

# MADERA COUNTY SUPERIOR COURT

## STATE OF CALIFORNIA

### **Motion for Simplified Modification of Child Support Packet**

If you want to raise or lower child support, you can file a request for a modification with this Motion for Simplified Modification. There are many good reasons why a child support order might need to be changed. Some reasons may be:

- The income of 1 or both parents has changed;
- One parent has lost his or her job;
- One parent has been incarcerated;
- One parent had another child from another relationship;
- There have been significant changes in how much time the child in the case spends with each parent;
- The child's needs may have changed and there may be more (or less) costs for child care, health care, or education; and
- There have been changes in any of the factors that are used to calculate child support.

#### **1. Fill out your forms**

Fill out the **FL-390 Notice of Motion and Motion for Simplified Modification of Order** form. Fill out the **FL-155 Financial Statement Simplified** form or **FL-150 Income and Expense Declaration** form. Read form DV-570 **Which Financial Form- FL-155 or FL-150?** (included in this packet)

#### **2. Have your forms reviewed**

Ask the court's **family law facilitator** (located on the 1<sup>st</sup> Floor) to review your paperwork. The facilitator can make sure you filled it out properly and make your copies before you file. You can also hire your own lawyer to review your papers or to get legal advice.

#### **3. You will need copies**

You will need at least 2 copies of FL-390 Notice of Motion and your FL-155 Financial Statement Simplified or FL-150 Income and Expense Declaration. One copy will be for you; another copy will be for your child's other parent. The original is for the court. If the LCSA (Local Child Support Agency) is involved in your case, you will need 3 copies.

#### **4. File your forms with the court clerk**

If the LCSA is involved in your case take your forms to the Juvenile/Child Support Division (located on the 3<sup>rd</sup> Floor). If you are filing this Motion in your existing divorce or custody case, then you will take your forms to the Civil Division (located on the 4<sup>th</sup> Floor). The clerk will keep the original and return your filed stamped copies with a court date.

#### **5. Serve your papers on the other parent (and the LCSA if involved)**

Have someone at least 18 (NOT you) serve the other parent and the LCSA (if involved) with a copy of your papers and a blank **FL-392 Responsive Declaration to Motion for Simplified Modification** and blank **FL-150 Income and Expense Declaration**. You can serve the other parent (and the LCSA if involved) by mail. It must be done at least 16 court days before the hearing plus 5 calendar days for mailing. And remember, someone else — not you — must mail the papers. You can also have someone else serve your papers in person, and if so, it must be done at least 16 court days before the hearing. Madera County Department of Child Support Services is located at, 120 N. Lake Street, mailing address is P.O. Box 1079, Madera, CA 93639

#### **6. File your proof of service**

Have your server fill out a **Proof of Service by Mail Form FL-335** for the other parent (and another for the LCSA if involved in the case). You must then file the Proof (or Proofs) of Service with the court. It is very important your server fills out the Proof (or Proofs) of Service correctly. If possible, have your family law facilitator review this paperwork to make sure it was filled out properly. If the papers were served in person, your server has to fill out a **Proof of Personal Service Form FL-330**. You will need to make 1 copy of your Proof of Service and take both to file with the clerk prior to your hearing date the clerk will return the copy to you for your records.

For more information you can go online @ <https://www.courts.ca.gov/1196.htm> or <http://www.madera.courts.ca.gov/>

**SUPERIOR COURT OF CALIFORNIA, COUNTY OF MADERA**  
**200 South G Street**  
**Madera, Ca 93637**

(For Court Use Only)

**Need an interpreter? | ¿Necesita un intérprete?**

**REQUEST FOR INTERPRETER SERVICES | solicitud para servicios de un intérprete**

Fill out this form if you or your witness in your case needs an interpreter when you are in court. | Si usted o un testigo en su caso necesita un intérprete cuando esté en la corte, llene este formulario.

