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Complaint Number: 0002 — SUC Supplemental Complaint (DCSS) of M [REDACTED] ANDERSON

Original Filing Date: 04/25/2018

Complaint Status: Dismissed 06/11/2018

Party Number	Party Type	Party Name	Attorney	Party Status
1	Petitioner	[REDACTED] ANDERSON	BLOOM & RUDIBAUGH APC	First Paper Fee Paid
3	Child	[REDACTED] ANDERSON	Unrepresented	First Paper Fee Paid
4	Child	A [REDACTED] ANDERSON	Unrepresented	First Paper Fee Paid
2	Respondent	A [REDACTED] ANDERSON	Pro Per	Dismissed 06/11/2018
5	Claimant	COUNTY OF RIVERSIDE	DEPARTMENT OF CHILD SUPPORT SERVICES	Dismissed 06/11/2018

Case HED150 [REDACTED] - Actions/Minutes

Viewed	Date	Action Text	Disposition
N	06/11/2018	REQUEST FOR DISMISSAL OF SUPPLEMENTAL COMPLAINT (DCSS) FILED 04/25/2018 OF M [REDACTED] ANDERSON AS TO A [REDACTED] ANDERSON FILED WITHOUT PREJUDICE.	Not Applicable
	06/01/2018	--ALSO SERVED FL150 192S 610 611 615 630 NTC SUED PUB160 VISIT ON A [REDACTED] ANDERSON WITH SERVICE DATE OF 05/08/18--	Not Applicable
N	06/01/2018	PROOF OF SERVICE ON THE SUPPLEMENTAL COMPLAINT (DCSS) FILED 04/25/2018 OF M [REDACTED] ANDERSON SERVED ON A [REDACTED] ANDERSON WITH SERVICE DATE OF 05/08/18 FILED. (PERSONAL SERVICE)	Not Applicable
	04/25/2018	HEARING RE: FAILURE TO BRING CASE TO TRIAL/JUDGMENT SET 4/26/23 AT 8:00 IN DEPT. H4.	
	04/25/2018	HEARING RE: NON PROOF OF SERVICE SET ON 4/28/21 AT 8:00 IN DEPT H4	
N	04/25/2018	SUPPLEMENTAL COMPLAINT REGARDING PARENTAL OBLIGATION FILED. SUMMONS ISSUED.	Not Applicable
N	04/04/2018	FILED: DUE PROCESS AFFIDAVIT	Not Applicable
N	04/04/2018	FILED: REQUEST TO APPEAR BY TELEPHONE/ORDER (NO HRG)	Not Applicable
N	11/09/2017	REQUEST FOR TELEPHONE APPEARANCE FILED BY A [REDACTED] ANDERSON IS DENIED HONORABLE COMMISSIONER BRADLEY O SNELL. (GOVENMENTAL)(FL-679)	Not Applicable
N	11/08/2017	FORMAL REPORT ON GUIDELINE SUPPORT FILED (XSPOUSE)	Not Applicable
N	11/08/2017	ORDER PURSUANT TO REFERRAL TO CHILD CUSTODY RECOMMENDING COUNSELING FILED; HONORABLE COMMISSIONER BRADLEY O SNELL.	Not Applicable
	11/08/2017 1:30 PM DEPT. H4	COURT TRIAL - SHORT CAUSE (ESTIMATED 03:00 HOURS)	Complete

Minutes

Print Minute Order

	11/08/2017 8:30 AM DEPT H4	HEARING RE: REQUEST FOR ORDER RE: CHILD CUSTODY, VISITATION FILED ON 08/28/17 BY A [REDACTED] ANDERSON REPRESENTED BY PRO/PER.	Complete
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Superior Court of California, County of Riverside

APR 04 2018

35

CASE NUMBER HED150 [REDACTED]

D. Budy

APR 09 2018
121

IN THE INTEREST OF

§
§
§
§
§
§
§

IN THE 36th CONGRESSIONAL DISTRICT

A [REDACTED] ANDERSON

OF

RIVERSIDE, CALIFORNIA

DUE PROCESS AFFIDAVIT

THE STATE OF CALIFORNIA

COUNTY OF

RIVERSIDE

BEFORE ME, the undersigned authority, on this day personally appeared

A [REDACTED] ANDERSON,

who

swore or affirmed to tell truth, and stated as follows:

"My name is

A [REDACTED] ANDERSON.

I am of sound mind and capable of making this sworn statement. I have personal knowledge of the facts written in this statement. I understand that if I lie in this statement I may be held criminally responsible. This statement is true.

1. **45 Code of Federal Regulations § 302.56** provides guidelines for setting child support awards. Pursuant to paragraph (f), the State of California must provide me a rebuttable presumption, in any judicial or administrative proceeding for the award of child support, that the amount of the award which would result from the application of the California Family Code guidelines established in **California Family Code §4054(a)** for both setting and modifying child support award amounts is the correct amount to be awarded. My subsequent assertions listed below that rebut CFC **§4054(a)** shall state the amount of support that would have been required, beginning March 21, 2016, under appropriate & just procedural due process guidelines and include the required justification proof:

[Handwritten Signature]

[The person who has personal knowledge of this statement must sign it.
DO NOT SIGN this statement until you are in front of a notary]

State of Wisconsin

County of

Marinette

[name of county where statement is notarized.]

SWORN to and SUBSCRIBED before me, the undersigned authority, on

the 13 day of March, 2018 year,

by Jessica Oslund

[PRINT the first and last names of the person who is signing this affidavit.]



[Notary's seal must be affixed]

[Handwritten Signature]

Notary Public, State of Wisconsin [Notary's signature.]

Superior Court of California, County of Riverside

CASE NUMBER HED-150 [REDACTED]

IN THE INTEREST OF	§	IN THE 36 TH CONGRESSIONAL DISTRICT
	§	
A [REDACTED] ANDERSON	§	OF
	§	
L. ANDERSON	§	RIVERSIDE, CALIFORNIA
A. ANDERSON	§	

Objections to Discovery and Interrogatories of A [REDACTED] Anderson and
Motion to Quash

Now comes Respondent, A [REDACTED] Anderson, who objects to and moves to quash the Discovery and Interrogatories served upon him on Friday, March 24, 2018, and for cause would show:

1. Petitioner's counsel submitted Discovery and Interrogatories to Respondent Adam Anderson to produce voluminous documents to him.
2. Respondent objects to the Discovery and Interrogatories on the following grounds:
 - (a) It is unreasonably cumulative of documents already available to Petitioner.
 - (b) The burden and expense of the production outweighs the benefit, taking into account the conduct of discovery in the case heretofore.
 - (c) It requires the production of documents not in the Respondent's possession.
 - (d) It is overly broad in its requirement to produce "any", "any and all", or "all" documents in each category listed.
 - (e) It violates multiple sections of 38 CFR 1.511.

