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DEFENSE FINANCE AND ACCOUNTING SERVICE MILITARY LEAVE AND EARNINGS STATEMENT																	
ID	NAME (Last, First, MI)			SOC. SEC. NO.	GRADE	PAY DATE	YRS SVC	ETS	BRANCH	ADSN/DSSN	PERIOD COVERED						
					E7	000731	16	190822	NAVY	5906	1-31 MAR 17						
ENTITLEMENTS				DEDUCTIONS				ALLOTMENTS				SUMMARY					
Type	Amount			Type	Amount			Type	Amount			+Amt Fwd					
A	BASE PAY	4387.80			FEDERAL TAXES	421.70			TRICARE DENTAL	34.68			=Tot Ent 7617.09				
B	BAS	368.29			FICA-SOC SECURITY	272.04			PRIVATIZED HOUSING	2886.00			=Tot Ded 2730.88				
C	BAH	2886.00			FICA-MEDICARE	63.62							=Tot All 2920.68				
D	HDP LOCATION	- 25.00			SGLI	29.00							=Net Amt 1965.53				
E	FSH	- 125.00			STATE TAXES	100.52							=Cr Fwd 00				
F	ADVANCE DEBT	125.00			AFRH	50							=EOM Pay 1965.53				
G					SGLI FAMSPOUSE	6.50											
H					MID-MONTH PAY	1837.00											
I																	
J																	
K																	
L																	
M																	
N																	
O																	
TOTAL		7617.09			2730.88			2920.68									
LEAVE	BF Bal	Emd	Used	Cr Bal	ETS Bal	Lv Lost	Lv Paid	Use/Lose	FED TAXES	Wage Period	Wage YTD	M/S	Ex	Add'l Tax	Tax YTD		
	40.5	15.0	41	14.5	85.5	.0	.0	.0		4387.80	4387.80	M	01	.00	421.70		
FICA TAXES	Wage Period	Soc Wage YTD	Soc Tax YTD	Med Wage YTD	Med Tax YTD	STATE TAXES	SI	Wage Period	Wage YTD	M/S	Ex	Tax YTD					
	4387.80	13163.40	216.12	13163.40	190.86		CA	4387.80	4387.80	M	01	100.52					
PAY DATA	BAQ Type	BAQ Depn	VHA Zip	Rent Amt	Share	Stat	JFTR	Depns	2D JFTR	BAS Type	Charity YTD	TPC	PACIDN				
	WIDEP	SPOUSE	92135	.00	1	R		0			.00						
TRADITIONAL PLAN (TSP)	Base Pay Rate	Base Pay Current	Spec Pay Rate	Spec Pay Current	Inc Pay Rate	Inc Pay Current	Bonus Pay Rate	Bonus Pay Current									
	0	.00	0	.00	0	.00	0	.00									
ROTH PLAN	Base Pay Rate	Base Pay Current	Spec Pay Rate	Spec Pay Current	Inc Pay Rate	Inc Pay Current	Bonus Pay Rate	Bonus Pay Current									
	0	.00	0	.00	0	.00	0	.00									
CONTRIBUTIONS TOTALS	YTD Deductions			YTD TSP Deferred			YTD TSP Exempt			YTD ROTH							
	.00			.00			.00			.00							
REMARKS:														YTD ENTITLE 23481.27		YTD DEDUCT 2169.42	
IF TSP ELECTION AMT EXCEEDS NET AMT DUE, TSP WILL NOT BE DEDUCTED. -THE BLENDED RETIREMENT SYSTEM OPT-IN COURSE (2 HRS) (COURSE #J30P-US1332) IS NOW AVAILABLE VIA JKO AT HTTPS://KODIRECT.JTEN.MIL THE COURSE IS DESIGNED TO PROVIDE ELIGIBLE SERVICE MEMBERS INFORMATION FOR MAKING A DECISION ABOUT WHICH DOD RETIREMENT SYSTEM BEST MEETS THEIR NEEDS. THIS IS MANDATORY FOR ALL OPT-IN ELIGIBLE SERVICE MEMBERS. -TRICARE DENTAL PROGRAM CONTRACTOR CHANGE FROM METLIFE TO UCCI APRIL 2017 NO ACTION IS REQUIRED BY YOU. FOR INFORMATION VISIT WWW.UCCITOP.COM SEA DUTY TIME 08/00/19 TAX EXEMPT LV BAL = 5.0 MEMBER'S SGLI COVERAGE AMOUNT \$ 5400 000 FAMSPOUSE SGLI COVERAGE AMOUNT IS \$100 000 TOTAL INDEBTEDNESS \$125.00(082) STOP HDP LOCATION 170215(061) TAX EXEMPT LV BAL AS OF 170215 COMBAT ZONE -STOP 000000-170229(061) SITW ADJUSTMENT (CZ) FOR CALIFORNIA INDEBTEDNESS DUE US \$125.00(061) STOP FAMILY SEPARATION ALLOW 170215(061) BAH BASED ON WIDEP, ZIP 92135 BANK NAVY FEDERAL CREDIT UNION																	

