

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): TELEPHONE NO.: _____ FAX NO.: _____ 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: _____	
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) ☐ Petitioner/Plaintiff present	☐	Attorney present (name): _____
(3) ☐ Respondent/Defendant present	☐	Attorney present (name): _____
(4) ☐ Other parent present	☐	Attorney present (name): _____
(5) District attorney (Welf. & Inst. Code, §§ 11475.1, 11478.2) (name): _____		
(6) ☐ Other (specify): _____		
 - b. The Obligor (the parent ordered to pay support) is ☐ 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, shall 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 shall remain in full force and effect except as modified below.
 - b. (Name of mother): _____
 (Name of father): _____
 are the parents of the children listed below.
 - c. Obligor shall pay current child support as follows:

<u>Name</u>	<u>Date of birth</u>	<u>Monthly support amount</u>
- (1) ☐ Other (specify): _____
- (2) ☐ For a total of: \$ _____ payable on the: _____ day of each month
 beginning (date): _____
- (3) ☐ The support order was reduced, pursuant to the low income adjustment, because the Obligor's net monthly income is less than \$1,000.
- (4) Any support ordered shall continue until further order of court, unless terminated by operation of law.

NOTICE: Any party required to pay child support must pay interest on overdue amounts at the "legal" rate, which is currently 10 percent.

(Continued on reverse)

Page one of three

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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5. d. ☐ Obligor shall pay child support for 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 shall accrue on the entire principal balance owing and not on each installment as it becomes due.

e. ☐ Obligor 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 shall accrue on the entire principal balance owing and not on each installment as it becomes due.

f. No provision of this judgment/order shall 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.

g. All payments shall be made to (*name and address of agency*):

h. **A Wage and Earnings Assignment Order shall issue.**

i. ☐ Obligor ☐ Oblige shall (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 shall keep the district attorney's 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 district attorney's request, complete and return a health insurance form; (4) provide to the district attorney 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; (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 shall issue.

j. Both parents shall complete a *Child Support Case Registry Form* (form 1285.92) and send (deliver or mail) it to the district attorney within 10 days of the date of this judgment. The parents shall notify the district attorney of any change in the information submitted within 10 days of the change by submitting an updated form.

k. The forms *Notice of Rights and Responsibilities* (form 1285.78) and *Information Sheet on Changing a Child Support Order* (form 1285.79) are attached.

l. ☐ The following person (the "Other Parent") is added as a party to this action under Welfare and Institutions Code section 11350.1 (*name*):

m. ☐ Obligor shall pay costs of (*specify*):
to (*specify*):

n. ☐ The court further recommends (*specify*):

Date:

6. Number of pages attached: _____

COMMISSIONER
☐ SIGNATURE FOLLOWS LAST ATTACHMENT

(Continued on page three)

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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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