ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):		FOR COURT USE ONLY
-		
TELEPHONE NO.:		
E-MAIL ADDRESS (Optional):	FAX NO. (Optional):	
ATTORNEY FOR (Name):		
SUPERIOR COURT OF CALIFORNIA, COUNTY	OF	
STREET ADDRESS:		
MAILING ADDRESS:		
CITY AND ZIP CODE:		
BRANCH NAME:		
PETITIONER/PLAINTIFF:		
RESPONDENT/DEFENDANT:		
OTHER PARENT/PARTY:		
NOTICE OF DELIN	QUENCY	CASE NUMBER:
		(0.01.10.0.0.)

1. NOTICE TO PERSON ORDERED TO PAY CHILD SUPPORT (OBLIGOR)

➤ Obligor's name:

The child support payments listed on this form are more than 30 days in arrears on the date of filing this notice. If they are not paid within 30 days of the date of service of this notice on you, a penalty of 6% per month may be charged on the unpaid balance. The penalty may accumulate to a maximum of 72% of the original amount of the unpaid support.

California law provides: "Within a timely fashion after service of the Notice of Delinquency the [obligor may file] and-serve a motion to determine arrearages" and show the court why the 6% penalty should not be imposed. Forms (FL-490 and FL-300) for filing the motion (also known as a "request for order") for a court hearing to establish your possible exemption were served on you with this *Notice of Delinquency*. You should file the *Request for Order* (form FL-300) as soon as possible, before the person to whom child support is paid (support obligee) obtains a court order or writ of execution.

2. The court ordered payment of child support on (date):

The payments listed below are more than 30 days in arrears on the date of filing this notice:

TOTAL CHILD SUPPORT	T ORDERED PAID		ACTUALLY PAID		BAL	ANCE DUE	CHECK BOX IF AMOUNT LISTED
DATE DUE	AMOUNT	DATE PAID	ON ORDER	ON ACCRUED	ON ORDER	ON ACCRUED INTEREST	ON PREVIOUS NOTICE OF DELINQUENCY
continued on a	attached page. 1	· Γotal due on α	order:		Total due on i	nterest:	1

continued on attached page.	Total due on order:	Total	due on interes

PETITIONER/PLAINTIFF:		CASE NUMBER:
RESPONDENT/DEFENDANT:		
OTHER PARENT/PARTY:		
 3. Address of children (complete a or b): a. There is a protective order that prohibits the support is payable or that excuses complet 		of the child or children for whom
	—OR—	
b. The name, current address, and telephone Name:		ue are as follows: Phone No.
a. Court papers should be served at the addre	ass shown at the top of page 1 of this form	
b. The address at which court papers should		
I declare under penalty of perjury under the laws of t	ha State of California that the foregoing is t	rue and correct
Date:	ne state of Camornia that the folegoing is t	iue diiu conect.
24.0 .		
(TYPE OR PRINT NAME OF SUPPORT OBLIGEE)	(SIGNATUR	RE OF SUPPORT OBLIGEE)
other than yourself. The person serving must comp court before you can collect the penalty. PROOF OF SE 1. At the time of service I was at least 18 years of age blank Application to Determine Arrearages (form FL	RVICE OF NOTICE OF DELINQUENCY and not a party to this action. I served the	completed Notice of Delinquency,
a. By personal delivery to the person served(1) Date served:(2) Time served:	(3) Address:	
b. By mailing by certified mail (1) Date mails (Attach signed return receipt)	ed: (2) Place mailed	d:
c. By mailing (by first-class mail or airmail Acknowledgment of Receipt (form 982(a)(completed Acknowledgment of Receipt)	4)) and a return envelope, postage prepa	
d. Other (specify code section):		
Additional page is attached.		
2. I declare under penalty of perjury under the laws of t	the State of California that the foregoing is	true and correct.
Date:		
	(SIGNATURE	OF PERSON SERVING NOTICE)
Name and address of person serving notice:		