

## **NOTICE TO ALL CUSTODIAL PARTIES AND NON-CUSTODIAL PARENTS DEPLOYING OUT-OF-STATE**

**ATTENTION:** All recently activated National Guard Members and Military Reservists with child support orders

**SUBJECT:** Opportunity to request a review and possible modification of your support order prior to out-of-state deployment

Opportunity to request a lower interest rate on past-due child support debts

### **Review and Possible Modification of Child Support Orders**

If you have a child support obligation, or are receiving child support payments for a child or children in your custody, and are being deployed out-of-state, you have an opportunity to request a review and possible modification of the child support order before you deploy. If you will experience a change in income based on your call to active duty, your child support order may be modified accordingly.

If your support order is being enforced by a local child support agency (LCSA), complete a Notice of Deployment – Request for Review of Child Support Order (DCSS 0585). Attach a copy of your order of deployment, a copy of your Leave and Earnings Statement, an Income and Expense Declaration (FL-150), copies of your paycheck stubs for the last two months, your most recent W-2 forms, and any other required documentation. Submit the complete packet to the LCSA which is enforcing your support order. (See attached list of LCSA names, addresses, and telephone numbers.)

Within five (5) business days of receiving your request, the LCSA will review your case and, if appropriate for modification, file a motion with the court to modify the support order. Please note that the review may result in an upward modification, a downward modification, or no change to the child support order.

If your support order is not being enforced by an LCSA, complete a Notice of Activation of Military Service and Deployment and Request to Modify a Support Order (FL-398), attach the appropriate documentation, file the packet directly with the court, and serve the other party to the order. Instructions for completing the form, filing it with the court, and serving the other party, are included with the form.

If possible, the court will schedule a hearing on the matter prior to your date of deployment. If the court is unable to hear the matter prior to your deployment date, you have 90 days from the date you return from deployment to request that a hearing be scheduled or you will lose the right to change the support order retroactively. If your modification is approved, it will be effective on the date the FL-398 was served on the other party, or your date of deployment, whichever is later.

**Reduction of Interest Rate on Past-Due Child Support Debts**

If your support order is being enforced by an LCSA, you may use a Notice of Deployment – Request for Review of Child Support Order (DCSS 0585) to request that the interest rate charged on any child support arrears that accrued prior to your deployment be reduced to six percent (6%) for the duration of your deployment in accordance with the Servicemembers Civil Relief Act. To be eligible for a reduction in interest rate, you must prove that your activation to military service has had a "material effect" on your ability to pay the usual interest rate of ten percent (10%). Submit the request to the LCSA which is enforcing your support order. (See attached list of LCSA names, addresses, and telephone numbers.)

If your support order is being enforced by an entity other than an LCSA, you must contact that entity in writing to request a reduction in the interest rate.

**For Assistance**

For assistance with these processes, you may seek advice from the Judge Advocate General's Corps Legal Assistance Office, the Family Law Facilitator in your county, or the LCSA handling your case.

**Attachments:**

- Notice of Deployment – Request for Review of Child Support Order (DCSS 0585)
- Income and Expense Declaration (FL-150)
- Notice of Activation of Military Service and Deployment and Request to Modify a Support Order (FL-398)
- California Local Child Support Agencies – Mailing Addresses and Telephone Numbers

**NOTICE OF DEPLOYMENT - REQUEST FOR REVIEW OF CHILD SUPPORT ORDER**

DCSS 0585 (04/21/06)

**Note:** Use this form if you have a child support order **currently being enforced by a local child support agency** (IV-D case). If you have a child support order not being enforced by a local child support agency, use Judicial Council court form FL-398, Notice of Activation of Military Service and Deployment and Request to Modify a Support Order (available at [www.courtinfo.ca.gov](http://www.courtinfo.ca.gov)).

**Please complete sections I through IV of this form. After completing, return the form and the appropriate attachments to the local child support agency that enforces your child support order. Do not submit this form directly to the court. See the attached list of local child support agencies for mailing addresses.**

**SECTION I - SERVICE MEMBER INFORMATION**

SERVICE MEMBER'S NAME (FIRST, MIDDLE, LAST, SUFFIX)

SOCIAL SECURITY NUMBER (\* SEE PRIVACY NOTICE ON PAGE 2.)

MAILING ADDRESS (STREET)

CITY

STATE

ZIP CODE

BRANCH OF SERVICE

DATE OF OUT-OF-STATE DEPLOYMENT (Attach a Copy of the Order of Deployment.)

IF ORDER OF DEPLOYMENT IS CLASSIFIED AND/OR UNAVAILABLE, CHECK HERE.

☐

EXPECTED DURATION OF ACTIVATION (Specify beginning and ending dates)

Beginning Date:

Ending Date:

SERVICE MEMBER IS THE (Check one):

☐

NON-CUSTODIAL PARENT

☐

CUSTODIAL PARTY

**SECTION II - CHILD SUPPORT CASE INFORMATION**

LOCAL CHILD SUPPORT AGENCY (County name)

IV-D CASE NUMBER

OTHER PARENT'S NAME (Other party to the Child Support Order)

**SECTION III - ACTION BEING REQUESTED** (Check all that apply. You must check at least one box.)**I request that the local child support agency:**☐

Review my current child support order for possible changes. I understand that reviewing my support order may result in an increase, a decrease, or no change to the child support order.

☐

Reduce the interest rate on past-due child support that accrued prior to my deployment to six percent (6%) during my deployment, in accordance with the Servicemembers Civil Relief Act. I understand that to receive this reduction, my activation and deployment must have had a material effect on my ability to pay the usual interest rate of ten percent (10%).

**SECTION IV - EMPLOYER INFORMATION**

EMPLOYER'S NAME

MAILING ADDRESS (STREET)

CITY

STATE

ZIP CODE

MY CURRENT (Pre-Deployment) SALARY IS:

\$

MY MILITARY (After Deployment) SALARY IS:

\$

Check all that apply (You must check at least one box):

- ☐ While I am deployed, my employer will supplement my military pay (specify amount per month and attach proof):  
\$ \_\_\_\_\_
- ☐ While I am deployed, my employer will not supplement my military pay. I will only have military pay in the amount stated on my attached Income and Expense Declaration form (FL-150).
- ☐ I do not know if my employer will supplement my military pay.
- ☐ While I am deployed, I will have other income in addition to my military pay (specify amount per month, source of income, and attach proof. If additional space is needed below, include necessary attachments).

