	1 L-330				
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY				
TELEPHONE NO.: FAX NO. (Optional):					
E-MAIL ADDRESS (Optional):					
ATTORNEY FOR (Name):					
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS:					
MAILING ADDRESS:					
CITY AND ZIP CODE:					
BRANCH NAME:					
PETITIONER/PLAINTIFF:					
RESPONDENT/DEFENDANT:					
OTHER PARENT:					
STIPULATION TO ESTABLISH OR MODIFY CHILD SUPPORT AND ORDER	CASE NUMBER:				
a. Mother's net monthly disposable income: \$					
Father's net monthly disposable income: \$					
b. A printout of a computer calculation of the parents' financial circumstances is a	ittached.				
2. Percentage of time each parent has primary responsibility for the children: Mothe	er: % Father: %				
3. a. A hardship is being experienced by the mother \$ per month	because of (specify):				
The hardship will last until (date):					
	because of (specify):				
The hardship will last until (date):					
4. The amount of child support payable by (name):	, referred to as "the parent ordered to				
pay support," as calculated under the guideline is: \$ per month.					
5. We agree to guideline support.					
6. The guideline amount should be rebutted because of the following: a. We agree to child support in the amount of \$ per mo	onth; the agreement is in the best interest of				
a We agree to child support in the amount of \$ per mo the children; the needs of the children will be adequately met by the ag					
would be unjust or inappropriate in this case.	reed amount, and application of the galdeline				
b Other rebutting factors (specify):7. The parent ordered to pay support must pay child support as follows beginning (date):					
a. BASIC CHILD SUPPORT					
Child's name Monthly amount	Payable to (name):				
Total: \$ payable on the first of the month other (spe	ecify):				
b. In addition, the parent ordered to pay support must pay the following:	are (data):				
(1) sper month for child care costs to (name):	on (date):				
(2) \ \$ per month for health-care costs not deducted from gro to (name):	ss income on <i>(date):</i>				
(3) \$ per month for special educational or other needs of the					
to (name):	on (date):				
(4) other (specify):					
c. Total monthly child support payable by the parent ordered to pay support will be: \$					
payable on the first of the month other (specify):					

P	ETITIONER/PLAINTIFF:		CASE NUMBER:	:
— RESP	ONDENT/DEFENDANT:			
T V C	Health insurance will be maintained by (specify name): The parent ordered to provide health insurance must seek continuation when the child is no longer considered eligible for coverage as a deput of self-sustaining employment because of a physically or mentally discupon the parent providing health insurance for support and maintena	endent under the sabling injury, ille	ne insurance d	contract, if the child is incapable
b. [A health insurance coverage assignment will issue if health ins or otherwise is available at reasonable cost. Both parents are reimbursement of any medical claims.			
	Any health expenses not paid by insurance will be shared: Mother: An earnings assignment order is issued.	% F	ather:	%
b. [We agree that service of the earnings assignment be stayed be	ecause we have	e made the fol	lowing alternative
	arrangements to ensure payment (specify):			
pa an	the event that there is a contract between a party receiving support by support must pay the fee charged by the private child support collection ount in arrears nor may it exceed 50 percent of any fee charged by eated by this provision is in favor of the private child support collector arrayel expenses for visitation will be shared: Mother: We agree that we will promptly inform each other of any change address, and telephone number. Other (specify):	ector. This fee n the private child r and the party % Father	nust not exceed support collereceiving support:	ed 33 1/3 percent of the total ector. The money judgment port, jointly.
16. The a. b.	e make this agreement freely without coercion or duress. e right to support has not been assigned to any county, and no application for phas been assigned or an application for public assistance is phase ou checked b., an attorney for the local child support agency must support agency	ending in <i>(coun</i>	nty name):	ement.
	(TYPE OR PRINT NAME)	(SIGNATURE OF	ATTORNEY FOR LO	DCAL CHILD SUPPORT AGENCY)
the sup	If the amount agreed to is less than the guideline amount, no change port order to a higher amount. If the order is above the guideline, a complete form must be signed by the court to be effective. (TYPE OR PRINT NAME)			be required to modify this
	<u> </u>			
Date:	(TYPE OR PRINT NAME)		(SIGNATURE OF	RESPONDENT)
Date:	(TYPE OR PRINT NAME)	(SIGN	NATURE OF ATTOR	NEY FOR PETITIONER)
TUE C	(TYPE OR PRINT NAME)	(SIGN	ATURE OF ATTORN	NEY FOR RESPONDENT)
17. a. b.	OURT ORDERS The guideline child support amount in item 4 is rebutted by the Items 7 through 13 are ordered. All child support payments must confirm a dies, is emancipated, or reaches age 18. The duty of suppliage of 18 years, is a full-time high school student, and resides with a attains the age of 19 years, whichever first occurs. Except as modified in this action will remain in effect.	ntinue until furth ort continues as a parent, until th	ner order of the s to an unmar ne time the ch	ried child who has attained the ild completes the 12th grade or ovisions of any previous orders
			JODGE OF THE SE	or Emon Count

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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. This can be a large added amount.