DFAS Form 702, Jan 02

FRW.DFAS.MIL

Handout 2

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO <input type="checkbox"/> CENTRAL DIVISION, CENTRAL COURTHOUSE, 1100 UNION ST., SAN DIEGO, CA 92101 <input type="checkbox"/> EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020 <input type="checkbox"/> NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081 <input type="checkbox"/> SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910	FOR COURT USE ONLY
PETITIONER(S)	
RESPONDENT(S)	
OTHER	
FINDINGS AND ORDERS UNDER SERVICEMEMBERS CIVIL RELIEF ACT (FAMILY LAW)	JUDGE/DEPT
	CASE NUMBER

THE COURT FINDS:

Petitioner Respondent Other: _____ is a Presumed Service Member (PSM). There is a reasonable belief that the PSM may be eligible for protection under the Servicemembers Civil Relief Act (SCRA), 50 USC §§ 3931-3932. Accordingly, the PSM is entitled to an initial 90-day stay of the entire action and the appointment of an attorney for a limited scope representation.

IT IS HEREBY ORDERED:

1. The entire action is stayed for 90 days from the date of this order.
2. A qualified attorney, including a judge advocate ("Pro Bono Attorney"), as determined by and provided through the San Diego County/North County Bar Association Pro Bono Panel of Attorneys, is appointed for the limited scope representation of the PSM (*name of party*) _____
3. The Pro Bono Attorney will serve solely to determine whether the PSM is eligible for protection under the SCRA and appear at a status conference on the date and time scheduled below to discuss the following issues:
 - a. What contact, if any, was made with the PSM
 - b. Is the PSM eligible for a statutory stay
 - c. If eligible, what is the requested length of any extended stay and why
 - d. Is the Pro Bono Attorney asking to be relieved of his or her duties as appointed counsel
 - e. Is the Pro Bono Attorney requesting or agreeing to the continued limited scope representation and, if so, for how long and for what purpose
4. Any and all appearances and filings by the Pro Bono Attorney will:
 - a. Not be construed as a general appearance by the PSM.
 - b. Not constitute an appearance for jurisdictional purposes.
 - c. Not constitute a waiver of any substantive or procedural defense.
 - d. Not waive any rights or defenses of the PSM.
 - e. Not otherwise bind the PSM.
5. Receipt of permanent change of station or deployment orders, or termination of active duty military status, by a judge advocate, while appointed as a Pro Bono Attorney, will constitute good cause for withdrawal and substitution of another Pro Bono Attorney.
6. All filing, appearance, or other fees from the Pro Bono Attorney related to this limited scope appointment are waived. This does not relieve the PSM of the obligation to pay all such fees as required by law.
7. All scheduled hearings between the date of this order and the Status Conference are continued to that hearing date.
8. All other counsel and self-represented litigants in this case are encouraged to appear at the Status Conference hearing on _____ (date) at _____ a.m. p.m. in Department _____.

IT IS SO ORDERED.

