public assistance.
- Provide any services related to Custody or Visitation. Some LCSA's may work directly with their local Family Law Facilitator's office to help customers reach agreements about primary parenting time and child support in one joint meeting.
- Provide legal representation or legal advice to any case participant. The job of the LCSA Attorney is to make sure child support law is followed in managing the child support case. The LCSA and LCSA Attorney are not allowed to be your legal representatives.

CHILD SUPPORT AND PUBLIC ASSISTANCE

Families that receive cash public assistance are required to work with the LCSA to obtain child support. Not doing what the LCSA needs may result in a penalty being put on the public assistance case that reduces the amount of cash assistance.

If the parent on the public assistance case has a valid concern for the safety of the family due to child support, the parent may want to claim Good Cause for not working with the LCSA. Any child support owed or accrued while the family receives cash assistance is considered Assigned to the state and is no longer owed to the parent.

MEDICAL SUPPORT

The LCSA is required to make sure children are enrolled in private health insurance benefits if/when they are available at no or reasonable cost through an employer. This starts with making sure every support order includes language regarding which parent, or both, will be expected to provide private health insurance. If necessary, the LCSA will work with the employer of the Parent Ordered to Pay Support to enroll children in affordable health coverage. There is no conflict to being enrolled in both private health insurance and Medi-Cal.

A Medi-Cal applicant/recipient who does not report enrollment in private health insurance can be charged with a misdemeanor. The Person Ordered to Receive Support must report to the CalWORKs eligibility worker and/or child support agency within ten (10) days when private health coverage changes or stops. The Person Ordered to Receive Support must also tell the CalWORKs eligibility worker and/or child support agency about any court order regarding health insurance.

If the Person Ordered to Receive Support is only receiving Medi-Cal, the Person Ordered to Receive Support must cooperate in establishing parentage and obtaining medical support as a condition of continued eligibility for Medi-Cal benefits, unless the Person Ordered to Receive Support has filed and the County Welfare Department has approved a claim of "good cause" (CW 51) Good Cause Claim for Noncooperation. The child(ren) will still be eligible for Medi-Cal. Also, all child support services will be given, unless the Person Ordered to Receive Support tells the LCSA that they do not want services that are unrelated to obtaining medical support and establishing parentage. Obtaining medical support may reduce the amount of the child support received. In cases where both parents are in the home, the LCSA will establish parentage only.

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 through the State Customer Service Support Center (CSSC) 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 call (866) 901-3212.

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COMPLAINT RESOLUTION - STATE HEARING INFORMATION

RIGHT TO COMPLAINT RESOLUTION:

- If you have a complaint against a local child support agency 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 the Request for Complaint Resolution form, or you can call the local child support agency.
- **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, unless the local child support agency needs more information or time to resolve your complaint. The local child support agency will contact you if it needs more information or time to resolve your complaint.

RIGHT TO A STATE HEARING:

- If the local child support agency **does not** respond to you within 30 days from 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 of making 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 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 to the State Hearing Office, or you can call the State Hearing Office toll free at 1-866-289-4714.
- The State Hearing Office will let you know the date, time, and place of your State Hearing.
- The State Hearing Office 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 California Department of Child Support Services policy letter, or has not been acted on within the required timeframe, 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 that must be addressed by motion, order to show cause, or appeal in a 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 determinations.
- Child visitation determinations.
- Complaints of alleged discourteous treatment by a local child support agency employee, unless such conduct resulted in a hearable action or inaction.

OMBUDSPERSON SERVICES:

- Every local child support agency has an Ombudsperson available to help you through the complaint resolution and/or State Hearing process.
- The Ombudsperson can help you obtain information regarding your complaint to help you prepare for your State Hearing.
- **IMPORTANT: The Ombudsperson cannot represent you at the State Hearing or give you legal advice.**

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INSTRUCTIONS FOR COMPLETING THE SIMPLIFIED APPLICATION FOR CHILD SUPPORT SERVICES

DCSS 0373 (07/12/13)

The processing of your case depends upon the information you provide on this form. Please provide as much information as possible. Answer every question completely. If you do not know the answer, print "UNKNOWN." If the question does not apply, print "N/A."

Before you begin, please read the Child Support Handbook. This book explains the services available through the local child support agency. Also, read the Child Support Enforcement Program Notice. This notice explains your responsibility to the local child support agency and the local child support agency's responsibility to you. The local child support attorneys or Attorney General or any of their representatives are not your attorney or the child(ren)'s attorney.

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

FACTS ABOUT CUSTODIAL PARTY OR GUARDIAN AND CHILD(REN)

This section is about the person or party who has primary custody of the child(ren). Please complete the entire section. If you are the custodial party, be sure to give us a telephone number where you may be reached during the day.

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 sheet of paper or use the Comment Section provided at the end of the first page.

Please list all the child(ren) of the parents named for whom support services are being requested. Complete the full name of each child, including first name, middle name, last name, and suffix (Jr., Sr., III, etc.)

There are several questions within this section related to determining the biological father of the child(ren) named in the application. One question asks whether a Declaration of Paternity has been signed. The Declaration of Paternity is a legal form that, when signed (usually at the hospital or clinic) by both parents, says the man is the legal father. Signing the form and submitting it to the Department of Child Support Services legally establishes the man as the child's father without having to go to court.

A second question asks whether a Paternity Judgment has been established. A Paternity Judgment is an order from the court that, through the legal process, determines the biological father of the child(ren). Determining the biological father is necessary before child support can be ordered by the court.

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 child(ren). 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 child(ren), etc.

FACTS ABOUT NONCUSTODIAL PARENT

If you are the Custodial Party, this section 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 and faster we will be able to serve you.

If at all possible, please provide the noncustodial parent's Social Security Number or numbers. If you do not know the exact date of birth, provide the approximate age.

Please provide any and all financial information about the noncustodial parent. Attach additional page(s) as needed or use the Comment Section on the first page.