Amount: \$ \_\_\_\_\_

Source: \_\_\_\_\_

### Notice

If a modification is ordered, the new court order will become effective on the date this form is served on the opposing party or the date of deployment, whichever is later, unless the court determines there is good cause to do otherwise.

The deployed person must immediately notify the local child support agency and the other party to the child support order when he or she returns from deployment. If the court was not able to hear the modification request before the deployment date, the service member must bring any unresolved request to a hearing within 90 days of return or lose the right to change the support order as requested here.

## SECTION V - CERTIFICATION

I certify that:

- I have attached a completed Income and Expense Declaration form (FL-150), a copy of my Leave and Earnings Statement, copies of my paycheck stubs for the last two months, and my most recent W-2 forms.
- I have included documentation of my active duty status.
- If, after submitting this document, I learn that my employer will supplement my military pay, I will immediately inform the local child support agency.
- When I return from active duty, I will immediately notify the local child support agency and the other party to the child support order.
- I understand that I cannot use this form to request a change of a spousal support order. If I wish to request a change of a spousal support order, I must use form FL-398, Notice of Activation of Military Service and Deployment and Request to Modify a Court Order and apply directly to the court.
- If the local child support agency determines that I am eligible to receive a modification of my child support order, but the court is not able to hear the matter prior to my out-of-state deployment, I waive my right to personal appearance and authorize the local child support agency to proceed on my behalf. This request does not constitute a waiver of my right to a stay or rehearing of this matter under the Servicemembers Civil Relief Act.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

## SECTION VI - SUBSTITUTE MAILING ADDRESS

If the court is unable to hear this matter prior to my deployment date, send notice of the final results of this request to:

\_\_\_\_\_  
NAME (FIRST, MIDDLE, LAST, SUFFIX)

\_\_\_\_\_  
MAILING ADDRESS (STREET)

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP CODE

### Privacy Notice

The Information Practices Act of 1977 (Civil Code Section 1798.17) and the Federal Privacy Act of 1974 (Title 5, United States Code Section 552a(e)(3), Section 7 Note) require that this notice be provided when collecting personal information and social security numbers from individuals. Information requested on this form is used by the Department of Child Support Services and local child support agencies for the purposes of identification and for the processing of the request to modify child support orders. Personal information may be shared with the other parent, state and federal child support agencies, courts and entities providing services to such agencies. It is mandatory to furnish all information requested on this form. Failure to provide the mandatory information may result in the requested action not being processed.

The agency official responsible for maintenance of the forms is the local child support agency handling the child support case. Legal references authorizing solicitation and maintenance of this personal information include Title 42, United States Code Section 666(a)(13)(B), as well as Family Code Sections 17440 and 17212. Copies of the form are maintained in confidential files of the Department of Child Support Services or local child support agencies for 4 years and 4 months after the closure of your child support case. The filers of the form have the right of access to their forms upon request by calling the local child support agency.

PARTY WITHOUT ATTORNEY OR ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name): Under Family Code §§	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	
<b>INCOME AND EXPENSE DECLARATION</b>	CASE NUMBER:

**1. Employment** (Give information on your current job or, if you're unemployed, your most recent job.)

Attach copies  
of your pay  
stubs for last  
two months  
(black out  
Social  
Security  
numbers).

- a. Employer:
- b. Employer's address:
- c. Employer's phone number:
- d. Occupation:
- e. Date job started:
- f. If unemployed, date job ended:
- g. I work about \_\_\_\_\_ hours per week.
- h. I get paid \$ \_\_\_\_\_ gross (before taxes) ☐ per month ☐ per week ☐ per hour.

(If you have more than one job, attach an 8 1/2-by-11-inch sheet of paper and list the same information as above for your other jobs. Write "Question 1—Other Jobs" at the top.)

**2. Age and education**

- a. My age is (specify):
- b. I have completed high school or the equivalent: ☐ Yes ☐ No If no, highest grade completed (specify):
- c. Number of years of college completed (specify): ☐ Degree(s) obtained (specify):
- d. Number of years of graduate school completed (specify): ☐ Degree(s) obtained (specify):
- e. I have: ☐ professional/occupational license(s) (specify):  
☐ vocational training (specify):

**3. Tax information**

- a. ☐ I last filed taxes for tax year (specify year):
- b. My tax filing status is ☐ single ☐ head of household ☐ married, filing separately  
☐ married, filing jointly with (specify name):
- c. I file state tax returns in ☐ California ☐ other (specify state):
- d. I claim the following number of exemptions (including myself) on my taxes (specify):

4. **Other party's income.** I estimate the gross monthly income (before taxes) of the other party in this case at (specify): \$  
 This estimate is based on (explain):

(If you need more space to answer any questions on this form, attach an 8 1/2-by-11-inch sheet of paper and write the question number before your answer.) Number of pages attached: \_\_\_\_\_

I declare under penalty of perjury under the laws of the State of California that the information contained on all pages of this form and any attachments is true and correct.

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER:
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**Attach copies of your pay stubs for the last two months and proof of any other income. Take a copy of your latest federal tax return to the court hearing. (Black out your Social Security number on the pay stub and tax return.)**

**5. Income** (For average monthly, add up all the income you received in each category in the last 12 months and divide the total by 12.)