Respectfully submitted,



A [REDACTED] Anderson, Pro Se

MAR 28 2018

SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE

BLYTHE 265 N. Broadway, Blythe, CA 92225
 HEMET 880 N. State St., Hemet, CA 92543

INDIO 46-200 Oasis St., Indio, CA 92201
 RIVERSIDE 4175 Main St., Riverside, CA 92501

RI-FL679

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar Number and Address) A. Anderson MARINETTE, WI 5443 TELEPHONE NO.: [REDACTED] FAX NO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):	FOR COURT USE ONLY FILED SUPERIOR COURT OF CALIFORNIA COUNTY OF RIVERSIDE APR 04 2018 <i>D. Buckley</i>
PETITIONER: M. Anderson	
RESPONDENT: A. Anderson	CASE NUMBER: HED 150 [REDACTED]

REQUEST TO APPEAR BY TELEPHONE AND ORDER
(Family Law – Non-Governmental)

- I, **A. Anderson**, am the Petitioner Respondent Other Parent/Claimant
 Attorney for _____ in this case.
- I ask the court to allow me to appear from telephone number (_____) _____ on _____
at _____ a.m. p.m. in Department _____ of the above named court.
- The type of hearing I am requesting to appear by telephone is: **Child support modification**
- I would like the court to consider the following information in making its decision whether to allow a telephone Appearance (check all that apply). (Note: The court can still deny your request even though boxes are checked.)
 - I live or work outside of the State of California, in (specify location): **Marinette, WI**
 - I live or work in **MARINETTE** County, which is **2000** miles from the courthouse where the hearing is set.
 - I am disabled.
 - I am asking not to appear personally because of domestic violence.
 - I will be incarcerated or confined in (specify) _____ prison, jail, or other institution at the time of the hearing.
 - I am an attorney and have a work conflict.
 - Other: _____
- I have have not contacted the opposing party(s) about this request. The opposing party(s) indicated that they do do not object to this request. It is unknown whether or not the opposing party(s) object.

TERMS AND CONDITIONS FOR A TELEPHONE APPEARANCE

- Eligibility for a telephone appearance is not available if the applicant has been ordered to personally appear at the hearing.
- The court has the discretion to permit a telephone appearance if it is appropriate, or to deny the request if it determines that a personal appearance would materially assist in the determination of the proceedings or the effective management or resolution of the case.
- At any time during the telephone appearance, the court may determine that a personal appearance is necessary, continue the matter, and require a personal appearance.

APR 09 2018

PETITIONER: M [REDACTED] ANDERSON

CASE NUMBER:

HED 150 [REDACTED]

RESPONDENT: A [REDACTED] ANDERSON

4. Information to verify your identify over the telephone must be provided upon the court's request.
5. The court will try to accommodate unexpected problems associated with a telephone appearance; however, absent good cause, the matter may proceed without the applicant's appearance or a continuance, and the court may decide the matter based on the information and evidence before it.
6. An appearance by telephone does not relieve a party or attorney of any obligations otherwise associated with a personal appearance, including the timely filing, service and lodgment of all documents.
7. An appearance by telephone does not grant a party or attorney any additional rights otherwise not associated with a personal appearance, including the opportunity to inspect documents or evidence properly submitted by another party and the ability to see all nonverbal aspects of the hearing.
8. A request to appear by telephone must be filed with the court and served on all parties at least ten (10) court days before the scheduled hearing date.

I HAVE READ AND UNDERSTAND ALL OF THE ABOVE TERMS AND CONDITIONS FOR A TELEPHONE APPEARANCE, AND AGREE TO BE BOUND BY THEM. TO THE BEST OF MY KNOWLEDGE, I AM ELIGIBLE FOR THIS TELEPHONE APPEARANCE.

IF YOU WISH TO APPEAR BY TELEPHONE AT YOUR CCRC APPOINTMENT PLEASE REFER TO LOCAL RULE 5155(D) FOR FURTHER INFORMATION AND COMPLET LOCAL FORM RI-FL066 REQUEST TO APPEAR BY TELEPHONE FOR CCRC.

I declare under penalty of perjury under the laws of the state of California that the foregoing is true and correct.

Date: MARCH 24 2018

A [REDACTED] Anderson

(TYPE OR PRINT NAME OF ATTORNEY PARTY MAKING DECLARATION)

[Handwritten Signature]

(SIGNATURE)

FINDINGS AND ORDER

The request to appear by telephone on _____ at _____ a.m. p.m. in Department _____ is:

GRANTED. The court finds that an appearance by telephone for this hearing is appropriate under the circumstances at this time.

DENIED. The court finds that an appearance by telephone for this hearing is not appropriate under the circumstances.

OTHER ORDERS. _____

IT IS SO ORDERED.

Date: 4/3/18

[Handwritten Signature]

(JUDICIAL OFFICER)

CERTIFICATE OF SERVICE

I certify that I am not a party to the above-entitled cause, that I placed a copy of this form in a sealed envelope addressed to the parties shown with postage prepaid, and deposited it in the United States mail at Blythe Hemet Indio Riverside

Date: _____ by _____, Clerk of the Superior Court, Deputy

GOVERNMENTAL AGENCY (under Family Code, §§ 17400 and 17406):
 BRUCE WAGNER, CHIEF DEPUTY CHILD SUPPORT ATTORNEY
 RIVERSIDE COUNTY DCSS - MAIN OFFICE
 2041 IOWA AVE
 RIVERSIDE CA 92507-2414
 20000000188

TELEPHONE NO.: (866) 901-3212 FAX NO.: (951) 955-9193

E-MAIL ADDRESS (Optional):

ATTORNEY FOR (Name): Under Family Code §§ 17400 & 17406

SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE
 STREET ADDRESS: 880 N STATE ST
 MAILING ADDRESS: 880 N STATE ST
 CITY AND ZIP CODE: HEMET 92543-1459
 BRANCH NAME: HEMET COURT

PETITIONER/PLAINTIFF: M ANDERSON
 RESPONDENT/DEFENDANT: A ANDERSON
 OTHER PARENT:

SUMMONS AND COMPLAINT 1ST SUPPLEMENTAL COMPLAINT
 AMENDED COMPLAINT REGARDING PARENTAL OBLIGATIONS

FOR COURT USE ONLY

ELECTRONICALLY
FILED
 Superior Court Of California
 County Of Riverside

4/25/2018

M. Coco

CASE NUMBER:
 HED150

TO (name): A ANDERSON

The local child support agency has filed this lawsuit against you. This lawsuit says you and the other parent are the parents of each child named in this *Complaint* and that the obligor may be required to pay child support. The attached proposed *Judgment Regarding Parental Obligations* (form FL-630) names you and the other parent as parents of each child listed below and, if there is an amount stated in item 6 of the proposed *Judgment*, orders the obligor to pay support for these children. If you disagree with the proposed *Judgment*, you must file the attached *Answer* (form FL-610) form with the court clerk within 30 days of the date that you were served with this *Complaint*. If you do not file an *Answer*, the proposed *Judgment* will become a final determination that you are the parent and responsible for support. If you are required to pay child support, the payments may be taken from your pay or other property without further notice. See the attached statement of your rights and responsibilities for more information.

La agencia local que vigila la manutención de menores ha registrado la presente demanda contra usted. Esta demanda dice que usted y el otro padre son los padres de los hijos nombrados aquí y que el obligado deberá pagar manutención de menores. El propuesto FALLO RESPECTO A OBLIGACIONES PATERNAS (Gubernamental) (formulario FL-630) los nombra a usted y al otro padre como padres de cada uno de los hijos que figuran a continuación y, si se incluye una suma en el inciso ó, obliga al obligado a pagar manutención por estos hijos. Si no está de acuerdo con el FALLO propuesto, deberá registrar el formulario de RESPUESTA que se adjunta, presentándolo al actuario del tribunal dentro de 30 días después de haber recibido notificación de esta DEMANDA. Si usted no registra una RESPUESTA, el FALLO propuesto tomará efecto con una determinación final de paternidad. Si se le está exigiendo que pague manutención de menores, los pagos podrán ser deducidos de su salario o de otras pertenencias suyas sin necesidad de mandarle ninguna otra notificación. Para mayor información, vea la declaración anexa respecto a los derechos y responsabilidades que tiene.

