

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	
STIPULATION TO ESTABLISH OR MODIFY CHILD SUPPORT AND ORDER	CASE NUMBER: _____

1. a. Mother's net monthly disposable income: \$ _____
 Father's net monthly disposable income: \$ _____
 -OR-
 b. A printout of a computer calculation of the parents' financial circumstances is attached.

2. Percentage of time each parent has primary responsibility for the children: Mother _____ % Father _____ %

3. a. A hardship is being experienced by the mother for: \$ _____ per month because of (specify): _____
 The hardship will last until (date): _____

b. A hardship is being experienced by the father for: \$ _____ per month because of (specify): _____
 The hardship will last until (date): _____

4. The amount of child support payable by (name): _____, referred to as the "obligor" below,
 as calculated under the guideline is: \$ _____ per month.

5. We agree to guideline support.

6. The guideline amount should be rebutted because of the following:
 a. We agree to child support in the amount of: \$ _____ per month; the agreement is in the best interest of the children; the needs of the children will be adequately met by the agreed amount; and application of the guideline would be unjust or inappropriate in this case.
 b. Other rebutting factors (specify): _____

7. Obligor must pay child support as follows beginning (date): _____

a. BASIC CHILD SUPPORT	<u>Child's name</u>	<u>Monthly amount</u>	<u>Payable to (name)</u>
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Total: \$ _____ payable on the first of the month other (specify): _____

b. In addition obligor must pay the following:

<input type="checkbox"/> \$ _____	per month for child care costs to (name): _____	on (date): _____
<input type="checkbox"/> \$ _____	per month for health care costs not deducted from gross income to (name): _____	on (date): _____
<input type="checkbox"/> \$ _____	per month for special educational or other needs of the children to (name): _____	on (date): _____
<input type="checkbox"/>	other (specify): _____	

c. **Total monthly child support** payable by obligor will be: \$ _____
 payable on the first of the month other (specify): _____

PETITIONER/PLAINTIFF: _____ RESPONDENT/DEFENDANT:	CASE NUMBER: _____
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8. a. Health insurance will be maintained by *(specify name)*:
- b. A health insurance coverage assignment will issue if available through employment or other group plan or otherwise available at reasonable cost. Both parents are ordered to cooperate in the presentation, collection, and reimbursement of any medical claims.
- c. Any health expenses not paid by insurance will be shared: Mother % Father %
9. a. An *Income Withholding for Support* (form FL-195) will be issued.
- b. We agree that service of the earnings assignment be stayed because we have made the following alternative arrangements to ensure payment *(specify)*:
10. Travel expenses for visitation will be shared: Mother % Father %
11. We agree that we will promptly inform each other of any change of residence or employment, including the employer's name, address, and telephone number.
12. Other *(specify)*:
13. We agree that we are fully informed of our rights under the California child support guidelines.
14. We make this agreement freely without coercion or duress.
15. The right to support
- a. has not been assigned to any county and no application for public assistance is pending.
- b. has been assigned or an application for public assistance is pending in *(county name)*:
If you checked b., an attorney for the local child support agency must sign below, joining in this agreement.

Date: _____

 (TYPE OR PRINT NAME)

▶

 (SIGNATURE OF ATTORNEY FOR LOCAL CHILD SUPPORT AGENCY)

Notice: If the amount agreed to is less than the guideline amount, no change of circumstances need be shown to obtain a change in the support order to a higher amount. If the order is above the guideline, a change of circumstances will be required to modify this order. This form must be signed by the court to be effective.

Date: _____

 (TYPE OR PRINT NAME)

▶

 (SIGNATURE OF PETITIONER)

Date: _____

 (TYPE OR PRINT NAME)

▶

 (SIGNATURE OF RESPONDENT)

Date: _____

 (TYPE OR PRINT NAME)

▶

 (SIGNATURE OF ATTORNEY FOR PETITIONER)

▶

 (SIGNATURE OF ATTORNEY FOR RESPONDENT)

THE COURT ORDERS

16. a. The guideline child support amount in item 4 is rebutted by the factors stated in item 6.
- b. Items 7 through 12 are ordered. All child support payments must continue until further order of the court, or until the child marries, dies, is emancipated, or reaches age 18. The duty of support continues as to an unmarried child who has attained the age of 18 years, is a full-time high school student, and resides with a parent, until the time the child completes the 12th grade or attains the age of 19 years, whichever first occurs. Except as modified by this stipulation, all provisions of any previous orders made in this action will remain in effect.

Date: _____

 JUDGE OF THE SUPERIOR COURT

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