If you are the noncustodial party, be sure to give us a telephone number where you may be reached during the day.

SIGNATURE OF APPLICANT

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 carefully.

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SIMPLIFIED APPLICATION FOR CHILD SUPPORT SERVICES

DCSS 0373 (07/12/13)

I AM THE: CUSTODIAL PARTY NONCUSTODIAL PARENT

APPLICANT NAME (PERSON COMPLETING THIS FORM)

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

FACTS ABOUT CUSTODIAL PARTY OR GUARDIAN AND CHILD(REN)

| | | | | |
|--------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|---------------|------------------------------------------------------------------------------------------------------------------------------|
| FULL NAME (LAST, FIRST, MIDDLE, SUFFIX) | | TRIBAL MEMBER <input type="checkbox"/> YES <input type="checkbox"/> NO | NAME OF TRIBE | BEST TIME TO BE REACHED <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. |
| MAIDEN NAME (IF APPROPRIATE) | RELATIONSHIP TO CHILD(REN) <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> OTHER (SPECIFY) | TELEPHONE NUMBERS HOME: WORK: CELL: | | BEST NUMBER TO BE REACHED AT <input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> WORK |
| NAME OF CURRENT SPOUSE | | E-MAIL ADDRESS | | |
| ADDRESS (STREET, CITY, STATE AND ZIP CODE) | | | | |

Does the custodial party currently live with the noncustodial parent? YES NO (If "NO", give date and address last lived together)

| | | | | | | | |
|------------------------------------------------------------------------------|--------------------------------------------|-------|---------------------------------------------------------------------------------------------------------|----------------|---------------------------------------------------|---------------------------------|-----------------------------------------------------------------------------|
| DATE | ADDRESS (STREET, CITY, STATE AND ZIP CODE) | | | | | | |
| SOCIAL SECURITY NUMBER | DRIVERS LICENSE NUMBER | STATE | BIRTHDATE OR APPROXIMATE AGE | PLACE OF BIRTH | RACE | PRIMARY LANGUAGE SPOKEN IN HOME | GENDER: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE |
| NAME OF PRESENT EMPLOYER - IF NOT CURRENTLY WORKING, PRINT "UNEMPLOYED" HERE | | | JOB TITLE OR OCCUPATION | | GROSS MONTHLY EARNINGS \$ | | |
| ADDRESS OF PRESENT EMPLOYER (STREET, CITY, STATE, AND ZIP CODE) | | | IS HEALTH INSURANCE AVAILABLE FOR CHILDREN? <input type="checkbox"/> YES <input type="checkbox"/> NO | | NAME AND TELEPHONE NUMBER OF A RELATIVE OR FRIEND | | |

| | | | | | | | |
|--------------------------------------------------------------------|--------|-------|-------------------------------|----------------------------------------------------------------|--------|-------|-------------------------------|
| Date and place of marriage (If never married, check "None") | | | | Date and place of divorce (If no divorce, check "None") | | | |
| DATE OF MARRIAGE TO NONCUSTODIAL PARENT | COUNTY | STATE | <input type="checkbox"/> NONE | DATE OF DIVORCE | COUNTY | STATE | <input type="checkbox"/> NONE |

If parents were NOT married, please answer questions 1-5 below.

- Has noncustodial parent ever lived in California? YES NO If "YES", When? _____ Where? _____
- Has noncustodial parent ever worked in California? YES NO If "YES", When? _____ Where? _____
- In which state were the child(ren) conceived?
(Use number for each child listed below) _____ Child # _____ State _____ Child # _____ State _____ Child # _____ State _____
- Was a Declaration of Paternity signed at a California hospital or agency? YES NO DON'T KNOW If "YES", Where? _____
- Was a Paternity Judgment established? YES NO DON'T KNOW If "YES", Where? _____

Have services been provided by another child support agency? (If "YES", please give the date, city and state)

| | | |
|--------------------------------|----------------------------------------|------------------------------------------------------------------------------------------------------------------|
| DATES OF SERVICES From: To: | CITY AND STATE WHERE SERVICES RECEIVED | HAVE THE MINOR CHILDREN RECEIVED CASH AID? (WELFARE) <input type="checkbox"/> YES <input type="checkbox"/> NO |
|--------------------------------|----------------------------------------|------------------------------------------------------------------------------------------------------------------|

Is the noncustodial parent court ordered to pay child support for the child(ren) named below? YES NO PENDING

| | | | | |
|---------------|--------------------------------------------------------------------------------------------|---------------|--------|-------|
| COURT ORDER # | AMOUNT OF ORDER \$ <input type="checkbox"/> PER WEEK <input type="checkbox"/> PER MONTH | DATE OF ORDER | COUNTY | STATE |
|---------------|--------------------------------------------------------------------------------------------|---------------|--------|-------|

List full names of all minor children by this noncustodial parent (If child is not yet born, write "unborn", and expected date of birth). (A separate application is required for children from another noncustodial parent)

| IF CHILD IS NOT YET BORN, WRITE "UNBORN" HERE | | | EXPECTED DATE OF BIRTH FOR UNBORN CHILD(REN) | | | | |
|-----------------------------------------------|-----|-----------|----------------------------------------------|------------------------|------------------------------|-----------------------------|--|
| NAME | SEX | BIRTHDATE | BIRTHPLACE (CITY AND STATE) | SOCIAL SECURITY NUMBER | CHILD(REN) LIVING WITH YOU | | |
| 1. | | | | | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| 2. | | | | | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| 3. | | | | | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| 4. | | | | | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |

List full names of other minor child(ren) NOT related to this noncustodial parent

| NAME | BIRTHDATE | CHILD(REN) LIVING WITH YOU |
|------|-----------|----------------------------------------------------------|
| | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | | <input type="checkbox"/> YES <input type="checkbox"/> NO |

COMMENTS (Please attach a separate sheet if you need additional space)

