

GOVERNMENTAL AGENCY (Under Family Code, §§ 1740C, 740B):
 RAKHEE MEHTA, LEAD ATTORNEY
 SANTA CLARA COUNTY DEPARTMENT OF CHILD SUPPORT SERVICES
 880 RIDDER PARK DR
 SAN JOSE CA 95131-2486

TELEPHONE NO.: (866) 901-3212 FAX NO. (Optional): (408) 503-5319
 E-MAIL ADDRESS (Optional):
 ATTORNEY FOR (Name): Under Family Code §§ 17400 & 17406

FOR COURT USE ONLY

ENDORSED FILED

2015 DEC 15 PM 12:48

David H. [unclear], Clerk of the Superior Court
 County of Santa Clara, California
 By: [unclear] Deputy Clerk

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA
 STREET ADDRESS: 99 NOTRE DAME AVE
 MAILING ADDRESS: 191 N 1ST ST
 CITY AND ZIP CODE: SAN JOSE 95113-1006
 BRANCH NAME: NOTRE DAME COURTHOUSE

PETITIONER/PLAINTIFF: COUNTY OF SANTA CLARA
 RESPONDENT/DEFENDANT: [redacted]
 OTHER PARENT: [redacted]

NOTICE OF MOTION JUDGMENT MODIFICATION
 Child Support Health Care Injunctive Order
 Other: VIOLATION OF PROBATION

CASE NUMBER:
 [redacted]

1. TO (name): [redacted]

2. READ THE ATTACHED REQUEST FORM. A hearing on the motion for the relief requested will be held as follows:

a. Date: 01/21/2016 Time: 01:15 PM Dept.: 94 Div.: Rm.:

b. Address of court is same as noted above other (specify):

3. Supporting attachments:

a. Completed Request for Order and Supporting Declaration (form FL-684) and blank Response to Governmental Notice of Motion or Order to Show Cause (form FL-685)

b. Financial information and blank Income and Expense Declaration (form FL-150)

c. Points and authorities

d. Order for Genetic (Parentage) Testing (form FL-627) (If you ignore this order, you may be found to be the parent.)

e. Other (specify):

4. NOTICE: IF YOU WISH TO HAVE A TRIAL, YOU MUST APPEAR AT THE HEARING ON THIS REQUEST.
 Date: 12/11/2015

RAKHEE MEHTA
 (TYPE OR PRINT NAME)

Rakhee Mehta
 (SIGNATURE OF ATTORNEY)

ORDER

IT IS ORDERED THAT

5. Time for service hearing is shortened. Service must be on or before (date):

6. Any responsive declaration must be served on or before (date):

7. Petitioner/Plaintiff Respondent/Defendant Other parent is restrained from transferring, encumbering, hypothecating, concealing, or in any way disposing of the following property (describe):

8. Other (specify):

9. Number of pages attached: _____
 Date:

(JUDICIAL OFFICER)

PETITIONER/PLAINTIFF: COUNTY OF SANTA CLARA	CASE NUMBER:
RESPONDENT/DEFENDANT: [REDACTED]	[REDACTED]
OTHER PARENT: [REDACTED]	

NOTICE

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.

Child support is based on your ability to pay, which may include your income, earning capacity, lifestyle, or presumed income set by statute. The amount of child support can be large and can continue until the children reach age 18. You should give the court information about your income and expenses. If you do not, the support order will be based on other information given to the court or presumed income set by statute.

You do not have to pay any fee to file your *Response to Governmental Notice of Motion or Order to Show Cause (Governmental)* (form FL-685) and your completed *Income and Expense Declaration* (form FL-150) or *Financial Statement (Simplified)* (form FL-155). You must file any documents with the court and have the copies served at least 9 court days before the hearing date to the local child support agency and the other party unless ordered otherwise. Add 5 calendar days if the motion is served by mail within California. (See Code of Civil Procedure section 1005 for other situations.) To determine court days and calendar days, go to www.courts.ca.gov/12618.htm.

PROOF OF SERVICE BY MAIL

- I am at least 18 years of age, not a party to this cause, and a resident of or employed in the county where the mailing took place.
- My residence or business address is: 880 RIDDER PARK DR
SAN JOSE CA 95131-2486

- I served a copy of this motion by enclosing it in a sealed envelope and depositing the envelope directly in the U.S. mail with postage paid OR at my place of business for same-day collection and mailing with the U.S. mail following our business practices, with which I am readily familiar.

a. Date of deposit: 12/14/15

b. Place of deposit (city and state):
SAN JOSE, CA

RECEIVED
 015 DEC 14 PM 12:48
 COUNTY OF SANTA CLARA
 CLERK OF COURT
 DEAN OKER

c. Addressed as follows:

[REDACTED]
 The address/place of service is on file with the Department of Child Support Services shown above pursuant to Family Code section 17212(b)(3) and may be released only upon order of the court pursuant to Family Code section 17212(c)(6).