**Case Number(s)** | numero(s) del caso: \_\_\_\_\_

**Case Name** | nombre del caso: \_\_\_\_\_

**Hearing Date** | fecha de audiencia: \_\_\_\_\_

**Time** | hora: \_\_\_\_\_

**Dept** | sala: \_\_\_\_\_

**INTERPRETER NEEDED IN THE FOLLOWING LANGUAGE |** necesito un intérprete para el siguiente idioma:

<input type="checkbox"/> Spanish/español	<input type="checkbox"/> Chatino*	<input type="checkbox"/> Cambodian	<input type="checkbox"/> Arabic
<input type="checkbox"/> Amuzgo*	<input type="checkbox"/> Triqui Alto*	<input type="checkbox"/> Cantonese	<input type="checkbox"/> Russian
<input type="checkbox"/> Mixteco Alto*	<input type="checkbox"/> Triqui Bajo*	<input type="checkbox"/> Mandarin	<input type="checkbox"/> Hmong
<input type="checkbox"/> Mixteco Bajo*	<input type="checkbox"/> Punjabi	<input type="checkbox"/> Farsi/Persian	<input type="checkbox"/> Lao
<input type="checkbox"/> Zapoteco*	<input type="checkbox"/> ASL	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Other/Otro: _____

\*For indigenous languages, include country, state, municipality and town of origin | para los idiomas indígenas, incluya su país, estado, municipio y ciudad de origen: \_\_\_\_\_

**INTERPRETER NEEDED FOR |** se necesita intérprete para:

Plaintiff/Petitioner  
 Demandante/Solicitante

Defendant/Respondent  
 Demandado(a)

# of Witnesses | cantidad de testigos

Estimated duration time of witness | tiempo estimado de duración del testimonio: \_\_\_\_\_

**REQUESTING PARTY'S INFORMATION |** datos del solicitante:

**Name** | nombre: \_\_\_\_\_

**Email** | correo electrónico: \_\_\_\_\_

**Phone Number** | número de teléfono: \_\_\_\_\_

**Please email this request to |** favor de enviar esta solicitud por correo electrónico a:

[Interpreter.Madera@madera.courts.ca.gov](mailto:Interpreter.Madera@madera.courts.ca.gov)

or file it with the clerk's office | ó entregue este formulario a la oficina del secretario

**Please submit this form with a minimum of ten (10) court days in advance. |** favor de entregar este formulario con un mínimo de diez (10) días hábiles antes de la fecha de su audiencia.

ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (pursuant to FC §§ 17400,17406) (Name, State Bar Number, and Address):		TELEPHONE NO.:	FOR COURT USE ONLY
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF MADERA</b> STREET ADDRESS: <b>200 S G Street</b> MAILING ADDRESS: <b>same</b> CITY AND ZIP CODE: <b>Madera, CA 93637</b> BRANCH NAME: <b>Juvenile Division</b>			
PETITIONER/PLAINTIFF:			
RESPONDENT/DEFENDANT:			
OTHER PARENT:			
<b>NOTICE OF MOTION AND MOTION FOR SIMPLIFIED MODIFICATION OF ORDER</b> FOR <input type="checkbox"/> CHILD SUPPORT <input type="checkbox"/> SPOUSAL SUPPORT <input type="checkbox"/> FAMILY SUPPORT			CASE NUMBER:

TO (*name*):

1. A hearing on this motion for the relief requested below will be held as follows:

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

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 OF DECLARANT)

Page 1 of 2

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

## PROOF OF SERVICE

The *Notice of Motion and Motion* must be served on the other party. If the action was brought by the local child support agency, the local child support agency is enforcing the order, or the children are receiving TANF, the *Notice of Motion and Motion* must also be served on the local child support agency of the county where the action is filed. Service of the motion on the local child support agency and other party may be made by anyone at least 18 years EXCEPT you. Service is made in one of the following ways:

- (1) Personally delivering it to the office of the local child support agency and to the other party.  
OR
- (2) Mailing it, postage prepaid, to the office of the local child support agency, and to the last known address of the other party.

Anyone at least 18 years of age EXCEPT A PARTY in this action may personally serve or mail the motion. Be sure whoever served the motion fills out and signs this proof of service. The *Notice of Motion and Motion* cannot be filed with the court until the local child support agency and the other party (or attorney) are served and this proof of service is properly completed. If this motion is brought after judgment has been entered in the case, service must be made on the party and not the attorney for the party.

