

GOVERNMENTAL AGENCY (Under Family Code, §§ 17400, 17406): LISA SAPORITO, MANAGING ATTORNEY SAN FRANCISCO DEPARTMENT OF CHILD SUPPORT SERVICES 617 MISSION ST SAN FRANCISCO CA 94105-3503 0750087723-01 TELEPHONE NO. (Optional): 1 (866) 901-3212      FAX NO. (Optional): (415) 356-2772 E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): Under Family Code §§ 17400 & 17406	FOR COURT USE ONLY  <h1 style="margin: 0;">FILED</h1> <p style="margin: 0;">San Francisco County Superior Court</p> <p style="margin: 0; font-size: 1.2em;">SEP 29 2015</p> <p style="margin: 0;">CLERK OF THE COURT</p> <p style="margin: 0;">BY: <u>[Signature]</u> Deputy Clerk</p>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN FRANCISCO  STREET ADDRESS: 400 MCALLISTER ST MAILING ADDRESS: 400 MCALLISTER ST CITY AND ZIP CODE: SAN FRANCISCO 94102-4512 BRANCH NAME: UNIFIED FAMILY COURT - FAMILY LAW	
PETITIONER/PLAINTIFF: JENNIFER E. BONILLA  RESPONDENT/DEFENDANT: ROLANDO A. BONILLA  OTHER PARENT:	
<b>ORDER AFTER HEARING</b>	CASE NUMBER: FL032390

1. This matter proceeded as follows: ☐ Uncontested ☐ By stipulation ☒ Contested
- a. Date: 09/23/2015      Dept.: 416      Judicial Officer: REBECCA WIGHTMAN
- b. ☒ Petitioner/plaintiff present ☐ Attorney present (name):
- c. ☒ Respondent/defendant present ☒ Attorney present (name): *Sam Geller specially appearing for case law.*
- d. ☐ Other parent present ☐ Attorney present (name):
- e. Local child support agency attorney (Family Code, §§ 17400, 17406) by (name): LISA SAPORITO
- f. ☐ Other (specify):
- g. The parent ordered to pay support is the ☐ petitioner/plaintiff ☒ respondent/defendant ☐ other parent
2. ☒ Attached is a computer printout showing the parents' income and percentage of time each parent spends with the children. The printout, which shows the calculation of child support payable, will become the court's findings.
3. ☐ This order is based on the attached documents (specify):

### THE COURT ORDERS

4. a. All orders previously made in this action remain in full force and effect except as specifically modified below.
- b. The parent ordered to pay support is the parent of and must pay current child support for the following children:

Name of child  
JOEL BONILLA

Date of birth  
03/08/1999

Monthly support amount  
\$926.00

(1) ☐ Mandatory additional child support

(a) The parent ordered to pay support must pay additional monthly support for reasonable child-care costs, as follows:  
☐ one-half or ☐ % or ☐ (specify amount): \$ \_\_\_\_\_ per month of the costs.

Payments must be made to the ☐ other parent ☐ State Disbursement Unit ☐ child-care provider.

(b) The parent ordered to pay support must pay reasonable uninsured health-care costs for the children, as follows:  
☐ one-half or ☐ % or ☐ (specify amount): \$ \_\_\_\_\_ per month of the costs.

Payments must be made to the ☐ other parent ☐ State Disbursement Unit ☐ health-care provider.

**NOTICE:** Any party required to pay child support must pay interest on overdue amounts at the legal rate, which is currently 10 percent per year.



*[Handwritten signature]*

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RESPONDENT/DEFENDANT: ROLANDO A. BONILLA	FL032390
OTHER PARENT:	

4. b. (2) ☒ Other (specify): *DCSS is directed to adjust the accounts.*

(3) ☒ For a total of \$ *926.00* payable on the *1st* day of each month beginning (date): *06-01-2015.*

(4) ☐ The low-income adjustment applies.

☐ The low-income adjustment does not apply because (specify reasons):

(5) Any support ordered will continue until further order of court, unless terminated by operation of law.

