

How to file an Answer in a Child Support Case?

Step 1	Complete the following forms in blue or black ink: <input checked="" type="checkbox"/> FL-610 Answer to Complaint or Supplemental Complaint Regarding Parental Obligations
Step 2	Copies: Make 2 copies, in addition to the original.
Step 3 There is no filing fee.	File: Turn in the original and copies of the forms to the Clerk's Office in the courthouse located at: <p style="text-align: center;">201 North First Street, San Jose, CA 95113</p> The Clerk's Office opens at 8:30am Monday-Friday, closing times are subject to change, visit www.scscourt.org or call 408-534-5600 for current office hours. There is no filing fee for these forms however you may be required to pay a fee if you are filing other forms at the same time or if you owe money for forms you already filed. You can check with the clerk when you file.
Step 4	Service: After the filed copies are returned to you: <ul style="list-style-type: none"> ▪ Keep a copy for your records ▪ The clerk will keep one copy and serve the Department of Child Support Services (DCSS) on your behalf ▪ The Other Party does not have to be served with a copy.
Step 5	Court Hearing: <ul style="list-style-type: none"> ▪ When the DCSS receives your Answer, they will mail you a court date. ▪ Go to your hearing.
NOTE	<ul style="list-style-type: none"> ▪ If you miss your court hearing, orders may be issued without you being there. ▪ You may contact DCSS at (408) 503-5200 to check on the status of your case.

WHY SHOULD I FILE AN ANSWER?

You should file an answer if:

- 1) You want a paternity test to see if you are the parent of the child or children named in the Complaint
- 2) You agree you are the parent but you do not agree with what is requested in the Complaint (child support amount, health insurance orders, etc).

WHAT HAPPENS IF I DON'T FILE AN ANSWER?

If you DO NOT file an Answer within 30 days of being served, a "default judgment" will be filed against you which will look exactly like the "proposed judgment" in the packet you were given. You will have to pay the amount or orders requested and made at the day of the hearing regardless of your appearance.

HOW CAN I GET HELP?

Here are some ways to get help:

- Go to <http://www.calbar.ca.gov/Public>, then click on "Lawyer Referral services" to hire or consult with a private attorney.
- For free legal advice and information, see our "Do-It-Yourself Resources" flyer. Go to www.scscourt.org, click on "Self-Help" then "Self-Help Flyers".
- The Self Help Center/Family Law Facilitator – See our information flyer:
 - **Contact us:** Go to www.scscourt.org then click "**Contact the Self Help Center**". Walk-in assistance is limited to emergencies so contact us remotely first.
 - **Obtain Forms:** Go to www.scscourt.org then click "**Complete Forms at Home**".
 - **Form Review:** Email your forms as a PDF file to SHCDocReview@scscourt.org.
 - Note: We **cannot** help people who have attorneys.

Superior Court, County of Santa Clara
Self Help Center/Family Law Facilitator's Office
201 N. First Street, San Jose, CA 95113
408-882-2926

**THESE ARE THE DOCUMENTS
YOU HAVE TO COMPLETE,
COPY, FILE AND SERVE.**

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): TELEPHONE NO. (Optional): _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): Self-Represented	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Santa Clara STREET ADDRESS: 201 N. First Street, San Jose, CA 95113 MAILING ADDRESS: 191 N. First Street CITY AND ZIP CODE: San Jose, CA 95113 BRANCH NAME: _____	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT: _____	
ANSWER TO COMPLAINT OR SUPPLEMENTAL COMPLAINT REGARDING PARENTAL OBLIGATIONS	CASE NUMBER: _____

YOU MUST FILE THIS ANSWER WITH THE COURT IF YOU WISH TO OPPOSE THE LAWSUIT

If you disagree with the proposed judgment attached to the *Summons and Complaint*, you must file this *Answer* with the court clerk within 30 days of the date you were served with the *Complaint*. File the original *Answer* with the court clerk at the address for the superior court stated above and serve a copy on the local child support agency. Keep a copy for your records.

1. **PARENTAGE:** I am the parent of the following children:

	<u>Name of child</u>	<u>Date of Birth</u>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Additional children are listed on a page attached to this *Answer*.

2. I request a genetic test to determine parentage be done for all children for whom I have checked a "No" box above. I understand that the local child support agency will pay for the cost of the testing now, but that I may have to repay those costs if the court decides that I am the parent.

3. **CHILD SUPPORT**

- a. I agree to pay support as stated in the proposed judgment.
- b. I disagree with the support requested. Attached is my completed *Income and Expense Declaration* (form FL-150) or *Financial Statement (Simplified)* (form FL-155). NOTE: You can file this *Answer* without either of these forms.