1. At the time of service I was at least 18 years of age and not a party to the legal action.
2. I served a copy of the foregoing *Notice of Motion and Motion* as follows (check either a. or b. below for each person served):
  - a.  **Personal service.** I personally delivered a copy of the *Notice of Motion and Motion for Simplified Modification of Order for Child, Spousal, or Family Support* and all attachments as follows:
 

<input type="checkbox"/> (1) Name of party or attorney served:	<input type="checkbox"/> (2) Name of local child support agency served:
(a) Address where delivered:	(a) Address where delivered:
(b) Date of delivery:	(b) Date of delivery:
(c) Time of delivery:	(c) Time of delivery:
  - b.  **Mail.** I deposited a copy of the *Notice of Motion and Motion for Simplified Modification of Order for Child, Spousal, or Family Support* (form FL-390) and all attachments in the United States mail, in a sealed envelope with postage fully prepaid, addressed as follows:
 

<input type="checkbox"/> (1) Name of party or attorney served:	<input type="checkbox"/> (2) Name of local child support agency served:
(a) Address:	(a) Address:
(b) Date of mailing:	(b) Date of mailing:
(c) Time of mailing:	(c) Time of mailing:

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 OF PERSON WHO SERVED MOTION)

1 Answer these questions: (If *any* answer is yes, go to 2.)

Are you self-employed?  Yes  No

Are you asking for spousal support or a change in spousal support?  Yes  No

Is your spouse (husband or wife) asking for spousal support or a change in spousal support?  Yes  No

Are you asking the other person to pay your attorney fees?  Yes  No

Is the other person asking you to pay his or her attorney fees?  Yes  No

Do you have income that is *not* listed below?  Yes  No

- Welfare (CalWORKS, TANF, GR, or GA)
- Salary from your job
- Disability
- Unemployment
- Workers' Compensation
- Social Security
- Retirement

2 If you answered yes to at least one question, you *must* use FL-150 (Income and Expense Declaration). This form can be hard to fill out. Ask the Family Law Facilitator for help.

3 If you answered no to *all* of the above, you can use FL-155 (Simplified Financial Statement) or FL-150 (Income and Expense Declaration). But FL-155 is easier to fill out.

Your name and address or attorney's name and address:	TELEPHONE NO.:	FOR COURT USE ONLY
<b>ATTORNEY FOR (Name): In Pro Per</b> <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF MADERA</b> STREET ADDRESS: <b>200 S G Street</b> MAILING ADDRESS: <b>same</b> CITY AND ZIP CODE: <b>Madera, CA 93637</b> BRANCH NAME: <b>Juvenile Division</b>		
PETITIONER/PLAINTIFF:		
RESPONDENT/DEFENDANT:		
OTHER PARENT:		
<b>FINANCIAL STATEMENT (SIMPLIFIED)</b>		CASE NUMBER:

**NOTICE: Read page 2 to find out if you qualify to use this form and how to use it.**

1. a.  My only source of income is TANF, SSI, or GA/GR.  
b.  I have applied for TANF, SSI, or GA/GR.
2. I am the parent of the following number of natural or adopted children from this relationship .....
3. a. The children from this relationship are with me this amount of time ..... %  
b. The children from this relationship are with the other parent this amount of time ..... %  
c. Our arrangement for custody and visitation is (*specify, using extra sheet if necessary*):
4. My tax filing status is:  single  married filing jointly  head of household  married filing separately.
5. My current gross income (*before taxes*) per month is ..... \$

**Attach 1** This income comes from the following:

<b>copy of pay stubs for last 2 months here (cross out social security numbers)</b>	<input type="checkbox"/> Salary/wages: Amount before taxes per month..... \$
	<input type="checkbox"/> Retirement: Amount before taxes per month..... \$
	<input type="checkbox"/> Unemployment compensation: Amount per month..... \$
	<input type="checkbox"/> Workers' compensation: Amount per month..... \$
	<input type="checkbox"/> Social security: <input type="checkbox"/> SSI <input type="checkbox"/> Other Amount per month..... \$
	<input type="checkbox"/> Disability: Amount per month..... \$
	<input type="checkbox"/> Interest income (from bank accounts or other): Amount per month..... \$

I have no income other than as stated in this paragraph.

