

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address)	COURT PERSONNEL: STAMP DATE RECEIVED HERE
TELEPHONE NO: _____ FAX NO (Optional) _____ EMAIL ADDRESS (Optional) _____ ATTORNEY FOR (Name) _____	<b>DO NOT FILE</b>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF MONTEREY STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	
CHILD SUPPORT CASE REGISTRY FORM <input type="checkbox"/> Mother <input type="checkbox"/> First form completed <input type="checkbox"/> Father <input type="checkbox"/> Change to previous information	CASE NUMBER: _____

**THIS FORM WILL NOT BE PLACED IN THE COURT FILE. IT WILL BE MAINTAINED IN A CONFIDENTIAL FILE WITH THE STATE OF CALIFORNIA.**

**Notice:** Pages 1 and 2 of this form must be completed and delivered to the court along with the court order for support. Pages 3 and 4 are instructional only and do not need to be delivered to the court. If you did not file the court order, you must complete this form and deliver it to the court within 10 days of the date on which you received a copy of the support order. Any later change to the information on this form must be delivered to the court on another form within 10 days of the change. It is important that you keep the court informed in writing of any changes of your address and telephone number.

1. Support order information (this information is on the court order you are filing or have received).
  - a. Date order filed:
  - b.  Initial child support or family support order                       Modification
  - c. Total monthly base current child or family support amount ordered for children listed below, plus any monthly amount ordered payable on past due support.

Child Support	Family Support	Spousal Support
(1) <input type="checkbox"/> Current base child support      \$ <input type="checkbox"/> Reserved order <input type="checkbox"/> \$0 (zero) order	<input type="checkbox"/> Current base family support      \$ <input type="checkbox"/> Reserved order <input type="checkbox"/> \$0 (zero) order	<input type="checkbox"/> Current spousal support      \$ <input type="checkbox"/> Reserved order <input type="checkbox"/> \$0 (zero) order
(2) <input type="checkbox"/> Additional monthly support      \$	<input type="checkbox"/> Additional monthly support      \$	<input type="checkbox"/> Additional monthly : \$
(3) <input type="checkbox"/> Total past-due support:      \$	<input type="checkbox"/> Total past due support      \$	<input type="checkbox"/> Total past due support      \$
(4) <input type="checkbox"/> Payment on past-due support      \$	<input type="checkbox"/> Payment on past due support      \$	<input type="checkbox"/> Payment on past due support      \$
(5) <input type="checkbox"/> Wage withholding was: <input type="checkbox"/> ordered	<input type="checkbox"/> Ordered but stayed until (date):	

2. Person required to pay child or family support (name):  
 Relationship to child (specify):
3. Person or agency to receive child or family support payments (name):  
 Relationship to child (if applicable):

<b>PETITIONER/PLAINTIFF:</b>  <b>RESPONDENT/DEFENDANT:</b>  <b>OTHER PARENT:</b>	<b>CASE NUMBER:</b>
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4. The child support order is for the following children:

Child's name	Sex	Date of Birth	Birthplace (city and state)	Social Security Number	Child lives with you (yes or no)

Additional children are listed on a page attached to this document.

**This form is confidential and will not be placed in the court file. It will be maintained in a confidential file with the State of California.**

- |   |   |
|---|---|
| <p>5. <b>Father's name:</b></p> <p>a. <b>Date of Birth:</b></p> <p>b. <b>Social Security Number:</b></p> <p>c. <b>Street address:</b></p> <p style="padding-left: 40px;"><b>City, state, zip code:</b></p> <p>d. <b>Mailing address:</b></p> <p style="padding-left: 40px;"><b>City, state, zip code:</b></p> <p>e. <b>Driver's license number:</b><br/><b>State:</b></p> <p>f. <b>Telephone number:</b></p> <p>g. <input type="checkbox"/> <b>Employed</b> <input type="checkbox"/> <b>Not employed</b><br/><input type="checkbox"/> <b>Self-employed</b></p> <p>h. <b>Employer's name:</b></p> <p style="padding-left: 40px;"><b>Street address:</b></p> <p style="padding-left: 40px;"><b>City, state, zip code:</b></p> | <p>6. <b>Mother's name:</b></p> <p>a. <b>Date of Birth:</b></p> <p>b. <b>Social Security Number:</b></p> <p>c. <b>Street address:</b></p> <p style="padding-left: 40px;"><b>City, state, zip code:</b></p> <p>d. <b>Mailing address:</b></p> <p style="padding-left: 40px;"><b>City, state, zip code:</b></p> <p>e. <b>Driver's license number:</b><br/><b>State:</b></p> <p>f. <b>Telephone number:</b></p> <p>g. <input type="checkbox"/> <b>Employed</b> <input type="checkbox"/> <b>Not employed</b><br/><input type="checkbox"/> <b>Self-employed</b></p> <p>h. <b>Employer's name:</b></p> <p style="padding-left: 40px;"><b>Street address:</b></p> <p style="padding-left: 40px;"><b>City, state, zip code:</b></p> |
|---|---|

7.  A restraining order, protective order, or nondisclosure order due to domestic violence is in effect.
- a. The order protects:  **Father**                       **Mother**                       **Children**
- b. From:  **Father**                       **Mother**
- c. The restraining order expires on (date):

8.  Check this box if **YOU WOULD FEAR FOR YOUR SAFETY OR THE SAFETY OF YOUR CHILDREN** if your address and telephone number are disclosed.

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

Date:

\_\_\_\_\_  
(Type or print name)

\_\_\_\_\_  
(Signature of person completing this form)

# DRAFT

## REQUEST FOR CHILD SUPPORT SERVICES

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

You must choose one of the following options.

**Option 1**

I request the services of the local child support agency to assist in my efforts to locate the non-custodial parent, establish paternity, and/or secure support for the children listed in Section 4.

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

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

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

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

**Option 2**

I do not want services from the Department of Child Support Services at this time. I understand that even though I have not requested services at this time, I can do so at any time in the future.

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

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_