FACTS ABOUT NONCUSTODIAL PARENT

| | | | | | |
|-----------------------------------------------|------------------------|--------------------------------------------------------------------------------------------------|------------------------------|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| FULL NAME (LAST, FIRST, MIDDLE, SUFFIX) | | | | TRIBAL MEMBER <input type="checkbox"/> YES <input type="checkbox"/> NO | NAME OF TRIBE |
| MAIDEN NAME (IF APPROPRIATE) | | RELATIONSHIP TO CHILD(REN) <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER | | TELEPHONE NUMBERS HOME: WORK: CELL: | |
| NAME OF CURRENT SPOUSE | | | | E-MAIL ADDRESS | |
| OTHER NAMES OR ALIASES OF NONCUSTODIAL PARENT | | | | E-MAIL ADDRESS | |
| ADDRESS (STREET, CITY, STATE AND ZIP CODE) | | | | <input type="checkbox"/> CURRENT NOW <input type="checkbox"/> CURRENT AS OF (DATE) | |
| SOCIAL SECURITY NUMBER | DRIVERS LICENSE NUMBER | STATE | BIRTHDATE OR APPROXIMATE AGE | PLACE OF BIRTH | GENDER <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE |

Currently on probation or parole? YES NO

Currently in jail or prison? YES NO If "YES", provide information below:

| | | | | |
|------|--------|------|-------|------------------|
| DATE | AGENCY | CITY | STATE | OFFENSE (REASON) |
|------|--------|------|-------|------------------|

Is the noncustodial parent a US citizen? YES NO IF "NO", Please provide country of citizenship here:

PHYSICAL DESCRIPTION: (PLEASE PROVIDE PHOTO)

| | | |
|------|------------|----------------------------------------------------|
| RACE | COMPLEXION | PRIMARY LANGUAGE |
| HAIR | HEIGHT | IDENTIFYING FEATURES (MARKS, SCARS, TATTOOS, ETC.) |
| EYES | WEIGHT | |

| | | | |
|----------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|------------------------------|
| NAME OF PRESENT EMPLOYER (IF NOT WORKING, PRINT "UNEMPLOYED") | <input type="checkbox"/> CURRENT NOW <input type="checkbox"/> CURRENT AS OF (DATE) | IS HEALTH INSURANCE AVAILABLE FOR CHILDREN? <input type="checkbox"/> YES <input type="checkbox"/> NO | GROSS MONTHLY EARNINGS \$ |
| ADDRESS OF PRESENT EMPLOYER (STREET, CITY, STATE AND ZIP CODE) | | | |

If unemployed or present employer is unknown, give name, address and telephone number of last employment below.

| | | |
|-----------------------|-------------------------------------------------------------|--------------------------------------|
| NAME OF LAST EMPLOYER | ADDRESS OF LAST EMPLOYER (STREET, CITY, STATE AND ZIP CODE) | TELEPHONE NUMBER (INCLUDE AREA CODE) |
|-----------------------|-------------------------------------------------------------|--------------------------------------|

| | |
|----------------------------------------------|----------------------------------------------------------------------------------------------------------|
| USUAL OCCUPATION, TRADE, JOB TITLE OR SKILLS | ACTIVE MILITARY: <input type="checkbox"/> YES <input type="checkbox"/> NO WHAT BRANCH OF THE SERVICE? |
|----------------------------------------------|----------------------------------------------------------------------------------------------------------|

| | | |
|-----------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------------------------|
| IS THE NONCUSTODIAL PARENT A LABOR UNION MEMBER? <input type="checkbox"/> YES <input type="checkbox"/> NO | NAME AND NUMBER OF UNION | ADDRESS OF UNION (STREET, CITY, STATE AND ZIP CODE) |
|-----------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------------------------|

| | |
|-----------------------------------------------------------------------------------------|------------------------------|
| IF SELF-EMPLOYED, WHAT IS THE NAME OF THE BUSINESS? | GROSS MONTHLY EARNINGS \$ |
| STEADY WORKER? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, EXPLAIN: | |

List any other sources of income or assets. (For example, Veterans Affairs benefits, Social Security Disability, interest, dividends, trust, vehicles, boats, real estate, etc. Attach a separate sheet if necessary).

| | | |
|------------------------------------|---------------------------------------------------|---------------------------|
| MOTHER'S MAIDEN NAME (LAST, FIRST) | MOTHER'S STREET ADDRESS, CITY, STATE AND ZIP CODE | MOTHER'S TELEPHONE NUMBER |
| FATHER'S NAME (LAST, FIRST) | FATHER'S STREET ADDRESS, CITY, STATE AND ZIP CODE | FATHER'S TELEPHONE NUMBER |

Name and address of current spouse, friend, or relative.

| NAME | RELATIONSHIP | STREET ADDRESS, CITY, STATE ZIP CODE | TELEPHONE NUMBER |
|------|--------------|--------------------------------------|------------------|
| | | | |
| | | | |

Is there visitation with the children? YES NO If "YES", how many times per month?

Is there any other child support obligation(s)? YES NO If "YES", please provide amount: \$

Is there any other minor child(ren) in the home? YES NO If "YES", how many children?