[REDACTED]
 The address/place of service is on file with the Department of Child Support Services shown above pursuant to Family Code section 17212(b)(3) and may be released only upon order of the court pursuant to Family Code section 17212(c)(6).

- The address for each individual identified in item 3 was
 - verified by the California Child Support Enforcement System (CSE) as the current primary mailing address on file.
 - other (specify):

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

Date: 12/14/15

PATRICIA WOLFRAM
 (TYPE OR PRINT NAME)

Patricia Wolfram
 (SIGNATURE OF PERSON WHO SERVED MOTION)



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.courts.ca.gov/forms for *Request for Accommodations by Persons With Disabilities and Response* (form MC-410). (Civil Code, § 54.8)

PETITIONER / PLAINTIFF: COUNTY OF SANTA CLARA RESPONDENT / DEFENDANT: [REDACTED] OTHER PARENT: [REDACTED]	CASE NUMBER: [REDACTED]
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6. OTHER (specify):

7. FACTS IN SUPPORT of this request are:

contained in an attached declaration.

Contemnor owes \$326 per month current child support. From 4/2015 through 12/2015 \$2934 was owed, with a total of \$302.00 paid. This leaves a shortfall of \$2632.00. DCSS requests that the court revokes counts 1-6 and considers Imposition of Sentence.

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

Date: 12/11/2015

DAVID PHILLIPS

(TYPE OR PRINT NAME)



(SIGNATURE OF PERSON REQUESTING THESE ORDERS)

PETITIONER / PLAINTIFF: COUNTY OF SANTA CLARA RESPONDENT / DEFENDANT [REDACTED] OTHER PARENT [REDACTED]	CASE NUMBER: [REDACTED]
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(THIS IS A REQUEST, NOT AN ORDER)

I REQUEST THE FOLLOWING ORDERS FOR:

Name of child	Date of birth	Name of child	Date of birth
[REDACTED]	[REDACTED]		

1. PARENTAGE. If not previously established, a judgment that you are the parent of the children named above.
2. CHILD SUPPORT. Monthly child support based on the state guideline. (An *Income Withholding for Support* (FL-195/OMB No. 0970-0154) will be issued.)
 - a. This is a request for a change to an existing order
 - (1) filed on (date if known): 12/19/2012
 - (2) ordering (specify):
 - b. Child support to commence
 - (1) on the date this request was mailed or given to you.
 - (2) effective (specify):
 - c. Other (specify):

3. HEALTH INSURANCE COVERAGE
 If not previously ordered, an order that you provide health insurance for each child named above and an order that you complete the attached health insurance form and immediately return it to the local child support agency.

NOTICE: Your employer or other person providing health insurance will be ordered to enroll the children in an appropriate health insurance plan if you are found to be the parent, and a *National Medical Support Notice* will be issued.

4. FEES AND COSTS Fees: \$ Costs: \$

5. PROPERTY RESTRAINT
 Petitioner/plaintiff Respondent/defendant Other parent
 be restrained from transferring, encumbering, hypothecating, concealing, or in any way disposing of the following property (specify):

Case Balance History

Case Number: [REDACTED] Managing County: SANTA CLARA NCP [REDACTED]

View Options

Balance Month Range: 12 Months
 All Months

View

Case Balance History

Month	Assistance Status	Managing Office	Beginning Balance (\$)	Current Obligations (\$)	Current Interest (\$)	Collections (\$)	Adjusted Collections (\$)	Other Balance Changes (\$)	Balance (\$)
12/2015	CA	Santa Clara LCSA	4,064.08	326.00	0.00	0.00	0.00	0.00	4,390.08
11/2015	CA	Santa Clara LCSA	3,714.62	326.00	23.46	0.00	0.00	0.00	4,064.08
10/2015	CA	Santa Clara LCSA	3,392.86	326.00	21.69	25.93	0.00	0.00	3,714.62
09/2015	CA	Santa Clara LCSA	3,048.55	326.00	18.31	0.00	0.00	0.00	3,392.86
08/2015	CA	Santa Clara LCSA	2,793.66	326.00	16.90	88.01	0.00	0.00	3,048.55
07/2015	CA	Santa Clara LCSA	2,639.99	326.00	15.73	188.06	0.00	0.00	2,793.66
06/2015	CA	Santa Clara LCSA	2,301.45	326.00	12.54	0.00	0.00	0.00	2,639.99
05/2015	CA	Santa Clara LCSA	1,965.26	326.00	10.19	0.00	0.00	0.00	2,301.45
04/2015	CA	Santa Clara LCSA	1,632.08	326.00	7.18	0.00	0.00	0.00	1,965.26
03/2015	CA	Santa Clara LCSA	4,428.48	326.00	6.13	3,128.53	0.00	0.00	1,632.08
02/2015	CA	Santa Clara LCSA	4,775.33	326.00	28.21	701.06	0.00	0.00	4,428.48
01/2015	CA	Santa Clara LCSA	4,761.98	326.00	34.41	347.06	0.00	0.00	4,775.33