6. I pay the following monthly expenses for the children in this case:
  - a.  Day care or preschool to allow me to work or go to school ..... \$
  - b.  Health care not paid for by insurance ..... \$
  - c.  School, education, tuition, or other special needs of the child ..... \$
  - d.  Travel expenses for visitation ..... \$
7.  There are (*specify number*) other minor children of mine living with me. Their monthly expenses that I pay are ..... \$
8. I spend the following average monthly amounts (*please attach proof*):
  - a.  Job-related expenses that are not paid by my employer (*specify reasons for expenses on separate sheet*) \$
  - b.  Required union dues ..... \$
  - c.  Required retirement payments (not social security, FICA, 401k or IRA) ..... \$
  - d.  Health insurance costs ..... \$
  - e.  Child support I am paying for other minor children of mine who are not living with me ..... \$
  - f.  Spousal support I am paying because of a court order for another relationship ..... \$
  - g.  Monthly housing costs:  rent or  mortgage ..... \$

If mortgage: interest payments \$ \_\_\_\_\_ real property taxes \$ \_\_\_\_\_

9. Information concerning  my current employment  my most recent employment:

Employer:

Address:

Telephone number:

My occupation:

Date work started:

Date work stopped (*if applicable*):

What was your gross income (*before taxes*) before work stopped?:

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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10. My estimate of the other party's gross monthly income (*before taxes*) is ..... \$ \_\_\_\_\_  
 11. My current spouse's monthly income (*before taxes*) is ..... \$ \_\_\_\_\_

12. Other information I want the court to know concerning child support in my case (*attach extra sheet with the information*).

13.  I am attaching a copy of page 3 of form FL-150, *Income and Expense Declaration* showing my expenses.

I declare under penalty of perjury under the laws of the State of California that the information contained on all pages of this form and any attachments is true and correct.

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

PETITIONER/PLAINTIFF

RESPONDENT/DEFENDANT

### INSTRUCTIONS

**Step 1: Are you eligible to use this form?** If your answer is YES to any of the following questions, you may NOT use this form:

- Are you asking for spousal support (alimony) or a change in spousal support?
- Is your spouse or former spouse asking for spousal support (alimony) or a change in spousal support?
- Are you asking the other party to pay your attorney fees?
- Is the other party asking you to pay his or her attorney fees?
- Do you receive money (income) from any source other than the following?
  - Welfare (such as TANF, GR, or GA)
  - Interest
  - Salary or wages
  - Workers' compensation
  - Disability
  - Social security
  - Unemployment
  - Retirement
- Are you self-employed?

If you are eligible to use this form and choose to do so, you do not need to complete the *Income and Expense Declaration* (form FL-150). Even if you are eligible to use this form, you may choose instead to use the *Income and Expense Declaration* (form FL-150).

**Step 2: Make 2 copies of each of your pay stubs for the last two months.** If you received money from other than wages or salary, include copies of the pay stub received with that money.

Privacy notice: If you wish, you may cross out your social security number if it appears on the pay stub, other payment notice or your tax return

**Step 3: Make 2 copies of your most recent federal income tax form.**

**Step 4: Complete this form with the required information.** Type the form if possible or complete it neatly and clearly in black ink. If you need additional room, please use plain or lined paper, 8½-by-11", and staple to this form.

**Step 5: Make 2 copies of each side of this completed form and any attached pages.**

**Step 6: Serve a copy on the other party.** Have someone other than yourself mail to the attorney for the other party, the other party, and the local child support agency, if they are handling the case, 1 copy of this form, 1 copy of each of your stubs for the last two months, and 1 copy of your most recent federal income tax return.

**Step 7: File the original with the court.** Staple this form with 1 copy of each of your pay stubs for the last two months. Take this document and give it to the clerk of the court. Check with your local court about how to submit your return.

**Step 8: Keep the remaining copies of the documents for your file.**

**Step 9: Take the copy of your latest federal income tax return to the court hearing.**

**It is very important that you attend the hearings scheduled for this case. If you do not attend a hearing, the court may make an order without considering the information you want the court to consider.**

PARTY WITHOUT ATTORNEY OR ATTORNEY		STATE BAR NUMBER:	<b>FOR COURT USE ONLY</b>
NAME:			
FIRM NAME:			
STREET ADDRESS:			
CITY:	STATE:	ZIP CODE:	
TELEPHONE NO.:	FAX NO.:		
E-MAIL ADDRESS:			
ATTORNEY FOR (name):			
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF MADERA</b>			
STREET ADDRESS: 200 SOUTH G STREET			
MAILING ADDRESS:			
CITY AND ZIP CODE: MADERA, CALIFORNIA 93637			
BRANCH NAME: JUVENILE DIVISION			
PETITIONER:			
RESPONDENT:			
OTHER PARTY/PARENT/CLAIMANT:			
<b>INCOME AND EXPENSE DECLARATION</b>			CASE NUMBER:

**1. Employment** (Give information on your current job or, if you're unemployed, your most recent job.)

Attach copies of your pay stubs for last two months (black out Social Security numbers).

