

Title	Child Support: Compliance With Federal Mandate Related to Automated Child Support Calculation Program and Improvement of Access to Justice for Non-English-Speaking Self-Represented Litigants (amend rule 5.275; revise forms FL-615, FL-625, FL-626, and FL-663)
Summary	The amended rule and revised forms would comply with the federal mandate related to the automated child support calculation program and would improve access to justice for non-English-speaking self-represented litigants.
Source	Family and Juvenile Law Advisory Committee  Hon. Jerilyn L. Borack and Hon. Susan D. Huguenor, Cochairs
Staff	Ruth McCreight, 415-865-7666, ruth.mccreight@jud.ca.gov
Discussion	<p>This proposal would amend a rule to meet the federal mandate related to an automated child support calculation program and would revise forms to improve access to justice for non-English speaking self-represented litigants.</p> <p>Rule 5.275, titled standards for computer software to assist in determining support, would be revised to require the court in all title IV-D proceedings to only accept calculations from, and prepare its own calculations on, the Department of Child Support Services’ (DCSS) California Guideline Child Support Calculator. As a condition of federal funding of the child support program in California, the State of California through DCSS was required to develop a statewide automated case management system. Federal specification for this system included the development of a child support calculator that was integrated as a part of the DCSS case management system. DCSS has completed initial development of the case management system and has begun deploying it in the counties. The federal certification process is currently in compliance review, and a finding was recently issued under 45 C.F.R. §§ 307.10(b) and 307.11 that requires California courts to only use and accept calculations prepared on DCSS’s California Guideline Child Support Calculator. This finding necessitates the revision of subsection (j) of rule 5.275.</p> <p>Form FL-615, <i>Stipulation for Judgment or Supplemental Judgment Regarding Parental Obligations and Judgment (Governmental)</i>, would be revised so that the Interpreter’s Declaration more effectively</p>

promotes access to justice for the significant numbers of self-represented litigants in governmental child support cases who do not speak English. While the declaration currently states that the interpreter has translated the stipulation to the best of his or her ability, the revised declaration would state that the interpreter is competent to perform the translation. This revision is based on an issue raised by a trial court regarding its inability, when the stipulation is signed outside the courtroom and later submitted to the court, to ensure the competency of the translation provided. In these situations, the court also lacks the opportunity to directly examine whether the litigant knowingly entered into the stipulation. In contrast, when the stipulation is on the record in open court, the court can follow the rules and standards regarding interpreters adopted by the Judicial Council under Government Code section 68564. This revision is consistent with the legislative findings in Government Code section 68560 that the number of non-English-speaking persons in California is increasing, the recognition of the need to provide equal justice under the law to all California citizens and residents, and to provide for their special needs in their relations with the judicial and administrative law system.

Form FL-625, *Stipulation and Order (Governmental)*, does not currently include an Interpreter's Declaration. The proposed revised Interpreter's Declaration contained in FL-615 has been added to FL-625 on page 3.

Form FL-626, *Stipulation and Order Waiving Unassigned Arrears (Governmental)*, would be revised so that its current language on page 4 regarding the interpreter having translated the stipulation to the best of his or her ability matches the language in the proposed revised Interpreter's Declaration in FL-615 regarding the interpreter being competent to perform the translation.

Form FL-663, *Stipulation and Order for Joinder of Other Parent (Governmental)*, does not currently include an Interpreter's Declaration. The proposed revised Interpreter's Declaration in FL-615 has been added to FL-663 on page 2.

The proposed rule and forms are attached at pages 3–16.

Attachments

Rule 5.275 of the California Rules of Court would be amended, effective January 1, 2009, to read:

1 **Rule 5.275. Standards for computer software to assist in determining support**

2  
3 **(a)–(i) \*\*\***

4  
5 **(j) Acceptability in the courts**

6  
7 (1) In all title IV-D proceedings, parties and attorneys must use the  
8 Department of Child Support Services' California Guideline Child  
9 Support Calculator to calculate proposed support. The court must use  
10 only the Department of Child Support Services' California Guideline  
11 Child Support Calculator to prepare support calculations and as the  
12 basis for its findings.

13  
14 (2) In all non-Title IV-D proceedings, the court must permit parties or  
15 attorneys to use any software certified by the Judicial Council under  
16 this rule.  
17  
18

GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406):  <hr/>  TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	<b>FOR COURT USE ONLY</b>           <b>Draft 6 040308 icb Not Approved by the Judicial Council</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b>  STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF:  RESPONDENT/DEFENDANT:  OTHER PARENT:	
<b>STIPULATION FOR <input type="checkbox"/> JUDGMENT <input type="checkbox"/> SUPPLEMENTAL JUDGMENT REGARDING PARENTAL OBLIGATIONS AND JUDGMENT</b>	CASE NUMBER:

**1. This matter proceeded as follows:**

- a.  By written stipulation without court appearance.
- b.  By court hearing, appearances as follows:
  - (1) Date: \_\_\_\_\_ Dept.: \_\_\_\_\_ Judicial officer: \_\_\_\_\_
  - (2)  Petitioner/plaintiff present  Attorney present (name): \_\_\_\_\_
  - (3)  Respondent/defendant present  Attorney present (name): \_\_\_\_\_
  - (4)  Other parent present  Attorney present (name): \_\_\_\_\_
  - (5) Local child support agency (Family Code, §§ 17400, 17406) by (name): \_\_\_\_\_
  - (6)  Other (specify): \_\_\_\_\_
- c. The obligor (the parent ordered to pay support) is the  petitioner/plaintiff  respondent/defendant  other parent.