4. I disagree with the proposed judgment for the following reasons (*specify*):

PETITIONER/PLAINTIFF:	CASE NUMBER:
RESPONDENT/DEFENDANT:	
OTHER PARENT:	

5. My address and telephone number for receipt of all notices and court dates until I file a change with the court and with the local child support agency are as follows:

Address:
City and Zip Code:
Home Telephone:
Work Telephone:
E-mail Address (*optional*):

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 OF DECLARANT)

An adult other than you must complete the *Proof of Service* below and provide a copy of this *Answer* to the local child support agency at the following address (*specify*):

PROOF OF SERVICE

6. I am at least 18 years of age, and not a party to this action. I served this *Answer* and any other forms filed with the *Answer* on the local child support agency and any other party required to be served.

a. **Personal delivery.** I personally delivered this *Answer* to an employee of the local child support agency as follows:

- (1) Name of employee:
- (2) Address where delivered:

- (3) Date of delivery:
- (4) Time of delivery:

b. **Mail.** I deposited this *Answer* in the United States mail, in a sealed envelope with postage fully prepaid. I used first class mail. The envelope was addressed and mailed as follows:

- (1) Name:
- (2) Address:

- (3) Date of mailing:
- (4) Place of mailing (*city and state*):

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 OF PERSON WHO SERVED ANSWER)

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 in writing, (use *Notice of Objection (Governmental)*, (form FL-666); otherwise, the recommended order will become a final order of the Court.) If you object to the recommended order, a judge will make a temporary order and set a new hearing.

INFORMATION SHEET FOR ANSWER TO COMPLAINT

Please follow these instructions to complete the *Answer to Complaint or Supplemental Complaint Regarding Parental Obligations* (form FL-610) if you do not have an attorney to represent you. Your attorney, if you have one, should complete this form.

You must file the completed *Answer* and attachments with the court clerk within 30 days of the date you received the *Summons and Complaint* (form FL-600). The address of the court clerk is the same as the one shown for the Superior Court on the *Summons and Complaint* (form FL-600). You may have to pay a filing fee. If you cannot afford to pay the filing fee, contact the court clerk to obtain forms to apply for a waiver of court fees. **Keep two copies of the filed *Answer* form and its attachments. Serve one copy on the local child support agency and keep the other copy for your records. (See *Information Sheet for Service of Process*, form FL-611.)**

Upon receipt of your filed *Answer*, the local child support agency will set a court hearing on this matter.

INSTRUCTIONS FOR COMPLETING THE ANSWER FORM (TYPE OR PRINT FORM IN BLACK INK):

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

1. For each child listed on the *Answer* form, you must check the "yes" box if you agree that you are that child's parent, or check the "no" box if you do not think or are not sure whether you are that child's parent. You must write in the name of each child listed in the *Summons and Complaint* (form FL-600) if your *Answer* form does not include the names of any children.
NOTE: Checking the "no" box does not satisfy the requirements needed to set aside any *Voluntary Declaration of Paternity* which you may have signed (Family Code Section 7575).
2. If you have checked a "no" box in answer to number 1 above, you must request a genetic test to determine whether you or the other parent is the parent. (The test is usually a blood test.) The local child support agency will tell you when and where to go for the test. The local child support agency will pay for the cost of the test now. If the court decides the test shows parentage as pleaded in the *Complaint*, you may have to repay this cost to the local child support agency.
3.
 - a. Check this box if you agree to pay the support asked for in the proposed *Judgment Regarding Parental Obligations* (form FL-630) that you received.
 - b. You should check this box if you do not agree to pay the support asked for in the proposed *Judgment Regarding Parental Obligations* (form FL-630).
4. If you agree to pay the support asked for in the proposed *Judgment Regarding Parental Obligations* (form FL-630), but you disagree with the proposed judgment for another reason, you should check this box and write your reasons in this space. **If you have documents that prove your reasons for disagreeing with the proposed *Judgment*, you should attach the documents to the *Answer* form.**
5. You must list your address and phone numbers where you can receive all notices and court dates. You must let the court know whenever your address changes. If the court does not have your current address, you may not receive important notices that affect you.

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

Instructions for how to complete the *Proof of Service* section of the *Answer* form are in the *Information Sheet for Service of Process* (form FL-611). The person who serves the *Answer* and its attachments must fill out this section of the form. **You cannot serve your own *Answer*.**

SAMPLES

**Use the samples to help you complete
the packet of blank forms.**

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): YOUR NAME YOUR MAILING ADDRESS TELEPHONE NO. (Optional): _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): Self-Represented	FOR COURT USE ONLY <h1 style="margin: 0;">SAMPLE ONLY</h1> <h2 style="margin: 0;">Do not write on this copy!</h2>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Santa Clara STREET ADDRESS: 201 N. First Street, San Jose, CA 95113 MAILING ADDRESS: 191 N. First Street CITY AND ZIP CODE: San Jose, CA 95113 BRANCH NAME: _____	
PETITIONER/PLAINTIFF: COUNTY OF SANTA CLARA RESPONDENT/DEFENDANT: RESPONDENT'S NAME OTHER PARENT: OTHER PARENT'S NAME	
ANSWER TO COMPLAINT OR SUPPLEMENTAL COMPLAINT REGARDING PARENTAL OBLIGATIONS	CASE NUMBER: YOUR CASE NUMBER

