

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar number, and address</i>): TELEPHONE NO.: _____ FAX NO. (<i>Optional</i>): _____ E-MAIL ADDRESS (<i>Optional</i>): _____ ATTORNEY FOR (<i>Name</i>): _____	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:	
FINDINGS AND RECOMMENDATION OF COMMISSIONER	CASE NUMBER:

1. Name (*specify*): _____ objected to Commissioner (*name*): _____
 hearing this matter as a temporary judge.
 2. **THIS MATTER PROCEEDED AS FOLLOWS**
 - a. By court hearing, appearances as follows:

(1) Date: _____	Dept.: _____	Judicial officer: _____
(2) <input type="checkbox"/> Petitioner/plaintiff present	<input type="checkbox"/> Attorney present (<i>name</i>): _____	
(3) <input type="checkbox"/> Respondent/defendant present	<input type="checkbox"/> Attorney present (<i>name</i>): _____	
(4) <input type="checkbox"/> Other parent present	<input type="checkbox"/> Attorney present (<i>name</i>): _____	
(5) Local child support agency attorney (Family Code, §§ 17400, 17406) by (<i>name</i>): _____		
(6) <input type="checkbox"/> Other (<i>specify</i>): _____		
 - b. The parent ordered to pay support is the petitioner/plaintiff respondent/defendant other parent.
 3. Attached is a computer printout showing the parents' income and percentage of time each parent spends with the child(ren).
 The printout, which shows the calculation of child support payable, will become the court's findings.
 4. This recommended order is based on the attached documents (*specify*): _____
 5. **THE COMMISSIONER RECOMMENDS THE FOLLOWING**
 - a. All orders previously made in this action remain in full force and effect except as modified below.
 - b. (*Name of parent*): _____ mother father
 (*Name of parent*): _____ mother father
 are the parents of the children listed below.
 - c. The parent ordered to pay support must pay current child support as follows:

<u>Name of child</u>	<u>Date of birth</u>	<u>Monthly support amount</u>
- (1) Mandatory additional child support
- (a) The parent ordered to pay support must pay additional monthly support for reasonable child-care costs, as follows:
 one-half or _____ % or (*specify amount*): \$ _____ per month of the costs.
 Payments must be made to the other parent State Disbursement Unit child-care provider.

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.

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5. c. (1) (b) The parent ordered to pay support must pay reasonable uninsured health-care costs for the children, as follows:
 one-half or % or (specify amount): \$ _____ per month of the costs.
 Payments must be made to the other parent State Disbursement Unit health-care provider.

(2) Other (specify):

(3) For a total of \$ _____ payable on the _____ day of each month
 beginning (date):

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

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

(6) As provided in Family Code section 4007.5, the obligation of the person ordered to pay support will be temporarily suspended for any period after the first 90 consecutive days in which the person ordered to pay support is incarcerated or involuntarily institutionalized, unless that person has the ability to pay support during that time or has committed certain crimes. Immediately after the person ordered to pay support is released from incarceration or involuntary institutionalization, the support order will restart in the same amount as it was before it was temporarily suspended.

d. The parent ordered to pay support The parent receiving support must (1) provide and maintain health insurance coverage for the children if available at no or reasonable cost and keep the local child support agency informed of the availability of the coverage (the cost is presumed to be reasonable if it does not exceed 5% of gross income to add a child); (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. 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 incapable of self-sustaining employment because of a physically or mentally disabling injury, illness, or condition and is chiefly dependent upon the parent providing health insurance for support and maintenance.

e. The parent ordered to pay support must pay child support for the past periods and in the amounts set forth below:

Name of child	Date of birth	Period of support	Amount
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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.

f. The parent ordered to pay support 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.

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- g. No provision of this judgment/order 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.
- h. All payments, unless specified in item 5c(1) above, must be made to the State Disbursement Unit at the address listed below (*specify address*):
- i. **An earnings assignment order is issued.**
- j. In the event that there is a contract between a party receiving support and a private child support collector, the party ordered to pay support must pay the fee charged by the private child support collector. This fee must not exceed 33 1/3 percent of the total amount of past due support nor may it exceed 50 percent of any fee charged by the private child support collector. The money judgment created by this provision is in favor of the private child support collector and the party receiving support, jointly.
- k. If "The parent ordered to pay support" box is checked in item 5d, a health insurance coverage assignment must issue.
- l. The parents must notify the local child support agency in writing within 10 days of any change in residence or employment.
- m. 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.
- n. The following person (the "other parent") is added as a party to this action (*name*):
- o. The court further recommends (*specify*):

Date:

 COMMISSIONER
 SIGNATURE FOLLOWS LAST ATTACHMENT

Number of pages attached: _____

CLERK'S CERTIFICATE OF MAILING OR SERVICE

I certify that I am not a party to this cause and that

- 1. **Personal service.** A true copy of this *Findings and Recommendation of Commissioner* was handed to the petitioner/plaintiff respondent/defendant other parent at the hearing of this matter before the commissioner.
- 2. **Mail.** A true copy of this *Findings and Recommendation of Commissioner* was mailed first class, postage fully prepaid, in a sealed envelope addressed as shown below, and that the request was mailed
 at (*place*): _____ California,
 on (*date*): _____

Date: _____ Clerk, by _____, Deputy

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