(6) As provided in Family Code section 4007.5, the obligation of the person ordered to pay support will be temporarily suspended for any period after the first 90 consecutive days in which the person ordered to pay support is incarcerated or involuntarily institutionalized, unless that person has the ability to pay support during that time or has committed certain crimes. Immediately after the person ordered to pay support is released from incarceration or involuntary institutionalization, the support order will restart in the same amount as it was before it was temporarily suspended.

c. ☐ The parent ordered to pay support ☐ The parent receiving support must (1) provide and maintain health insurance coverage for the children if available at no or reasonable cost and keep the local child support agency informed of the availability of the coverage (the cost is presumed to be reasonable if it does not exceed 5% of gross income to add a child); (2) if health insurance is not available, provide coverage when it becomes available; (3) within 20 days of the local child support agency's request, complete and return a health insurance form; (4) provide to the local child support agency all information and forms necessary to obtain health-care services for the children; (5) present any claim to secure payment or reimbursement to the other parent or caretaker who incurs costs for health-care services for the children; and (6) assign any rights to reimbursement to the other parent or caretaker who incurs costs for health-care services for the children. The parent ordered to provide health insurance must seek continuation of coverage for the child after the child attains the age when the child is no longer considered eligible for coverage as a dependent under the insurance contract, if the child is incapable of self-sustaining employment because of a physically or mentally disabling injury, illness, or condition and is chiefly dependent upon the parent providing health insurance for support and maintenance.

d. ☐ The parent ordered to pay support owes support arrears as follows, as of (date):

(1) ☐ Child support: \$ ☐ Spousal support: \$ ☐ Family support: \$

(2) ☐ Interest is not included and is not waived.

(3) ☐ Payable: \$ on the day of each month beginning (date):

(4) ☐ Interest accrues on the entire principal balance owing and not on each installment as it becomes due.

e. No provision of this order may operate to limit any right to collect the principal (total amount of unpaid support) or to charge and collect interest and penalties as allowed by law. All payments ordered are subject to modification.

f. All payments, unless specified in item 4b(1) above, must be made to the State Disbursement Unit at the address listed below (specify address): CALIFORNIA STATE DISBURSEMENT UNIT  
PO BOX 989067  
WEST SACRAMENTO CA 95798-9067

g. An earnings assignment order is issued.

h. In the event that there is a contract between a party receiving support and a private child support collector, the party ordered to pay support must pay the fee charged by the private child support collector. This fee must not exceed 33 1/3 percent of the total amount of past due support nor may it exceed 50 percent of any fee charged by the private child support collector. The money judgment created by this provision is in favor of the private child support collector and the party receiving support, jointly.

i. If "The parent ordered to pay support" box is checked in item 4c, a health insurance coverage assignment must issue.

PETITIONER/PLAINTIFF: JENNIFER E. BONILLA RESPONDENT/DEFENDANT: ROLANDO A. BONILLA OTHER PARENT:	CASE NUMBER: FL032390
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4. j. The parents must notify the local child support agency in writing within 10 days of any change in residence or employment.
- k. The form *Notice of Rights and Responsibilities (Health-Care Costs and Reimbursement Procedures)* and *Information Sheet on Changing a Child Support Order* (form FL-192) is attached.
- l. ☐ The following person (the "other parent") is added as a party to this action (*name*):
- m. ☒ The court further orders (*specify*): **Court reserves jurisdiction for ninety days from the date of mailing of the Order After Hearing.**

Date: SEP 23 2015

Number of pages attached: 4

  
JUDICIAL OFFICER

☐ SIGNATURE FOLLOWS LAST ATTACHMENT

Approved as conforming to court order.

Date:

  
(SIGNATURE OF ATTORNEY FOR THE PARENT ORDERED TO PAY SUPPORT)

**REBECCA WIGHTMAN**  
Commissioner

**Petitioner Name:** CITY AND COUNTY OF SAN FRANCISCO

**Other Parent Name:** JENNIFER BONILLA

Court Case Number: FCS-02 330404  
 Petitioner Name: CITY AND COUNTY OF SAN FRANCISCO  
 Respondent Name: ROLANDO BONILLA  
 Other Parent Name: JENNIFER BONILLA

