

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:	
ORDER ON REGISTRATION OF OUT-OF-STATE <input type="checkbox"/> SUPPORT ORDER <input type="checkbox"/> INCOME WITHHOLDING ORDER	CASE NUMBER:

1. Notice of Registration of Out of State Support Order-Judicial Council Form (FL-570). A copy of the registration statement with a copy of the out of state order was sent by the Clerk of the Court to _____ by first class mail on (date):_____.

2. A Request for Hearing Regarding Registration of Support Order and/or Income Withholding Order-Judicial Council Form (FL-575) was NOT filed and this proceeding was heard by default.

OR

A Request for Hearing Regarding Registration of Support Order and/or Income Withholding Order-Judicial Council Form (FL-575) was filed on (date): _____ and this proceeding was heard as follows:

This proceeding was heard as a contested matter:

On (date): _____ at (time) _____ in Dept. _____

by Judge (name): _____

Petitioner present

Respondent present

Other present

Temporary Judge

Attorney present (name):

Attorney present (name):

Attorney present (name):

THE COURT ORDERS:

3. Out of State Support Order is confirmed

4. Out of State Support Order is *not* confirmed

5. Out of State Income Withholding Order is confirmed

6. Out of State Income Withholding Order is *not* confirmed

7. Other:

Date: _____

Judge of the Superior Court