

**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.)
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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.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and Address):	TELEPHONE NO.:	<b>FOR COURT USE ONLY</b>
TELEPHONE NO.:		
E-MAIL ADDRESS (Optional):		
ATTORNEY FOR (Name):		
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b>		
STREET ADDRESS:		
MAILING ADDRESS:		
CITY AND ZIP CODE		
BRANCH NAME		
PETITIONER/PLAINTIFF:		
RESPONDENT/DEFENDANT:		
OTHER 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 here (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 8½ -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 8½- by-11-inch sheet of paper and write the question number before your answer.)**

5. 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/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER 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 to the first page. 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. . . . .	\$ _____	_____
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 BAQ, royalty payments, etc.) (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 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, 401k or IRA) . . . . .	\$ _____
c. Medical, hospital, dental, and other health insurance premiums (total monthly amount) . . . . .	\$ _____
d. Child support that I pay for my other children from another relationship . . . . .	\$ _____
e. Spousal support that I pay by court order from a different marriage . . . . .	\$ _____
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) . . . . .	\$ _____

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER 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 style="margin-left: 20px;">If mortgage:</p> <p style="margin-left: 40px;">(a) average principal: \$ _____</p> <p style="margin-left: 40px;">(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: 10px;"> <p>r. <b>TOTAL EXPENSES</b> (a-q) (do not add in the amounts in (1)(a) and (b)) \$ _____</p> </div> <p>s. Amount of expenses paid by others \$ _____</p> |
|---|--|

**14. Installment payments and debts not listed above**

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

15. This form  does  does not contain the locations of, or identifying information about, the assets and debts listed. NOTE: If the form does contain such information, you may ask the court to seal this document by completing and submitting an *Ex Parte Application and Order to Seal Financial Forms* (form FL-316).

16. **Attorney fees** (This is required if either party is requesting attorney fees.): \$ \_\_\_\_\_

a. To date, I have paid my attorney this amount for fees and costs: \$ \_\_\_\_\_

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 OF ATTORNEY) (SIGNATURE OF ATTORNEY)

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	CASE NUMBER:
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**CHILD SUPPORT INFORMATION**  
 (NOTE: Fill out this page only if your case involves child support.)

**17. 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's not been agreed on, please describe your parenting schedule here.)

**18. 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.)

**19. Additional expenses for the children in this case**

Amount per month

- a. Child care 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 (*specify below*). . . . . \$ \_\_\_\_\_

**20. 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?
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- |  |          |       |
|--|----------|-------|
| a. Extraordinary health expenses not included in 19b . . . . .   | \$ _____ | _____ |
| b. Major losses not covered by insurance (examples: fire, theft, other uninsured loss). . . . .        | \$ _____ | _____ |
| 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*):

**21. 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)	FOR COURT USE ONLY
TELEPHONE NO.: (    ) -                      FAX NO. (Optional): (    ) - E-MAIL ADDRESS (optional): ATTORNEY FOR (Name):	
<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.:
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b. Address of court  same as noted above  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.

<input type="checkbox"/> PETITIONER/PLAINTIFF: <input type="checkbox"/> RESPONDENT/DEFENDANT <input type="checkbox"/> 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**

2901 Peralta Oaks Court  
Oakland, CA 94605  
(800) 809-2955 (toll-free voice)  
(510) 639-7299 (voice)  
(510) 639-3523 (fax)

**Alpine County – Central Sierra Child Support Agency**

75A Diamond Valley Road  
Markleeville, CA 96120  
(888) 250-3849 (toll-free interactive voice response)  
(530) 694-2235 (voice)  
(530) 694-2252 (fax)

**Amador County – Central Sierra Child Support Agency**

P.O. Box 880  
Jackson, CA 95642  
(877) 466-5437 (toll-free voice)  
(888) 251-4739 (toll-free interactive voice response)  
(209) 223-6318 (voice)  
(209) 223-6295 (fax)

**Butte County Department of Child Support Services**

1474 Meyers Street  
Oroville, CA 95965  
(530) 538-7221 (voice)  
(530) 538-6500 (fax)

**Calaveras County – Central Sierra Child Support Agency**

P.O. Box 1510  
San Andreas, CA 95249  
(888) 251-4769 (toll-free interactive voice response)  
(209) 754-6780 (voice)  
(209) 754-6795 (fax)