Present marital status: Single Married Divorced Separated Living with another person

I request the services of the Department of Child Support Services to assist me in the following efforts: (Mark all that apply)

| | | |
|---------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Establish paternity | <input type="checkbox"/> Modify an existing child support order | <input type="checkbox"/> No medical insurance enforcement needed at this time. The children have satisfactory medical insurance coverage through: <input type="checkbox"/> Custodial Parent <input type="checkbox"/> Noncustodial Parent |
| <input type="checkbox"/> Obtain a child support order | <input type="checkbox"/> Obtain an order for medical insurance | |
| <input type="checkbox"/> Enforce an existing child and spousal support order (including past due) | <input type="checkbox"/> Enforce an existing medical insurance order | |

I am applying for support services under the Child Support 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.

| | |
|------------------------|------|
| SIGNATURE OF APPLICANT | DATE |
|------------------------|------|

PARENTAGE QUESTIONNAIRE

DCSS 0095 (02/20/2022)

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|------------|
| <i>Please complete this form to the best of your ability. Complete a separate Parentage Questionnaire for each child.</i> | | Case Name: |
| Child Name | Approximate Date and Place of Conception (City/State) | |
| Child Date of Birth | Place of Birth (City/State) | |
| Birth Parent | Other Parent | |

Privacy Statement

The Information Practices Act of 1977 (Civil Code Section 1798.17) and the Federal Privacy Act of 1974 (Public Law 93-579) requires that this notice be provided when collecting personal information from individuals. Information requested on this form, including your Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN), is used by the Department of Child Support Services (DCSS) for purposes of identification and communication with you. The DCSS is required, under Section 466(a)(13) of the Social Security Act, to collect the SSN of any individual who is subject to a divorce decree, support order, or parentage determination or acknowledgement. SSN information is mandatory, ITIN information is voluntary and will be kept on file at the local child support agency (LCSA) to locate and identify individuals and assets for the purpose of establishing, modifying, and enforcing child support obligations. You may find the LCSA closest to you by reviewing www.childsupport.ca.gov or calling (866) 901-3212. You may have a right to access records containing personal information, subject to state and federal law. Failure to provide SSN/ITIN information can result in the LCSA having an inability or reduced ability to establish, enforce or modify support obligations. Enrolling a child in health insurance may require the release of the child's SSN/ITIN and mailing address to the other parent's employer or the release of the child's SSN/ITIN to the other parent. The information in your case may be discussed with or given to the State, other public agencies that can legally receive such information, and to the other parent or their attorney to the extent required by law.

Glossary

Assisted Reproduction - Donation of sperm or egg in the conception of a child.

Birth Parent - The parent who gave birth to the child(ren).

Conceive - The birth parent becoming pregnant with the child.

Genetic Parent - A person related to the child by genetic material (sperm or egg).

Genetic Test - A test of a person's blood, hair or saliva to determine if they are the probable parent of a child.

Intended Parent(s) - A person who, by agreement, is to be a parent of the child conceived by assisted reproduction.

LCSA - Local Child Support Agency.

Other Parent - The only other genetic parent (besides the birth parent) OR the intended parent under an agreement for assisted reproduction to conceive the child/ren.

Parentage - A legal finding of the parent(s) of a child.

Paternity - A legal finding of the biological father of a child.

Presumed Parent(s) - The law will presume a person to be a child's parent when specific circumstances are met, even if that person is not the natural/biological parent of the child.

Surrogacy - An agreement to carry a child that is not genetically related to the carrier.

Voluntary Declaration of Parentage - A legal document, often signed at the time of the child's birth, declaring the legal parents of the child. It is also known as a Voluntary Acknowledgement of Paternity or a Voluntary Declaration of Paternity.

PARENTAGE QUESTIONNAIRE

DCSS 0095 (02/20/2022)

Child Name:

Child Date of Birth:

Please answer all of the following six questions to determine which section(s) of the Parentage Questionnaire to complete. Additional comments may be provided in Section VIII. Once you have completed the six questions and any additional required sections, sign and date page 4.

| | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Are there any court orders naming the legal parents of the child? This could include a divorce order, adoption decree, parentage or support order. | <input type="checkbox"/> YES Complete SECTION I: EXISTING PARENTAGE JUDGMENT <input type="checkbox"/> NO |
| 2. Has the BIRTH PARENT and/or anyone else signed and filed a Voluntary Declaration of Parentage (VDOP) for the child? | <input type="checkbox"/> YES Complete SECTION II: VDOP <input type="checkbox"/> NO Notify the LCSA if both parents are willing to sign a VDOP to establish parentage for the child |
| 3. Was the BIRTH PARENT married when the child was conceived and born? | <input type="checkbox"/> YES Complete SECTION III: MARITAL PRESUMPTION <input type="checkbox"/> NO Complete SECTION IV: PRESUMED PARENT and SECTION V: GENETIC RELATIONSHIP |
| 4. Is the OTHER PARENT the genetic parent of the child? | <input type="checkbox"/> YES Complete SECTION IV: PRESUMED PARENT and SECTION V: GENETIC RELATIONSHIP <input type="checkbox"/> NO |
| 5. Was the child conceived by egg or sperm donation? | <input type="checkbox"/> YES Complete SECTION VI: INTENDED PARENTS . If the donor was your spouse, complete SECTION III: MARITAL PRESUMPTION <input type="checkbox"/> NO |
| 6. Was the child conceived by surrogacy? | <input type="checkbox"/> YES Complete SECTION VII: SURROGACY <input type="checkbox"/> NO |

SECTION I: EXISTING PARENTAGE JUDGMENT

Please attach a copy of the court order(s) to this form.

1. Please provide the following information on the court order(s) naming the legal parents of the child.

Name and Location of Court that Issued the Order

Date of Court Order

Court Case Number

*If a Judgment exists, **stop**, sign and date on page 4.*

SECTION II: VOLUNTARY DECLARATION OF PARENTAGE (VDOP)

| | |
|--------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| 1. Did you sign a VDOP with the OTHER PARENT? | <input type="checkbox"/> YES <input type="checkbox"/> NO Provide the name. |
| 2. Is the OTHER PARENT the only possibly genetic father? | <input type="checkbox"/> YES <input type="checkbox"/> NO Complete SECTION V: GENETIC RELATIONSHIP |
| 3. What state was the VDOP filed in? Attach a copy if not filed in California. | |
| 4. Is the OTHER PARENT'S name on the child's birth certificate? | <input type="checkbox"/> YES <input type="checkbox"/> NO Provide the name(s) that appear on the child's birth certificate. |

Attach a copy of the child's birth certificate.

