

GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406):
 RECORDING REQUESTED BY AND WHEN RECORDED MAIL TO:

TEL NO.: _____ FAX NO. (optional): _____

SUPERIOR COURT OF CALIFORNIA, COUNTY OF
 STREET ADDRESS:
 MAILING ADDRESS:
 CITY AND ZIP CODE:
 BRANCH NAME:

FOR RECORDER'S USE ONLY

PETITIONER/PLAINTIFF:
 RESPONDENT/DEFENDANT:
 OTHER PARENT:

FOR COURT USE ONLY

CASE NUMBER:

NOTICE REGARDING PAYMENT OF SUPPORT
 NOTICE OF ASSIGNED SUPPORT SUBSTITUTION OF PAYEE

1. The obligor (the person paying support) in this proceeding is (name and last known address):

2. a. The local child support agency is providing the following services (check all that apply):
 (1) Current support
 (2) Support arrears
 (3) Medical support
- b. The local child support agency is no longer providing the services under title IV-D of the Social Security Act.

3. The substituted payee is:
 a. The local child support agency (specify):
 b. Other (specify):

4. An abstract or notice of support judgment or support judgment was recorded as follows:

<u>County</u>	<u>Date of recording</u>	<u>Instrument number</u>	<u>Book number</u>	<u>Page number</u>
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5. All payments must be made as follows (check all that apply):
- a. Income withholding payments must be directed to the State Disbursement Unit at (specify address):
- b. All current support payments other than income withholding payments must be sent to (specify):
- c. All arrears payments other than income withholding payments must be sent to (specify):
- d. Other (specify):

THE SUBSTITUTED PAYEE MUST BE CONTACTED WHEN NOTICE TO A LIENHOLDER MAY OR MUST BE GIVEN.

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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6. An assignment of support rights by operation of law under Welfare and Institutions Code section 11477(a) has been made to the county of *(specify)*:
7. a. Each parent must notify the local child support agency in writing within 10 days of any change in residence or employment.
- b. Each parent must complete a *Child Support Case Registry Form* (FL-191) and deliver it to the court within 10 days of any change in residence or employment.

Date:

_____  _____
 (TYPE OR PRINT NAME) (SIGNATURE)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

NOTICE:
No acknowledgment is required when this form is recorded by a local child support agency.

ACKNOWLEDGMENT
 (To be completed when this form is recorded by a person or entity other than a local child support agency.)

STATE OF CALIFORNIA
 COUNTY OF

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

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

 (SIGNATURE OF NOTARY)

(Seal)