2.  This order is based on the attached documents (specify):

**3. The parties agree that**

- a. obligor has read and understands the *Advisement and Waiver of Rights for Stipulation* on page 4 of this form. Obligor gives up these rights and freely agrees that a judgment may be entered in accordance with this stipulation.
- b. the amount of support payable by the obligor as calculated under the guideline is: \$ \_\_\_\_\_ per month.
  - We agree to guideline support.
  - The guideline amount should be rebutted because of the following:
    - (1)  We have been fully informed of the guideline amount of support; we agree voluntarily 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 met adequately by the agreed amount; the children are not receiving public assistance; no application for public assistance is pending; and application of the guideline would be unjust and inappropriate in this case. We understand that if the order is below the guideline, no change of circumstances need be shown to raise this order to the guideline amount. If the order is above the guideline, a change of circumstances will be required to modify this order.
    - (2)  Other rebutting factors (specify): \_\_\_\_\_
- c.  Attached is a computer printout showing the parents' incomes and percentage of time each parent spends with the children. The printout, which shows the calculation of child support payable, will become the court's findings.

**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.**

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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3. d.  Petitioner/Plaintiff  Respondent/Defendant  Other parent are the parents of the children named in item 3e below.

e. Obligor must pay current child support as follows:

<u>Name</u>	<u>Date of birth</u>	<u>Monthly support amount</u>
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(1)  Other (*specify*):

(2)  For a total of: \$ \_\_\_\_\_ payable on the: \_\_\_\_\_ day of each month beginning (*date*):

(3)  The low-income adjustment applies.

The low-income adjustment does not apply because (*specify reasons*):

(4) Any support ordered will continue until further order of court, unless terminated by operation of law.

f.  Obligor must pay child support for the past periods and in the amounts set forth below.

<u>Name</u>	<u>Date of birth</u>	<u>Period of support</u>	<u>Amount</u>
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(1)  Other (*specify*):

(2)  For a total of: \$ \_\_\_\_\_ payable: \$ \_\_\_\_\_ on the: \_\_\_\_\_ day of each month beginning (*date*):

(3)  Interest accrues on the entire principal balance owing and not on each installment as it becomes due.

g. If this is a judgment on a *Supplemental Complaint*, it does not modify or supersede any prior judgment or order for support or arrearages, unless specifically provided.

h. No provision of this judgment may operate to limit any right to collect the principal (total amount of unpaid support) or to charge and collect interest and penalties as allowed by law. All payments ordered are subject to modification.

i. All payments must be made to (*name and address of agency*):

j. **An Order/Notice to Withhold Income for Child Support (form FL-195) will issue.**

k.  Obligor  Obligee must (1) provide and maintain health insurance coverage for the children if it is available through employment or a group plan, or otherwise available at no or reasonable cost, and keep the local child support agency informed of the availability of the coverage; (2) if health insurance is not available, provide coverage when it becomes available; (3) within 20 days of the local child support agency's request, complete and return a health insurance form; (4) provide to the local child support agency all information and forms necessary to obtain health-care services for the children; (5) present any claim to secure payment or reimbursement to the other parent or caretaker who incurs costs for health-care services for the children; (6) assign any rights to reimbursement to the other parent or caretaker who incurs costs for health-care services for the children. If the "Obligor" box is checked, a health insurance coverage assignment will issue.

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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3. *l.* The parents must notify the local child support agency in writing within 10 days of any change in residence or employment.
- m.* The *Notice of Rights and Responsibilities—Health-Care Costs and Reimbursement Procedures and Information Sheet on Changing a Child Support Order* (form FL-192) is attached.
- n.*  Obligor must pay costs of: \$ \_\_\_\_\_ to *(specify)*: \_\_\_\_\_ on the following terms and conditions *(specify)*:
- o.*  The following person (the "other parent") is added as a party to this action under Family Code section 17404 *(name)*:
- p.*  Other *(specify)*:

Date: _____ (TYPE OR PRINT NAME)	▶	_____ (SIGNATURE OF ATTORNEY FOR LOCAL CHILD SUPPORT AGENCY)
Date: _____ (TYPE OR PRINT NAME)	▶	_____ (SIGNATURE OF PETITIONER)
Date: _____ (TYPE OR PRINT NAME)	▶	_____ (SIGNATURE OF ATTORNEY FOR PETITIONER)
Date: _____ (TYPE OR PRINT NAME)	▶	_____ (SIGNATURE OF RESPONDENT)
Date: _____ (TYPE OR PRINT NAME)	▶	_____ (SIGNATURE OF ATTORNEY FOR RESPONDENT)
Date: _____ (TYPE OR PRINT NAME)	▶	_____ (SIGNATURE OF OTHER PARENT)
Date: _____ (TYPE OR PRINT NAME)	▶	_____ (SIGNATURE OF ATTORNEY FOR OTHER PARENT)

