

PETITIONER/PLAINTIFF:	CASE NUMBER:
RESPONDENT/DEFENDANT:	

3. Address of children (complete a or b):

a. There is a protective order that prohibits the support obligor from knowing the location of the child or children for whom support is payable or that excuses completion of part b.

—OR—

b. The name, current address, and telephone number of children for whom support is due are as follows:
 Name: _____ Address: _____ Phone No. _____

4. a. Court papers should be served at the address shown at the top of page 1 of this form.
 b. The address at which court papers should be served on the support obligee is (address): _____

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____ _____
(TYPE OR PRINT NAME OF SUPPORT OBLIGEE) (SIGNATURE OF SUPPORT OBLIGEE)

To Support Oblige: Have a completed copy of the *Notice of Delinquency* and a blank *Application to Determine Arrearages* (form FL-490) as well as a blank *Notice of Motion* (form FL-301) served on the support obligor by someone at least age 18 other than yourself. The person serving must complete the proof of service below. The proof of service must be filed with the court before you can collect the penalty.

PROOF OF SERVICE OF NOTICE OF DELINQUENCY

1. At the time of service I was at least 18 years of age and **not a party** to this action. I served the completed *Notice of Delinquency*, blank *Application to Determine Arrearages* (form FL-490), and blank *Notice of Motion* (form FL-301) on (name): _____

- a. By personal delivery to the person served
 (1) Date served: _____ (3) Address: _____
 (2) Time served: _____
- b. By mailing by certified mail (1) Date mailed: _____ (2) Place mailed: _____
(Attach signed return receipt)
- c. By mailing (by first-class mail or airmail) copies to the person served, together with two copies of the *Notice and Acknowledgment of Receipt* (form 982(a)(4)) and a return envelope, postage prepaid, addressed to the sender. **(Attach completed Acknowledgment of Receipt)**
- d. Other (specify code section): _____
 Additional page is attached.

2. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____

(SIGNATURE OF PERSON SERVING NOTICE)

Name and address of person serving notice: _____