Date: _____

 Judge/Commissioner of the Superior Court

CERTIFICATE OF SERVICE

I certify that I am not a party to the above-entitled action, that I placed a copy of this form in a sealed envelope addressed to the parties shown with postage prepaid, and deposited it in the United States mail at Chula Vista El Cajon San Diego Vista, California.

Clerk of the Superior Court

Date: _____

by _____, Deputy

Handout 3

UNITED NATIONS SECRETARIAT
STATEMENT OF EARNINGS AND DEDUCTIONS



SECRETARIAT DES NATIONS UNIES
RELEVÉ DES EMOLUMENTS ET RETENUES

Contract Type : Staff Officer	Pay Date : 27-May-2019	Index No : [REDACTED]
Cat-Grd-Step : MSA-1	PayPeriod : 01-May-2019 - 31-May-2019	Name : [REDACTED]
	Org : UNMISS STAFF OFFICERS	
	DutyStrn : Juba	

	Current Month	Retroactive	Total in Base Currency (USD)
Earnings			
Mission Subsistence Allowance (MSA)	USD 4,492.00	USD 3,485.00	7,977.00
			Total: 7,977.00
			Net Pay: 7,977.00
Adjustments			
Recovery of Salary Advance	USD -3,000.00		-3,000.00
			Total: -3,000.00
			Net Pay After Adjustments: 4,977.00

Salary Apportionment			
Payment Mode	Name of Bank/Third Party	Amount in Base Curr(USD)	Amount in Disbur. Curr
Bank/EFT	[REDACTED]	4,977.00	USD 4,977.00
	Net Salary Apportionment Total:(USD)	4,977.00	

