

PETITIONER/PLAINTIFF: JOHN SMITH RESPONDENT/DEFENDANT: MARY SMITH OTHER PARENT/PARTY:	CASE NUMBER: D19-00000
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CHILD SUPPORT INFORMATION AND ORDER ATTACHMENT

- TO Findings and Order After Hearing (form FL-340) Judgment (form FL-180)
 Restraining Order After Hearing (CLETS-OAH) (form DV-130)
 Other (specify):

THE COURT USED THE FOLLOWING INFORMATION IN DETERMINING THE AMOUNT OF CHILD SUPPORT:

1. A printout of a computer calculation and findings is attached and incorporated in this order for all required items not filled out below.

2. **Income**
- a. Each parent's monthly income is as follows:
- | | <u>Gross monthly income</u> | <u>Net monthly income</u> | <u>Receiving TANF/CalWORKS</u> |
|--------------------------|-----------------------------|---------------------------|--------------------------------|
| Petitioner/plaintiff: \$ | \$ | \$ | <input type="checkbox"/> |
| Respondent/defendant: \$ | \$ | \$ | <input type="checkbox"/> |
| Other parent/party: \$ | \$ | \$ | <input type="checkbox"/> |
- b. Imputation of income. The court finds that the Petitioner/plaintiff Respondent/defendant
 Other parent/party has the capacity to earn:
 \$ _____ per _____ and has based the support order upon this imputed income.

3. **Children of this relationship**
- a. Number of children who are the subjects of the support order (specify): _____
- b. Approximate percentage of time spent with petitioner/plaintiff: _____ %
 Respondent/defendant: _____ %
 Other parent/party: _____ %

4. **Hardships**
- Hardships for the following have been allowed in calculating child support:
- | | <u>Petitioner/ plaintiff</u> | <u>Respondent/ defendant</u> | <u>Other parent/ party</u> | <u>Approximate ending time for the hardship</u> |
|--|------------------------------|------------------------------|----------------------------|---|
| a. <input type="checkbox"/> Other minor children: \$ | \$ | \$ | \$ | |
| b. <input type="checkbox"/> Extraordinary medical expenses: \$ | \$ | \$ | \$ | |
| c. <input type="checkbox"/> Catastrophic losses: \$ | \$ | \$ | \$ | |

THE COURT ORDERS

5. **Low-income adjustment**
- a. The low-income adjustment applies.
 b. The low-income adjustment does not apply because (specify reasons):

6. **Child support**
- a. **Base child support**
- Petitioner/plaintiff Respondent/defendant Other parent/party must pay child support beginning (date): Mar 1, 2019 and continuing until further order of the court, or until the child marries, dies, is emancipated, reaches age 19, or reaches age 18 and is not a full-time high school student, whichever occurs first, as follows:

<u>Child's name</u>	<u>Date of birth</u>	<u>Monthly amount</u>	<u>Payable to (name):</u>
BOBBY SMITH	Jan 1, 2008	305	RESPONDENT
JENNIFER SMITH	Feb 2, 2009	558	RESPONDENT

- Payable on the 1st of the month one-half on the 1st and one-half on the 15th of the month
 other (specify):

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THE COURT FURTHER ORDERS

6. b. **Mandatory additional child support**

(1) Child-care costs related to employment or reasonably necessary job training

- (a) Petitioner/plaintiff must pay: 50 % of total or \$ per month child-care costs.
- (b) Respondent/defendant must pay: 50 % of total or \$ per month child-care costs.
- (c) Other parent/party must pay: % of total or \$ per month child-care costs.
- (d) Costs to be paid as follows (*specify*):

c. **Mandatory additional child support**

(2) Reasonable uninsured health-care costs for the children

- (a) Petitioner/plaintiff must pay: 50 % of total or \$ per month.
- (b) Respondent/defendant must pay: 50 % of total or \$ per month.
- (c) Other parent/party must pay: % of total or \$ per month.
- (d) Costs to be paid as follows (*specify*):

d. **Additional child support**

(1) Costs related to the educational or other special needs of the children

- (a) Petitioner/plaintiff must pay: 50 % of total or \$ per month.
- (b) Respondent/defendant must pay: 50 % of total or \$ per month.
- (c) Other parent/party must pay: % of total or \$ per month.
- (d) Costs to be paid as follows (*specify*):

