

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name and Address</i>):	TELEPHONE NO.:	<i>FOR COURT USE ONLY</i>
ATTORNEY FOR (<i>Name</i>):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF		
STREET ADDRESS:		
MAILING ADDRESS:		
CITY AND ZIP CODE:		
BRANCH NAME:		
PETITIONER/PLAINTIFF:		
RESPONDENT/DEFENDANT:		
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 shall 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 shall pay the following:
- | | | |
|-----------------------------------|---|---------------------------|
| <input type="checkbox"/> \$ _____ | per month for child care costs to (<i>name</i>): _____ | on (<i>date</i>): _____ |
| <input type="checkbox"/> \$ _____ | per month for health care costs not deducted from gross income
to (<i>name</i>): _____ | on (<i>date</i>): _____ |
| <input type="checkbox"/> \$ _____ | per month for special educational or other needs of the children
to (<i>name</i>): _____ | on (<i>date</i>): _____ |
| <input type="checkbox"/> | other (<i>specify</i>): _____ | |

c. Total monthly child support payable by obligor shall be: \$ _____ payable <input type="checkbox"/> on the first of the month <input type="checkbox"/> other (<i>specify</i>): _____
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(Continued on reverse)

PETITIONER/PLAINTIFF:	CASE NUMBER:
RESPONDENT/DEFENDANT:	

8. a. Health insurance shall be maintained by *(specify name)*:
- b. A health insurance coverage assignment shall 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 shall be shared: Mother % Father %
9. a. A Wage and Earnings Assignment Order shall issue.
- b. We agree that service of the wage assignment be stayed because we have made the following alternative arrangements to ensure payment *(specify)*:
10. Travel expenses for visitation shall be shared: Mother % Father %
11. We agree that we shall 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., a district attorney of the county named must sign below, joining in this agreement.*

Date:

.....
(TYPE OR PRINT NAME)

▶ _____
(SIGNATURE OF DISTRICT ATTORNEY)

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.

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)

.....
(TYPE OR PRINT NAME)

▶ _____
(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 shall 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 shall 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. This can be a large added amount.