

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): <u>Sarah Thomas</u> <u>1445 South Main Street</u> <u>Los Angeles, CA 44356</u> TELEPHONE NO.: <u>(301) 233-5567</u> E-MAIL ADDRESS (optional): _____ FAX NO.: <u>301-889-0078</u> ATTORNEY FOR (Name): _____	COURT PERSONNEL: STAMP DATE RECEIVED HERE DO NOT FILE
SUPERIOR COURT OF CALIFORNIA, COUNTY OF <u>Los Angeles</u> STREET ADDRESS: <u>200 West Compton Blvd.</u> MAILING ADDRESS: <u>200 West Compton Blvd.</u> CITY AND ZIP CODE: <u>Compton, CA 90220</u> BRANCH NAME: <u>Compton Courthouse</u>	
PETITIONER/PLAINTIFF: <u>Sarah Thomas</u> RESPONDENT/DEFENDANT: <u>Roger Thomas</u> OTHER PARENT: _____	
CHILD SUPPORT CASE REGISTRY FORM <input checked="" type="checkbox"/> Mother <input checked="" type="checkbox"/> First form completed <input type="checkbox"/> Father <input type="checkbox"/> Change to previous information	CASE NUMBER: _____

THIS FORM WILL NOT BE FILED IN THE COURT FILE. IT WILL BE MAINTAINED IN A CONFIDENTIAL FILE WITH THE STATE OF CALIFORNIA.

Notice: Pages 1 and 2 of this form must be completed and delivered to the court along with the court order for support. Pages 3 and 4 are instructional only and do not need to be delivered to the court. If you did not file the court order, you must complete this form and deliver it to the court within 10 days of the date on which you received a copy of the support order. Any later change to the information on this form must be delivered to the court on another form within 10 days of the change. It is important that you keep the court informed in writing of any changes of your address and telephone number.

1. Support order information (this information is on the court order you are filing or have received).
- a. Date order filed: _____
- b. Initial child support or family support order Modification
- c. Total monthly base current child or family support amount ordered for children listed below plus any monthly amount ordered payable on past due support :
- | Child Support | Family Support | Spousal Support |
|---|---|--|
| (1) <input checked="" type="checkbox"/> Current \$ 1,310.11
base child <input type="checkbox"/> Reserved Order
support: <input type="checkbox"/> \$0 (zero) order
(2) <input type="checkbox"/> Additional \$ 0.00
monthly
support:
(3) <input type="checkbox"/> Total \$ 0.00
past-due
support:
(4) <input type="checkbox"/> Payment
on past-
due support:
(5) Wage withholding was <input checked="" type="checkbox"/> ordered <input type="checkbox"/> ordered but stayed until (date): _____ | <input type="checkbox"/> Current \$ 0.00
base family <input type="checkbox"/> Reserved Order
support: <input type="checkbox"/> \$0 (zero) order
(2) <input type="checkbox"/> Additional \$ 0.00
monthly
support:
(3) <input type="checkbox"/> Total \$ 0.00
past-due
support:
(4) <input type="checkbox"/> Payment \$ 0.00
on past-
due support: | <input checked="" type="checkbox"/> Current \$ 1,400.00
spousal <input type="checkbox"/> Reserved Order
support: <input type="checkbox"/> \$0 (zero) order
(2) <input type="checkbox"/> Additional \$ 0.00
monthly
support:
(3) <input type="checkbox"/> Total \$ 0.00
past-due
support:
(4) <input type="checkbox"/> Payment
on past-
due support: |
2. a. Person required to pay child or family support (name): Roger Thomas
 b. Relationship to child (specify): Father
3. a. Person or agency to receive child or family support payments (name): Sarah Thomas
 b. Relationship to child (if applicable): Mother

TYPE OR PRINT IN INK

PETITIONER/PLAINTIFF: <u>Sarah Thomas</u> RESPONDENT/DEFENDANT: <u>Roger Thomas</u> OTHER PARENT: _____	CASE NUMBER: _____
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4. The child support order is for the following children:

Child's Name	Date of Birth	Social security number
a. <u>Katie Thomas</u>	<u>05/05/2001</u>	<u>222-55-8898</u>
b. _____	_____	_____
c. _____	_____	_____

Additional children are listed on a page attached to this document.

You are required to complete the following information about yourself. You are not required to provide information about the other person, but you are encouraged to provide as much as you can. This form is confidential and will not be filed in the court file. It will be maintained in a confidential file with the State of California.

5. Father's name: Roger Thomas
 a. Date of birth: 1968/08/29
 b. Social security number: 678-99-1111
 c. Street address: 98775 SW Ash Lane

City, state, ZIP code: Los Angeles, CA 55679

d. Mailing address: 98775 SW Ash Lane

City, State, ZIP code: Los Angeles, CA 55679

e. Driver's license number: YO5578000098

State: CA

f. Telephone number: _____

g. Employed Not Employed Self-Employed

Employer's name: Rucker Holmes

Street address: 10 Pelican Blvd., Ste. 78

City, state, ZIP code: Los Angeles, CA 55564

Telephone number: 301-774-9243

6. Mother's name: Sarah Thomas
 a. Date of birth: 1970/04/01

b. Social security number: 444-33-5578

c. Street address: 1445 South Main Street

City, state, ZIP code: Los Angeles, CA 44356

d. Mailing address: 1445 South Main Street

City, State, ZIP code: Los Angeles, CA 44356

e. Driver's license number: TH445780-0888

State: CA

f. Telephone number: (301) 233-5567

g. Employed Not Employed Self-Employed

Employer's name: Adams Bistro

Street address: 79 Butler Blvd, Ste. 543

City, state, ZIP code: Los Anglese, CA 77989

Telephone number: 301-798-9967

7. A restraining order, protective order, or non-disclosure order due to domestic violence is in effect.

a. The order protects: Father Mother Children

b. From: Father Mother

c. The restraining order expires (date): _____

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

Date: Sarah Thomas

(TYPE OR PRINT NAME)

 (SIGNATURE OF PERSON COMPLETING THIS FORM)