PARTY WI	THOUT ATTORNEY OR ATTORNEY	STATE BAR	NUMBER:	FOR COURT USE ONLY					
NAME:									
FIRM NAM	1E:								
STREET A	DDRESS:								
CITY:		STATE:	ZIP CODE:						
TELEPHO	NE NO.:	FAX NO.:							
E-MAIL AD	DDRESS:								
ATTORNE	Y FOR (name):								
SUPER	IOR COURT OF CALIFORNIA	. COUNTY OF							
	ADDRESS:	,							
MAILING	ADDRESS:								
CITY AND	ZIP CODE:								
BRAN	ICH NAME:								
Р	PETITIONER/PLAINTIFF:								
	PONDENT/DEFENDANT:								
	THER PARENT/PARTY:								
0									
		N TO ESTABLISH OR SUPPORT AND ORDE	-	CASE NUMBER:					
1. a.	Mother's net monthly	disposable income: \$							
	Father's net monthly								
	-OR-								
b.		er calculation of the parent							
2.		parent has primary respon	•						
3. а.	A hardship is being e	xperienced by the mother:	\$ per mo	onth because of <i>(specify):</i>					
	The hardship will last	until <i>(date):</i>							
b.	A hardship is being e	xperienced by the father: \$	per mo	onth because of (specify):					
	The hardship will last	until <i>(date):</i>							
4. The	amount of child support pa	yable by <i>(name):</i>		, referred to as "the parent ordered					
pay	support," as calculated und	der the guideline is: \$	per mor	nth.					
5.	We agree to guideline su	-							
6.									
a.		oport in the amount of: \$	•	th; the agreement is in the best interest of the					
и.	• ·	•		amount; and application of the guideline would					
	be unjust or inapprop								
b.	Other rebutting factor								
	parent ordered to pay supp		as follows beginning (d						
		on must pay child support	as follows beginning (de	alej.					
а.	BASIC CHILD SUPPORT		Manthly analysis	Develote (neme)					
	Child's name		Monthly amount	Payable to (name):					
	Total: \$ pa	yable on the first of	f the month othe	er (specify):					
b.	In addition, the parent	t ordered to pay support m							
	(1) \$	per month for child care		on (date):					
	(2) \$	per month for health-care	, ,						
	(∠)Φ	-							
	(3) \$	to (name): per month for special edu	icational or other needs	on (date):					
	(3) \$								
	(4) other (specify):	to (name):		on (date):					
	Total monthly child supp	ort navable by the parent of	ordered to nav support w	vill be: \$					
				πι νσ. φ					
	payable on the first o		(specify):						
	Health insurance will be ma								
		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							
				disabling injury, illness, or condition and is chiefly					
	dependent upon the parent	. providing nearth insurance	e for support and mainte						
Form Adop	ted for Mandatory Use		O ESTABLISH OR M	Family Code, § 4					

					FL-350
RESPONDEN	NER/PLAINTIFF: T/DEFENDANT: ARENT/PARTY:		CAS	E NUMBER:	
8. b. Any heal	th expenses not paid by insurance will be shared:	Mother:	%	Father:	%
9. a. An earnir	ngs assignment order is issued.				
b. 🔛 We	e agree that service of the earnings assignment be	stayed becaus	e we have m	ade the followir	g alternative
arr	angements to ensure payment (specify):				
pay support i amount in ar	that there is a contract between a party receiving sumust pay the fee charged by the private child support rears nor may it exceed 50 percent of any fee chargen is provision is in favor of the private child support of t	ort collector. The priv	his fee must r ate child sup	not exceed 33 1, port collector. T	/3 percent of the total he money judgment
11. Travel	expenses for visitation will be shared: Mother:	%	Father:	%	
	ree that we will promptly inform each other of any c address, and telephone number.	hange of resid	ence or emp	loyment, includi	ng the employer's
13. Other	(specify):				
14. We agree that	at we are fully informed of our rights under the Calif	ornia child sup	port guidelin	es.	
15. We make this	s agreement freely without coercion or duress.				
16. The right to s	support				
b. 🔄 ha	s not been assigned to any county, and no applicat s been assigned or an application for public assista ed b, an attorney for the local child support agency	nce is pending	in (county n	ame):	
	(TYPE OR PRINT NAME)	(SIGI	NATURE OF ATTC	RNEY FOR LOCAL CH	ILD SUPPORT AGENCY)
the support orde	mount agreed to is less than the guideline amount, r to a higher amount. If the order is above the guide must be signed by the court to be effective.				
Date:	(TYPE OR PRINT NAME)	·	(S	IGNATURE OF PETITI	ONER)
Date:	(TYPE OR PRINT NAME)		(SI	GNATURE OF RESPO	NDENT)
Date:	(TYPE OR PRINT NAME)		(SIC	GNATURE OF OTHER	PARENT)
Date:	(TYPE OR PRINT NAME)	<u> </u>	(SIGNATU	RE OF ATTORNEY FO	R PETITIONER)
Date:	(TYPE OR PRINT NAME)		(SIGNATUF	RE OF ATTORNEY FOR	RESPONDENT)
THE COURT OF	(TYPE OR PRINT NAME)	r	(SIGNATUR	E OF ATTORNEY FOR	OTHER PARENT)

- 17. a. The guideline child support amount in item 4 is rebutted by the factors stated in item 6.
- b. Items 7 through 13 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:

JUDICIAL OFFICER

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.

FL-280 [Rev. January 1, 2020]