**JUDGMENT**

4. **THE COURT SO ORDERS.**

Date: \_\_\_\_\_

\_\_\_\_\_  
JUDICIAL OFFICER

5. Number of pages attached: \_\_\_\_\_

SIGNATURE FOLLOWS LAST ATTACHMENT

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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**ADVISEMENT AND WAIVER OF RIGHTS FOR STIPULATION**

- 1. RIGHT TO BE REPRESENTED BY A LAWYER.** I understand that I have the right to be represented by a lawyer of my choice at my expense. If I cannot afford a lawyer to represent me, I can ask the court to appoint one to represent me free of charge only if I dispute that I am the parent of the children named in this action and only on the issue of parentage. I understand that the attorney for the local child support agency does not represent me.
- 2. RIGHT TO A TRIAL.** I understand that I have a right to have a judicial officer: (1) determine if I am the parent of the children named in the stipulation, (2) decide how much child support I must pay, and (3) decide how much I owe for arrearages (unpaid support).
- 3. RIGHT TO CONFRONT AND CROSS-EXAMINE WITNESSES.** I understand that in a trial any allegations made against me must be proved. At the trial I may be present with a lawyer when witnesses testify, and I may ask them questions. I may also present evidence and witnesses.
- 4. RIGHT TO HAVE PARENTAGE TESTS WHERE THE LAW PERMITS.** I understand that, where the law permits, I have the right to have the court order parentage tests. The court will decide on the tests. The court could order that I pay none, some, or all of the costs of the tests.
- 5. ADMISSION AND WAIVER OF RIGHTS.** I understand that by agreeing to the terms of this stipulation, I am admitting that I am the parent of the children named in the stipulation and I am giving up the rights stated above.
- 6. WHERE THE STIPULATION INCLUDES CHILD SUPPORT.**
  - a. I understand that I will have the duty to obey the support order for the children named in the stipulation until the order is changed by the court or ended by law.
  - b. I also understand that the court will order any support payments to be paid directly from my wages or other earnings and sent to the local child support agency if they are assigned to collect the support.
  - c. I have been advised of the amount of guideline child support and how the proposed child support amount was determined.
- 7. WHERE THE STIPULATION INCLUDES A PROVISION FOR HEALTH INSURANCE.** I understand that I must keep health insurance coverage for the minor children if insurance is available or becomes available to me at no or reasonable cost. A health insurance coverage assignment/*National Medical Support Notice* may be ordered to get health insurance for my children.
- 8.** I agree to the terms of this stipulation freely and voluntarily.
- 9.** I understand that the local child support agency is required by state law to enforce the duty of support.
- 10. I UNDERSTAND THAT IF I WILLFULLY FAIL TO SUPPORT MY CHILDREN, CRIMINAL PROCEEDINGS MAY BE INITIATED AGAINST ME.**
- 11. COLLECTION OF SUPPORT.** I understand that any support I owe may be collected from any of my property. This collection may be made by intercepting money owed to me by the state or federal government (such as tax refunds, unemployment and disability benefits, and lottery winnings), by taking property I own, by placing a lien on my property, or by any other lawful means.
- 12. IF I AM REPRESENTED BY AN ATTORNEY, MY ATTORNEY HAS READ AND EXPLAINED TO ME THE TERMS OF THE STIPULATION AND THIS ADVISEMENT AND WAIVER OF RIGHTS, AND I UNDERSTAND THESE TERMS.**

I have read and understand the *Advisement and Waiver of Rights for Stipulation*; or  
 Attached is a translation of this *Advisement and Waiver of Rights for Stipulation* in (specify language):  
 I understand the translation.

Date: _____	Date: _____
(TYPE OR PRINT NAME)	(TYPE OR PRINT NAME)
▶ (PARTY'S SIGNATURE)	▶ (PARTY'S SIGNATURE)

**DECLARATION OF INTERPRETER/TRANSLATOR:** The above named party is/parties are unable to read or understand this *Advisement and Waiver of Rights for Stipulation* because

his or her primary language is (specify): \_\_\_\_\_
  his or her primary language is (specify): \_\_\_\_\_

I certify under penalty of perjury under the laws of the State of California that I am competent to translate in the primary language indicated above and that I have, to the best of my ability, read to or translated for the above named party the *Stipulation for Judgment or Supplemental Judgment Regarding Parental Obligations and Judgment* in the party's primary language. The above named party said he or she understood the terms of this *Stipulation for Judgment or Supplemental Judgment Regarding Parental Obligations and Judgment* before signing it.