	Last month	Average monthly
a. Salary or wages (gross, before taxes).....	\$	_____
b. Overtime (gross, before taxes).....	\$	_____
c. Commissions or bonuses.....	\$	_____
d. Public assistance (for example: TANF, SSI, GA/GR) <input type="checkbox"/> currently receiving .....	\$	_____
e. Spousal support <input type="checkbox"/> from this marriage <input type="checkbox"/> from a different marriage <input type="checkbox"/> federally taxable* .....	\$	_____
f. Partner support <input type="checkbox"/> from this domestic partnership <input type="checkbox"/> from a different domestic partnership .....	\$	_____
g. Pension/retirement fund payments.....	\$	_____
h. Social Security retirement (not SSI).....	\$	_____
i. Disability: <input type="checkbox"/> Social Security (not SSI) <input type="checkbox"/> State disability (SDI) <input type="checkbox"/> Private insurance .....	\$	_____
j. Unemployment compensation.....	\$	_____
k. Workers' compensation.....	\$	_____
l. Other (military allowances, royalty payments) (specify): .....	\$	_____

**6. Investment income** (Attach a schedule showing gross receipts less cash expenses for each piece of property.)

a. Dividends/interest.....	\$	_____
b. Rental property income.....	\$	_____
c. Trust income.....	\$	_____
d. Other (specify): .....	\$	_____

**7. Income from self-employment, after business expenses for all businesses**..... \$ \_\_\_\_\_

I am the ☐ owner/sole proprietor ☐ business partner ☐ other (specify): \_\_\_\_\_

Number of years in this business (specify): \_\_\_\_\_

Name of business (specify): \_\_\_\_\_

Type of business (specify): \_\_\_\_\_

**Attach a profit and loss statement for the last two years or a Schedule C from your last federal tax return. Black out your Social Security number. If you have more than one business, provide the information above for each of your businesses.**

**8. ☐ Additional income.** I received one-time money (lottery winnings, inheritance, etc.) in the last 12 months (specify source and amount): \_\_\_\_\_

**9. ☐ Change in income.** My financial situation has changed significantly over the last 12 months because (specify): \_\_\_\_\_

**10. Deductions**

	Last month
a. Required union dues.....	\$ _____
b. Required retirement payments (not Social Security, FICA, 401(k), or IRA).....	\$ _____
c. Medical, hospital, dental, and other health insurance premiums (total monthly amount).....	\$ _____
d. Child support that I pay for children from other relationships.....	\$ _____
e. Spousal support that I pay by court order from a different marriage <input type="checkbox"/> federally tax deductible*.....	\$ _____
f. Partner support that I pay by court order from a different domestic partnership.....	\$ _____
g. Necessary job-related expenses not reimbursed by my employer (attach explanation labeled "Question 10g").....	\$ _____

**11. Assets**

	Total
a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts.....	\$ _____
b. Stocks, bonds, and other assets I could easily sell.....	\$ _____
c. All other property, <input type="checkbox"/> real and <input type="checkbox"/> personal (estimate fair market value minus the debts you owe).....	\$ _____

\* Check the box if the spousal support order or judgment was executed by the parties and the court before January 1, 2019, or if a court-ordered change maintains the spousal support payments as taxable income to the recipient and tax deductible to the payor.

PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER:
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**12. The following people live with me:**

Name	Age	How the person is related to me (ex: son)	That person's gross monthly income	Pays some of the household expenses?	
a.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
b.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
c.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
d.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
e.				<input type="checkbox"/> Yes	<input type="checkbox"/> No

**13. Average monthly expenses**    ☐ Estimated expenses    ☐ Actual expenses    ☐ Proposed needs

<p>a. Home:</p> <p>(1) <input type="checkbox"/> Rent or <input type="checkbox"/> mortgage..... \$ _____</p> <p>    If mortgage:</p> <p>        (a) average principal:     \$ _____</p> <p>        (b) average interest:     \$ _____</p> <p>(2) Real property taxes..... \$ _____</p> <p>(3) Homeowner's or renter's insurance (if not included above)..... \$ _____</p> <p>(4) Maintenance and repair..... \$ _____</p> <p>b. Health-care costs not paid by insurance..... \$ _____</p> <p>c. Child care..... \$ _____</p> <p>d. Groceries and household supplies..... \$ _____</p> <p>e. Eating out..... \$ _____</p> <p>f. Utilities (gas, electric, water, trash)..... \$ _____</p> <p>g. Telephone, cell phone, and e-mail..... \$ _____</p>	<p>h. Laundry and cleaning..... \$ _____</p> <p>i. Clothes..... \$ _____</p> <p>j. Education..... \$ _____</p> <p>k. Entertainment, gifts, and vacation..... \$ _____</p> <p>l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.)..... \$ _____</p> <p>m. Insurance (life, accident, etc.; do not include auto, home, or health insurance)..... \$ _____</p> <p>n. Savings and investments..... \$ _____</p> <p>o. Charitable contributions..... \$ _____</p> <p>p. Monthly payments listed in item 14 (itemize below in 14 and insert total here)..... \$ _____</p> <p>q. Other (specify): \$ _____</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p><b>r. TOTAL EXPENSES (a-q) (do not add in the amounts in a(1)(a) and (b))</b>     \$ _____</p> </div> <p>s. Amount of expenses paid by others \$ _____</p>
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**14. Installment payments and debts not listed above**

Paid to	For	Amount	Balance	Date of last payment
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

**15. Attorney fees** (This information is required if either party is requesting attorney fees):

- a. To date, I have paid my attorney this amount for fees and costs (specify): \$
- b. The source of this money was (specify):
- c. I still owe the following fees and costs to my attorney (specify total owed): \$
- d. My attorney's hourly rate is (specify):

I confirm this fee arrangement.

Date:

(TYPE OR PRINT NAME)	 (SIGNATURE OF DECLARANT)
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PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER:
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**CHILD SUPPORT INFORMATION**  
**(NOTE: Fill out this page only if your case involves child support.)**

**16. Number of children**

- a. I have *(specify number)*: \_\_\_\_\_ children under the age of 18 with the other parent in this case.
- b. The children spend \_\_\_\_\_ percent of their time with me and \_\_\_\_\_ percent of their time with the other parent.  
*(If you're not sure about percentage or it has not been agreed on, please describe your parenting schedule here.)*

**17. Children's health-care expenses**

- a. ☐ I do ☐ I do not have health insurance available to me for the children through my job.
- b. Name of insurance company: \_\_\_\_\_
- c. Address of insurance company: \_\_\_\_\_
- d. The monthly cost for the **children's** health insurance is or would be *(specify)*: \$ \_\_\_\_\_  
*(Do not include the amount your employer pays.)*

**18. Additional expense for the children in this case**

- |  | Amount per month |
|--|------------------|
| a. Childcare so I can work or get job training.....                            | \$ _____         |
| b. Children's health care not covered by insurance.....                        | \$ _____         |
| c. Travel expenses for visitation.....   | \$ _____         |
| d. Children's educational or other special needs <i>(specify below)</i> :..... | \$ _____         |