1. The local child support agency is asking the court to issue judgment or orders for the following children:

Name	Date of Birth	Establish Parentage	Establish Support	Modify Order	Beginning Date
L ANDERSON	2008	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	06/01/2018
A ANDERSON	2014	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	06/01/2018
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Additional children are listed on a page (labeled Attachment 1) attached to this *Complaint*.



Notice to person served: You are served

- as an individual defendant/respondent.
- on behalf of a minor child or children.
- other (specify):

Date: 4/25/2018

Clerk, by M. Coco, Deputy

PETITIONER/PLAINTIFF: M █████ ANDERSON RESPONDENT/DEFENDANT: A █████ ANDERSON OTHER PARENT:	CASE NUMBER: HED150 █████
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2. a. The parents of the children named in item 1 are (specify name): A █████ ANDERSON
 (specify name): M █████ ANDERSON
- b. (Specify name) _____ is named as the parent of the children listed in item 1 in the declaration of parentage on file with the local child support agency or the county welfare department.
- c. The obligor (the parent asked to pay support) is (specify): A █████ ANDERSON

3. Complete the following section if support is being requested but the "Establish Parentage" box has not been checked in item 1. Please specify each child. You do not need to complete this section if a final judgment of parentage was previously entered under this case number.

- a. A *Voluntary Declaration of Paternity* that has not been canceled and was signed by both parents has been forwarded to the California Department of Child Support Services for the following children (specify):
- b. The following are named as children of the marriage in a family law judgment in (specify county and state) _____ in case number (specify) _____ for the following children (specify):
- c. Judgment of parentage has previously been entered in (specify county and state) _____ in case number (specify) _____ for the following children (specify):
- d. Other (specify):
 Children were conceived during the marriage of mother and father.

(Names of children):
 L █████ ANDERSON, A █████ ANDERSON

PETITIONER/PLAINTIFF: M ■■■ ANDERSON	CASE NUMBER:
RESPONDENT/DEFENDANT: A ■■■ ANDERSON	HED150 ■■■
OTHER PARENT:	

4. a. Some or all of the children named in item 1 are receiving or have received public assistance from the following counties (specify):
- b. Date public assistance first paid:
5. Other (specify):

THE LOCAL CHILD SUPPORT AGENCY REQUESTS THAT:

6. The court determine that the persons listed in item 2 are the parents of the children listed in item 1 for whom the "Establish Parentage" boxes have been checked.
7. Based on the California support guideline, the court order the obligor to pay:
- a. \$ 0.00 current monthly child support based on the obligor's known income of \$ 0.00 per month, and, if applicable, the obligee's known income of \$ 0.00 per month.
 - b. \$ current monthly child support based on the obligor's presumed income, as provided by law.
 - c. \$ additional monthly child support for the following reasons (specify):
 - d. The court issue appropriate orders for sharing the costs of child care and/or uninsured health care (specify): Obligor be required to pay fifty percent (50%) of the reasonable uninsured health care costs for the children as provided by Family Code section 4062.
 - e. Other (specify):
8. The court order the obligor to provide health insurance for each child named in item 1 if available at no or reasonable cost; to keep the local child support agency informed of the availability of the coverage; to complete and return, within 20 days of the local child support agency's request, a health insurance form and that a *National Medical Support Notice* be issued. If health insurance is not available at no or reasonable cost, that the court orders obligor to provide coverage when it becomes available. **NOTICE:** The obligor's employer or other person providing health insurance will be ordered to enroll the children in an appropriate health insurance plan if the obligor is found to be the parent.
9. A wage and earnings assignment be issued.
10. The court order the parents to advise the local child support agency within 10 days in writing of any change in residence or employment.
11. The court order the obligor to make all payments to (specify): CALIFORNIA STATE DISBURSEMENT UNIT
PO BOX 989067
WEST SACRAMENTO CA 95798-9067
12. The other parent be added as a party to this case.
13. Number of pages attached: _____

NOTICE

- **Child support:** The court will make orders for the support of the children upon request and submission of financial forms by the requesting party.
- If you want legal advice, contact a lawyer immediately.
- **A Statement of Rights and Responsibilities is attached to this document. Please read it carefully.**

Date: 04/24/2018

BRUCE WAGNER

(TYPE OR PRINT NAME)



(ATTORNEY FOR LOCAL CHILD SUPPORT AGENCY)

PETITIONER/PLAINTIFF: M █████ ANDERSON RESPONDENT/DEFENDANT: A █████ ANDERSON OTHER PARENT:	CASE NUMBER: HED150 █████
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Hearing by Court Commissioner

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 acting as a temporary judge. You can object to the commissioner acting as a temporary judge in one of two ways: (1) by telling the commissioner in court, at the start of your hearing, that you object or (2) by delivering a written objection to the court clerk. You must object before the hearing in your case begins. You do not have to give a reason for your objection. The court commissioner may still hear your case to make findings and a recommended order. If you do not like the recommended order, you must object to it within 10 court days in writing (use *Notice of Objection* (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.

Family Law Facilitator

Each superior court has a family law facilitator's office to provide education, information, and assistance to parents who have child support issues. The basic duties of the family law facilitator include:

- Providing educational materials;
- Distributing court forms;
- Providing assistance in completing forms;
- Preparing child support guideline calculations; and
- Providing referrals to the local child support agency, family court services, and other community agencies.

The family law facilitator is a neutral person whose services are available to any person who is NOT represented by an attorney. Both parties in the same case may receive assistance from the family law facilitator. There is no attorney-client privilege between the family law facilitator and any person assisted by the family law facilitator, and matters discussed with the family law facilitator are not confidential. No person can be represented by the family law facilitator.

STATEMENT OF RIGHTS AND RESPONSIBILITIES

NOTICE to the defendant/respondent: The proposed *Judgment Regarding Parental Obligations* will be entered against you unless you file your written *Answer to Complaint or Supplemental Complaint Regarding Parental Obligations* (form FL-610) with the court clerk within 30 days of the date you were served with the *Complaint*. The proposed *Judgment* will be entered whether or not you have a lawyer. If you were served with a form telling you the date of a court hearing, you should go to court on that date. An order may be entered without your input if you do not attend the hearing.

AVISO para el acusado: El FALLO propuesto entrará en efecto contra usted, a menos que dentro de 30 días desde cuando recibió notificación de la DEMANDA, usted registre por escrito una RESPUESTA A DEMANDA o DEMANDA SUPLEMENTAL RESPECTO A OBLIGACIONES PATERNAS (Gubernamental) (formulario 610). El FALLO propuesto entrará en efecto contra usted, tenga o no tenga usted un abogado. Si le dieron notificación con un formulario que especifica una fecha de audiencia, usted tiene que presentarse al tribunal en esa fecha. Si no asiste a la audiencia, una orden judicial podrá emitirse sin considerar su punto de vista.

PETITIONER/PLAINTIFF: M █████ ANDERSON RESPONDENT/DEFENDANT: A █████ ANDERSON OTHER PARENT:	CASE NUMBER: HED150 █████
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NOTICE TO BOTH PARENTS

The local child support agency has sued both of you to determine whether you are the parents of the children listed and if one or both of you should be ordered to pay child support. The local child support agency does not represent any individual in this lawsuit, including either parent or the children. Carefully read this statement and the other papers that you received.

