ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address):* TELEPHONE NO.: FAX NO. *(Optional):* E-MAIL ADDRESS *(Optional):* ATTORNEY FOR *(Name):*	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF IMPERIAL **939 W. MAIN STREET** **EL CENTRO, CA 92243**	
PETITIONER: RESPONDENT:	
STIPULATION AND ORDER TO ESTABLISH OR MODIFY SPOUSAL SUPPORT	CASE NUMBER:

1. ☐ The Court reserves jurisdiction to award spousal or partner support to the ☐Petitioner ☐Respondent.
2. ☐The Court terminates jurisdiction to award spousal or partner support for the ☐Petitioner ☐Respondent.
3. ☐The Court finds that the Petitioner's gross monthly income is _____. Respondent's gross monthly income is _____. The parties were married for (specify): _____ years, _____ months.
4. ☐This order shall modify a prior order for spousal or domestic partner support. The prior order was entered on: _____, ordering $_____, payable on the (specify): _____ day of each month or other (specify): _____, beginning (date): _____.
5. ☐Petitioner ☐Respondent must pay to the ☐Petitioner ☐Respondent as spousal/domestic partner support $_____ per month, beginning (date): _____, until (end date): _____, ☐payable on the (specify): _____ day of each month or ☐ other:_____. If no termination date is specified, said support shall continue until the death of either party, remarriage of the supported party or further order of the Court.
   ☐ Other:_____.
   a) ☐ Support must be paid by check, money order, or cash. The support payor's obligation to pay support will terminate on the death of either party, remarriage, or registration of a new domestic partnership of the support payee.
   b) ☐ An earnings assignment for the foregoing support will issue. (**Note**: the payor of spousal, family or partner support is responsible for the payment of support directly to the recipient until support payments are deducted from the payor's earnings, and for any support not paid by the assignment.)
   c) ☐ Service of the earnings assignment is stayed provided the payor is not more than (specify number): _____ days late in the payment of spousal, family or partner support.
6. ☐The ☐ Petitioner ☐ Respondent should make reasonable efforts to assist in providing for his or her support needs.
7. ☐The parties must promptly inform each other of any change of employment, including the employer's name, address, and telephone number.
8. ☐ Except as modified herein, all provisions of any previous orders made in this action will remain in effect.
9. ☐Other orders: _____.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. We agree that we are fully informed of our rights. We make this agreement freely without coercion or duress.

Date: Date:

_____ _____

Signature of Petitioner or Attorney Signature of Respondent or Attorney

ORDER

UPON GOOD CAUSE, **IT IS HEREBY ORDERED.**

FOR COURT USE ONLY

Date:_____

_____

Judge of the Superior Court