**19. Special hardships.** I ask the court to consider the following special financial circumstances  
*(attach documentation of any item listed here, including court orders):*

- |  | Amount per month | For how many months? |
|--|------------------|----------------------|
| a. Extraordinary health expenses not included in 18b.....  | \$ _____         | _____                |
| b. Major losses not covered by insurance <i>(examples: fire, theft, other insured loss)</i> .....  | \$ _____         | _____                |
| c. (1) Expenses for my minor children who are from other relationships and are living with me..... | \$ _____         | _____                |
| (2) Names and ages of those children <i>(specify)</i> :  |                  |                      |

(3) Child support I receive for those children..... \$ \_\_\_\_\_

The expenses listed in a, b, and c create an extreme financial hardship because *(explain)*:

**20. Other information I want the court to know concerning support in my case *(specify)*:**



ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (Under Family Code, §§ 17400 and 17406): (Name, State Bar number, and address)   TELEPHONE NO.: (    )    -                      FAX NO. (Optional): (    )    - E-MAIL ADDRESS (optional): ATTORNEY FOR (Name):	FOR COURT USE ONLY
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF:  RESPONDENT/DEFENDANT:  OTHER PARENT:	
<b>NOTICE OF ACTIVATION OF MILITARY SERVICE AND DEPLOYMENT AND REQUEST TO MODIFY A SUPPORT ORDER</b>	
CASE NUMBER:	

1. TO (name):

2. A hearing on this request will be held as follows:

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

#### ORDER SHORTENING TIME

3. ☐ Time for ☐ service ☐ hearing is shortened. Service must be on or before (date):

4. Any responsive declaration must be served on or before (date):

Date:

\_\_\_\_\_  
(JUDICIAL OFFICER)

#### NOTICE

If you are requesting modification of spousal support or family support, you **MUST** use this form.

If the court grants this Request, the new court order will become effective on the date this form was served, or on the date of deployment, whichever is later in time, unless the court determines there is good cause to do otherwise.

The deployed person **MUST** immediately notify the court and all parties when he or she returns from deployment. If the court was not able to hear the modification request before the deployment date, the service member **MUST** ask the court to bring any unresolved modification request to a hearing within 90 days of return or lose the right to change the support order as requested here.



#### Request for Accommodations

Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least five court days before the trial. Contact the clerk's office or go to [www.courtinfo.ca.gov/forms](http://www.courtinfo.ca.gov/forms) for *Request for Accommodations by Persons With Disabilities and Order* (form MC-410). (Civil Code, § 54.8)

#### NOTICE FOR CASES INVOLVING A LOCAL CHILD SUPPORT AGENCY

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. 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; 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.

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT OTHER PARENT:	CASE NUMBER:
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5. I am requesting the court to change the existing
- a. ☐ child support ☐ spousal support ☐ family support order made under the case number above to an amount based on my income while deployed.
- b. earnings assignment order to state the new support amount if the request in item 5a is granted.
- c. This support is payable by  
☐ petitioner/plaintiff ☐ respondent/defendant ☐ other parent.
6. This request is based on:
- a. ☐ petitioner's/plaintiff's ☐ respondent's/defendant's ☐ other parent's military deployment
- b. completed attached *Financial Statement (Simplified)* (form FL-155) or completed *Income and Expense Declaration* (form FL-150)
- c. ☐ the attached service member's *Notice of Deployment* that has been submitted to the local child support agency (*Attach this form if the local child support agency is involved.*)
7. Additional required information
- a. service member's out-of-state deployment date is (*specify date and attach a copy of the order of deployment*):
- b. service member's duration of activation is (*specify beginning and end dates*):
8. A blank *Responsive Declaration to Order to Show Cause or Notice of Motion* (form FL-320) and a **blank** *Financial Statement (Simplified)* (form FL-155) or a **blank** *Income and Expense Declaration* (form FL-150) will be served with the moving papers.
9. Check all that apply (*you must check at least one box*):
- a. ☐ While the service member is deployed, his or her employer will supplement the military pay (*specify amount per month and attach proof*): \$
- b. ☐ While the service member is deployed, his or her employer will not supplement the military pay, and the service member will only have military pay in the amount stated on the attached *Financial Statement (Simplified)* (form FL-155) or *Income and Expense Declaration* (form FL-150).
- c. ☐ It is unknown whether the service member's employer will supplement the military pay.
- d. ☐ While deployed, the service member will have other income (*specify amount per month, source of income, and attach proof*): \$
10. ☐ The other party and the service member have previously agreed that spousal support cannot be modified or terminated (*attach a copy of the agreement.*)
11. ☐ **The facts in support of this request are** (*specify*):

☐ Contained in an attached declaration.

12. Send notice of the hearing to the service member at (*specify address*):

13. ☐ I will be deployed out of state at the time of the hearing. I waive appearing in person at the court hearing. I ask the court to go forward with the hearing to decide if the support will be temporarily modified until I can appear in person. This request is not a waiver of my right to a stay or rehearing of the matter under the Servicemembers Civil Relief Act (SCRA). (**This waiver is only valid if the service member signs below.**)

14. Number of pages attached: \_\_\_\_\_

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)

# INFORMATION SHEET FOR COMPLETING AND RESPONDING TO NOTICE OF ACTIVATION OF MILITARY SERVICE AND DEPLOYMENT AND REQUEST TO MODIFY A SUPPORT ORDER

## **If you are the person requesting that the support order be changed:**

Please follow these instructions to complete the *Notice of Activation of Military Service and Deployment and Request to Modify a Support Order* if you do not have an attorney to represent you. This form is intended to be used by a service member to ask the court to modify support based on his or her military activation and out-of-state deployment. If you have an attorney, he or she should complete this form. If you would like the local child support agency to assist you, fill out a *Notice of Deployment* and submit it to the local child support agency. They will prepare a request for modification, and you will not need to appear if you are already deployed. The local child support agency must attach the *Notice of Deployment* to form FL-398 to show the court that the service member has authorized the agency to act on his or her behalf. You can obtain a *Notice of Deployment* from any local child support agency. Please note that the child support agency cannot provide services for a modification of spousal support.