You have the right to be represented by a lawyer. If you dispute that you are the parent of the children listed in the *Complaint* and you do not have enough money for a lawyer, you may ask the court to appoint a lawyer to represent you on the issue of parentage.

Other information about court-appointed lawyers (specify):

A blank *Answer to Complaint or Supplemental Complaint Regarding Parental Obligations* (form FL-610) is included in the papers that were served on you. If you did not receive an *Answer* form or if you would like another copy, you may get one from the local child support agency, the court clerk's office, or the family law facilitator. The family law facilitator can assist you in filling out the *Answer* form. **You must file your *Answer* form with the court clerk within 30 days of the date you were served with the *Complaint* whether or not you obtain an attorney.**

Settling Out of Court

You may contact the local child support agency to try to work out a settlement agreement. However, you must still file an *Answer* form within 30 days. If you and the local child support agency can reach an agreement regarding the requests made in the *Complaint*, you may sign a settlement agreement called a **stipulation**. By signing a stipulation, you are agreeing to give up your rights explained in this statement, you are agreeing that you are the parent of the children listed in the *Complaint*, and you are agreeing to obey all of the terms of the stipulation. The stipulation will become a court order that you must obey.

Going to Court

If you file your *Answer form*, you have the right to a court hearing, to subpoena witnesses, to ask questions of any witness against you, and to present evidence on your behalf. Genetic tests may be performed if the defendant questions parentage of the children listed in the *Complaint*. If the defendant refuses to cooperate in the genetic testing process, the issue of parentage may be resolved against the defendant. The costs of the genetic testing may be charged to one of you.

Earnings Assignment

All orders for support must contain an earnings assignment. If you are obligated to pay support, this assignment will require your employer or other payor to deduct support payments from your salary or earnings and send the payments to the local child support agency. Your employer may also be required to enroll your children in a health insurance plan and deduct the cost from your salary or earnings.

Any amounts you owe may be collected from your property, whether or not you are current in your payments toward past due support. Collection may be made by taking money owed to you by the state or federal government (such as tax refunds, unemployment and disability benefits, and lottery winnings), by taking property you own, by placing a lien on your property, or by any other lawful means. You may be fined or imprisoned if you fail to pay support as ordered.

If the local child support agency does not know how much money the obligor (parent asked to pay support) earns, he or she is presumed to earn enough money to pay the amounts stated in item 6b of the proposed *Judgment Regarding Parental Obligations* (form FL-630).

PETITIONER/PLAINTIFF: M █████ ANDERSON RESPONDENT/DEFENDANT: A █████ ANDERSON OTHER PARENT:	CASE NUMBER: HED150 █████
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Other Important Information

Both parents should tell the local child support agency everything they know about the other parent's earnings and assets.

The defendant is always a party to this action. If the other parent has requested or is receiving services from the local child support agency, that parent will become a party to the lawsuit filed by the local child support agency after the initial support order or medical support order is entered by the court. After the other parent has become a party to the lawsuit either parent may then ask the court to decide issues concerning support, custody, visitation, and restraining orders (domestic violence). No other issues may be raised in this lawsuit. Either parent may go to court to modify the court order. The local child support agency cannot bring proceedings to establish or modify custody, visitation, or restraining orders.

After the other parent has become a party to the lawsuit, either parent may go to court to enforce the existing order against the other, but must first notify the local child support agency as required by law. The local child support agency is allowed 30 days to determine whether or not a parent will be permitted to proceed with the enforcement action against the other parent. The local child support agency may deny a parent permission to proceed if it is currently taking enforcement action or if the action by a parent would interfere with an investigation. If the local child support agency does not respond to the notice by the parent seeking enforcement within 30 days or if the local child support agency notifies the parent seeking enforcement that the enforcement action can proceed, the parent may then file the enforcement action as long as all support is paid through the local child support agency.

If the custodial person receives public assistance, the local child support agency may agree to settle any parentage or support issue in this lawsuit without providing advance notice to the custodial person. A child support agency may not settle any child support issue without the consent of any parent who is an applicant for child support services and who does not receive public assistance.

The local child support agency is required, under section 466(a)(13) of the Social Security Act, to place in the records pertaining to child support the social security number of any individual who is subject to a divorce decree, support order, or paternity determination or acknowledgment. This information is mandatory and will be kept on file at the local child support agency.

Your family law facilitator is available to help you with any questions you may have about the above information.
You can reach your family law facilitator by telephone at:

(951) 777-3437

or in person at:

**C/O RIVERSIDE SELF-HELP CENTER
 3535 10TH ST FL 2ND
 RIVERSIDE CA 92501-3604**

For more information on finding a lawyer or family law facilitator, see the California Courts Online Self-Help Center at www.courtinfo.ca.gov/selfhelp.

GOVERNMENTAL AGENCY (Under Family Code, §§ 17400, 17406):
BRUCE WAGNER, CHIEF DEPUTY CHILD SUPPORT ATTORNEY
RIVERSIDE COUNTY DCSS - MAIN OFFICE
2041 IOWA AVE
RIVERSIDE CA 92507-2414
TELEPHONE NO.: (866) 901-3212 FAX NO.: (951) 955-9193
E-MAIL ADDRESS:
ATTORNEY FOR (name): Under Family Code §§ 17400 & 17406

FOR COURT USE ONLY
20000000188
CASE NUMBER:
HED150

SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE
STREET ADDRESS: 880 N STATE ST
MAILING ADDRESS: 880 N STATE ST
CITY AND ZIP CODE: HEMET 92543-1459
BRANCH NAME: HEMET COURT

PETITIONER/PLAINTIFF: M ANDERSON
RESPONDENT/DEFENDANT: A ANDERSON
OTHER PARENT/PARTY:

JUDGMENT REGARDING PARENTAL OBLIGATIONS
 AMENDED 1ST SUPPLEMENTAL

1. a. NOTICE: THIS IS A PROPOSED AMENDED PROPOSED JUDGMENT. This Judgment Regarding Parental Obligations will be entered by the court and will become legally binding unless you fill out and file the Answer to Complaint or Supplemental Complaint Regarding Parental Obligations (Governmental) (form FL-610) with the court clerk within 30 days of the date you were served with the Summons and Complaint or Supplemental Complaint Regarding Parental Obligations (Governmental) (form FL-600). If you need form FL-610, you may get one from the local child support agency's office, the court clerk, or the family law facilitator. The family law facilitator will help you fill out the forms. To file the answer, follow the procedures listed in the attached instructions.

b. NOTICE: THIS IS A JUDGMENT. It is now legally binding.

2. This matter proceeded as follows:

a. Judgment entered under Family Code section 17430.

b. 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/party present Attorney present (name):
- (5) Local child support agency attorney (Family Code, §§ 17400, 17406) (name):
- (6) Other (specify):

c. The parent ordered to pay support is the petitioner/plaintiff respondent/defendant other parent/party.

3. This order is based on presumed income for the parent ordered to pay support under Family Code section 17400.

4. Attached is a computer printout showing the parents' incomes and percentage of time each parent spends with the children. The printout, which shows the calculation of child support payable, will become the court's findings.

