

GOVERNMENTAL AGENCY (pursuant to Welf. & Inst. Code, §§ 11475.1, 11478.2):  <hr style="width: 20px; margin-left: 0;"/>  TELEPHONE NO.: _____ FAX NO.: _____	<b>FOR RECORDER'S USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF:  RESPONDENT/DEFENDANT:  OTHER PARENT:	
<p style="text-align: center;"><b>NOTICE REGARDING PAYMENT OF SUPPORT</b></p> <input type="checkbox"/> <b>NOTICE OF ASSIGNED SUPPORT</b> <input type="checkbox"/> <b>SUBSTITUTION OF PAYEE</b>	CASE NUMBER:

<b>FOR COURT USE ONLY</b>
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1. The Obligor (the judgment debtor) in this proceeding is (*name and last known address*):
  
2.  The district attorney is providing services in this proceeding pursuant to Title IV-D of the Social Security Act.
  
3.  The district attorney is no longer providing services in this proceeding.
  
4.  The district attorney gives notice under Family Code section 4506.3 that
  - a.  the judgment debtor shall make all current support payments in this proceeding to (*specify*):
  
  - b.  the judgment debtor shall make all payments on arrearages in this proceeding to
    - (1)  the payee named in item 4a.
    - (2)  other (*specify*):
  
  - c.  the governmental agency specified above is substituted as payee.
  
  - d.  an abstract of support judgment or support judgment was originally recorded in the county of (*specify*):  
     on (*date*): \_\_\_\_\_ at (*Recorder's identification number*): \_\_\_\_\_
  
5.  **NOTICE OF ASSIGNMENT:** An assignment of support rights by operation of law has been made to the county named above pursuant to Welfare and Institutions Code section 11477(a).
  
6.  **NOTICE OF SUPPORT COLLECTION:** For purposes of collection only, the governmental agency identified above is assignee of record of all support obligations as specified below and that agency will appear in this case to enforce
 

<input type="checkbox"/> support obligations	<input type="checkbox"/> medical obligations as required by federal law.
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**THE SUBSTITUTED PAYEE MUST BE CONTACTED WHEN NOTICE TO A LIENHOLDER MAY OR MUST BE GIVEN.**

(Continued on reverse)

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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7.  Each parent shall notify the office of the district attorney and the Superior Court of the following information within 10 days of being served with this notice or within 10 days of any changes to the information:
- Residential and mailing addresses.
  - Social security number.
  - Telephone number.
  - Driver's license number.
  - Name, address, and telephone number of his or her employer.

Date:

.....  
(TYPE OR PRINT NAME)

▲  
\_\_\_\_\_  
(SIGNATURE)

**NOTICE: THE DISTRICT ATTORNEY INTENDS TO SEEK A HEALTH INSURANCE COVERAGE ASSIGNMENT REQUIRING YOUR EMPLOYER TO ENROLL THE CHILDREN IN AN APPROPRIATE HEALTH INSURANCE PLAN.**

**ACKNOWLEDGMENT**

STATE OF CALIFORNIA  
COUNTY OF

On \_\_\_\_\_, before me,  
Notary Public, personally appeared:

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

\_\_\_\_\_  
(SIGNATURE OF NOTARY)

(Seal)