

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

TELEPHONE NO.: _____ FAX NO.: _____

FOR RECORDER'S USE ONLY

<p>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</p> <p>STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:</p>	<p>FOR COURT USE ONLY</p>
<p>PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:</p>	
<p style="text-align: center;">NOTICE REGARDING PAYMENT OF SUPPORT</p> <p><input type="checkbox"/> NOTICE OF ASSIGNED SUPPORT <input type="checkbox"/> SUBSTITUTION OF PAYEE</p>	<p>CASE NUMBER:</p>

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.