Handout 4

MARINE CORPS TOTAL FORCE LEAVE AND EARNINGS STATEMENT

A ID INFO		1 NAME (LAST, FIRST, MI)												3 RANK MAJ	4 SERV USMC	5 PLT CODE UMOG	6 DATE PREP 20190523	7 PRD COVERED 1-31 MAY	8 PEBD 19940815	9 YRS 24	10 EAS 00000000	11 ECC 00000000	12 MCC DIST RUC UBY 54008
B FORECAST AMOUNTS		13 DATE 20190614	AMOUNT 4780.19	14 DATE 20190701	AMOUNT \$ 4780.16	C SPLIT PAY	15 START DATE	16 AMOUNT \$.00	17 BALANCE \$.00	18 POE 12011	D. DIRECT DEPOSIT/EFT/ADDRESS NAVY FEDERAL CREDIT UNION PO BOX 3000 ATTN: FUNDS SERVICES MERRIFIELD VA 221190000												
E LEAVE INFORMATION												F AVIATION PAY INFORMATION											
19 LV BF 58.5	20 EARNED 2.5	21 USED 0	22 EXCESS .0	23 BAL .0	24 MAX ACCRUAL .0	25 LOST .0	26 SOLD AS OF 0.5 19980923	27 CBT LV BAL .0	28 ASEED 00000000	29 DIFOP TOTAL YRS MO	30 PRIOR DIFOP START	31 PRIOR DIFOP STOP	32 OPFLY GATE INFORMATION 0000										
G TAX INFORMATION												H. RIGHTS OF MARINES INDEBTED TO THE GOVERNMENT YOU HAVE THE RIGHT TO:											
33 STATE TAX				34 FEDERAL TAX				35 FICA (SOCIAL SECURITY TAX)				-INSPECT AND COPY RECORDS PERTAINING TO DEBT -QUESTION VALIDITY OF A DEBT AND SUBMIT REFUTING EVIDENCE -NEGOTIATE A REPAYMENT SCHEDULE -REQUEST A WAIVER OF DEBT MORE INFORMATION ABOUT YOUR RIGHTS CAN BE OBTAINED FROM YOUR COMMANDING OFFICER VIA YOUR CHAIN OF COMMAND.											
STATE CODE FL				EXEMPTIONS M 01				S 01															
EXEMPTIONS				WAGES THIS PRD \$3463.90				SSEC WAGES THIS PRD \$8073.90															
WAGES YTD				WAGES YTD \$40032.84				SSEC WAGES YTD \$40369.50															
STATE TAX YTD				FED TAX YTD \$0.00				MEDICARE WAGES THIS PRD \$4920.57															
STATE TAX YTD								MEDICARE WAGES YTD \$40369.50															
STATE TAX YTD								MEDICARE TAX YTD \$585.36															
I ADDITIONAL BAH INFORMATION												J CAREER SEA PAY				K EDUCATION DEDUCTION				L ADMIN INFO			
36	37 BAH ZIP 20301	38	39	40	41	42	43 DATE TOTAL CAREER SEA SVC 00000000 00 YRS 00 MO 00 DA				44 TYPE	45 MONTHLY \$.00	46 TOTAL \$.00	47 PAY STATUS 000000									
M RESERVE DRILL INFORMATION												N RESERVE RETIREMENT INFORMATION											
52 REG	53 REG FYTD	54 REG ANNYTD	55 ADD	56 ADD FYTD	57 ADD ANNYTD	58 BF ANNYTD	59 ACUDU THIS PRD	60 DRILL THIS PRD	61 OTHER THIS PRD	62 MBR THIS PRD	63 END BAL ANNYTD	64 TOTAL SAT YRS	65 TOTAL RET PTS	48 PAY GROUP 00010	49 CRA DATE 00000000								
56 AFADDD 19990510	67 DEAF 19931105	68 TSP TAX DEFERRED 856.66	69 TSP TAX EMEMPT .00	70 TSP ROTH 484.44	71 TSP TRAD CATCH-UP .00	72 TSP ROTH CATCH-UP .00	73																
O REMARKS																							
BROUGHT FWD ENTITLEMENTS .00																							
BASIC PAY 8,073.90 TAXABLE FOR FITW, SITW & FICA																							
IMMINENT DANGER PAY 360.00 START 20190413 AMOUNT 225.00																							
TAXABLE FOR FITW & SITW																							
BAS (OFFICERS) 254.38																							
BAH WITH DEPNS 3,018.00																							
HARDSHIP DUTY-LOC 160.00 START 20190413 AMOUNT 100.00																							
TAXABLE FOR FITW & SITW																							
FSA-T, TYPE II 408.33 START 20190412 AMOUNT 250.00																							
TOTAL 12,274.62																							
DEDUCTIONS																							
FITW (FED TAX) 1,365.88																							
SOCIAL SECURITY 500.58																							
MEDICARE 117.07																							
SGLI \$400,000 28.00																							
SPOUSE SGLI 8.50																							
TSGLI 1.00																							
DENTAL INS ALLOTMENT 11.54 800 HIGHMARK INC (UCCI)																							
TSP TRADITIONAL 48.75 APR 2019 DEFERRED																							
\$1.25 MAY 2019 DEFERRED																							
TSP ROTH 242.22 MAY 2019																							
NAVY MUT AID ALLOT 20.00 027 NMA																							
TOTAL 2,444.79																							
PAYMENTS																							
REGULAR PAYMENT 4,562.56 20190515 6102 0000030015 0000015																							
REGULAR PAYMENT 5,267.27 20190531 6102 0000030016 0000016																							
TOTAL 9,829.83																							
CARRIED FWD .00																							
"DO YOU HAVE THE CORRECT AMOUNT OF TAX WITHHELD FROM YOUR PAY? USE THE IRS WITHHOLDING CALCULATOR ON MYPAY UNDER QUICK LINKS TO ADJUST FEDERAL WITHHOLDING."																							
"ADOPTING A CHILD? YOU COULD BE REIMBURSED FOR UP TO \$2000 IN EXPENSES. SEE YOUR COMMANDER/PERSONNEL OFFICE FOR DETAILS."																							
"COMING SOON: MYPAY REFRESHED. SIMPLER, STREAMLINED, MOBILE-FRIENDLY. FIND OUT MORE HTTPS://WWW.DFAS.MIL/MYPAYINFO/MYPAY2019.HTML"																							
"HELP PROTECT WHAT MATTERS MOST: YOUR FAMILY. DID YOU KNOW CERTAIN FAMILY MEMBERS ARE ELIGIBLE TO APPLY FOR FLTICP COVERAGE EVEN IF YOU DON'T? START THE CONVERSATION TODAY. VISIT HTTPS://WWW.LTCFEDS.COM/MILITARYFAMILY"																							
"EFFECTIVE 7/12/2019, ELIGIBILITY TO TRANSFER POST-9/11 GI BILL BENEFITS TO QUALIFYING FAMILY MEMBERS WILL CHANGE. VISIT HTTPS://MILCONNECT.DMDC.OSD.MIL/MILCONNECT/PUBLIC/FAQ/EDUCATION/EDUCATION_BENEFITS-HOW_TO_TRANSFER_BENEFITS (LC)."																							

ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400 and 17406) (Name, State Bar number, and address): <hr/> <p style="text-align: center;">TELEPHONE NO.: _____ FAX NO. (Optional): _____</p> <p>E-MAIL ADDRESS (Optional): _____</p> <p>ATTORNEY FOR (Name): _____</p>	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____ STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
PETITIONER/PLAINTIFF: _____ RESPONDENT/DEFENDANT: _____ OTHER PARENT: _____	
NOTICE OF ACTIVATION OF MILITARY SERVICE AND DEPLOYMENT AND REQUEST TO MODIFY A SUPPORT ORDER	CASE NUMBER: _____

1. TO (name): _____
2. A hearing on this request will be held as follows:

a. Date: _____	Time: _____	<input type="checkbox"/> Dept: _____	<input type="checkbox"/> Rm.: _____
b. Address of court <input type="checkbox"/> same as noted above <input type="checkbox"/> other (specify): _____			

ORDER SHORTENING TIME
3. <input type="checkbox"/> Time for <input type="checkbox"/> service <input type="checkbox"/> hearing is shortened. Service must be on or before (date): _____
4. Any responsive declaration must be served on or before (date): _____
Date: _____
_____ JUDICIAL OFFICER

NOTICE
If you are requesting modification of spousal support or family support, you MUST use this form.
If the court grants this <i>Request</i> , the new court order will become effective on the date this form was served, or on the date of deployment, whichever is later in time, unless the court determines there is good cause to do otherwise.
The deployed person MUST immediately notify the court and all parties when he or she returns from deployment. If the court was not able to hear the modification request before the deployment date, the service member MUST ask the court to bring any unresolved modification request to a hearing within 90 days of return or lose the right to change the support order as requested here.

Request for Accommodations



Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least five days before the proceeding. Contact the clerk's office or go to www.courtinfo.ca.gov/forms for *Request for Accommodations by Persons With Disabilities and Order* (form MC-410). (Civil Code, § 54.8.)

NOTICE FOR CASES INVOLVING A LOCAL CHILD SUPPORT AGENCY
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, <i>before the hearing</i> , 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.

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

5. I am requesting the court to change the existing
- a. child support spousal support family support order made under the case number listed above to an amount based on my income while deployed.
 - b. earnings assignment order to state the new support amount if the request in item 5a is granted.
 - c. This support is payable by
 petitioner/plaintiff respondent/defendant other parent.
6. This request is based on:
- a. petitioner's/plaintiff's respondent's/defendant's other parent's military deployment
 - b. completed attached *Financial Statement (Simplified)* (form FL-155) or completed *Income and Expense Declaration* (form FL-150)
 - c. the attached service member's *Notice of Deployment* that has been submitted to the local child support agency (*Attach this form if the local child support agency is involved.*)
7. Additional required information
- a. service member's out-of-state deployment date is (*specify date and attach a copy of the order of deployment*):
 - b. service member's duration of activation is (*specify beginning and end dates*):
8. A blank *Responsive Declaration to Order to Show Cause or Notice of Motion* (form FL-320) and a **blank** *Financial Statement (Simplified)* (form FL-155) or a **blank** *Income and Expense Declaration* (form FL-150) will be served with the moving papers.
9. Check all that apply (*you must check at least one box*):
- a. While the service member is deployed, his or her employer will supplement the military pay (*specify amount per month and attach proof*): \$
 - b. While the service member is deployed, his or her employer will not supplement the military pay, and the service member will only have military pay in the amount stated on the attached *Financial Statement (Simplified)* (form FL-155) or *Income and Expense Declaration* (form FL-150).
 - c. It is unknown whether the service member's employer will supplement the military pay.
 - d. While deployed, the service member will have other income (*specify amount per month, source of income, and attach proof*): \$
10. The other party and the service member have previously agreed that spousal support cannot be modified or terminated (*attach a copy of the agreement.*)
11. **The facts in support of this request are** (*specify*):
- Contained in an attached declaration.
12. Send notice of the hearing to the service member at (*specify address*):
13. I will be deployed out of state at the time of the hearing. I waive appearing in person at the court hearing. I ask the court to go forward with the hearing to decide if the support will be temporarily modified until I can appear in person. This request is not a waiver of my right to a stay or rehearing of the matter under the Servicemembers Civil Relief Act (SCRA). **(This waiver is only valid if the service member signs below.)**