You may also ask to appear by telephone. See rule 5.324 of the California Rules of Court, and form FL-679 *Request for Telephone Appearance (Governmental)*. If you are in the military, you may also ask for the assistance of a JAG (Judge Advocate General) officer.

In addition to the modification procedures contained in the *Notice of Activation of Military Service and Deployment and Request to Modify a Support Order*, a service member who has been activated may be eligible for a modification based on a change in circumstances, specifically a change in income due to military activation. To request a modification of support for reasons other than out-of-state deployment, see FL-391 *Information Sheet--Simplified Way to Change Child, Spousal, or Family Support* for what forms to use and instructions. The service member may also have certain protections provided by the Servicemembers Civil Relief Act (SCRA). Please note that a modification of support cannot be effective any earlier than the filing with the court of the request to modify support.

When you have completed this form, file the original and attachments with the court clerk. The address of the court clerk is listed in the telephone directory under "County Government Offices." **Keep two copies of the filed *Notice of Activation of Military Service and Deployment and Request to Modify a Support Order* form and its attachments. Serve one copy as well as a blank *Responsive Declaration to Order to Show Cause or Notice of Motion* (form FL-320) and blank *Income and Expense Declaration* (form FL-150) or *Financial Statement (Simplified)* (form FL-155) on the other party. If the local child support agency is involved, serve it too. Keep another copy for your records. (See *Information Sheet for Service of Process*, form FL-611, *Proof of***

## **INSTRUCTIONS FOR COMPLETING THE NOTICE OF ACTIVATION OF MILITARY SERVICE AND DEPLOYMENT AND REQUEST TO MODIFY A SUPPORT ORDER (TYPE OR PRINT FORM IN BLACK INK):**

Front page, first box, top of form, left side: Print your name, address, telephone number, and fax number or e-mail address in this box if they are not already there.

Front page, second box, left side: Print your county's name and the court's address in the box. Use the same address for the court that is on your most recent support order or judgment. If you do not have a copy of your most recent support order or judgment, you can get one from either the court clerk or the local child support agency.

Front page, third box, left side: Print the names of the Petitioner/Plaintiff, Respondent/Defendant and Other Parent in this box. Use the same names listed on your most recent support order or judgment. If no name is listed for the other parent, leave that line blank.

Front page, first box, top of form, right side: Leave this box blank for the court's use.

Front page, second box, right side: Print your case number in this box. Use the same number that is listed on your most recent support order or judgment.

### Page 1, items 1 through 4:

1. Insert the name of the person(s) other than you. Include the local child support agency if they are involved in your case.
2.
  - a. You must contact the court clerk's office to get information on obtaining a hearing date for this request. The court clerk will give you the information you need to complete this section. The hearing date must be written on the copies of the pages served on the other party.
  - b. Check the first box if the address of the court where the hearing will be held is the same as the one you put at the top of the request. Check the second box if the address of the court where the hearing will be held is different from the one you put at the top of the notice. Print the different court address in the space.
- 3-4. If you need to have the court hear your case in less than the statutorily required time, you can ask the court for an order shortening time. If you need assistance, contact the court's family law facilitator in your county or go to [www.courtinfo.ca.gov/selfhelp/](http://www.courtinfo.ca.gov/selfhelp/).

5.
  - a. Check the box for the type of support order that you are asking to have changed.
  - b. If the person who pays support is in the military, and the support order is changed and the court issues a new earnings assignment order to show the new support amount, the new earnings assignment order must be served on one of the following finance centers. If the service member is in the Army, Navy, Air Force or Marines, it must be served on: DFAS Cleveland Center, DFAS-DGI/CL, P.O. Box 998002, Cleveland, OH 44199-8002. If the service member is in the Coast Guard, the new earnings assignment order must be served on: Commanding Officer (LGL), U.S. Coast Guard Pay and Personnel Center, Federal Building, 444 SE Quincy Street, Topeka, KS 66683-3591
  - c. Check the box that correctly describes the person who is paying the support.
6.
  - a. Check the box to show who is being deployed by the military.
  - b. Fill out the *Financial Statement (Simplified)* (form FL-155), if you are allowed to use the form. See the instructions on the back side of the form to see if you qualify. If you are not allowed to use the *Financial Statement (Simplified)* (form FL-155), fill out the *Income and Expense Declaration* (form FL-150). You must attach copies of your most recent W-2 forms and paycheck stubs for the last two months to the *Financial Statement (Simplified)* (form FL-155) or *Income and Expense Declaration* (form FL-150). **If you are requesting a modification of spousal support, you must fill out the *Income and Expense Declaration* (form FL-150).**  
A service member must include his or her Basic Pay, Basic Allowance for Subsistence, Basic Allowance for Quarters benefits (BAQ), and any other non-taxable entitlements in the income section of the *Income and Expense Declaration* (form FL-150). Attach a copy of the Leave and Earnings Statement (LES) from the last two months, if available.
  - c. Check this box if you are in the military and are asking the local child support agency to seek a modification of support while you are deployed out-of-state. You must attach a completed copy of the Notice of Deployment form provided to you by the local child support agency.
7.
  - a. Print the date that the service member was first deployed out of state or the expected date of deployment if he or she has not yet been deployed, and attach a copy of the order of deployment.
  - b. Print the dates showing the duration of the service member's activation, listing both the beginning date and the end date.
8. Include a blank *Responsive Declaration to Order to Show Cause or Notice of Motion* (form FL-320) in the papers you serve on the other party. Also include a blank *Financial Statement (Simplified)* (form FL-155) or a blank *Income and Expense Declaration* (form FL-150).
9.
  - a. Check the box if the employer will supplement military pay while the person is deployed; specify monthly amount and attach proof (such as a letter from the employer).
  - b. Check the box if the employer will not supplement military pay during the deployment, and the service member will only have military pay in the amount stated on the attached *Financial Statement (Simplified)* (form FL-155) or *Income and Expense Declaration* (form FL-150).
  - c. Check the box if it is unknown whether the service member's employer will supplement the military pay.
  - d. Check the box if there will be other income (such as rental income); specify the monthly amount and attach proof. You will also need to indicate any investment or other income on the *Income and Expense Declaration* (form FL-150). If you have rental property income you will need to include a schedule showing gross receipts less cash expenses. See form FL-150 for specific instructions on other attachments that may be needed if you have investment or business income.
10. Check the box if you and the other party have previously agreed that spousal support cannot be modified or terminated. Attach a copy of your agreement.
11. Tell the court about any other information that supports your request. If you need additional space, you may attach pages.
12. List the service member's APO address or a local address where the service member will receive timely notice of the court proceedings.
13. If you will be deployed out of state and unavailable to appear at the time of the hearing, you may sign this waiver and ask the court to hold the hearing without you. The court may or may not grant your request. If you check this box, you must sign the bottom of page 2 of the form and make sure that it is fully and accurately completed and has all necessary attachments. You may also have certain protections provided by the Servicemembers Civil Relief Act (SCRA). You may ask for the assistance of a JAG (Judge Advocate General) officer.
14. Put the number of pages attached.