PARENTAGE QUESTIONNAIRE

DCSS 0095 (02/20/2022)

Child Name:

Child Date of Birth:

SECTION III: MARITAL PRESUMPTION

- | | |
|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| 1. Was the BIRTH PARENT married and living with their spouse when they conceived the child? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 2. Was the BIRTH PARENT still married and living with the same spouse when the child was born? | <input type="checkbox"/> YES What is the spouse's name? <input type="checkbox"/> NO |

If you answered NO to Question 1 or 2 above, complete **SECTION V: PRESUMED PARENT**

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| 3. If the BIRTH PARENT'S spouse was male, was he impotent or sterile at the time the BIRTH PARENT conceived the child? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 4. If the BIRTH PARENT'S marriage, identified in Question 1, has ended, what date did it legally end? (Date of judgment of Dissolution or date of death of one spouse) | |

SECTION IV: PRESUMED PARENT

- | | |
|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| 1. Was the child born during or within 300 days of the legal end of the BIRTH PARENT'S marriage? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| If yes, is the BIRTH PARENT'S spouse from that marriage with the OTHER PARENT? | <input type="checkbox"/> YES <input type="checkbox"/> NO Provide the spouse's name. |
| 2. Did the BIRTH PARENT marry after the child's birth? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| a. Was the new spouse's name put on the child's birth certificate? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| b. Is the new spouse obligated by court order to support the child? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| c. Did the new spouse promise in writing (cards, letters, email or text message) to support the child? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 3. Is the new spouse the OTHER PARENT? | <input type="checkbox"/> YES <input type="checkbox"/> NO Provide the new spouse's name. |
| 4. Has the OTHER PARENT been living in the same home as the child? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 5. Has the OTHER PARENT told people the child is theirs? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 6. Has the OTHER PARENT paid pregnancy costs? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 7. Has the OTHER PARENT paid costs to support the child since the child's birth? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 8. Has the OTHER PARENT ever claimed the child on their income tax return? | <input type="checkbox"/> YES <input type="checkbox"/> NO |

PARENTAGE QUESTIONNAIRE

DCSS 0095 (02/20/2022)

Child Name:

Child Date of Birth:

SECTION V: GENETIC RELATIONSHIP

- | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 1. Has genetic testing been done on the child and the OTHER PARENT? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 2. Did the genetic test establish that the OTHER PARENT is a genetic parent of the child? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 3. Did the BIRTH PARENT have sexual intercourse with the OTHER PARENT during the month, the month before, or the month after conceiving the child? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 4. Did the BIRTH PARENT have sexual intercourse with anyone other than the OTHER PARENT during the month, the month before, or the month after conceiving the child? | <input type="checkbox"/> YES Provide the name(s). <input type="checkbox"/> NO |

SECTION VI: INTENDED PARENTS*Please attach a copy of the assisted reproduction agreement for the child, if one exists.*

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Was the egg or sperm donor the BIRTH PARENT'S spouse? | <input type="checkbox"/> YES Complete SECTION III: MARITAL PRESUMPTION and SECTION IV: PRESUMED PARENT <input type="checkbox"/> NO |
| 2. Did the BIRTH PARENT'S spouse agree in writing to be a parent of the child? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 3. Is there a written agreement for egg or sperm donation from a person who is not the BIRTH PARENT'S spouse? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 4. Did the BIRTH PARENT and the egg or sperm donor have a written agreement for the donor to be the intended parent of the child? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 5. Did the BIRTH PARENT and the egg or sperm donor have a written agreement that the donor WOULD NOT be a parent of the child? | <input type="checkbox"/> YES <input type="checkbox"/> NO |

SECTION VII: SURROGACY*Please attach a copy of the surrogacy agreement for the child, if one exists.*

- | | |
|------------------------------------------------------------------------------|-------------------------------------------------------------|
| 1. Is there a surrogacy agreement naming the intended parents for the child? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| If so, provide names. | |

SECTION VIII: COMMENTS *(Please reference the above section(s) and question number(s) you are making comments on. Attach additional sheets of paper if needed)*

I declare under penalty of perjury under the laws of the State of California that the information on this form is true and correct to the best of my knowledge and belief.

Signature

Day, Month, Year Signed

REQUEST FOR SUPPORT SERVICES

DCSS 0055 (10/20/2019)

| |
|------------------|
| CSE Case Number: |
|------------------|

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

Beginning October 1, 2020, pursuant to the Bipartisan Budget Act of 2018, section 53117 of Public Law 115-123 which amended the provisions of the Federal Deficit Reduction Act of 2005, the Department of Child Support Services may assess a \$35 Annual Service Fee for each case that has never received public assistance. This fee will be assessed every year on October 1st for each case in which at least \$550 has been disbursed to the family in the prior Federal Fiscal Year (October 1st - September 30th). The fee will be automatically deducted from the next payment(s) issued to the custodial party after October 1st until the fee has been recovered in full.

I want the local child support agency to help me get a child support order to establish paternity for the child(ren) or enforce a support order I have.

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

I will let the child support agency know right away:

- When each child marries.
- When each child reaches age 18 years and is no longer attending high school, or 19 years, whichever happens first.
- If my home address, mailing address, or telephone number changes.
- If my employer, including name, address, and telephone number changes.
- If my income changes.
- If my status, cost, or availability of health insurance coverage changes.
- If any information regarding the whereabouts of the other parent(s) changes.
- If the parent(s) moves back in together with the children, or
- If there is any change in custody, childcare or visitation.

I am aware that the local child support agency does 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 and me, the other parent, or the children. No attorney-client relationship will arise if the local child support agency 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.

 PRINT NAME

 SIGNATURE

 DATE

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Dear Applicant:

The Department of Child Support Services (DCSS) is required by law to send child support case information to the federal government. The federal government maintains a data base that includes all child support cases in the country. Upon request, the federal government will release case information to other child support agencies; however, if you or the child(ren) in this case are the victim of family violence, you may not want the release of your case information.