(2) Travel expenses for visitation

- (a) Petitioner/plaintiff must pay: % of total or \$ per month.
- (b) Respondent/defendant must pay: % of total or \$ per month.
- (c) Other parent/party must pay: % of total or \$ per month.
- (d) Costs to be paid as follows (*specify*):

e. **Non-Guideline Order**

This order does not meet the child support guideline set forth in Family Code section 4055. *Non-Guideline Child Support Findings Attachment* (form FL-342(A)) is attached.

Total child support per month: \$ 863

f. **Child Support Order Suspension**

When a person who has been ordered to pay child support is in jail or prison or is involuntarily institutionalized for any period of more than 90 days in a row, the child support order is temporarily stopped. However, the child support order will not be stopped if the person who owes support has the financial ability to pay that support while in jail, prison, or an institution. It will also not be stopped if the reason the person is in jail, prison, or an institution is because the person didn't pay court ordered child support or committed domestic violence against the supported person or child. The child support order starts again on the first day of the month after the person is released from jail, prison, or an institution.

7. **Health-care expenses**

a. Health insurance coverage for the minor children of the parties must be maintained by the

petitioner/plaintiff respondent/defendant other parent/party if available at no or reasonable cost through their respective places of employment or self-employment. Both parties are ordered to cooperate in the presentation, collection, and reimbursement of any health-care claims. The parent ordered to provide health insurance must seek continuation of coverage for the child after the child attains the age when the child is no longer considered eligible for coverage as a dependent under the insurance contract, if the child is incapable of self-sustaining employment because of a physically or mentally disabling injury, illness, or condition and is chiefly dependent upon the parent providing health insurance for support and maintenance.

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7. b. Health insurance is not available to the petitioner/plaintiff respondent/defendant other parent/party at a reasonable cost at this time.
- c. The party providing coverage must assign the right of reimbursement to the other party.
8. **Earnings assignment**
An earnings assignment order is issued. **Note:** The payor of child support is responsible for the payment of support directly to the recipient until support payments are deducted from the payor's wages and for payment of any support not paid by the assignment.
9. In the event that there is a contract between a party receiving support and a private child support collector, the party ordered to pay support must pay the fee charged by the private child support collector. This fee must not exceed 33 1/3 percent of the total amount of past due support nor may it exceed 50 percent of any fee charged by the private child support collector. The money judgment created by this provision is in favor of the private child support collector and the party receiving support, jointly.
10. **Employment search order (Family Code § 4505)**
 Petitioner/plaintiff Respondent/defendant Other parent/party is ordered to seek employment with the following terms and conditions:
11. **Other orders (specify):** PETITIONER AND RESPONDENT SHALL EACH PAY 50% OF THE COST OF THE CHILDREN'S EXTRA CURRICULAR ACTIVITIES.
12. **Notices**
- Notice of Rights and Responsibilities (Health-Care Costs and Reimbursement Procedures) and Information Sheet on Changing a Child Support Order (form FL-192)* must be attached and is incorporated into this order.
 - If this form is attached to *Restraining Order After Hearing (form DV-130)*, the support orders issued on this form (form FL-342) remain in effect after the restraining orders issued on form DV-130 end.
13. **Child Support Case Registry Form**
Both parties must complete and file with the court a *Child Support Case Registry Form (form FL-191)* within 10 days of the date of this order. Thereafter, the parties must notify the court of any change in the information submitted within 10 days of the change by filing an updated form.

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 IS A COURT ORDER.