5. This order is based on the attached documents (specify):

made possible by info found at www.facebook.com/groups/VeteranChildSupportGroup/

THE COURT ORDERS

6. a. Petitioner/plaintiff Respondent/defendant Other parent/party are the parents of the children named in item 6b below.

b. The parent ordered to pay support must pay current child support as follows:

Name of child	Date of birth	Monthly support amount
L ANDERSON	2008	\$0.00
A ANDERSON	2014	\$0.00

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.

PETITIONER/PLAINTIFF: M █████ ANDERSON RESPONDENT/DEFENDANT: A █████ ANDERSON OTHER PARENT/PARTY:	CASE NUMBER: HED150 █████
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6. b. (1) **Mandatory additional child support**

- (a) The parent ordered to pay support must pay additional monthly support for reasonable child-care costs, as follows:
 one-half or % or (specify amount): \$ _____ per month of the costs.
 Payments must be made to the other parent State Disbursement Unit child-care provider.
- (b) The parent ordered to pay support must pay reasonable uninsured health-care costs for the children, as follows:
 one-half or % or (specify amount): \$ _____ per month of the costs.
 Payments must be made to the other parent State Disbursement Unit health-care provider.

(2) Other (specify):

(3) **For a total of \$ 0.00** payable on the first day of each month beginning (date): 06/01/2018

- (4) The low-income adjustment applies.
- The low-income adjustment does not apply because (specify reasons):

(5) Any support ordered will continue until further order of court, unless terminated by operation of law.

(6) When a person who has been ordered to pay child support is in jail or prison or is involuntarily institutionalized for any period of more than 90 days in a row, the child support order is temporarily stopped. However, the child support order will not be stopped if the person who owes support has the financial ability to pay that support while in jail, prison, or an institution. It will also not be stopped if the reason the person is in jail, prison, or an institution is because the person didn't pay court ordered child support or committed domestic violence against the supported person or child. The child support order starts again on the first day of the month after the person is released from jail, prison, or an institution.

c. The parent ordered to pay support The parent receiving support must (1) provide and maintain health insurance coverage for the children if available at no or reasonable cost and keep the local child support agency informed of the availability of the coverage (the cost is presumed to be reasonable if it does not exceed 5 percent of gross income to add a child); (2) if health insurance is not available, provide coverage when it becomes available; (3) within 20 days of the local child support agency's request, complete and return a health insurance form; (4) provide to the local child support agency 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; and (6) assign any rights to reimbursement to the other parent or caretaker who incurs costs for health-care services for the children. The parent ordered to provide health insurance must seek continuation of coverage for the child after the child attains the age when the child is no longer considered eligible for coverage as a dependent under the insurance contract, if the child is incapable of self-sustaining employment because of a physically or mentally disabling injury, illness, or condition and is chiefly dependent upon the parent providing health insurance for support and maintenance.

d. The parent ordered to pay support must pay child support for the past periods and in the amounts set forth below:

<u>Name of child</u>	<u>Date of birth</u>	<u>Period of support</u>	<u>Amount</u>
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PETITIONER/PLAINTIFF: M █████ ANDERSON RESPONDENT/DEFENDANT: A █████ ANDERSON OTHER PARENT/PARTY:	CASE NUMBER: HED150 █████
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6. d. (1) Other (specify):

(2) For a total of \$ _____ payable \$ _____ on the: _____ day of each month beginning (date):

(3) Interest accrues on the entire principal balance owing and not on each installment as it becomes due.

e. If this is a judgment on a *Supplemental Complaint*, it does not modify or supersede any prior judgment or order for support or arrearage, unless specifically provided.

f. No provision of this judgment can 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, unless specified in item 6b(1) above, must be made to the State Disbursement Unit at the address listed below (specify address):

CALIFORNIA STATE DISBURSEMENT UNIT
 PO BOX 989067
 WEST SACRAMENTO CA 95798-9067

h. **An earnings assignment order is issued.**

i. In the event that there is a contract between a party receiving support and a private child support collector, the party ordered to pay support must pay the fee charged by the private child support collector. This fee must not exceed 33 1/3 percent of the total amount of past due support nor may it exceed 50 percent of any fee charged by the private child support collector. The money judgment created by this provision is in favor of the private child support collector and the party receiving support, jointly.

j. If "The parent ordered to pay support" box is checked in item 6c, a health insurance coverage assignment must issue.

k. The parents must notify the local child support agency in writing within 10 days of any change in residence or employment.

l. The form *Notice of Rights and Responsibilities (Health-Care Costs and Reimbursement Procedures)* and *Information Sheet on Changing a Child Support Order* (form FL-192) is attached.

m. The following person (the "other parent/party") is added as a party to this action (name):

n. **The court further orders** (specify):

Date:

Number of pages attached: _____

 JUDICIAL OFFICER

SIGNATURE FOLLOWS LAST ATTACHMENT

Approved as conforming to court order.
 Date:

(SIGNATURE OF ATTORNEY FOR THE PARENT ORDERED TO PAY SUPPORT)

NOTICE OF RIGHTS AND RESPONSIBILITIES

Health-Care Costs and Reimbursement Procedures

IF YOU HAVE A CHILD SUPPORT ORDER THAT INCLUDES A PROVISION FOR THE REIMBURSEMENT OF A PORTION OF THE CHILD'S OR CHILDREN'S HEALTH-CARE COSTS AND THOSE COSTS ARE NOT PAID BY INSURANCE, THE LAW SAYS:

1. Notice. You must give the other parent an itemized statement of the charges that have been billed for any health-care costs not paid by insurance. You must give this statement to the other parent within a reasonable time, but no more than 30 days after those costs were given to you.

2. Proof of full payment. If you have already paid all of the uninsured costs, you must (1) give the other parent proof that you paid them and (2) ask for reimbursement for the other parent's court-ordered share of those costs.

3. Proof of partial payment. If you have paid only your share of the uninsured costs, you must (1) give the other parent proof that you paid your share, (2) ask that the other parent pay his or her share of the costs directly to the health-care provider, and (3) give the other parent the information necessary for that parent to be able to pay the bill.

4. Payment by notified parent. If you receive notice from a parent that an uninsured health-care cost has been incurred, you must pay your share of that cost within the time the court orders; or if the court has not specified a period of time, you must make payment (1) within 30 days from the time you were given notice of the amount due, (2) according to any payment schedule set by the health-care provider, (3) according to a schedule agreed to in writing by you and the other parent, or (4) according to a schedule adopted by the court.

5. Disputed charges. If you dispute a charge, you may file a motion in court to resolve the dispute, but only if you pay that charge before filing your motion. If you claim that the other party has failed to reimburse you for a payment, or the other party has failed to make a payment to the provider after proper notice has been given, you may file a motion in court to resolve the dispute. The court will presume that if uninsured costs have been paid, those costs were reasonable. The court may award attorney fees and costs against a party who has been unreasonable.

6. Court-ordered insurance coverage. If a parent provides health-care insurance as ordered by the court, that insurance must be used at all times to the extent that it is available for health-care costs.

a. Burden to prove. The party claiming that the coverage is inadequate to meet the child's needs has the burden of proving that to the court.

b. Cost of additional coverage. If a parent purchases health-care insurance in addition to that ordered by the court, that parent must pay all the costs of the additional coverage. In addition, if a parent uses alternative coverage that costs more than the coverage provided by court order, that parent must pay the difference.