If you think that releasing information about your case to the federal government may cause physical or emotional harm to you or the child(ren) in this case, please fill out the Family Violence Questionnaire (DCSS 0048) and return it to your local child support agency. You must fill out the form completely in order to process your request.

Please mail the completed form to: Local Child Support Agency

For interstate cases personal identification must be disclosed unless a nondisclosure order has been filed. If you have informed us that you have obtained a protective or restraining order or been granted good cause exception from cooperation, the local child support agency shall seek an "order of nondisclosure" prior to sending an interstate application to the other state. A nondisclosure order will prevent the release of your personal information to the other parties involved in your interstate case.

If you feel the release of your address or other personal information would pose a risk to you or your child(ren)'s health, safety or liberty and do not possess a protective or restraining order or have good cause exception, you may seek your own order of nondisclosure. This can be obtained through your own legal counsel or with the assistance of the family law facilitator.

If you or the child(ren) in this case are not a victim of family violence, you do not have to return this form. Also, it is important to understand that DCSS is prohibited by law from releasing your personal information in this case to the other party without a court order. However, some documents that include some of your personal information may be filed with the court.

If you have any questions, please visit CustomerConnect on the web, www.cse.ca.gov/CustomerConnect for assistance on-line, or call CustomerConnect at 1-866-901-3212. Persons with hearing or speech impairments, please call the TTY number 1-866-399-4096.

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FAMILY VIOLENCE QUESTIONNAIRE

DCSS 0048 (02/09/09)

INSTRUCTIONS: *If you do not complete and return this form to us, the Department of Child Support Services, or the federal government, may give information about your case to courts, child support agencies, and possibly to the child(ren)'s other parent or party.*

Your name: _____ Case Number: _____

Other party's name: _____

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

1. Have you or the child(ren) in this case ever been a victim of family violence or child abuse committed by the other party in this child support case? Yes No

2. Do you have a restraining order, emergency protective order or stay away order against the other party in this child support case? Yes No
If yes, please attach a copy of this order and provide the following information:

County/State: _____ Order/Docket Number: _____

Expiration Date: _____

3. If you or the child(ren) in this case receive public assistance, do you want the welfare department to review this case to determine eligibility to close this support case because of the increased risk of physical, sexual, or emotional harm to you or the child(ren) in this case, by the other party? This is called having "good cause" to close the support case. Yes No

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

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

| |
|--|
| |
| |
| |
| |
| |

FAMILY VIOLENCE QUESTIONNAIRE

DCSS 0048 (02/09/09)

SECTION III: If appropriate please check the box below, sign, date, and return this form to:

Local Child Support Agency

- Giving out my address or other information identifying my location could be harmful to me or the child(ren) in this case. I am requesting that my address or other identifying information not be given to the other party in this case. This request will stay in effect until I let the local child support agency know **in writing** that they may now give out my information, and the local child support agency tells me that they have received my request. I understand that under federal law, an authorized person may make a written request to the court that has jurisdiction to make or enforce child support or visitation determinations, for release of my information. The local child support agency will let me know in writing if the court orders the release of any information on my case.

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

PRINT NAME

SIGNATURE

DATE

PRIVACY NOTICE

The Information Practices Act of 1997 (Civil Code §1798.17) and the Federal Privacy Act of 1974 (Title 5, United States Code §552a (e)(3), §7 Note) require that this notice be provided when collecting personal information from individuals. Information requested on this form is used by the Department of Child Support Services and local child support agencies for the purpose of safeguarding information from disclosure in domestic and/or child abuse situations. The information you provide may be given to the federal government, and other public agencies to the extent required by law. Failure to provide this information will limit the DCSS' ability to safeguard your information.

The agency official responsible for maintenance of the form is: **DCSS Records Officer, PO Box 419064, MS-110, Rancho Cordova, CA 95741, fax number (916) 464-5069**. Legal references authorizing solicitation and maintenance of this personal information include Title 22 California Code of Regulations §§112110(h), 112300, 112301, and 112302, as well as Family Code §17212. Copies of this form are maintained in confidential files of the Department of Child Support Services or local child support agencies for 4 years and 4 month after the closure of your child support case. You have the right of access to this form upon request by **faxing (916) 464-5069**.

If you have any questions or concerns regarding this notice, please call us at 1-866-901-3212.

VISITATION VERIFICATION

DCSS 0053 (08/21/2016)

CSE Case Number:

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 by filling in the last 12 months and number of hours for each month the noncustodial parent visited with the child(ren). If visitation is different for each child(ren), please complete one form for each child.

Example: If the last 12 months are June 2014 through May of 2015, you will complete June through December on the left side of the chart below. You would put 2014 for the year. Then you would complete the right side of the chart with January through May and put 2015 for the year.

| MONTH/YEAR | NUMBER OF HOURS THE NONCUSTODIAL PARENT VISITED WITH THE CHILD(REN) EACH MONTH | MONTH/YEAR | NUMBER OF HOURS THE NONCUSTODIAL PARENT VISITED WITH THE CHILD(REN) EACH 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: |

HEALTH INSURANCE INFORMATION

DCSS 0054 (04/27/05)

County: Phone: LCSA Case Number:

Noncustodial Parent:

| | |
|-------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (First, Middle, Last, Suffix) | I am the <input type="checkbox"/> Custodial Party <input type="checkbox"/> Noncustodial Parent <input type="checkbox"/> Employer |
| Address (Street) | City, State, Zip Code |
| Phone | Social Security Number |
| Employer (Name, street, city, state, zip code, phone) | |

INSTRUCTIONS: Please complete SECTION I if health insurance is provided or available by the Noncustodial Parent or employer. SECTION II is about the other parent's insurance. Employers complete Sections I and III only. Please sign and date the completed form.