ATTORNEY (NAME AND ADDRESS): 1	TELEPHONE NO:	
ATTORNEY FOR: Father		
DISSOMASTER REPORT 2018, Monthly		CASE NUMBER:

Input Data	Father	Mother	Guideline (2018)	Cash Flow Analysis	GdIn.	Prop.	
Number of children	0	2	Nets (adjusted)	Comb. net spendable	5,170	5,406	
% time with NCP	30%	0%	Father	3,257	Percent change	0%	4.6%
Filing status	Single	HH/MLA	Mother	1,913	Father		
# Federal exemptions	1*	3*	Total	5,170	Payment (cost)/benefit	(1,037)	(1,311)
Wages + salary	4,333	1,500	Support (SS Deductible)		Net spendable income	2,181	2,301
401(k) employee contrib	0	0	CS Payor	Father	NSI change from gdl	0	120
Self-employment income	0	0	Presumed	863	% combined spendable	42.2%	42.6%
Other taxable income	0	0	Basic CS	863	% of saving over gdl	0%	51%
Other nontaxable income	0	0	Add-ons	0	Total taxes	776	387
New-spouse income	0	0	Presumed Per Kid		# WHA	2	11
Wages + salary	0	0	Child 1	305	Net wage paycheck/mo	3,483	3,926
Self-employment income	0	0	Child 2	558	Mother		
SS paid other marriage	0	0	SS Payor	Father	Payment (cost)/benefit	1,015	1,248
Retirement contrib if ATI	0	0	Alameda	213	Net spendable income	2,989	3,105
Required union dues	0	0	Total	1,076	NSI change from gdl	0	116
Nec job-related exp.	0	0	Proposed, tactic 9		% combined spendable	57.8%	57.4%
Adj. to income (ATI)	0	0	CS Payor	Father	% of saving over gdl	0%	49%
SS paid other marriage	0	0	Presumed	1,025	Total taxes	(413)	(260)
CS paid other relationship	0	0	Basic CS	1,025	# WHA	3	2
Qual. Bus. Inc. Ded.	0	0	Add-ons	0	Net wage paycheck/mo	1,352	1,319
Health insurance	300	0	Presumed Per Kid		Default Case Settings		
Itemized deductions	0	0	Child 1	410			
Other medical expenses	0	0	Child 2	614			
Property tax expenses	0	0	SS Payor	Father			
Ded. interest expense	0	0	Alameda	320			
Charitable contribution	0	0	Total	1,345			
Miscellaneous itemized	0	0	Savings	236			
Required union dues	0	0	Total releases	2			
Mandatory retirement	0	0	to Father				
Hardship deduction	0*	0*					
Other gdl. deductions	0	0					
AMT info (IRS Form 6251)	0	0					
Child support add-ons	0	0					

ATTORNEY (NAME AND ADDRESS):	TELEPHONE NO:	
ATTORNEY FOR: Father		
Father Monthly Overtime Wages Report 2018 Monthly		CASE NUMBER:

"R" denotes that Father is a recipient for the corresponding support
 "CS%" is the percentage of Overtime paid as additional Child Support
 "SS%" is the percentage of Overtime paid as additional Spousal Support

Father's Gross Overtime	Basic CS%	Basic CS	Alameda SS%	Alameda SS	Total Basic CS	Total SS
0	0.00	0	0.00	0	863	213
100	25.97	26	17.64	18	889	230
200	25.83	52	17.78	36	915	248
300	24.66	74	18.76	56	937	269
400	24.08	96	19.18	77	960	289
500	23.73	119	19.42	97	982	310
600	23.50	141	18.73	112	1,004	325
700	23.33	163	18.24	128	1,027	340
800	23.20	186	17.86	143	1,049	355
900	23.11	208	17.53	158	1,071	370
1,000	23.00	230	17.29	173	1,093	385
1,100	22.90	252	17.12	188	1,115	401
1,200	22.81	274	16.97	204	1,137	416
1,300	22.74	296	16.84	219	1,159	432
1,400	22.67	317	16.73	234	1,181	447
1,500	22.62	339	16.59	249	1,203	461
1,600	22.57	361	16.47	264	1,225	476
1,700	22.53	383	16.36	278	1,246	491
1,800	22.49	405	16.27	293	1,268	505
1,900	22.46	427	16.18	307	1,290	520
2,000	22.43	449	16.11	322	1,312	535