- Employer:
- Employer's address:
- Employer's phone number:
- Occupation:
- Date job started:
- If unemployed, date job ended:
- I work about \_\_\_\_\_ hours per week.
- I get paid \$ \_\_\_\_\_ gross (before taxes)  per month  per week  per hour.

(If you have more than one job, attach an 8 1/2-by-11-inch sheet of paper and list the same information as above for your other jobs. Write "Question 1—Other Jobs" at the top.)

**2. Age and education**

- My age is (specify):
- I have completed high school or the equivalent:  Yes  No If no, highest grade completed (specify):
- Number of years of college completed (specify):  Degree(s) obtained (specify):
- Number of years of graduate school completed (specify):  Degree(s) obtained (specify):
- I have:  professional/occupational license(s) (specify):  
 vocational training (specify):

**3. Tax information**

- I last filed taxes for tax year (specify year):
- My tax filing status is  single  head of household  married, filing separately  married, filing jointly with (specify name):
- I file state tax returns in  California  other (specify state):
- I claim the following number of exemptions (including myself) on my taxes (specify):

**4. Other party's income.** I estimate the gross monthly income (before taxes) of the other party in this case at (specify): \$  
This estimate is based on (explain):

(If you need more space to answer any questions on this form, attach an 8 1/2-by-11-inch sheet of paper and write the question number before your answer.) Number of pages attached: \_\_\_\_\_

I declare under penalty of perjury under the laws of the State of California that the information contained on all pages of this form and any attachments is true and correct.

Date: \_\_\_\_\_



(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

Page 1 of 4

PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER:
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Attach copies of your pay stubs for the last two months and proof of any other income. Take a copy of your latest federal tax return to the court hearing. (Black out your Social Security number on the pay stub and tax return.)

5. **Income** (For average monthly, add up all the income you received in each category in the last 12 months and divide the total by 12.)

	Last month	Average monthly
a. Salary or wages (gross, before taxes).....	\$	_____
b. Overtime (gross, before taxes).....	\$	_____
c. Commissions or bonuses.....	\$	_____
d. Public assistance (for example: TANF, SSI, GA/GR) <input type="checkbox"/> currently receiving .....	\$	_____
e. Spousal support <input type="checkbox"/> from this marriage <input type="checkbox"/> from a different marriage <input type="checkbox"/> federally taxable* .....	\$	_____
f. Partner support <input type="checkbox"/> from this domestic partnership <input type="checkbox"/> from a different domestic partnership .....	\$	_____
g. Pension/retirement fund payments.....	\$	_____
h. Social Security retirement (not SSI).....	\$	_____
i. Disability: <input type="checkbox"/> Social Security (not SSI) <input type="checkbox"/> State disability (SDI) <input type="checkbox"/> Private insurance .....	\$	_____
j. Unemployment compensation.....	\$	_____
k. Workers' compensation.....	\$	_____
l. Other (military allowances, royalty payments) (specify): .....	\$	_____

6. **Investment income** (Attach a schedule showing gross receipts less cash expenses for each piece of property.)

a. Dividends/interest.....	\$	_____
b. Rental property income.....	\$	_____
c. Trust income.....	\$	_____
d. Other (specify): .....	\$	_____

7. **Income from self-employment, after business expenses for all businesses**..... \$ \_\_\_\_\_

I am the  owner/sole proprietor  business partner  other (specify):

Number of years in this business (specify):

Name of business (specify):

Type of business (specify):

Attach a profit and loss statement for the last two years or a Schedule C from your last federal tax return. Black out your Social Security number. If you have more than one business, provide the information above for each of your businesses.