YOU MUST FILE THIS ANSWER WITH THE COURT IF YOU WISH TO OPPOSE THE LAWSUIT

If you disagree with the proposed judgment attached to the *Summons and Complaint*, you must file this *Answer* with the court clerk within 30 days of the date you were served with the *Complaint*. File the original *Answer* with the court clerk at the address for the superior court stated above and serve a copy on the local child support agency. Keep a copy for your records.

1. **PARENTAGE:** I am the parent of the following children:

		<u>Name of child</u>	<u>Date of Birth</u>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	CHILD #1'S NAME	BIRTHDAY
<input type="checkbox"/> Yes	<input type="checkbox"/> No	CHILD #2'S NAME	BIRTHDAY
<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<input type="checkbox"/> Yes	<input type="checkbox"/> No		

****CHECK "NO" IF YOU WANT A BLOOD TEST (PARENTAGE-TYPE GENETIC TESTING).
 **CHECK "YES" ONLY IF YOU ARE 100% SURE THE CHILD(REN) ARE YOURS.
 IF YOU DO NOT ASK FOR A BLOOD TEST NOW, YOU MAY NOT BE ABLE TO GET ONE LATER!**

Additional children are listed on a page attached to this *Answer*.

2. I request a genetic test to determine parentage be done for all children for whom I have checked a "No" box above. I understand that the local child support agency will pay for the cost of the testing now, but that I may have to repay those costs if the court decides that I am the parent.

3. **CHILD SUPPORT**

- a. I agree to pay support as stated in the proposed judgment.
- b. I disagree with the support requested. Attached is my completed *Income and Expense Declaration* (form FL-150) or *Financial Statement (Simplified)* (form FL-155). NOTE: You can file this *Answer* without either of these forms.

4. I disagree with the proposed judgment for the following reasons (*specify*):

HERE ARE TWO EXAMPLES OF HOW TO FILL OUT THIS SECTION:

A) I WANT A BLOOD TEST. I AM NOT SURE THE CHILDREN ARE MINE.

****OR****

B) I CANNOT AFFORD THE CHILD SUPPORT REQUESTED. HEALTH INSURANCE IS NOT AVAILABLE THROUGH MY EMPLOYER.

PETITIONER/PLAINTIFF: COUNTY OF SANTA CLARA RESPONDENT/DEFENDANT: RESPONDENT'S NAME OTHER PARENT: OTHER PARENT'S NAME	CASE NUMBER: YOUR CASE NUMBER
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5. My address and telephone number for receipt of all notices and court dates until I file a change with the court and with the local child support agency are as follows: **NOTE: IT IS IMPORTANT TO WRITE YOUR NAME & MAILING ADDRESS BELOW**

Address: **YOUR MAILING ADDRESS**
 City and Zip Code: **YOUR CITY, STATE AND ZIP CODE**
 Home Telephone: **YOUR HOME TELEPHONE NUMBER**
 Work Telephone: **YOUR WORK TELEPHONE NUMBER**
 E-mail Address (*optional*):

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

Date: **TODAY'S DATE**

PRINT YOUR NAME HERE

(TYPE OR PRINT NAME)

▶ SIGN YOUR NAME HERE

(SIGNATURE OF DECLARANT)

An adult other than you must complete the *Proof of Service* below and provide a copy of this *Answer* to the local child support agency at the following address (*specify*):

PROOF OF SERVICE

6. I am at least 18 years of age, and not a party to this action. I served this *Answer* and any other forms filed with the *Answer* on the local child support agency and any other party required to be served.
- a. **Personal delivery.** I personally delivered this *Answer* to an employee of the local child support agency as follows:
- (1) Name of employee:
 - (2) Address where delivered:
 - (3) Date of delivery:
 - (4) Time of delivery:
- b. **Mail.** I deposited this *Answer* in the United States mail, in a sealed envelope with postage fully prepaid. I used first class mail. The envelope was addressed and mailed as follows:
- (1) Name:
 - (2) Address:
 - (3) Date of mailing:
 - (4) Place of mailing (*city and state*):

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 OF PERSON WHO SERVED ANSWER)

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 in writing, (use *Notice of Objection (Governmental)*, (form FL-666); otherwise, the recommended order will become a final order of the Court.) If you object to the recommended order, a judge will make a temporary order and set a new hearing.