Guideline Calculation Results Detail		NCP	Other Parent
Tax Setting Information			
Federal Tax Settings			
Include Self-Employment Taxes	YES	YES	
Include FICA (Social Security and Medicare)	YES	YES	
Include Medicare	YES	YES	
Include Advanced Earned Income Credit	YES	YES	
Number of Children for Child Care Credits	3	1	
Number of Children for Earned Income Credits	3	1	
Number of Children for Child Tax Credits	3	1	
Parent is Blind	NO	NO	
Parent is 65 or Older	NO	NO	
New Spouse is Blind	NO	NO	
New Spouse is 65 or Older	NO	NO	
Married Filing Separately, Lived with Spouse Part of the Year	YES	YES	
State Tax Settings			
Include California State Income Taxes	YES	YES	
California State Disability Insurance	YES	YES	
Dependency Credit for Dependent Parent(s)	NO	NO	
Joint Custody Head of Household Credit	NO	NO	
California Renter's Credit	NO	YES	
Number of Children for Child Tax Credits	3	1	
Include Other State Income Taxes	NO	NO	
Other State Tax Rate			
Other State Tax Amount			
Deduction type when NCP and Other Parent are Married Filing Separately			
Monthly Income Information		NCP	Other Parent
Wages/Salary		9230.00	0.00
NCP: Based on earned income: \$9230.00 MONTHLY			
Other Parent: Based on earned income: \$0.00 MONTHLY			
Self-Employment Income		0.00	0.00
Unemployment Compensation		0.00	0.00
Disability (Taxable)		0.00	0.00
Imputed Income		NONE	NONE
Total Other Taxable Income		0.00	886.00
Social Security Income (Taxable)		0.00	886.00
Other Income (Retirement, Annuity, SS Other Rel, Operating Losses, etc)		0.00	0.00
Short-Term Capital Gains		0.00	0.00
Long-Term Capital Gains		0.00	0.00
Line 4e from IRS Form 4952		0.00	0.00
Unrecaptured Section 1250 Gains		0.00	0.00
Nonqualified Dividends		0.00	0.00
Qualified Dividends		0.00	0.00
Interest Received		0.00	0.00
Royalties		0.00	0.00
Rental Income		0.00	0.00
Other Taxable Income Adjustments		0.00	0.00
Total Other Non-Taxable Income		0.00	0.00
Other Non-Taxable Income		0.00	0.00
Social Security Income (Non-Taxable)		0.00	0.00
Tax Exempt Interest		0.00	0.00
Disability		0.00	0.00
Worker's Compensation		0.00	0.00
Public Assistance and Child Support Received		0.00	0.00
Public Assistance		0.00	0.00
Child Support Received		0.00	0.00
New Spouse Income & Deductions			
Wages/Salary		8300.00	0.00
Self-Employment Income		0.00	0.00
Social Security Income (Taxable)		0.00	0.00
Social Security Income (Non-Taxable)		0.00	0.00
Other Taxable Income		0.00	0.00
Spousal Support Paid Other Marriage		0.00	0.00
Retirement Contribution If Adjustments to Income		0.00	0.00
Required Union Dues		0.00	0.00
Necessary Job-Related Expenses		0.00	0.00

Court Case Number: FCS-02 330404  
 Petitioner Name: CITY AND COUNTY OF SAN FRANCISCO  
 Respondent Name: ROLANDO BONILLA  
 Other Parent Name: JENNIFER BONILLA