**Colusa County Department of Child Support Services**

P.O. Box 847  
Colusa, CA 95932  
(530) 458-0555 (voice)  
(530) 458-0565 (fax)

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

50 Douglas Drive, Suite 100  
Martinez, CA 94553-8507  
(866) 244-5382 (toll-free)  
(925) 957-7300 (voice)  
(925) 335-3636 (fax)

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

P.O. Box 66  
Crescent City, CA 95531  
(707) 464-7232 (voice)  
(707) 465-0126 (fax)

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

Placerville Office :  
P.O. Box 391  
Placerville, CA 95667  
(530) 621-5600 (voice)  
(530) 621-2022 (fax)

South Lake Tahoe Office :  
3368 Lake Tahoe Blvd, Suite 100  
South Lake Tahoe, CA 96150  
(530) 573-3455 (voice)  
(530) 541-1820 (fax)

**Fresno County Department of Child Support Services**

P.O. Box 12946  
Fresno, CA 93779-2946  
(559) 494-1090 (voice)  
(559) 494-1920 (fax)

**Glenn County Department of Child Support Services**

120 S. Marshall Avenue  
Willows, CA 95988  
(530) 934-6527 (voice)  
(530) 934-6603 (fax)

**Humboldt County Department of Child Support Services**

P.O. Box 128  
Eureka, CA 95502-0128  
(707) 441-3200 (voice)  
(707) 441-3289 (fax)  
(800) 963-8704 (toll-free voice outside California)

**Imperial County Department of Child Support Services**

2795 South 4th Street  
El Centro, CA 92243  
(760) 482-2300 (voice)  
(760) 352-4612 (fax)

**Inyo County – Eastern Sierra Child Support Services**

Eastern Sierra Child Support Services  
P.O. Box 1147  
Bishop, CA 93515  
(760) 873-3659 (voice)  
(760) 873-3646 (fax)

**Kern County Department of Child Support Services**

1300 18th Street  
Bakersfield, CA 93301  
(661) 868-6500 (voice)  
(661) 868-8558 (fax)  
(800) 980-2021 (toll-free)

Ridgecrest Branch:  
400 N. China Lake Blvd  
Ridgecrest, CA 93555  
(760) 384-5885 (voice)  
(760) 760-7427 (fax)

**Kings County Department of Child Support Services**

P.O. Box 1289  
Hanford, CA 93232  
(888) 252-9656 (toll-free 24 hour information)  
(559) 584-1425 (voice)  
(559) 582-0277 (fax)

**Lake County Department of Child Support Services**

P.O. Box 1679  
Lakeport, CA 95453  
(888) 313-0863 (toll-free automated payment information)  
(707) 262-4300 (voice)  
(707) 263-3948 (fax)

**Lassen County Department of Child Support Services**

P.O. Box 999  
Susanville, CA 96130  
(800) 377-1933 (toll-free)  
(530) 251-2630 (voice)  
(530) 251-2667 (fax)

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

**Los Angeles County Child Support Services Department**

Division I Office (San Fernando Valley, Antelope Valley, Glendale, Burbank, West Los Angeles, Santa Monica, Venice):  
15531 Ventura Blvd.  
Encino, CA 91463

Division II Office (Central Los Angeles, East Los Angeles, Highland Park, Bell Gardens, Hollywood, Exposition Park, Pico Rivera):  
5770 S. Eastern Ave.  
Commerce, CA 90040

Division III Office (San Gabriel Valley, Covina, El Monte, Pasadena, Pomona, West Covina):  
2934 Garvey Ave.  
West Covina, CA 91791

Division IV Office (South Central Los Angeles, Southwest Los Angeles, Huntington Park, Manhattan Beach, Downey, Lawndale):  
621 Hawaii Street  
El Segundo, CA 90245

Division V Office (Norwalk, Compton, Torrance, Lakewood, Paramount, San Pedro, Long Beach, Harbor City, Carson):  
20221 S. Hamilton Ave.  
Torrance, CA 90502

Division VI Office (Antelope Valley):  
1020 E. Palmdale Blvd.  
Palmdale, CA 93550

(323) 890-9800 (local and outside CA)  
(800) 615-8858 (local toll and CA)  
(323) 725-3907 (TDD)

**Madera County Department of Child Support Services**

P.O. Box 1079  
Madera, CA 93639  
(559) 675-7885 (voice)  
(559) 674-6593 (fax)

