

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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6. b. (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.

- c. 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.

- d. If this is a judgment on a *Supplemental Complaint*, it does not modify or supersede any prior judgment or order for support or arrearage, unless specifically provided.
- e. No provision of this judgment can 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.
- f. All payments must be made to (*name and address of agency*):

g. **An Income Withholding for Support (form FL-195) will issue.**

h. 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 office 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; and (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.

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

j. The form *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.

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

l. Obligor must pay costs of: \$ _____


m. **The court further orders** (*specify*):

Date: _____

7. Number of pages attached: _____

 JUDICIAL OFFICER

SIGNATURE FOLLOWS LAST ATTACHMENT

Approved as conforming to court order: Date:  _____ (SIGNATURE OF ATTORNEY FOR OBLIGOR)
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