You must date the request, print your name, and sign the form under penalty of perjury. When you sign the form, you are stating that the information you have provided is true and correct.

For instructions on how to complete the *Proof of Service*, see *Information Sheet for Service of Process* (form FL-611). The person who serves the request and its attachments must fill out the *Proof of Service* form. **You cannot serve your own request.**

**If you are the person receiving the request that the support order be changed:**

You will need to file a response and go to the hearing unless a written agreement is reached and signed by the court before the hearing.

- Complete the *Responsive Declaration to Order to Show Cause or Notice of Motion* (form FL-320). If a blank *Responsive Declaration to Order to Show Cause or Notice of Motion* (form FL-320) was not given to you when you received the *Notice of Activation of Military Service and Deployment and Request to Modify a Support Order* (form FL-398), the court clerk's office, the court's Office of the Family Law Facilitator, or the local child support agency can tell you where one can be found. Or you can get one from the California Court's Web site: [www.courtinfo.ca.gov/forms/](http://www.courtinfo.ca.gov/forms/).
- Fill out the form *Financial Statement (Simplified)* (form FL-155) if you are allowed to use the form. See the instructions on the back of the form to see if you qualify; otherwise, you must fill out the form *Income and Expense Declaration* (form FL-150). You must attach copies of your most recent W-2 forms and paycheck stubs for the last two months to the *Financial Statement (Simplified)* (form FL-155) or the *Income and Expense Declaration* (form FL-150). Make at least three copies of the completed form and all attachments.

You must have one completed copy of each of the following papers served on the other party. If the local child support agency is involved;serve it to:

- Your *Responsive Declaration to Order to Show Cause or Notice of Motion* (form FL-320).
- Your *Financial Statement (Simplified)* (form FL-155) or *Income and Expense Declaration* (form FL-150).

For instructions on how to serve these papers properly, see *Information Sheet for Service of Process* (form FL-611), *Proof of Personal Service* (form FL- 330) and *Proof of Service by Mail* (form FL-335). Whoever serves the papers should fill out and must sign the *Proof of Service*. If there are reasons to file your own motion for modification, see FL-391 *Information Sheet-Simplified Way to Change Child, Spousal, or Family Support*. **NOTICE: Consult the courts Office of the Family Law Facilitator or the local court rules to see if there are any other documents you will need to have served on the local child support agency and on the other party.**

The local child support agency or the court's family law facilitator's office may be able to provide you with a child support calculation based on both parents' income to determine the amount of guideline support. If you agree with the proposed changes, you may be able to have one of these offices prepare an agreement to change the child support and have it signed by both parents and the court. If you are able to reach an agreement with the other party and the agreement is signed by the court before the hearing, you do not need to appear at the hearing.

**NOTICE: Unless you know the hearing has been taken off calendar, you should go to the hearing as scheduled to protect your rights. You might consider calling the court the day before the hearing to see if the hearing is still on the calendar.**

***If you need additional assistance with this form, contact an attorney or the court's family law facilitator.***

**California Local Child Support Agencies  
Mailing Addresses and Telephone Numbers**

**Alameda County Department of Child  
Support Services**

5669 Gibraltar Drive  
Pleasanton, CA 94588  
(866) 901-3212 (24-hour automated  
system)  
(925) 468-9297 (fax)

**Butte County Department of Child  
Support Services**

78 Table Mountain Blvd.  
Oroville, CA 94588  
(866) 901-3212 (24-hour automated  
system)  
(530) 538-6500 (fax)

**Central Sierra Child Support Agency**

Alpine Office  
75A Diamond Valley Road  
Markleeville, CA 96120  
(866) 901-3212(toll free within the U.S.)  
(408) 273-0073 (outside the U.S.)  
(866) 399-4096 (TTY)  
(530) 694-2252 (fax)

Amador Office  
639 New York Ranch Road  
Jackson, CA 95642  
(866) 901-3212(toll free within the U.S.)  
(408) 273-0073 (outside the U.S.)  
(866) 399-4096 (TTY)  
(209) 223-6295 (fax)

Calaveras Office  
509 E. St. Saint Charles Street  
San Andreas, CA 95249  
(866) 901-3212(toll free within the U.S.)  
(408) 273-0073 (outside the U.S.)  
(866) 399-4096 (TTY)  
(209) 754-4536 (fax)

Tuolumne Office  
975 Morning Star Drive  
Sonora, CA 96472  
(866) 901-3212(toll free within the U.S.)  
(408) 273-0073 (outside the U.S.)  
(866) 399-4096 (TTY)  
(209) 533-6455 (fax)

**Colusa County Department of Child  
Support Services**

217 9<sup>th</sup> St.  
Ste. A  
P.O. Box 847 Colusa, CA 95932  
(866) 901-3212 (24-hour automated  
system)  
(530) 458-0565 (fax)

**Contra Costa County Department of  
Child Support Services**

50 Douglas Drive Suite 100  
Martinez, CA 94553  
(866) 901-3212 (24-hour automated  
system)  
(866) 399-4096 (TTY)  
(925) 335-3636 (fax)

**Del Norte County Department of Child  
Support Services**

P.O. Box 66  
Crescent City, CA 95531  
(866) 901-3212 (24-hour automated  
system)  
(707) 465-0126 (fax)