SECTION I: YOUR HEALTH INSURANCE

HEALTH INSURANCE:

Do you currently have Health Insurance coverage? Yes No

If Yes, please complete the following.

| | |
|-----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Health Insurance Company or Union (provide Union Local number) | Provided by: <input type="checkbox"/> Custodial Party <input type="checkbox"/> Noncustodial Parent <input type="checkbox"/> Employer <input type="checkbox"/> Other: Relationship: |
| Insurance Company's Address: Street, Apartment Number or Unit Number (Address where claims are mailed) | Telephone Number (include Area Code) |
| City State Zip Code | Policy Number |
| Premium Amount \$ | Check One: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly |
| Amount You Pay \$ | Check One: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly |
| Amount Employer Pays \$ | Check One: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly |
| Amount of deduction applied to employee's portion of Health Insurance \$ | Amount of deduction applied to dependent's portion of Health Insurance \$ Cost to add additional child \$ |

Dependent(s) Currently Covered By Health Insurance

| Name (First, Middle, Last) | Social Security Number | Sex | Date of Birth | Policy Number(s) | Start Date | End Date |
|----------------------------|------------------------|-----|---------------|------------------|------------|----------|
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |
| 6. | | | | | | |

- Please check this box if names and policy numbers of additional dependents covered by your Health Insurance are listed on a separate sheet. Please attach the sheet.
- Not available to dependents

The Policy covers the following: (Check all that apply)

- Doctor Visits Medicare Supplemental Specific Illness Prescription Drugs
- Long Term Care Hospital Stays Hospital Outpatient
(i.e., lab work, physical therapy) Other (Specify):

DENTAL INSURANCE:

Do you currently have Dental Insurance coverage? Yes No If Yes, please complete the following.

Dental Insurance Company

Dental Insurance Company's Address: Street, Apartment Number or Unit Number (address where claims are mailed)

| | | | |
|--------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|---------------------------------|---------------|
| City | State | Zip Code | Policy Number |
| Premium Amount \$ | Check One: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly | | |
| Amount You Pay \$ | Check One: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly | | |
| Amount Employer Pays \$ | Check One: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly | | |
| Amount of deduction applied to employee's portion of Health Insurance \$ | Amount of deduction applied to dependent's portion of health insurance \$ | Cost to add additional child \$ | |

Dependent(s) Covered by Dental Insurance

| Name (First, Middle, Last) | Social Security Number | Sex | Date of Birth | Policy Number(s) | Start Date | End Date |
|----------------------------|------------------------|-----|---------------|------------------|------------|----------|
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |
| 6. | | | | | | |

- Please check this box if names and policy numbers of additional dependents covered by your Dental Insurance are listed on a separate sheet of paper. Please attach the sheet.
- Not available to dependents

VISION INSURANCE:

Do you currently have Vision Insurance coverage? Yes No If Yes, please complete the following.

Vision Insurance Company

Vision Insurance Company's Address: Street, Apartment Number or Unit Number (Address where claims are mailed)

| | | | |
|--------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|---------------------------------|---------------|
| City | State | Zip Code | Policy Number |
| Premium Amount \$ | Check One: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly | | |
| Amount You Pay \$ | Check One: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly | | |
| Amount Employer Pays \$ | Check One: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly | | |
| Amount of deduction applied to employee's portion of Health Insurance \$ | Amount of deduction applied to dependent's portion of health insurance \$ | Cost to add additional child \$ | |

Dependent(s) Covered by Vision Insurance

| Name (First, Middle, Last) | Social Security Number | Sex | Date of Birth | Policy Number(s) | Start Date | End Date |
|----------------------------|------------------------|-----|---------------|------------------|------------|----------|
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |
| 6. | | | | | | |

- Please check this box if names and policy numbers of additional dependents covered by your Vision Insurance are listed on a separate sheet. Please attach the sheet.
- Not available to dependents

SECTION II: OTHER PARENT'S INSURANCE

HEALTH INSURANCE:

Does the other parent currently provide Health Insurance coverage for the child(ren) or you? Yes No
If Yes, please complete the following information.

Health Insurance Company

Health insurance Company's Address: Street, Apartment Number or Unit Number (*Address where claims are mailed*)

City State Zip Code**DENTAL INSURANCE:**

Does the other parent currently provide Dental Insurance coverage for the child(ren) or you? Yes No
If Yes, please complete the following information.

Dental Insurance Company

Dental Insurance Company's Address: Street, Apartment Number or Unit Number (*Address where claims are mailed*)

City State Zip Code**VISION INSURANCE:**

Does the other parent currently provide Vision Insurance coverage for the child(ren) or you? Yes No
If Yes, please complete the following information.

Vision Insurance Company

Vision Insurance Company's Address: Street, Apartment Number or Unit Number (*Address where claims are mailed*)

City State Zip Code**SECTION III: (MUST BE COMPLETED)**

- I have enclosed the insurance card(s)/information about the coverage for the child(ren).
- At this time I do not have the insurance cards/information about the coverage for the child(ren). I will send the information to you when I get it from the insurance company.
- At this time there is no health insurance coverage available. I understand that if it becomes available, I will have to add my child(ren) onto the plan and then notify the local child support agency of the coverage. Coverage is unavailable because:
- Not offered Seasonal Part-Time Refused enrollment Unreasonable in cost Probationary period/date eligible

PRIVACY STATEMENT

The information Practices Act of 1997 (Civil Code Section 1798.17) and the Federal Privacy Act of 1974 (Public Law 93-579) require this notice be provided when collecting personal information from individuals. Information requested on this form, including Social Security Number, is used by the Department of Child Support Services (DCSS) for purposes of identification and communication with you. The DCSS is required, under Section 466 (a)(13) of the Social Security Act, to collect the Social Security Number of any individual who is subject to a divorce decree, support order, or paternity determination or acknowledgement.