**Marin County Department of Child Support Services**

P.O. Box 6145  
Novato, CA 94948-6145  
(800) 497-7774 (toll-free)  
(415) 507-4068 (voice)  
(415) 499-6436 (fax)

**Mariposa County Department of Child Support Services**

P.O. Box 748  
Mariposa, CA 95338  
(209) 966-3400 (voice)  
(209) 966-0411 (fax)

**Mendocino County Department of Child Support Services**

P.O. Box 970  
Ukiah, CA 95482  
(800) 669-7477 (toll-free voice)  
(707) 463-4216 (voice)  
(707) 472-2820 (fax)

**Merced County Department of Child Support Services**

P.O. Box 3199  
Merced, CA 95344  
(877) 521-5437 (toll-free voice)  
(209) 381-1300 (voice)  
(209) 722-0556 (fax)

**Modoc County Department of Child Support Services**

P.O. Box 1171  
Alturas, CA 96101  
(866) 233-6216 (toll-free)  
(530) 233-6216 (voice)  
(530) 233-6244 (fax)

**Mono County Department of Child Support Services**

Eastern Sierra Child Support Services  
P.O. Box 5044  
Mammoth Lakes, CA 93546  
(760) 924-1720 (voice)  
(760) 924-1721 (fax)

**Monterey County Department of Child Support Services**

P.O. Box 2059  
Salinas, CA 93902  
(831) 755-3200 (voice)  
(831) 755-3272 (fax)

**Napa County Department of Child Support Services**

P.O. Box 5720  
Napa, CA 94581  
(707) 253-4251 (voice)  
(707) 253-6041 (fax)

**Nevada County Department of Child Support Services**

Sierra Nevada Regional DCSS  
840 E. Main St., Suite A  
Grass Valley, CA 92945  
(888) 786-1253 (toll-free)  
(530) 271-KIDS (5437) (voice)  
(530) 271-5436 (fax)

**Orange County Department of Child Support Services**

P.O. Box 22099  
Santa Ana, CA 92702-2099  
(888) 594-7600 (toll-free voice)  
(714) 541-7600 (voice)  
(714) 347-4811 (fax)

**Placer County Department of Child Support Services**

Auburn Office:  
P.O. Box 5700  
Auburn, CA 95604-5700  
(530) 889-5700 (voice)

Tahoe Office:  
P.O. Box 970  
Carnelian Bay, CA 96140  
(530) 546-1940 (voice)

**Plumas County Department of Child Support Services**

522 Lawrence Street  
Quincy, CA 95971  
(530) 283-6264 (voice)  
(530) 283-6250 (fax)

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

**Riverside County Department of Child Support Services**

Riverside Main Office:  
2081 Iowa Avenue  
Riverside, CA 92507  
(800) 521-2778 (toll-free)  
(909) 955-4100 (voice)

Southwest Office:  
1370 South State Street  
San Jacinto, CA 92583  
(866) 922-3200 (toll-free)  
(909) 791-2000 (voice)

Indio Office:  
47-950 Arabia Street  
Indio, CA 92201  
(866) 922-4200 (toll-free)  
(760) 863-7100 (voice)

Blythe Office:  
1287 W. Hobsonway  
Blythe, CA 92225  
(866) 922-5200 (toll-free)  
(760) 921-7974 (voice)

**Sacramento County Department of Child Support Services**

P.O. Box 269112  
Sacramento, CA 95826-9112  
(916) 875-7400 (voice)  
(916) 875-7499 (fax)

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

2320 Technology Parkway  
Hollister, CA 95023  
(831) 636-4130 (voice)  
(831) 636-4134 (fax)

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

Main Office:  
10417 Mountain View  
Loma Linda, CA 92354  
(909) 799-1790 (voice)  
(909) 478-7470 (fax)

Desert Region:  
15456 W. Sage Street  
Victorville, CA 92392  
(760) 243-5227 (voice)  
(760) 243-8347 (fax)

West Valley Region:  
10565 Civic Center Drive, Suite 250 East  
Rancho Cucamonga, CA 91730  
(909) 987-9984 (voice)  
(909) 945-4323 (fax)

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

P.O. Box 122031  
San Diego, CA 92112  
(866) 230-CARE (2273) (toll-free statewide)  
(619) 236-7600 (voice)

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

617 Mission Street  
San Francisco, CA 94105  
(888) 823-2734 (toll-free 24 hour automated child support system)  
(415) 356-2700 (voice)