7. Preferred health providers. If the court-ordered coverage designates a preferred health-care provider, that provider must be used at all times consistent with the terms of the health insurance policy. When any party uses a health-care provider other than the preferred provider, any health-care costs that would have been paid by the preferred health provider if that provider had been used must be the sole responsibility of the party incurring those costs.

INFORMATION SHEET ON CHANGING A CHILD SUPPORT ORDER

General Information

The court has just made a child support order in your case. This order will remain the same unless a party to the action requests that the support be changed (modified). An order for child support can be modified only by filing a motion to change child support and serving each party involved in your case. If both parents and the local child support agency (if it is involved) agree on a new child support amount, you can complete, have all parties sign, and file with the court a *Stipulation to Establish or Modify Child Support and Order* (form FL-350) or *Stipulation and Order (Governmental)* (form FL-625).

When a Child Support Order May Be Modified

The court takes several things into account when ordering the payment of child support. First, the number of children is considered. Next, the net incomes of both parents are determined, along with the percentage of time each parent has physical custody of the children. The court considers both parties' tax filing status and may consider hardships, such as a child of another relationship. An existing order for child support may be modified when the net income of one of the parents changes significantly, the parenting schedule changes significantly, or a new child is born.

Examples

- You have been ordered to pay \$500 per month in child support. You lose your job. You will continue to owe \$500 per month, plus 10 percent interest on any unpaid support, unless you file a motion to modify your child support to a lower amount and the court orders a reduction.
- You are currently receiving \$300 per month in child support from the other parent, whose net income has just increased substantially. You will continue to receive \$300 per month unless you file a motion to modify your child support to a higher amount and the court orders an increase.
- You are paying child support based upon having physical custody of your children 30 percent of the time. After several months it turns out that you actually have physical custody of the children 50 percent of the time. You may file a motion to modify child support to a lower amount.

How to Change a Child Support Order

To change a child support order, you must file papers with the court. *Remember:* You must follow the order you have now.

What forms do I need?

If you are asking to change a child support order open with the local child support agency, you must fill out one of these forms:

- FL-680, *Notice of Motion (Governmental)* **or** FL-683 *Order to Show Cause (Governmental)* **and**
- FL-684, *Request for Order and Supporting Declaration (Governmental)*

If you are asking to change a child support order that is **not** open with the local child support agency, you must fill out one of these forms:

- FL-300, *Request for Order* **or**
- FL-390, *Notice of Motion and Motion for Simplified Modification of Order for Child, Spousal, or Family Support*

You must also fill out one of these forms:

- FL-150, *Income and Expense Declaration* **or** FL-155, *Financial Statement (Simplified)*

What if I am not sure which forms to fill out?

Talk to the family law facilitator at your court.

After you fill out the forms, file them with the court clerk and ask for a hearing date. Write the hearing date on the form.

The clerk will ask you to pay a filing fee. If you cannot afford the fee, fill out these forms, too:

- Form FW-001, *Request to Waive Court Fees*
- Form FW-003, *Order on Court Fee Waiver (Superior Court)*

You must serve the other parent. If the local child support agency is involved, serve it too.

This means someone 18 or over — **not you** — must serve the other parent copies of your filed court forms at least **16 court days** before the hearing. Add **5 calendar days** if you serve by mail within California (see Code of Civil Procedure section 1005 for other situations).

Court days are weekdays when the court is open for business (Monday through Friday except court holidays). **Calendar days** include all days of the month, including weekends and holidays. To find court holidays, go to www.courts.ca.gov/holidays.htm.

The server must also serve blank copies of these forms:

- FL-320, *Responsive Declaration to Request for Order* **and** FL-150, *Income and Expense Declaration*, **or**
- FL-155, *Financial Statement (Simplified)*

Then the server fills out and signs a *Proof of Service* (form FL-330 or FL-335). Take this form to the clerk and file it.

Go to your hearing and ask the judge to change the support. Bring your tax returns from the last two years and your last two months' pay stubs. The judge will look at your information, listen to both parents, and make an order. After the hearing, fill out:

- FL-340, *Findings and Order After Hearing* **and**
- FL-342, *Child Support Information and Order Attachment*

Need help?

Contact the family law facilitator in your county or call your county's bar association and ask for an experienced family lawyer.

Court Case Number: HED150-
 Petitioner Name: M ANDERSON
 Respondent Name: A ANDERSON
 Other Parent Name:

Guideline Calculation Results Summary

Monthly Support Totals		NCP	Other Parent						
Monthly Child Support Amount		0.00	0.00						
Basic Child Support Amount		0.00	0.00						
Child Support Add-Ons Amount		0.00	0.00						
Child Care		0.00	0.00						
Visits/Travel Expenses		0.00	0.00						
School Expenses		0.00	0.00						
Uninsured Health Expenses		0.00	0.00						
Total Arrears Support Amount		0.00	0.00						
Temporary Spousal Support Amount (N/A)		0.00	0.00						
Monthly Tax/Income Information (Tax Year: 2018)		NCP	Other Parent						
Monthly Net Disposable Income		0.00	0.00						
Monthly Taxable & Non-Taxable Gross Income		0.00	0.00						
Monthly Taxable Gross Income		0.00	0.00						
Monthly Non-Taxable Gross Income		0.00	0.00						
Federal Adjusted Gross Income		0.00	0.00						
Federal Taxable Income		0.00	0.00						
Net Income After Support		0.00	0.00						
Federal Tax Filing Status	MARRIED FILING SEP (NOT W/ OP)		HEAD OF HOUSEHOLD						
Number of Tax Exemptions (Federal)	1		3						
State Tax Filing Status	SAME AS FEDERAL		SAME AS FEDERAL						
Number of Tax Exemptions (State)	1		3						
Federal Tax Liabilities	0.00		0.00						
State Tax Liabilities	0.00		0.00						
FICA (Social Security and/or Medicare)	0.00		0.00						
Self-Employment Tax	0.00		0.00						
CASDI	0.00		0.00						
TANF/CalWORKS	NO		NO						
Other Monthly Deduction Totals		NCP	Other Parent						
Child Support Paid (Other Relationships)		0.00	0.00						
Required Union Dues		0.00	0.00						
Mandatory Retirement		0.00	0.00						
Job Related Expenses & Spousal Support Other Relationship		0.00	0.00						
Health Insurance Premium		0.00	0.00						
Hardship Deduction Amount		0.00	0.00						
Hardship Deduction Children		0.0	0.0						
Extraordinary Health Expenses		0.00	0.00						
Uninsured Catastrophic Losses		0.00	0.00						
Monthly Support Amounts Per Child									
Child Name	Date of Birth	% Time with NCP	NCP Add-Ons	NCP Support	NCP Total	OP Add-Ons	OP Support	OP Total	
L	2008-	12.0 %	0.00	0.00	0.00	0.00	0.00	0.00	
AXEL	2014-	0.0 %	0.00	0.00	0.00	0.00	0.00	0.00	
		%							
		%							
		%							
		%							
		%							
		%							
		%							
Average % Time with NCP:		6.0 %	0.00	0.00	0.00	0.00	0.00	0.00	
Guideline Findings:									
A ANDERSON is required to pay M ANDERSON \$0.00 in CURRENT SUPPORT									
Total Child Support Arrears Per Child									
Child Name	Prior Period	NCP Add-Ons	NCP Support	NCP Total	OP Add-Ons	OP Support	OP Total		
L	Not Applicable	0.00	0.00	0.00	0.00	0.00	0.00		
A	Not Applicable	0.00	0.00	0.00	0.00	0.00	0.00		
		0.00	0.00	0.00	0.00	0.00	0.00		