Date: _____	Date: _____
(TYPE OR PRINT NAME OF INTERPRETER/TRANSLATOR)	(TYPE OR PRINT NAME OF INTERPRETER/TRANSLATOR)
▶ (SIGNATURE OF INTERPRETER/TRANSLATOR)	▶ (SIGNATURE OF INTERPRETER/TRANSLATOR)

<p>GOVERNMENTAL AGENCY <i>(under Family Code, §§ 17400, 17406)</i>:</p>  <p>TELEPHONE NO.:</p> <p>E-MAIL ADDRESS <i>(Optional)</i>: <span style="float: right;">FAX NO. <i>(Optional)</i>:</span></p> <p>ATTORNEY FOR <i>(Name)</i>:</p>	<p>FOR COURT USE ONLY</p>      <p><b>Draft 6</b> <b>040308 icb</b> <b>Not Approved by the</b> <b>Judicial Council</b></p>
<p><b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b></p> <p>STREET ADDRESS:</p> <p>MAILING ADDRESS:</p> <p>CITY AND ZIP CODE:</p> <p>BRANCH NAME:</p>	
<p>PETITIONER/PLAINTIFF:</p> <p>RESPONDENT/DEFENDANT:</p> <p>OTHER PARENT:</p>	
<p><b>STIPULATION AND ORDER</b></p>	<p>CASE NUMBER:</p>

**1. This matter proceeded as follows:**

- a.  By written stipulation without court appearance.
- b.  By court hearing, appearances as follows:
  - (1) Date: \_\_\_\_\_ Dept.: \_\_\_\_\_ Judicial officer: \_\_\_\_\_
  - (2)  Petitioner/plaintiff present  Attorney present *(name)*:
  - (3)  Respondent/defendant present  Attorney present *(name)*:
  - (4)  Other parent present  Attorney present *(name)*:
  - (5) Local child support agency (Family Code, §§ 17400, 17406) by *(name)*:
  - (6)  Other *(specify)*:
- c. The obligor (the parent ordered to pay support) is the  petitioner/plaintiff  respondent/defendant  other parent.

2.  This order is based on the attached documents *(specify)*:

**3. The parties agree that**

- a. all orders previously made in this action remain in full force and effect except as specifically modified below.
- b. the amount of support payable by obligor as calculated under the guideline is: \$ \_\_\_\_\_ per month.
  - We agree to guideline support.
  - The guideline amount should be rebutted because of the following:
    - (1)  We have been fully informed of the guideline amount of support; we agree voluntarily to child support of: \$ \_\_\_\_\_ per month; the agreement is in the best interest of the children; the needs of the children will be met adequately by the agreed amount; the children are not receiving public assistance; no application for public assistance is pending; and application of the guideline would be unjust and inappropriate in this case. We understand that if the order is below the guideline, no change of circumstances need be shown to raise this order to the guideline amount. If the order is above the guideline, a change of circumstances will be required to modify this order.
    - (2)  Other rebutting factors *(specify)*:

**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.**



PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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3. c.  Attached is a computer printout showing the parents' incomes and percentage of time each parent spends with the children. The printout, which shows the calculation of child support payable, will become the court's findings.

d. Obligor must pay current child support as follows:

<u>Name</u>	<u>Date of birth</u>	<u>Monthly support amount</u>
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(1)  Other (*specify*):

(2)  For a total of: \$ \_\_\_\_\_ payable on the: \_\_\_\_\_ day of each month  
 beginning (*date*): \_\_\_\_\_

(3)  The low-income adjustment applies.  
 The low-income adjustment does not apply because (*specify reasons*):

(4) Any support ordered will continue until further order of court, unless terminated by operation of law.

e.  Obligor owes support arrears as follows, as of (*date*):

(1)  Child support: \$ \_\_\_\_\_  Spousal support: \$ \_\_\_\_\_  Family support: \$ \_\_\_\_\_

(2)  Interest is not included and is not waived.

(3)  Payable: \$ \_\_\_\_\_ on the: \_\_\_\_\_ day of each month  
 beginning (*date*): \_\_\_\_\_

(4)  Interest accrues on the entire principal balance owing and not on each installment as it becomes due.

f. No provision of this judgment may operate to limit any right to collect the principal (total amount of unpaid support) or to charge and collect interest and penalties as allowed by law. All payments ordered are subject to modification.

g. All payments must be made to (*name and address of agency*):

h. **An Order/Notice to Withhold Income for Child Support (form FL-195) will issue.**

i.  Obligor  Obligee must (1) provide and maintain health insurance coverage for the children if it is available through employment or a group plan, or otherwise available at no or reasonable cost, and must keep the local child support agency informed of the availability of the coverage; (2) if health insurance is not available, provide coverage when it becomes available; (3) within 20 days of the local child support agency's request, complete and return a health insurance form; (4) provide to the local child support agency all information and forms necessary to obtain health-care services for the children; (5) present any claim to secure payment or reimbursement to the other parent or caretaker who incurs costs for health-care services for the children; (6) assign any rights to reimbursement to the other parent or caretaker who incurs costs for health-care services for the children. If the "Obligor" box is checked, a health insurance coverage assignment will issue.

j. The parents must notify the local child support agency in writing within 10 days of any change in residence or employment.

k. The *Notice of Rights and Responsibilities—Health-Care Costs and Reimbursement Procedures and Information Sheet on Changing a Child Support Order* (form FL-192) is attached.