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

P.O. Box 50  
Stockton, CA 95201  
(209) 468-2601 (voice)  
(209) 468-2577 (fax)

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

P.O. Box 841  
San Luis Obispo, CA 93406  
(805) 781-5734 (voice)  
(805) 781-5156 (fax)

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

555 County Center – 2nd Floor  
Call Box 8084  
Redwood City, CA 94063  
(650) 366-8221 (voice)  
(650) 366-4711 (fax)

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

Santa Barbara Office:  
4 East Carrillo Street  
Santa Barbara, CA 93101  
(800) 818-1386 (voice)  
(805) 568-2387 (fax)

Lompoc Office:  
401 East Ocean Avenue  
Lompoc, CA 93436  
(800) 818-1386 (voice)  
(805) 737-7992 (fax)

Santa Maria Office:  
201 South Miller Street, Suite 206  
Santa Maria, CA 93454  
(800) 818-1386 (voice)  
(805) 346-7492 (fax)

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

2851 Junction Avenue  
San Jose, CA 95134-1910  
(888) 687-7500 (toll-free)  
(408) 503-5230 (TTY)  
(408) 503-5252 (fax)

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

P.O. Box 1841  
Santa Cruz, CA 95061  
(831) 454-3700 (voice)  
(831) 454-3752 (fax)

**Shasta County Department of Child Support Services**

P.O. Box 994130  
Redding, CA 96099-4130  
(866) 440-4443 (toll-free)  
(530) 225-5300 (voice)

**Sierra County Department of Child Support Services**

Sierra Nevada Regional DCSS  
P.O. Box 463  
Downieville, CA 95936  
(888) 823-2845 (toll-free)  
(530) 289-3260 (voice)  
(530) 289-2822 (fax)



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

**Siskiyou County Department of Child Support Services**

P.O. Box 1047  
Yreka, CA 96097  
(888) 823-6318 (toll-free 24-hour case information)  
(530) 841-2950 (voice)  
(530) 841-2999 (fax)

**Solano County Department of Child Support Services**

435 Executive Court North  
Fairfield, CA 94534-9742  
(888) 823-2735 (toll-free 24 hour automated payment information line)  
(707) 784-7210 (voice)  
(707) 784-7483 (fax)

**Sonoma County Department of Child Support Services**

P.O. Box 6534  
Santa Rosa, CA 95406  
(888) 271-4214 (toll-free)

**Stanislaus County Department of Child Support Services**

P.O. Box 4189  
Modesto, CA 95352-4189  
(209) 558-3000 (voice)  
(209) 558-3135 (fax)

**Sutter County Department of Child Support Services**

P.O. Box 689  
Yuba City, CA 95992  
(888) 823-2757 (toll-free automated CASES information system)  
(530) 822-7338 (voice)  
(530) 822-7170 (fax)

**Tehama County Department of Child Support Services**

940 Diamond Avenue  
Red Bluff, CA 96080  
(530) 527-3110 (voice)  
(530) 527-5130 (fax)

**Trinity County Department of Child Support Services**

P.O. Box 489  
Weaverville, CA 96093  
(888) 331-2033 (toll-free)  
(888) 823-6151 (toll-free payment information)  
(530) 623-1306 (voice)  
(530) 623-1479 (fax)

**Tulare County Department of Child Support Services**

8040 Doe Avenue  
Visalia, CA 93291-9721  
(888) 823-6588 (toll-free 24 hour automated message system)  
(559) 713-5700 (main switchboard)  
(559) 730-2595 (fax)

**Tuolumne County Department of Child Support Services**

975 Morning Star Drive  
Sonora, CA 95370  
(209) 533-6400 (voice)  
(209) 533-6455 (fax)

**Ventura County Department of Child Support Services**

4651 Telephone Road, Suite 101  
Ventura, CA 93003  
(866) 709-8077 (toll-free)  
(805) 654-5200 (voice)  
(805) 654-5529 (TDD)  
(805) 658-4179 (fax)

**Yolo County Department of Child Support Services**

P.O. Box 1385  
Woodland, CA 95776  
(530) 661-2880 (voice)  
(530) 661-2820 (fax)

**Yuba County Department of Child Support Services**

6000 Lindhurst Avenue  
Suite 801  
Marysville, CA 95901  
(530) 749-6000 (voice)  
(530) 634-7654 (fax)