

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name and Address)</i> :	TELEPHONE NO.:	FOR COURT USE ONLY
ATTORNEY FOR <i>(Name)</i> :		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
PETITIONER/PLAINTIFF:		
RESPONDENT/DEFENDANT:		
NOTICE OF MOTION TO DETERMINE ARREARAGES and <input type="checkbox"/> other <i>(specify)</i>: (Family Law— Domestic Violence Prevention—Uniform Parentage)		CASE NUMBER:

1. To *(name)*:
2. A hearing on this motion for the relief requested in the application below will be held as follows:

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

APPLICATION AND DECLARATION

3. The child support obligor requests (1) an order that no penalties be imposed under Family Code sections 4720–4732 and (2) that the following findings be made:
 - a. The child support payments were not 30 days in arrears as of the date of service of the notice of delinquency and are not in arrears as of the date of the hearing.
 - b. The support obligor suffered serious illness, disability, or unemployment that substantially impaired the ability of the support obligor to comply fully with the support order AND the support obligor has made every possible effort to comply with the support order.
 - c. The support obligor is a public employee and for reasons relating to fiscal difficulties of the employing entity the obligor has not received a paycheck for 30 or more days.
 - d. It would not be in the interests of justice to impose a penalty.
4. Facts in support of the relief requested are *(specify)*:
 contained in the attached declaration.

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 SUPPORT OBLIGOR)

(Continued on reverse)

PETITIONER/PLAINTIFF: _____	CASE NUMBER:
RESPONDENT/DEFENDANT: _____	

INSTRUCTIONS TO SUPPORT OBLIGOR: Contact the clerk of the court to obtain the hearing date for your motion. Fill in the hearing date and have it served on the obligee. You may have to pay a filing fee to the court for filing this motion. If you do not have the money to pay the filing fee, ask the clerk for information about a waiver of fees.

A copy of a completed Notice of Motion to Determine Arrearages must be served on the support obligee **and** the original filed in court with the proof of service completed. It must be served 15 days before the hearing if the motion is served personally, 20 days before the hearing if the motion is mailed in California to an address in California, 25 days if the place of mailing or the place of address is outside California, and 35 days if both are outside California.

PROOF OF SERVICE

5. a. I am over the age of 18, **not a party to this cause**, and a resident of or employed in the county where the mailing took place,
and my residence or business address is:

b. Personal Service
I served a copy of the Notice of Motion to Establish Arrearages by personal delivery to the person served.

- (1) Date of service.
- (2) Time of service.
- (3) Address of service:

c. By Mail
I served a copy of the Notice of Motion to Establish Arrearages by enclosing it in an envelope with postage fully prepaid, sealing it, and depositing it in the United States mail as follows:

- (1) Date of deposit:
- (2) Place of deposit (*city and state*):
- (3) Addressed as follows (*name and 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)

▶ _____
(SIGNATURE OF PERSON SERVING NOTICE)