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3. l.  The following person (the "other parent") is added as a party to this action under Family Code section 17404 (*name*):

m.  Other (*specify*):

Date: \_\_\_\_\_  
 \_\_\_\_\_  
 (TYPE OR PRINT NAME)

▶ \_\_\_\_\_  
 (SIGNATURE OF ATTORNEY FOR LOCAL CHILD SUPPORT AGENCY)

Date: \_\_\_\_\_  
 \_\_\_\_\_  
 (TYPE OR PRINT NAME)

▶ \_\_\_\_\_  
 (SIGNATURE OF PETITIONER)

Date: \_\_\_\_\_  
 \_\_\_\_\_  
 (TYPE OR PRINT NAME)

▶ \_\_\_\_\_  
 (SIGNATURE OF ATTORNEY FOR PETITIONER)

Date: \_\_\_\_\_  
 \_\_\_\_\_  
 (TYPE OR PRINT NAME)

▶ \_\_\_\_\_  
 (SIGNATURE OF RESPONDENT)

Date: \_\_\_\_\_  
 \_\_\_\_\_  
 (TYPE OR PRINT NAME)

▶ \_\_\_\_\_  
 (SIGNATURE OF ATTORNEY FOR RESPONDENT)

Date: \_\_\_\_\_  
 \_\_\_\_\_  
 (TYPE OR PRINT NAME)

▶ \_\_\_\_\_  
 (SIGNATURE OF OTHER PARENT)

Date: \_\_\_\_\_  
 \_\_\_\_\_  
 (TYPE OR PRINT NAME)

▶ \_\_\_\_\_  
 (SIGNATURE OF ATTORNEY FOR OTHER PARENT)

**ORDER**

**4. THE COURT SO ORDERS.**

Date: \_\_\_\_\_  
 \_\_\_\_\_  
 JUDICIAL OFFICER

5. Number of pages attached: \_\_\_\_\_  SIGNATURE FOLLOWS LAST ATTACHMENT

**DECLARATION OF INTERPRETER/TRANSLATOR:** The above named party is/parties are unable to read or understand this *Stipulation and Order* because

his or her primary language is (*specify*): \_\_\_\_\_  his or her primary language is (*specify*): \_\_\_\_\_

I certify under penalty of perjury under the laws of the State of California that I am competent to translate in the primary language indicated above and that I have, to the best of my ability, read to or translated for the above named party the *Stipulation and Order* in the party's primary language. The above named party said he or she understood the terms of this *Stipulation and Order* before signing it.

Date: \_\_\_\_\_  
 \_\_\_\_\_  
 (TYPE OR PRINT NAME OF INTERPRETER/TRANSLATOR)

▶ \_\_\_\_\_  
 (SIGNATURE OF INTERPRETER/TRANSLATOR)

Date: \_\_\_\_\_  
 \_\_\_\_\_  
 (TYPE OR PRINT NAME OF INTERPRETER/TRANSLATOR)

▶ \_\_\_\_\_  
 (SIGNATURE OF INTERPRETER/TRANSLATOR)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):  <hr/>  TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY   <b>Draft 5 040308 icb Not Approved by the Judicial Council</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b>  STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF:  RESPONDENT/DEFENDANT:  OTHER PARENT:	
<b>STIPULATION AND ORDER WAIVING UNASSIGNED ARREARS (Governmental)</b>	CASE NUMBER:
<b>Instructions:</b> This form is to be filled out if the party to whom support is owed wishes to give up the right to past-due support that is owed to him or her. If either party has any questions about the possible consequences of this waiver, he or she should ask an attorney. If either party has any questions about the case or the information on this form, he or she should ask the Family Law Facilitator or the local child support agency.	

**PARTIES**

1. The party waiving past support is  
 petitioner/plaintiff    respondent/defendant    other parent    other (specify):
  
2. The party ordered to pay support is  
 petitioner/plaintiff    respondent/defendant    other parent    other (specify):
  
3. The party ordered to pay support and the party waiving past support are the parties to this agreement.

**RIGHT TO AN ATTORNEY**

4. The parties understand their right to be represented by an attorney, at their expense, in connection with these proceedings.

**NO TIME LIMIT FOR COLLECTION**

5. The parties understand that the amounts owed for Non-Aid arrears (past-due child support ordered to be paid personally to the party waiving support) remain owed until paid. There is no time limit for the collection of past-due support.

**CONTINUING COLLECTION EFFORTS**

6. All methods to collect or enforce the amounts past due may be used until the past due support is paid in full, including, but not limited to, wage assignments, levy on assets, tax refund interception, license suspension, property liens, and contempt. The parties understand that a waiver of support will stop all collection efforts of the support waived.

**RIGHT TO DETERMINATION OF DISPUTED PAST SUPPORT**

7. If the amount of past-due support is unknown or uncertain, the parties understand that they have the right to have the local child support agency review and audit the amount due, including all amounts ordered, all payments, and all credits. The parties also understand that if they are not satisfied with the agency's audit, they have the right to have a court hearing to determine the amount due.