Guideline Calculation Results Detail	NCP	Other Parent
<b>Monthly Deduction Information</b>		
Child Support Paid (Other Relationships)	0.00	0.00
Spousal Support Paid (This Relationship)	0.00	0.00
Property Tax	671.00	0.00
Mortgage Interest	1500.00	0.00
<b>Other Itemized Deductions</b>	0.00	0.00
Other Medical Expenses	0.00	0.00
Deductible Interest Expenses	0.00	0.00
Contribution Deduction	0.00	0.00
Miscellaneous Itemized	0.00	0.00
Required Union Dues	0.00	0.00
<b>Total Health Insurance Premium</b>	0.00	105.00
Health Insurance (Pre-Tax)	0.00	0.00
Health Insurance (Post-Tax)	0.00	105.00
Wage Deduction (Pre-Tax)	0.00	0.00
Wage Deduction (Post-Tax)	0.00	0.00
<b>Retirement Contributions</b>	0.00	0.00
Mandatory Retirement (Tax-Deferred)	0.00	0.00
Mandatory Retirement (Non-Tax-Deferred)	0.00	0.00
Voluntary Retirement (Tax-Deferred)	0.00	0.00
<b>Other Guideline Deductions</b>	0.00	0.00
Spousal/Other Partner Support Paid Other Relationship	0.00	0.00
Necessary Job-Related Expenses	0.00	0.00
<b>State Adjustments</b>		
State Adjustments to Income	0.00	0.00
State Adjustments to Itemized Deductions	0.00	0.00
<b>Monthly Hardship Deduction</b>		
Hardship Deduction Amount	2778.00	0.00
Hardship Deduction Children	3.0	0.0
<b>Hardship Deduction Expenses</b>		
Extraordinary Health Expenses	0.00	0.00
Uninsured Catastrophic Losses	0.00	0.00
<b>Other Tax Deductions</b>	0.00	0.00
Adjustments to Income	0.00	0.00
Other Discretionary Deductions	0.00	0.00
<b>Alternative Minimum Tax Information</b>	0.00	0.00
Certain Interest on Home Mortgage	0.00	0.00
Investment Interest	0.00	0.00
Post-1986 Depreciation	0.00	0.00
Adjusted Gain or Loss	0.00	0.00
Incentive Stock Options	0.00	0.00
Passive Activities	0.00	0.00
Estates and Trusts, Schedule K-1	0.00	0.00
Tax Exempt Interest From Private Activity Bond	0.00	0.00
Other Preferences	0.00	0.00
Alternative Minimum Tax Operating Loss Deduction	0.00	0.00

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**NOTICE OF RIGHTS AND RESPONSIBILITIES**  
**Health-Care Costs and Reimbursement Procedures**

FL-192

**IF YOU HAVE A CHILD SUPPORT ORDER THAT INCLUDES A PROVISION FOR THE REIMBURSEMENT OF A PORTION OF THE CHILD'S OR CHILDREN'S HEALTH-CARE COSTS AND THOSE COSTS ARE NOT PAID BY INSURANCE, THE LAW SAYS:**

1. **Notice.** You must give the other parent an itemized statement of the charges that have been billed for any health-care costs not paid by insurance. You must give this statement to the other parent within a reasonable time, but no more than 30 days after those costs were given to you.
2. **Proof of full payment.** If you have already paid all of the uninsured costs, you must (1) give the other parent proof that you paid them and (2) ask for reimbursement for the other parent's court-ordered share of those costs.
3. **Proof of partial payment.** If you have paid only your share of the uninsured costs, you must (1) give the other parent proof that you paid your share, (2) ask that the other parent pay his or her share of the costs directly to the health-care provider, and (3) give the other parent the information necessary for that parent to be able to pay the bill.
4. **Payment by notified parent.** If you receive notice from a parent that an uninsured health-care cost has been incurred, you must pay your share of that cost within the time the court orders; or if the court has not specified a period of time, you must make payment (1) within 30 days from the time you were given notice of the amount due, (2) according to any payment schedule set by the health-care provider, (3) according to a schedule agreed to in writing by you and the other parent, or (4) according to a schedule adopted by the court.
5. **Disputed charges.** If you dispute a charge, you may file a motion in court to resolve the dispute, but only if you pay that charge before filing your motion. If you claim that the other party has failed to reimburse you for a payment, or the other party has failed to make a payment to the provider after proper notice has been given, you may file a motion in court to resolve the dispute. The court will presume that if uninsured costs have been paid, those costs were reasonable. The court may award attorney fees and costs against a party who has been unreasonable.
6. **Court-ordered insurance coverage.** If a parent provides health-care insurance as ordered by the court, that insurance must be used at all times to the extent that it is available for health-care costs.
  - a. **Burden to prove.** The party claiming that the coverage is inadequate to meet the child's needs has the burden of proving that to the court.
  - b. **Cost of additional coverage.** If a parent purchases health-care insurance in addition to that ordered by the court, that parent must pay all the costs of the additional coverage. In addition, if a parent uses alternative coverage that costs more than the coverage provided by court order, that parent must pay the difference.
7. **Preferred health providers.** If the court-ordered coverage designates a preferred health-care provider, that provider must be used at all times consistent with the terms of the health insurance policy. When any party uses a health-care provider other than the preferred provider, any health-care costs that would have been paid by the preferred health provider if that provider had been used must be the sole responsibility of the party incurring those costs..