14. Number of pages attached: _____

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)

INFORMATION SHEET FOR COMPLETING AND RESPONDING TO NOTICE OF ACTIVATION OF MILITARY SERVICE AND DEPLOYMENT AND REQUEST TO MODIFY A SUPPORT ORDER

If you are the person requesting that the support order be changed:

Please follow these instructions to complete the *Notice of Activation of Military Service and Deployment and Request to Modify a Support Order* if you do not have an attorney to represent you. This form is intended to be used by a service member to ask the court to modify support based on his or her military activation and out-of-state deployment. If you have an attorney, he or she should complete this form. If you would like the local child support agency to assist you, fill out a *Notice of Deployment* and submit it to the local child support agency. They will prepare a request for modification, and you will not need to appear if you are already deployed. The local child support agency must attach the *Notice of Deployment* to form FL-398 to show the court that the service member has authorized the agency to act on his or her behalf. You can obtain a *Notice of Deployment* from any local child support agency. Please note that the child support agency cannot provide services for a modification of spousal support.

You may also ask to appear by telephone. See rule 5.324 of the California Rules of Court, and form FL-679 *Request for Telephone Appearance (Governmental)*. If you are in the military, you may also ask for the assistance of a JAG (Judge Advocate General) officer.

In addition to the modification procedures contained in the *Notice of Activation of Military Service and Deployment and Request to Modify a Support Order*, a service member who has been activated may be eligible for a modification based on a change in circumstances, specifically a change in income due to military activation. To request a modification of support for reasons other than out-of-state deployment, see FL-391 *Information Sheet—Simplified Way to Change Child, Spousal, or Family Support* for what forms to use and instructions. The service member may also have certain protections provided by the Servicemembers Civil Relief Act (SCRA). Please note that a modification of support cannot be effective any earlier than the filing with the court of the request to modify support.

When you have completed this form, file the original and attachments with the court clerk. The address of the court clerk is listed in the telephone directory under "County Government Offices." **Keep two copies of the filed *Notice of Activation of Military Service and Deployment and Request to Modify a Support Order* form and its attachments. Serve one copy as well as a blank *Responsive Declaration to Order to Show Cause or Notice of Motion* (form FL-320) and blank *Income and Expense Declaration* (form FL-150) or *Financial Statement (Simplified)* (form FL-155) on the other party. If the local child support agency is involved, serve it too. Keep another copy for your records. (See *Information Sheet for Service of Process*, form FL-611, *Proof of Personal Service*, form FL-330, and *Proof of Service by Mail*, form FL-335.)**



Request for Accommodations

Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least five days before the proceeding. Contact the clerk's office or go to www.courtinfo.ca.gov/forms for *Request for Accommodations by Persons With Disabilities and Order* (form MC-410). (Civil Code, § 54.8.)

INSTRUCTIONS FOR COMPLETING THE NOTICE OF ACTIVATION OF MILITARY SERVICE AND DEPLOYMENT AND REQUEST TO MODIFY A SUPPORT ORDER FORM (TYPE OR PRINT FORM IN BLACK INK):

Front page, first box, top of form, left side: Print your name, address, telephone number, and fax number or e-mail address in this box if it is not already there.