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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**CONSEQUENCES OF WAIVING PAST SUPPORT**

8. The parties understand that once the party waiving past support gives up his or her right to past-due support, he or she can never request payment of the amount given up or ask the local child support agency or court to reinstate the amount given up, UNLESS he or she has specifically retained the right to do so as part of item 16.
9. The parties understand that the party waiving past support cannot give up the right to collect Aid arrears (past-due child support that belongs to the county in exchange for receipt of public assistance benefits), nor can he or she give up the right to future child support. **The parties understand that this stipulation does not affect the current child support order. If there is a current child support order, that order still remains in full force and effect.**
10. The parties have had sufficient time to read and think about this stipulation and to discuss it with any and all advisors, counselors, or attorneys of their choosing.
11. The party waiving past support has not been promised anything by the party ordered to pay support, the local child support agency, the court, or anyone else, to induce him or her to give up amounts owed to him or her, except as specifically set forth in writing in this stipulation.
12. The party waiving past support has not been threatened in any way (physically, emotionally, or otherwise) by the party ordered to pay support, the local child support agency, the court, or anyone else, to force him or her to give up support amounts.
13. The party waiving past support has thought about and decided that it is in his or her best interest and the best interest of his or her children to give up this support arrearage.

**AMOUNT OF PAST-DUE SUPPORT**

14. As of *(date calculated)*:

a.  **NON-AID ARREARS** *(these are the amounts owed personally to the party waiving past support before this waiver becomes effective)*:

<u>Type</u>	<u>Principal</u>	<u>Interest</u>	<u>Time Period</u>
(1) <input type="checkbox"/> Child support:	\$ _____	\$ _____	_____ through _____
(2) <input type="checkbox"/> Spousal/family support:	\$ _____	\$ _____	_____ through _____
(3) <input type="checkbox"/> Other <i>(specify)</i> :	\$ _____	\$ _____	_____ through _____
(4) <b>TOTAL:</b>	\$ _____	\$ _____	
<input type="checkbox"/> See attachment 14a.			

b.  **AID ARREARS** *(these are the amounts assigned and owed to a public agency and cannot be waived by the parties)*:

<u>Type</u>	<u>Principal</u>	<u>Interest</u>	<u>Time Period</u>
(1) <input type="checkbox"/> Child support:	\$ _____	\$ _____	_____ through _____
(2) <input type="checkbox"/> Spousal/family support:	\$ _____	\$ _____	_____ through _____
(3) <input type="checkbox"/> Other <i>(specify)</i> :	\$ _____	\$ _____	_____ through _____
(4) <b>TOTAL:</b>	\$ _____	\$ _____	
<input type="checkbox"/> See attachment 14b.			

c.  The parties agree that the amounts in items 14a and 14b will be considered a final determination by the court of the amount of past-due support.

**WARNING: If the box at item 14c is checked you may be prohibited from any future challenge regarding the amount of past-due support indicated at items 14a and 14b.**

d.  The parties agree that the amounts stated above represent the amount of past-due support indicated by the local child support agency records. However, in agreeing to this waiver of Non-Aid arrears, the parties have not reached an agreement regarding the accuracy of the amount of past-due support as stated.

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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**WAIVER OF PAST-DUE SUPPORT**

15. In consideration of the payment by the party ordered to pay support of the sums set forth below, and the performance of any other condition stated below, the parties agree as follows (*check and complete either a or b, but not both, and add other applicable provisions*):

- a.  Upon payment by party ordered to pay support of the sum of \$ \_\_\_\_\_ to the local child support agency on or before (*date*): \_\_\_\_\_, the Non-Aid arrears set forth in paragraph 14a above shall be deemed paid in full.
- b.  Upon payment by party ordered to pay support of the sum of \$ \_\_\_\_\_ to the local child support agency on or before (*date*): \_\_\_\_\_, the parent ordered to pay support shall owe the following sums for Non-Aid support.

<u>Type</u>	<u>Principal</u>	<u>Interest</u>	<u>Time period</u>
(1) <input type="checkbox"/> Child support:	\$ _____	\$ _____	as of ( <i>date</i> ): _____
(2) <input type="checkbox"/> Spousal/family support:	\$ _____	\$ _____	as of ( <i>date</i> ): _____
(3) <input type="checkbox"/> Other ( <i>specify</i> ):	\$ _____	\$ _____	as of ( <i>date</i> ): _____
(4) <b>TOTAL:</b>	\$ _____	\$ _____	

- c.  Other (*specify*):  
 See attachment 15 for additional provisions.

**CONDITIONS OF WAIVER**

16.  This waiver of past-due support is conditioned on the party ordered to pay support agreements set forth in this document. If the party ordered to pay support fails to perform any condition, then this waiver is NULL and VOID and of no force or effect whatsoever. However, if box 14c is checked, the setting of support arrears in items 14a and 14b will continue to be valid as the court's determination of the amount of support arrearage. Specific conditions of this waiver are as follows:

- a. Additional conditions of this waiver (*optional*) (*i.e., lump-sum payment, timely payment of current support, etc.*):  
 \_\_\_\_\_  
 \_\_\_\_\_

- b.  See attachment 16 for additional conditions of waiver. **Each party must initial or sign all additional pages.**

17. This stipulation and order does not modify or affect the duty of the party ordered to pay current support that accrues, or any support arrears that may accumulate, after the date set forth in item 14.