**Eastern Sierra Department of Child  
Support Services**

Inyo Office  
P.O. Box 1147  
Bishop, CA 93514  
(866) 901-3212 (24-hour automated  
system)  
(760) 873-3646 (fax)

Mono Office  
P.O. Box 5044  
Mammoth Lakes, CA 93546  
(866) 901-3212 (24-hour automated system)  
(760) 924-1875

**El Dorado County Department of Child Support Services**

Placerville Office  
3883 Ponderosa Rd.  
Shingle Springs, CA 95682  
(866) 901-3212 (24-hour automated system)  
(530) 621-2022 (fax)

South Lake Tahoe Office  
3368 Lake Tahoe Blvd. Suite 203  
South Lake Tahoe 96150  
(866) 901-3212 (24-hour automated system)  
(530) 541-1820 (fax)

**Fresno County Department of Child Support Services**

P.O. Box 12946  
Fresno, CA 93779-2946  
(866) 901-3212 (24-hour automated system)  
(559) 494-1920 (fax)

**Glenn County Department of Child Support Services**

120 South Marshall Avenue  
Willows, CA 95988  
(866) 901-3212 (24-hour automated system)  
(530) 934-6603

**Imperial County Department of Child Support Services**

2795 South 4<sup>th</sup> Street  
El Centro, CA 92243  
(866) 901-3212 (24-hour automated system)  
(760) 352-4612 (fax)

**Kern County Department of Child Support Services**

Bakersfield Office  
P.O. Box 2168  
Bakersfield, CA 93303  
(866) 901-3212 (24-hour automated system)  
(661) 868-8558 (fax)

Ridgecrest Office  
400 North China Lake Blvd.  
Ridgecrest, CA 93555  
(866) 901-3212 (24-hour automated system)  
(661) 868-8558 (fax)

**Kings County Department of Child Support Services**

P.O. Box 1289  
Hanford, CA 93232  
(866) 901-3212 (24-hour automated system)  
(559) 582-0277 (fax)

**Lake County Department of Child Support Services**

3980 Gard Street  
Kelseyville, CA 95451  
(866) 901-3212 (24-hour automated system)  
(707) 262-4750 (fax)

**Lassen County Department of Child Support Services**

P.O. Box 999  
Susanville, CA 96130  
(866) 901-3212 (24-hour automated system)  
(530) 251-2667 (fax)

**Los Angeles County Child Support Services Department**

Division I – Van Nuys  
7555 Van Nuys Blvd.  
Van Nuys, CA 91405  
(866) 901-3212 (24-hour automated system)  
(818) 902-4400

Division II - Commerce  
5770 S. Eastern Ave  
Commerce, CA 90040  
(866) 901-3212 (24-hour automated system)  
(323) 869-0590 (fax)

Division III – Pomona  
3179 Temple Ave.  
Pomona, CA 91768  
(866) 901-3212 (24-hour automated system)  
(909) 859-2008 (fax)

Division IV – South Los Angeles Division  
8300 S. Vermont Ave.  
Los Angeles, CA 90044  
(866) 901-3212 (24-hour automated system)  
(323) 789-6698 (fax)

Division V – Torrance Division  
202211 S. Hamilton Ave.  
Torrance, CA 90502  
(866) 901-3212 (24-hour automated system)  
(310) 538-9107 (fax)

Division VI – Antelope Valley Division  
42281 10<sup>th</sup> Street West.  
Lancaster, CA 93534  
(866) 901-3212 (24-hour automated system)  
(661) 940-2091 (fax)

**Madera County Department of Child Support Services**

P.O. Box 1079  
Madera, CA 93638-1079  
(866) 901-3212 (24-hour automated system)  
(559) 674-6593 (fax)

**Marin County Department of Child Support Services**

P.O. Box 6145  
Novato, CA 94948-6145  
(866) 901-3212 (24-hour automated system)  
(415) 473-4150

**Mariposa Regional Department of Child Support Services**

P.O. Box 748  
Mariposa, CA 95338  
(866) 901-3212 (24-hour automated system)  
(866) 399-4096 (TTY)  
(209) 966-3842 (fax)

**Mendocino County Department of Child Support Services**

P.O. Box 970  
Ukiah, CA 95482  
(866) 901-3212 (24-hour automated system)  
(707) 472-2820 (fax)

**Merced Regional Department of Child Support Services**

P.O. Box 3199  
Merced, CA 95344  
(866) 901-3212 (24-hour automated system)  
(209) 381-1305 (fax)



**Monterey County Department of Child Support Services**

P.O. Box 2059  
Salinas, CA 93902  
(866) 901-3212 (24-hour automated system)  
(831) 769-9306 (TDD)  
(831) 755-3273 (fax)

**Napa County Department of Child Support Services**

1127 First Street Suite D  
Napa, CA 94559  
(866) 901-3212 (24-hour automated system)  
(707) 253-6041 (fax)

**North Coast Regional Department of Child Support Services**

Humboldt Office  
2420 Sixth Street  
Eureka, CA 95501  
(866) 901-3212 (24-hour automated system)  
(707) 441-3289 (fax)

Trinity Office  
P.O. Box 489  
Weaverville, CA 96093  
(866) 901-3212 (24-hour automated system)  
(530) 623-1479 (fax)

**Orange County Department of Child Support Services**

P.O. Box 22099  
Santa Ana, CA 92702-2099  
(866) 901-3212 (24-hour automated system)  
(714) 347-4811

**Placer County Department of Child Support Services**

Rocklin Office  
1000 Sunset Blvd., Suite 200  
Rocklin, CA 95765  
(866) 901-3212 (24-hour automated system)  
(916) 435-5750 (fax)

Tahoe Office  
5225 North Lake Blvd.  
Carnelian Bay, CA 96140  
(866) 901-3212 (24-hour automated system)  
(916) 435-5750 (fax)

**Plumas County Department of Child Support Services**

522 Lawrence St.  
Quincy, CA 95971  
(866) 901-3212 (24-hour automated system)  
(530) 283-6250 (fax)

**Riverside County Department of Child Support Services**

Riverside Office  
2041 Iowa Ave.  
Riverside, CA 92507  
(866) 901-3212 (24-hour automated system)  
(951) 955-4242 (fax)