Social Security Number information is mandatory and will be kept on file at the local child support agency to locate and identify individuals and assets 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.

The information in your case may be discussed with or given to the State, other agencies that can legally receive such information, and to the other parent or his/her attorney to the extent required by law.

SIGNATURE

DATE

PRINTED NAME

TELEPHONE (include Area Code)

TITLE

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| | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| PARTY WITHOUT ATTORNEY OR ATTORNEY STATE BAR NUMBER: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name): | FOR COURT USE ONLY |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME: | |
| PETITIONER: RESPONDENT: OTHER PARTY/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 (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 8 1/2-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 8 1/2-by-11-inch sheet of paper and write the question number before your answer.) 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: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT: | CASE NUMBER: |
|------------------------------------------------------------|--------------|

Attach copies of your pay stubs for the last two months and proof of any other income. 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 <input type="checkbox"/> federally taxable* | \$ | _____ |
| 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 allowances, royalty payments) (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 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, 401(k), 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 <input type="checkbox"/> federally tax deductible*..... | \$ _____ |
| f. Partner support that I pay by court order from a different domestic partnership..... | \$ _____ |
| g. Necessary job-related expenses not reimbursed by my employer (attach explanation labeled "Question 10g")..... | \$ _____ |

11. **Assets**

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

* Check the box if the spousal support order or judgment was executed by the parties and the court before January 1, 2019, or if a court-ordered change maintains the spousal support payments as taxable income to the recipient and tax deductible to the payor.

| | |
|------------------------------------------------------------|--------------|
| PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT: | CASE NUMBER: |
|------------------------------------------------------------|--------------|

12. The following people live with me:

| Name | Age | How the person is 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

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

14. Installment payments and debts not listed above

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

15. Attorney fees (This information 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)

▶

_____ (SIGNATURE OF DECLARANT)

| | |
|------------------------------------------------------------|--------------|
| PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT: | CASE NUMBER: |
|------------------------------------------------------------|--------------|

CHILD SUPPORT INFORMATION
(NOTE: Fill out this page only if your case involves child support.)

16. 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 their 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.)

17. 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.)

18. Additional expense for the children in this case

| | Amount per month |
|-------------------------------------------------------------------------------|------------------|
| a. Childcare 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 <i>(specify below)</i> | \$ _____ |

19. 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 18b..... | \$ _____ | _____ |
| b. Major losses not covered by insurance <i>(examples: fire, theft, other insured loss)</i> | \$ _____ | _____ |
| c. (1) Expenses for my minor children who are from other relationships and are living with me..... | \$ _____ | _____ |
| (2) Names and ages of those children <i>(specify)</i> : | | |
| (3) Child support I receive for those children..... | \$ _____ | |

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

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

DECLARATION OF SUPPORT PAYMENT HISTORY

DCSS 0569 (06/17/2018)

INSTRUCTIONS FOR COMPLETING THE DECLARATION OF SUPPORT PAYMENT HISTORY

On the back of this page is the Declaration of the Support Payment History for your case. Please provide the amount of support that was ordered by the court and the amount that was paid for each month. These figures will help determine the amount of the past due support owed, if any.

Within the boxes on the bottom half of the page, please complete the:

- "Amount Ordered" column for each year
 - Fill in the amount of support that was ordered by the court each month since your order began. If there has been a change in your order, make sure each month reflects the correct amount of support due.
- "Amount Paid" column for each year
 - Fill in the 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 amount next to the month in which the payment was actually paid, and not the month the payments were intended to cover.** If needed, you may attach more sheets.

Within the boxes on the bottom half on the page, **only if it applies to your case**, please complete the:

- "Incarceration/Institutionalization History"
 - Fill in the details of any time periods during which the other parent of your child was involuntarily confined in a state prison, county jail, juvenile facility, mental health facility, or other facility. If needed, you may attach additional sheets.

Please complete a separate page(s) 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.**

Be aware that this Declaration is **not confidential** and may be given to the other parent or party in your case for review. If there is a disagreement regarding the payment history, the parties may be required to present proof of payments, for example, cancelled checks, or receipts.

If you have questions and/or need assistance with child support forms, you can get free help from your local court's Family Law Facilitator Office. Information for the Family Law Facilitator can be found at the California Courts website at <http://www.courts.ca.gov/selfhelp-facilitators.htm>.

DECLARATION OF SUPPORT PAYMENT HISTORY

DCSS 0569 (06/17/2018)

Person completing this form (name): _____

I am the: Custodial Party
 Noncustodial Parent

Support Payment History for (check one): Child Spousal Family
 Unreimbursed medical expenses Medical Other (specify): _____

| | YEAR _____ | AMOUNT ORDERED | AMOUNT PAID | YEAR _____ | AMOUNT ORDERED | AMOUNT PAID | YEAR _____ | AMOUNT ORDERED | AMOUNT PAID |
|-----------|------------|----------------|-------------|------------|----------------|-------------|------------|----------------|-------------|
| January | | | | | | | | | |
| February | | | | | | | | | |
| March | | | | | | | | | |
| April | | | | | | | | | |
| May | | | | | | | | | |
| June | | | | | | | | | |
| July | | | | | | | | | |
| August | | | | | | | | | |
| September | | | | | | | | | |
| October | | | | | | | | | |
| November | | | | | | | | | |
| December | | | | | | | | | |

Incarceration/Institutionalization History

| BEGIN DATE (MM/DD/YYYY) | RELEASE DATE (MM/DD/YYYY) | FACILITY/INSTITUTION NAME AND LOCATION | OTHER DETAILS, SUCH AS CHARGING OFFENSE(S), CONVICTION(S), VICTIM NAME(S), COURT WHERE SENTENCED, ETC. |
|-------------------------|---------------------------|----------------------------------------|--------------------------------------------------------------------------------------------------------|
| | | | |
| | | | |
| | | | |

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: _____ CSE Case Number: _____