18. Each party understands that the local child support agency does not represent him or her in this matter. Neither party has been given legal advice from the local child support agency, or any of its attorneys, or the family law facilitator, in regard to this stipulation.

19. This form contains the entire understanding and agreement of the parties, and there have been no verbal or other written promises or conditions by anyone, except as stated in this form.

Date: \_\_\_\_\_  
 \_\_\_\_\_  
 (TYPE OR PRINT NAME)

▶ \_\_\_\_\_  
 (SIGNATURE OF PARTY WAIVING PAST SUPPORT)

Date: \_\_\_\_\_  
 \_\_\_\_\_  
 (TYPE OR PRINT NAME)

▶ \_\_\_\_\_  
 (SIGNATURE OF PARTY ORDERED TO PAY SUPPORT)

**ATTORNEY'S STATEMENT**

I am the attorney of record for the party identified in this waiver. I have gone over this form and any attachments with my client. I have explained each provision of this form to my client and answered the client's questions with regard to this form. I have discussed the facts of the case with my client and possible alternatives to and conditions for waiver. I have explained the consequences of the waiver and benefits and detriments of any agreement.

Date:  
\_\_\_\_\_  
(TYPE OR PRINT NAME)

▶ \_\_\_\_\_  
(SIGNATURE OF ATTORNEY FOR PARTY ORDERED TO PAY SUPPORT)

Date:  
\_\_\_\_\_  
(TYPE OR PRINT NAME)

▶ \_\_\_\_\_  
(SIGNATURE OF ATTORNEY FOR PARTY WAIVING PAST SUPPORT)

**LOCAL CHILD SUPPORT AGENCY**

Date:  
\_\_\_\_\_  
(TYPE OR PRINT NAME, TITLE, AND COUNTY)

▶ \_\_\_\_\_  
(SIGNATURE OF REPRESENTATIVE OF LOCAL CHILD SUPPORT AGENCY)

**DECLARATION OF INTERPRETER/TRANSLATOR (if applicable)**

The party named below is unable to read or understand this *Stipulation and Order Waiving Unassigned Arrears* because

- Party waiving past support's primary language is (*specify*):
- Party ordered to pay support's primary language is (*specify*):

I certify under penalty of perjury under the laws of the State of California that I am competent to translate in the primary language indicated above and that I have, to the best of my ability, read to or translated for the above named party/parties the *Stipulation and Order Waiving Unassigned Arrears* in the party's primary language. The above named party/parties stated he or she understood the terms of the *Stipulation and Order Waiving Unassigned Arrears* before signing it.

Date:  
\_\_\_\_\_  
(TYPE OR PRINT NAME OF INTERPRETER/TRANSLATOR)

Date:  
\_\_\_\_\_  
(TYPE OR PRINT NAME OF INTERPRETER/TRANSLATOR)

▶ \_\_\_\_\_  
(SIGNATURE OF INTERPRETER/TRANSLATOR FOR (*insert name*))

▶ \_\_\_\_\_  
(SIGNATURE OF INTERPRETER/TRANSLATOR FOR (*insert name*))

**COURT'S FINDINGS AND ORDER**

The court, having reviewed and considered this stipulation, and any attachments, finds that the party owed support expressly, knowingly, voluntarily, and intelligently has waived past-due support as more specifically set forth in this document. The court accepts this stipulation, approves it, and orders that all further enforcement is terminated as to the waived support.




**IT IS SO ORDERED.**

Date: \_\_\_\_\_  
(JUDICIAL OFFICER OF THE SUPERIOR COURT)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):  <hr/> TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY          <p><b>Draft 6 04038 icb Not Approved by the Judicial Council</b></p>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____</b> STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
PETITIONER/PLAINTIFF: _____  RESPONDENT/DEFENDANT: _____  OTHER PARENT: _____	
<b>STIPULATION AND ORDER FOR JOINDER OF OTHER PARENT</b>	CASE NUMBER: _____

1. We agree to an order joining the Other Parent as a party to this action.
2. a.  There are no other cases where custody or visitation orders have previously been made.
- b.  Both parents are parties in the following family law cases:
 

<u>Name and county of court</u>	<u>Case number</u>
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Date: _____ (TYPE OR PRINT NAME)		_____ (SIGNATURE OF MOTHER)
Date: _____ (TYPE OR PRINT NAME)		_____ (SIGNATURE OF FATHER)
Date: _____ (TYPE OR PRINT NAME)		_____ (SIGNATURE OF LOCAL CHILD SUPPORT AGENCY REPRESENTATIVE)

**ORDER FOR JOINDER**

3. THE COURT ORDERS that
  - a.  the Other Parent is joined as a party to this action.
  - b.  the hearing on the motion for joinder set on (date): \_\_\_\_\_ is taken off calendar.