Court Case Number: HED150
 Petitioner Name: M ANDERSON
 Respondent Name: A ANDERSON
 Other Parent Name:

Guideline Calculation Results Detail	NCP	Other Parent
Tax Setting Information		
Federal Tax Settings		
Include Self-Employment Taxes	YES	YES
Include FICA (Social Security and Medicare)	YES	YES
Include Medicare	YES	YES
Earned Income Credit	YES	YES
Retirement Savers Credit	YES	YES
Number of Children for Child Care Credits	0	2
Number of Children for Earned Income Credits	0	2
Number of Children for Child Tax Credits	0	2
Parent is Blind	NO	NO
Parent is 65 or Older	NO	NO
New Spouse is Blind	NO	NO
New Spouse is 65 or Older	NO	NO
Married Filing Separately, Lived with Spouse Part of the Year	YES	YES
State Tax Settings		
Include California State Income Taxes	YES	YES
California State Disability Insurance	YES	YES
Dependency Credit for Dependent Parent(s)	NO	NO
Joint Custody Head of Household Credit	NO	NO
California Renter's Credit	YES	YES
California Earned Income Tax Credit	YES	YES
Number of Children for Child Tax Credits	0	2
Include Other State Income Taxes	NO	NO
Other State Tax Rate		
Other State Tax Amount		
Deduction type when NCP and Other Parent are Married Filing Separately		
Monthly Income Information		
Wages/Salary	0.00	0.00
NCP: Based on earned income: \$0.00 MONTHLY		
Other Parent: Based on earned income: \$0.00 MONTHLY		
Self-Employment Income	0.00	0.00
Unemployment Compensation	0.00	0.00
Disability (Taxable)	0.00	0.00
Imputed Income	NONE	NONE
Total Other Taxable Income	0.00	0.00
Social Security Income (Taxable)	0.00	0.00
Other Income (Retirement, Annuity, SS Other Rel, Operating Losses, etc)	0.00	0.00
Short-Term Capital Gains	0.00	0.00
Long-Term Capital Gains	0.00	0.00
Line 4e from IRS Form 4952	0.00	0.00
Unrecaptured Section 1250 Gains	0.00	0.00
Nonqualified Dividends	0.00	0.00
Qualified Dividends	0.00	0.00
Interest Received	0.00	0.00
Royalties	0.00	0.00
Rental Income	0.00	0.00
Other Taxable Income Adjustments	0.00	0.00
Total Other Non-Taxable Income	0.00	0.00
Other Non-Taxable Income	0.00	0.00
Social Security Income (Non-Taxable)	0.00	0.00
Tax Exempt Interest	0.00	0.00
Disability	0.00	0.00
Worker's Compensation	0.00	0.00
Public Assistance and Child Support Received	0.00	0.00
Public Assistance	0.00	0.00
Child Support Received	0.00	0.00
New Spouse Income & Deductions		
Wages/Salary	0.00	0.00
Self-Employment Income	0.00	0.00
Social Security Income (Taxable)	0.00	0.00
Social Security Income (Non-Taxable)	0.00	0.00
Other Taxable Income	0.00	0.00
Spousal Support Paid Other Marriage	0.00	0.00
Retirement Contribution if Adjustments to Income	0.00	0.00
Required Union Dues	0.00	0.00
Necessary Job-Related Expenses	0.00	0.00

Court Case Number: HED [REDACTED]
 Petitioner Name: M [REDACTED] ANDERSON
 Respondent Name: A [REDACTED] ANDERSON
 Other Parent Name:

Guideline Calculation Results Detail	NCP	Other Parent
Monthly Deduction Information		
Child Support Paid (Other Relationships)	0.00	0.00
Spousal Support Paid (This Relationship)	0.00	0.00
Property Tax	0.00	0.00
Mortgage Interest	0.00	0.00
Other Itemized Deductions	0.00	0.00
Other Medical Expenses	0.00	0.00
Deductible Interest Expenses	0.00	0.00
Contribution Deduction	0.00	0.00
State and Local Sales Tax	0.00	0.00
Miscellaneous Itemized	0.00	0.00
Required Union Dues	0.00	0.00
Total Health Insurance Premium	0.00	0.00
Health Insurance (Pre-Tax)	0.00	0.00
Health Insurance (Post-Tax)	0.00	0.00
Wage Deduction (Pre-Tax)	0.00	0.00
Wage Deduction (Post-Tax)	0.00	0.00
Retirement Contributions	0.00	0.00
Mandatory Retirement (Tax-Deferred)	0.00	0.00
Mandatory Retirement (Non-Tax-Deferred)	0.00	0.00
Voluntary Retirement (Tax-Deferred)	0.00	0.00
Voluntary Retirement (Non-Tax-Deferred)	0.00	0.00
Other Guideline Deductions	0.00	0.00
Spousal/Other Partner Support Paid Other Relationship	0.00	0.00
Necessary Job-Related Expenses	0.00	0.00
State Adjustments		
State Adjustments to Income	0.00	0.00
State Adjustments to Itemized Deductions	0.00	0.00
Monthly Hardship Deduction		
Hardship Deduction Amount	0.00	0.00
Hardship Deduction Children	0.0	0.0
Hardship Deduction Expenses		
Extraordinary Health Expenses	0.00	0.00
Uninsured Catastrophic Losses	0.00	0.00
Other Tax Deductions	0.00	0.00
Adjustments to Income	0.00	0.00
Other Discretionary Deductions	0.00	0.00
Alternative Minimum Tax Information	0.00	0.00
Certain Interest on Home Mortgage	0.00	0.00
Investment Interest	0.00	0.00
Post-1986 Depreciation	0.00	0.00
Adjusted Gain or Loss	0.00	0.00
Incentive Stock Options	0.00	0.00
Passive Activities	0.00	0.00
Estates and Trusts, Schedule K-1	0.00	0.00
Tax Exempt Interest From Private Activity Bond	0.00	0.00
Other Preferences	0.00	0.00
Alternative Minimum Tax Operating Loss Deduction	0.00	0.00

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address) BRUCE WAGNER, CHIEF DEPUTY CHILD SUPPORT ATTORNEY		ELECTRONICALLY FILED Superior Court Of California County Of Riverside 6/1/2018 D GRANT
RIVERSIDE COUNTY DCSS - MAIN OFFICE 2041 IOWA AVE RIVERSIDE CA 92507-2414	20000000188	
TELEPHONE NO.: (866) 901-3212 FAX NO. (Optional): (951) 955-9193 E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): Under Family Code §§ 17400 & 17406		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE STREET ADDRESS: 880 N STATE ST MAILING ADDRESS: 880 N STATE ST CITY AND ZIP CODE: HEMET 92543-1459 BRANCH NAME: HEMET COURT		
PLAINTIFF/PETITIONER: M ANDERSON DEFENDANT/RESPONDENT: A ANDERSON		CASE NUMBER: HED150
PROOF OF SERVICE OF SUMMONS		Ref. No. or File No.:

(Separate proof of service is required for each party served.)

