

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	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: _____	
REQUEST FOR JUDICIAL <input type="checkbox"/> DETERMINATION OF SUPPORT ARREARAGES <input type="checkbox"/> ADJUSTMENT OF ARREARAGES DUE TO INCARCERATION OR INVOLUNTARY INSTITUTIONALIZATION	CASE NUMBER: _____

NOTICE OF HEARING

1. A hearing on this application will be held as follows (see instructions on how to get a hearing date):

a. Date: _____ Time: _____ <input type="checkbox"/> Dept.: _____ <input type="checkbox"/> Div.: _____ <input type="checkbox"/> Room: _____
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b. Address of court: same as noted above other (specify): _____

2. The local child support agency is providing support enforcement services in this case.

3. **DETERMINATION OF SUPPORT ARREARAGES**

- a. The local child support agency states that I owe support arrearages as shown in the attached document.
- b. I disagree with the local child support agency's statement, and I request the court to make a determination of arrearages. I am attaching my statement of the arrearages, which includes a monthly breakdown of amounts ordered and amounts paid.

4. **ADJUSTMENT OF ARREARAGES DUE TO INCARCERATION OR INVOLUNTARY INSTITUTIONALIZATION**

- a. I was incarcerated or involuntarily institutionalized for the following periods of time for more than 90 days during which I did not have the means to pay support. (Attach any proof of your incarceration or involuntary institutionalization):
 - (1) Date(s) of incarceration or involuntary institutionalization: _____
 - (2) Date(s) of release: _____
- b. The reason for my incarceration or involuntary institutionalization was not a result of any offense constituting domestic violence as defined in Family Code section 6211 against the parent receiving support or supported child, or for an offense that could be enjoined by a protective order under Family Code section 6320, or as a result of my failure to comply with a court order to pay child support.

5. Other (specify): _____

This case may be referred to a court commissioner for hearing. By law, court commissioners do not have the authority to issue final orders and judgments in contested cases unless they are acting as temporary judges. The court commissioner in your case will act as a temporary judge unless, *before the hearing*, you or any other party objects to the commissioner's acting as a temporary judge. If you or the other party objects, the court commissioner may still hear your case to make findings and a recommended order to a judge. If you do not like the recommended order, you must object to it within **10 court days** in writing (use *Notice of Objection (Governmental)* (form FL-666)); otherwise, the recommended order will become a final order of the court. If you object to the recommended order, a judge will make a temporary order and set a new hearing.

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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Number of pages attached: _____

I declare under penalty of perjury under the laws of the State of California that the foregoing and all attachments are true and correct.
 Date:

_____ _____
 (TYPE OR PRINT NAME) (SIGNATURE)

An adult *other than you* must complete the Proof of Service below.

PROOF OF SERVICE

1. At the time of service I was at least 18 years of age and not a party to the legal action.
2. My residence or business address is (*specify*):

3. I served a copy of the foregoing *Request for Judicial Determination of Support Arrearages or Adjustment of Arrearages Due to Incarceration or Involuntary Institutionalization* (form FL-676) and all attachments as follows (*check either a, b, or c for each party served*):
 - a. **Personal delivery.** I personally delivered a copy and all attachments as follows:

(1) <input type="checkbox"/> Name of party or attorney served:	(2) <input type="checkbox"/> Name of local child support agency served:
(a) Address where delivered:	(a) Address where delivered:
(b) Date delivered:	(b) Date delivered:
(c) Time delivered:	(c) Time delivered:
 - b. **Mail.** I am a resident of or employed in the county where the mailing occurred. I deposited this request with the U.S. Postal Service in a sealed envelope with postage fully prepaid. I used first-class mail. The envelope was addressed and mailed as follows:

(1) <input type="checkbox"/> Name of party or attorney served:	(2) <input type="checkbox"/> Name of local child support agency served:
(a) Address:	(a) Address:
(b) Date mailed:	(b) Date mailed:
(c) Place of mailing (<i>city and state</i>):	(c) Place of mailing (<i>city and state</i>):
 - (3) I served this motion/request, which included an address verification declaration (*Declaration Regarding Address Verification—Postjudgment Request to Modify a Child Custody, Visitation, or Child Support Order* (form FL-334) may be used for this purpose).

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) (SIGNATURE OF PERSON WHO SERVED REQUEST)