Date: \_\_\_\_\_

\_\_\_\_\_

JUDICIAL OFFICER

**DECLARATION OF INTERPRETER/TRANSLATOR:** The above named party is/parties are unable to read or understand this *Stipulation and Order for Joinder of Other Parent* because

his or her primary language is (specify):

his or her primary language is (specify):

I certify under penalty of perjury under the laws of the State of California that I am competent to translate in the primary language indicated above and that I have, to the best of my ability, read to or translated for the above named party the *Stipulation and Order for Joinder of Other Parent* in the party's primary language. The above named party said he or she understood the terms of this *Stipulation and Order for Joinder of Other Parent* before signing it.

Date:

Date:

(TYPE OR PRINT NAME OF INTERPRETER/TRANSLATOR)

(TYPE OR PRINT NAME OF INTERPRETER/TRANSLATOR)

(SIGNATURE OF INTERPRETER/TRANSLATOR)

(SIGNATURE OF INTERPRETER/TRANSLATOR)

**INFORMATION SHEET FOR  
STIPULATION AND ORDER FOR JOINDER OF OTHER PARENT**

Please follow these instructions to complete the *Stipulation and Order for Joinder of Other Parent* (form FL-663) if you do not have an attorney representing you. Your attorney, if you have one, should complete this form.

**This form should be used when both parents and the local child support agency agree to the joinder of the other parent.** You must file the completed stipulation with the court clerk. The address of the court clerk is the same as the one shown for the superior court on your most recent support order or judgment. You may have to pay a filing fee. If you cannot afford to pay the filing fee, contact the court clerk. **Keep three copies of your filed stipulation. Serve one copy on the Other Parent, serve the second copy on the local child support agency, and keep the third copy for your records. (See *Information Sheet for Service of Process*, form FL-611.)**

**INSTRUCTIONS FOR COMPLETING THE STIPULATION AND ORDER FOR JOINDER OF OTHER PARENT (TYPE OR PRINT IN BLACK INK)**

Front page, first box, top of form, left side: Print your name, address, and phone number in this box.

Front page, second box on left side: Print the name of the county in which the legal action is filed and the court's address in this box. Use the same address for the court that is on your most recent support order or judgment.

Front page, third box on left side: Print the names of the petitioner/plaintiff, respondent/defendant, and other parent in this box. Use the same names listed on your most recent support order or judgment. In the space for "other parent," print the parent who is being joined as a party.

Front page, first box, top of form, right side: Leave this box blank for the court's use.

Front page, second box on right side: Print the case number in this box. This number is also stated on your most recent support order or judgment.

1. This states that you agree to an order joining the other parent as a party to the action.
2. a. Check this box if neither parent has filed a dissolution action against the other parent or any other action, such as a restraining order involving custody or visitation of the children and, to the best of your knowledge, the parents are not both parties in any other family law case.
- b. Check this box if the parents are both parties in another case that involves custody or visitation of the children, such as a dissolution action. Fill in the name and county of the court and the court case number for any other family law cases involving both parents. You can get this information from the order or judgment from those actions. If you do not have a copy of the order or judgment, you may go to the court clerk's office to get a copy.

Fill in the date and sign your name on the line designated.

**You cannot file this stipulation form until everyone signs it. Leave the Order for Joinder section of the form blank for the court to complete after you file the stipulation.**

When you file the stipulation, ask the court clerk how to obtain a copy once it is signed by the judicial officer. You are responsible for mailing signed copies of the stipulation to the petitioner/plaintiff, respondent/defendant, and other parent.

*If you need additional assistance with this form, contact the family law facilitator in your county.*



## Item SPR08-37 Response Form

**Title:** **Child Support: Compliance with Federal Mandate Related to Automated Child Support Calculation Program and Improvement of Access to Justice for Non-English Speaking Self-Represented Litigants** (amend Cal. Rules of Court, rule 5.275; revise forms FL-615, FL-625, FL-626, and FL 663)

- Agree with proposed changes
- Agree with proposed changes **if modified**
- Do not agree** with proposed changes

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

- Commenting on behalf of an organization**

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

### **To Submit Comments**

Comments may be written on this form, prepared in a letter format, or submitted online. If you are *not* commenting directly on this form, please include the information requested above and the proposal number for identification purposes. Please submit your comments online or email, mail, or fax comments.

**Internet:** [www.courtinfo.ca.gov/invitationstocomment](http://www.courtinfo.ca.gov/invitationstocomment)

**Email:** [invitations@jud.ca.gov](mailto:invitations@jud.ca.gov)

**Mail:** Ms. Camilla Kieliger  
Judicial Council, 455 Golden Gate Avenue  
San Francisco, CA 94102

**Fax:** (415) 865-7664, Attn: Camilla Kieliger

<b>DEADLINE FOR COMMENT: 5:00 p.m., Friday, June 20, 2008</b>
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*Circulation for comment does not imply endorsement by the Judicial Council  
or the Rules and Projects Committee.  
All comments will become part of the public record of the council's action.*