1. At the time of service I was at least 18 years of age and not a party to this action.
2. I served copies of:
 - a. summons
 - b. complaint
 - c. Alternative Dispute Resolution (ADR) package
 - d. Civil Case Cover Sheet (served in complex cases only)
 - e. cross-complaint
 - f. other (specify documents): 1st Supp:FL-150;192(S);610;611;630;Notice/Stip(FL615)/Sued;Pub160;0054;Visit
3. a. Party served (specify name of party as shown on the documents served):
 A ANDERSON
 - b. Person (other than the party in item 3a) served on behalf of an entity or as an authorized agent (and not a person under item 5b on whom substituted service was made) (specify name and relationship to the party named in item 3a):
4. Address where the party was served:
 The address/place of service is on file with the Department of Child Support Services shown above pursuant to Family Code section 17212(b)(3) and may be released only upon order of the court pursuant to Family Code section 17212(c)(6).
5. I served the party (check proper box)
 - a. **by personal service.** I personally delivered the documents listed in item 2 to the party or person authorized to receive service of process for the party (1) on (date): 05/08/2018 (2) at (time): 4:30pm
 - b. **by substituted service.** On (date): _____ at (time): _____ I left the documents listed in item 2 with or in the presence of (name and title or relationship to person indicated in item 3):
 - (1) **(business)** a person at least 18 years of age apparently in charge at the office or usual place of business of the person to be served. I informed him or her of the general nature of the papers.
 - (2) **(home)** a competent member of the household (at least 18 years of age) at the dwelling house or usual place of abode of the party. I informed him or her of the general nature of the papers.
 - (3) **(physical address unknown)** a person at least 18 years of age apparently in charge at the usual mailing address of the person to be served, other than a United States Postal Service post office box. I informed him or her of the general nature of the papers.
 - (4) I thereafter mailed (by first-class, postage prepaid) copies of the documents to the person to be served at the place where the copies were left (Code Civ. Proc., §415.20). I mailed the documents on (date): _____ from (city): _____ or a declaration of mailing is attached.
 - (5) I attach a **declaration of diligence** stating actions taken first to attempt personal service.



PLAINTIFF/PETITIONER: M █████ ANDERSON DEFENDANT/RESPONDENT: A █████ ANDERSON	CASE NUMBER: HED150 █████
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5. c. **by mail and acknowledgment of receipt of service.** I mailed the documents listed in item 2 to the party, to the address shown in item 4, by first-class mail, postage prepaid.
- (1) on (date): _____ (2) from (city): _____
- (3) with two copies of the *Notice and Acknowledgment of Receipt* and a postage-paid return envelope addressed to me. (*Attach completed Notice of Acknowledgement of Receipt (Code Civ. Proc., §415.30).*)
- (4) to an address outside California with return receipt requested. (Code Civ. Proc., §415.40).
- d. **by other means** (*specify means of service and authorizing code section*):

Additional page describing service is attached.

6. The "Notice to the Person Served" (on the summons) was completed as follows:

- a. as an individual defendant.
- b. as the person sued under the fictitious name of (*specify*):
- c. as occupant.
- d. On behalf of (*specify*):
 under the following Code of Civil Procedure section:
- | | |
|---|---|
| <input type="checkbox"/> 416.10 (corporation) | <input type="checkbox"/> 415.95 (business organization, form unknown) |
| <input type="checkbox"/> 416.20 (defunct corporation) | <input type="checkbox"/> 416.60 (minor) |
| <input type="checkbox"/> 416.30 (joint stock company/association) | <input type="checkbox"/> 416.70 (ward or conservatee) |
| <input type="checkbox"/> 416.40 (association or partnership) | <input type="checkbox"/> 416.90 (authorized person) |
| <input type="checkbox"/> 416.50 (public entity) | <input type="checkbox"/> 415.46 (occupant) |
| | <input type="checkbox"/> other: |

7. **Person who served papers**

- a. Name: Jeffrey Skorik
- b. Address: PO Box 686 - Marinette, WI 54143-0686
- c. Telephone number: 715-735-0564
- d. **The fee** for service was: \$
- e. I am:
- (1) not a registered California process server.
- (2) exempt from registration under Business and Professions Code section 22350(b).
- (3) a registered California process server.
- (i) owner employee independent contractor.
- (ii) Registration No.:
- (iii) County:

8. **I declare** under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

or

9. **I am a California sheriff or marshal and** I certify that the foregoing is true and correct.

Date: 05/21/2018

Jeffrey Skorik <small>(NAME OF PERSON WHO SERVED PAPERS/SHERIFF OR MARSHAL)</small>		<small>(SIGNATURE)</small>
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<p>GOVERNMENTAL AGENCY (under Family Code §§ 17400, 17406): BRUCE WAGNER, CHIEF DEPUTY CHILD SUPPORT ATTORNEY RIVERSIDE COUNTY DCSS - MAIN OFFICE 2041 IOWA AVE RIVERSIDE CA 92507-2414</p> <p>TELEPHONE NO.: (866) 901-3212 FAX NO. (Optional): (951) 955-9193</p> <p>E-MAIL ADDRESS (Optional):</p> <p>ATTORNEY FOR (Name): Under Family Code §§ 17400 & 17406</p>	<p>FOR COURT USE ONLY</p> <p>FILED SUPERIOR COURT OF CALIFORNIA COUNTY OF RIVERSIDE</p> <p>JUN 11 2018</p> <p>M. Coco <i>MC</i></p> <p>CASE NUMBER: HED1501</p>
<p>SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE</p> <p>STREET ADDRESS: 880 N STATE ST MAILING ADDRESS: 880 N STATE ST CITY AND ZIP CODE: HEMET 92543-1459 BRANCH NAME: HEMET COURT</p>	
<p>PETITIONER/PLAINTIFF: M ANDERSON</p> <p>RESPONDENT/DEFENDANT: A ANDERSON</p> <p>OTHER PARENT:</p>	
<p>REQUEST FOR DISMISSAL</p>	

FILED JUN 19 2018

1. TO THE CLERK: Please dismiss the following:

- a. (1) With prejudice (2) Without prejudice
- b. (1) Complaint filed on (date):
- (2) 1st Supplemental complaint filed on (date): 04/25/2018
- (3) Amended complaint filed on (date):
- (4) Amended supplemental complaint filed on (date):
- (5) Uniform Interstate Family Support Act (UIFSA) petition filed on (date):
- (6) Entire action of all parties and all related causes of action filed on (date):
- (7) Other (specify): filed on (date):

made possible by info found at www.facebook.com/groups/VeteranChildSupportGroup/

Date: 06/07/2018
BRUCE WAGNER

(TYPE OR PRINT NAME OF GOVERNMENTAL ATTORNEY)

Bruce Wagner
(SIGNATURE)

2. TO THE CLERK: Consent to the above dismissal is hereby given.*

Date:

(TYPE OR PRINT NAME OF ATTORNEY OR PARTY WITHOUT ATTORNEY)

(SIGNATURE)

* If a responsive pleading seeking affirmative relief is on file, the attorney for respondent must sign the consent if required by Code of Civil Procedure section 581(i) or (j).

(To be completed by clerk):

- 3. Dismissal entered as requested on (date): **JUN 11 2018**
- 4. Dismissal entered on (date): as to only (name each):
- 5. Dismissal not entered as requested for the following reasons (specify):
- 6. a. Attorney or party without attorney notified on (date):
- b. Attorney or party without attorney not notified. Filing failed to provide
 - a copy to conform
 - means to return conformed copy

Date: **JUN 11 2018** Clerk, by *[Signature]*, Deputy