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## General Information

The court has just made a child support order in your case. This order will remain the same unless a party to the action requests that the support be changed (modified). An order for child support can be modified only by filing a motion to change child support and serving each party involved in your case. If both parents and the local child support agency (if it is involved) agree on a new child support amount, you can complete, have all parties sign, and file with the court a *Stipulation to Establish or Modify Child Support and Order* (form FL-350) or *Stipulation and Order (Governmental)* (form FL-625).

## When a Child Support Order May Be Modified

The court takes several things into account when ordering the payment of child support. First, the number of children is considered. Next, the net incomes of both parents are determined, along with the percentage of time each parent has physical custody of the children. The court considers both parties' tax filing status and may consider hardships, such as a child of another relationship. An existing order for child support may be modified when the net income of one of the parents changes significantly, the parenting schedule changes significantly, or a new child is born.

## Examples

- You have been ordered to pay \$500 per month in child support. You lose your job. You will continue to owe \$500 per month, plus 10 percent interest on any unpaid support, unless you file a motion to modify your child support to a lower amount and the court orders a reduction.
- You are currently receiving \$300 per month in child support from the other parent, whose net income has just increased substantially. You will continue to receive \$300 per month unless you file a motion to modify your child support to a higher amount and the court orders an increase.
- You are paying child support based upon having physical custody of your children 30 percent of the time. After several months it turns out that you actually have physical custody of the children 50 percent of the time. You may file a motion to modify child support to a lower amount.

## How to Change a Child Support Order

To change a child support order, you must file papers with the court. *Remember:* You must follow the order you have now.

## What forms do I need?

If you are asking to change a child support order open with the local child support agency, you must fill out one of these forms:

- FL-680, *Notice of Motion (Governmental)* or FL-683 *Order to Show Cause (Governmental)* and
- FL-684, *Request for Order and Supporting Declaration (Governmental)*

If you are asking to change a child support order that is not open with the local child support agency, you must fill out one of these forms:

- FL-300, *Request for Order* or
- FL-390, *Notice of Motion and Motion for Simplified Modification of Order for Child, Spousal, or Family Support*

You must also fill out one of these forms:

- FL-150, *Income and Expense Declaration* or FL-155, *Financial Statement (Simplified)*

## What if I am not sure which forms to fill out?

Talk to the family law facilitator at your court.

After you fill out the forms, file them with the court clerk and ask for a hearing date. Write the hearing date on the form.

The clerk will ask you to pay a filing fee. If you cannot afford the fee, fill out these forms, too:

- Form FW-001, *Request to Waive Court Fees*
- Form FW-003, *Order on Court Fee Waiver (Superior Court)*

You must serve the other parent. If the local child support agency is involved, serve it too.

This means someone 18 or over - not you - must serve the other parent copies of your filed court forms at least 16 court days before the hearing. Add 5 calendar days if you serve by mail within California (see Code of Civil Procedure section 1005 for other situations). Court days are weekdays when the court is open for business (Monday through Friday except court holidays). Calendar days include all days of the month, including weekends and holidays. To find court holidays, go to [www.courts.ca.gov/holidays.htm](http://www.courts.ca.gov/holidays.htm).

The server must also serve blank copies of these forms:

- FL-320, *Responsive Declaration to Request for Order* and FL-150, *Income and Expense Declaration*, or
- FL-155, *Financial Statement (Simplified)*

Then the server fills out and signs a *Proof of Service* (form FL-330 or FL-335). Take this form to the clerk and file it.

Go to your hearing and ask the judge to change the support. Bring your tax returns from the last two years and your last two months' pay stubs. The judge will look at your information, listen to both parents, and make an order. After the hearing, fill out:

- FL-340, *Findings and Order After Hearing* and
- FL-342, *Child Support Information and Order Attachment*

## Need help?

Contact the family law facilitator in your county or call your county's bar association and ask for an experienced family lawyer.