Front page, second box, left side: Print your county's name and the court's address in the box. Use the same address for the court that is on your most recent support order or judgment. If you do not have a copy of your most recent support order or judgment, you can get one from either the court clerk or the local child support agency.

Front page, third box, left side: Print the names of the Petitioner/Plaintiff, Respondent/Defendant, and Other Parent in this box. Use the same names listed in your most recent support order or judgment. If no name is listed for the other parent, leave that line blank.

Front page, first box, top of form, right side: Leave this box blank for the court's use.

Front page, second box, right side: Print your case number in this box. Use the same number that is listed on your most recent support order or judgment.

Page 1, items 1 through 4:

1. Insert the name of the person(s) other than you. Include the local child support agency if they are involved in your case.
2. a. You must contact the court clerk's office to get information on obtaining a hearing date for this request. The court clerk will give you the information you need to complete this section. The hearing date must be written on the copies of the pages served on the other party.
 - b. Check the first box if the address of the court where the hearing will be held is the same as the one you put at the top of the request. Check the second box if the address of the court where the hearing will be held is different from the one you put at the top of the notice. Print the different court address in the space.
- 3.-4. If you need to have the court hear your case in less than the statutorily required time, you can ask the court for an order shortening time. If you need assistance, contact the court's family law facilitator in your county or go to www.courtinfo.ca.gov/selfhelp/.

Page 2, items 5 through 12:

5. a. Check the box for the type of support order that you are asking to have changed.
 - b. If the person who pays support is in the military, and the support order is changed and the court issues a new earnings assignment order to show the new support amount, the new earnings assignment order must be served on one of the following finance centers. If the service member is in the Army, Navy, Air Force or Marines, it must be served on: DFAS Cleveland Center, DFAS-DGI/CL, P.O. Box 998002, Cleveland, OH 44199-8002. If the service member is in the Coast Guard, the new earnings assignment order must be served on: Commanding Officer (LGL), U.S. Coast Guard Pay and Personnel Center, Federal Building, 444 SE Quincy Street, Topeka, KS 66683-3591.
 - c. Check the box that correctly describes the person who is paying the support.
6. a. Check the box to show who is being deployed by the military.
 - b. Fill out the *Financial Statement (Simplified)* (form FL-155), if you are allowed to use the form. See the instructions on the back side of the form to see if you qualify. If you are not allowed to use the *Financial Statement (Simplified)* (form FL-155), fill out the *Income and Expense Declaration* (form FL-150). You must attach copies of your most recent W-2 forms and paycheck stubs for the last two months to the *Financial Statement (Simplified)* (form FL-155) or *Income and Expense Declaration* (form FL-150). **If you are requesting a modification of spousal support, you must fill out the *Income and Expense Declaration* (form FL-150).**

