

GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406): TELEPHONE NO.: _____ FAX NO.: _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____ STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	
STATEMENT FOR REGISTRATION OF CALIFORNIA SUPPORT ORDER <input type="checkbox"/> Support Order <input type="checkbox"/> Order for Earnings Assignment	CASE NUMBER: _____

The local child support agency's statement to register a California support order a California order for earnings assignment is as follows:

1. The Obligor (the parent ordered to pay support) is Petitioner/Plaintiff Respondent/Defendant
 Other parent
2. An endorsed filed copy of the most recent support order or earnings assignment (or a copy) is attached.
3. a. An affidavit or declaration of Obligor's payment history is attached.
 b. A *Declaration of Payment History* (form FL-420) is attached.
 c. The arrearage balance is unknown.
4. The local child support agency's post office address is (*specify*):
5. Obligor's last known place of residence or mailing address, or address in the records of the California Department of Motor Vehicles, is (*specify*):
6. States and counties in which the original order for support or order for earnings assignment, and any modifications, are registered (*specify*):

None, or unknown.

NOTICE TO OBLIGOR

1. **You have 20 days after the date of mailing of this *Statement for Registration of California Support Order* to petition the court to cancel (vacate) this registration or for other relief. (Family Code, § 5603.) (See the accompanying document to determine the date of mailing.)**
2. **The local child support agency may seek a health insurance coverage assignment enrolling the children in an appropriate health insurance plan under Family Code section 3761.**