Indio Office  
47-950 Arabia St.  
Indio, CA 92201  
(866) 901-3212 (24-hour automated system)

**Sacramento County Department of Child Support Services**

3701 Power Inn Road  
Sacramento, CA 95826  
(866) 901-3212 (24-hour automated system)  
(916) 875-7499 (fax)

**Santa Cruz/San Benito Regional DCSS**

San Benito Office  
2320 Technology Pkwy  
Hollister, CA 95023  
(866) 901-3212 (24-hour automated system)  
(408) 273-0073 (outside the U.S.)  
(866) 399-4096 (TTY)  
(831) 636-4134 (fax)

Santa Cruz Office  
P.O. Box 1841  
Santa Cruz, CA 95061  
(866) 901-3212 (24-hour automated system)  
(408) 273-0073 (outside the U.S.)  
(866) 399-4096 (TTY)  
(831) 454-3752 (fax)

**San Bernardino County Department of Child Support Services**

Loma Linda Office  
10417 Mountain View Ave.  
Loma Linda, CA 92354  
(866) 901-3212 (24-hour automated system)  
(909) 799-4939 (fax)

Ontario Office  
191 N. Vineyard Ave.  
Ontario, CA 91764  
(866) 901-3212 (24-hour automated system)  
(909) 458-1253 (fax)

Victorville Office  
15400 Civic Drive  
Victorville, CA 92392  
(866) 901-3212 (24-hour automated system)  
(760) 243-8347

**San Diego County Department of Child Support Services**

P.O. Box 122031  
San Diego, CA 92112  
(866) 901-3212 (24-hour automated system)  
(858) 650-5282 (fax)

**San Francisco County Department of Child Support Services**

617 Mission Street  
San Francisco, CA 94105-3503  
(866) 901-3212 (24-hour automated system)  
(415) 356-2791 (TTY)  
(415) 356-2774 (fax)

**San Joaquin County Department of Child Support Services**

P.O. Box 50  
Stockton, CA 95201  
(866) 901-3212 (24-hour automated system)  
(209) 468-2577

**San Luis Obispo County Department of Child Support Services**

1200 Monterey Street  
San Luis Obispo, CA 93401  
(866) 901-3212 (24-hour automated system)  
(805) 781-5156 (fax)

**San Mateo County Department of Child Support Services**

555 County Center – 2<sup>nd</sup> Floor  
Redwood City, CA 94063  
(866) 901-3212 (24-hour automated system)  
(866) 399-4096 (TTY)  
(650) 366-4711 (fax)

**Santa Barbara County Department of  
Child Support Services**

Santa Barbara Office  
260 N. San Antonio Rd. Suite C  
Santa Barbara, CA 93110  
(866) 901-3212 (24-hour automated  
system)  
(805) 568-2387 (fax)

Santa Maria Office  
201 S. Miller Street Suite 206  
Santa Maria, CA 93454  
(866) 901-3212 (24-hour automated  
system)  
(805) 346-7492

**Santa Clara County Department of Child  
Support Services**

880 Ridder Park Dr.  
San Jose, CA 95131  
(866) 901-3212 (24-hour automated  
system)  
(408) 503-5230 (TTY)  
(408) 503-5319 (fax)

**Shasta County Department of Child  
Support Services**

P.O. Box 994130  
Redding, CA 96099-4130  
(866) 901-3212 (24-hour automated  
system)  
(530) 245-6379 (fax)

**Sierra Nevada Regional Department of  
Child Support Services**

950 Maidu Avenue Suite 140  
Nevada City, CA 95959  
(866) 901-3212 (24-hour automated  
system)  
(530) 265-7298 (fax)

**Siskiyou/Modoc Regional Department of  
Child Support Services**

Modoc Office  
P.O. Box 1171  
Alturas, CA 96101  
(866) 901-3212 (24-hour automated  
system)  
(530) 233-6244 (fax)

Siskiyou Office  
P.O. Box 1047  
Yreka, CA 96097  
(866) 901-3212 (24-hour automated  
system)  
(530) 841-2999

**Solano County Department of Child  
Support Services**

435 Executive Ct. North  
Fairfield, CA 94534-4019  
(866) 901-3212 (24-hour automated  
system)  
(707) 784-7483 (fax)

**Sonoma County Department of Child  
Support Services**

3725 Westwind Blvd., # 200  
Santa Rosa, CA 95403  
(866) 901-3212 (24-hour automated  
system)  
(707) 565-4018 (fax)

**Stanislaus County Department of Child  
Support Services**

P.O. Box 4189  
Modesto, CA 95352  
(866) 901-3212 (24-hour automated  
system)  
(209) 558-3135 (fax)

**Sutter County Department of Child  
Support Services**

543 Garden Highway, Ste. A  
Yuba City, CA 95991  
(866) 901-3212 (24-hour automated  
system)  
(530) 822-7170 (fax)

**Tehama County Department of Child  
Support Services**

1005 Vista Way, Ste. A  
Red Bluff, CA 96080  
(866) 901-3212 (24-hour automated  
system)  
(530) 527-5130 (fax)

**Yuba County Department of Child  
Support Services**

5730 Packard Ave., Suite 200  
Marysville, CA 95901  
(866) 901-3212 (24-hour automated  
system)  
(530) 634-7654 (fax)

**Tulare County Department of Child  
Support Services**

Visalia Office  
8040 West Doe Ave.  
Visalia, CA 93291  
(866) 901-3212 (24-hour automated  
system)  
(559) 730-2595 (fax)

Porterville Office  
259 North Main St.  
Porterville, CA 93257  
(866) 901-3212 (24-hour automated  
system)  
(559) 782-4214 (fax)

**Ventura County Department of Child  
Support Services**

5171 Verdugo Way  
Camarillo, CA 93012-8603  
(866) 901-3212 (24-hour automated  
system)  
(866) 399-4096 (TTY)  
(805) 437-8308 (fax)

**Yolo County Department of Child  
Support Services**

P.O. Box 1385  
Woodland, CA 95776  
(866) 901-3212 (24-hour automated  
system)  
(530) 661-2820 (fax)