A service member must include his or her Basic Pay, Basic Allowance for Subsistence, Basic Allowance for Quarters benefits (BAQ), and any other non-taxable entitlements in the income section of the *Income and Expense Declaration* (form FL-150). Attach a copy of the Leave and Earnings Statement (LES) from the last two months, if available.
 - c. Check this box if you are in the military and are asking the local child support agency to seek a modification of support while you are deployed out-of-state. You must attach a completed copy of the *Notice of Deployment* form provided to you by the local child support agency.
7. a. Print the date that the service member was first deployed out of state or the expected date of deployment if he or she has not yet been deployed, and attach a copy of the order of deployment.
 - b. Print the dates showing the duration of the service member's activation, listing both the beginning date and the end date.
8. Include a blank *Responsive Declaration to Order to Show Cause or Notice of Motion* (form FL-320) in the papers you serve on the other party. Also include a blank *Financial Statement (Simplified)* (form FL-155) or a blank *Income and Expense Declaration* (form FL-150).
9. Check all boxes that apply.
 - a. Check the box if the employer will supplement military pay while the person is deployed; specify monthly amount and attach proof (such as a letter from the employer).
 - b. Check the box if the employer will not supplement military pay during the deployment, and the service member will only have military pay in the amount stated on the attached *Financial Statement (Simplified)* (form FL-155) or *Income and Expense Declaration* (form FL-150).
 - c. Check the box if it is unknown whether the service member's employer will supplement the military pay.
 - d. Check the box if there will be other income (such as rental income); specify the monthly amount and attach proof. You will also need to indicate any investment or other income on the *Income and Expense Declaration* (form FL-150). If you have rental property income you will need to include a schedule showing gross receipts less cash expenses. See form FL-150 for specific instructions on other attachments that may be needed if you have investment or business income.
10. Check the box if you and the other party have previously agreed that spousal support cannot be modified or terminated. Attach a copy of your agreement.
11. Tell the court about any other information that supports your request. If you need additional space, you may attach pages.
12. List the service member's APO address or a local address where the service member will receive timely notice of the court proceedings.
13. If you will be deployed out of state and unavailable to appear at the time of the hearing, you may sign this waiver and ask the court to hold the hearing without you. The court may or may not grant your request. If you check this box, you must sign the bottom of page 2 of the form and make sure that it is fully and accurately completed and has all necessary attachments. You may also have certain protections provided by the Servicemembers Civil Relief Act (SCRA). You may ask for the assistance of a JAG (Judge Advocate General) officer.
14. Put the number of pages attached.

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

For instructions on how to complete the *Proof of Service*, see *Information Sheet for Service of Process* (form FL-611). The person who serves the request and its attachments must fill out the *Proof of Service* form. **You cannot serve your own request.**

If you are the person receiving the request that the support order be changed:

You will need to file a response and go to the hearing unless a written agreement is reached and signed by the court before the hearing.

- Complete the *Responsive Declaration to Order to Show Cause or Notice of Motion* (form FL-320). If a blank *Responsive Declaration to Order to Show Cause or Notice of Motion* (form FL-320) was not given to you when you received the *Notice of Activation of Military Service and Deployment and Request to Modify a Support Order* (form FL-398), the court clerk's office, the court's Office of the Family Law Facilitator, or the local child support agency can tell you where one can be found. Or you can get one from the California Court's Web site: www.courtinfo.ca.gov/forms/.
- Fill out the form *Financial Statement (Simplified)* (form FL-155) if you are allowed to use the form. See the instructions on the back of the form to see if you qualify; otherwise, you must fill out the form *Income and Expense Declaration* (form FL-150). You must attach copies of your most recent W-2 forms and paycheck stubs for the last two months to the *Financial Statement (Simplified)* (form FL-155) or the *Income and Expense Declaration* (form FL-150). Make at least three copies of the completed form and all attachments.

You must have one completed copy of each of the following papers served on the other party. If the local child support agency is involved, serve it to:

- Your *Responsive Declaration to Order to Show Cause or Notice of Motion* (form FL-320).
- Your *Financial Statement (Simplified)* (form FL-155) or *Income and Expense Declaration* (form FL-150).

For instructions on how to serve these papers properly, see *Information Sheet for Service of Process* (form FL-611), *Proof of Personal Service* (form FL-330) and *Proof of Service by Mail* (form FL-335). Whoever serves the papers should fill out and must sign the *Proof of Service*. If there are reasons to file your own motion for modification, see FL-391 *Information Sheet—Simplified Way to Change Child, Spousal, or Family Support*. **NOTICE: Consult the court's Office of the Family Law Facilitator or the local court rules to see if there are any other documents you will need to have served on the local child support agency and on the other party.**

The local child support agency or the court's family law facilitator's office may be able to provide you with a child support calculation based on both parents' income to determine the amount of guideline support. If you agree with the proposed changes, you may be able to have one of these offices prepare an agreement to change the child support and have it signed by both parents and the court. If you are able to reach an agreement with the other party and the agreement is signed by the court before the hearing, you do not need to appear at the hearing.

NOTICE: Unless you know the hearing has been taken off calendar, you should go to the hearing as scheduled to protect your rights. You might consider calling the court the day before the hearing to see if the hearing is still on the calendar.

If you need additional assistance with this form, contact an attorney or the court's family law facilitator.