8.  **Additional income.** I received one-time money (lottery winnings, inheritance, etc.) in the last 12 months (specify source and amount):

9.  **Change in income.** My financial situation has changed significantly over the last 12 months because (specify):

10. **Deductions**

	Last month	
a. Required union dues.....	\$	_____
b. Required retirement payments (not Social Security, FICA, 401(k), or IRA).....	\$	_____
c. Medical, hospital, dental, and other health insurance premiums (total monthly amount).....	\$	_____
d. Child support that I pay for children from other relationships.....	\$	_____
e. Spousal support that I pay by court order from a different marriage <input type="checkbox"/> federally tax deductible*.....	\$	_____
f. Partner support that I pay by court order from a different domestic partnership.....	\$	_____
g. Necessary job-related expenses not reimbursed by my employer (attach explanation labeled "Question 10g").....	\$	_____

11. **Assets**

	Total	
a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts.....	\$	_____
b. Stocks, bonds, and other assets I could easily sell.....	\$	_____
c. All other property, <input type="checkbox"/> real and <input type="checkbox"/> personal (estimate fair market value minus the debts you owe).....	\$	_____

\* Check the box if the spousal support order or judgment was executed by the parties and the court before January 1, 2019, or if a court-ordered change maintains the spousal support payments as taxable income to the recipient and tax deductible to the payor.

PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER:
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## 12. The following people live with me:

Name	Age	How the person is related to me (ex: son)	That person's gross monthly income	Pays some of the household expenses?
a.				<input type="checkbox"/> Yes <input type="checkbox"/> No
b.				<input type="checkbox"/> Yes <input type="checkbox"/> No
c.				<input type="checkbox"/> Yes <input type="checkbox"/> No
d.				<input type="checkbox"/> Yes <input type="checkbox"/> No
e.				<input type="checkbox"/> Yes <input type="checkbox"/> No

13. Average monthly expenses  Estimated expenses  Actual expenses  Proposed needs

a. Home:	h. Laundry and cleaning.....	\$ _____
(1) <input type="checkbox"/> Rent or <input type="checkbox"/> mortgage..... \$ _____	i. Clothes.....	\$ _____
If mortgage:	j. Education.....	\$ _____
(a) average principal: \$ _____	k. Entertainment, gifts, and vacation.....	\$ _____
(b) average interest: \$ _____	l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.).....	\$ _____
(2) Real property taxes..... \$ _____	m. Insurance (life, accident, etc.; do not include auto, home, or health insurance).....	\$ _____
(3) Homeowner's or renter's insurance (if not included above)..... \$ _____	n. Savings and investments.....	\$ _____
(4) Maintenance and repair..... \$ _____	o. Charitable contributions.....	\$ _____
b. Health-care costs not paid by insurance..... \$ _____	p. Monthly payments listed in item 14 (itemize below in 14 and insert total here)...	\$ _____
c. Child care..... \$ _____	q. Other (specify):	\$ _____
d. Groceries and household supplies..... \$ _____	r. <b>TOTAL EXPENSES</b> (a-q) (do not add in the amounts in a(1)(a) and (b))	\$ _____
e. Eating out..... \$ _____	s. <b>Amount of expenses paid by others</b>	\$ _____
f. Utilities (gas, electric, water, trash)..... \$ _____		
g. Telephone, cell phone, and e-mail..... \$ _____		

## 14. Installment payments and debts not listed above

Paid to	For	Amount	Balance	Date of last payment
		\$ _____	\$ _____	
		\$ _____	\$ _____	
		\$ _____	\$ _____	
		\$ _____	\$ _____	
		\$ _____	\$ _____	

## 15. Attorney fees (This information is required if either party is requesting attorney fees):

- To date, I have paid my attorney this amount for fees and costs (specify): \$ \_\_\_\_\_
- The source of this money was (specify): \_\_\_\_\_
- I still owe the following fees and costs to my attorney (specify total owed): \$ \_\_\_\_\_
- My attorney's hourly rate is (specify): \_\_\_\_\_

I confirm this fee arrangement.

Date: \_\_\_\_\_

(TYPE OR PRINT NAME OF ATTORNEY)

(SIGNATURE OF ATTORNEY)

PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER:
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**CHILD SUPPORT INFORMATION**  
**(NOTE: Fill out this page only if your case involves child support.)**

## 16. Number of children

a. I have (specify number): children under the age of 18 with the other parent in this case.

b. The children spend percent of their time with me and percent of their time with the other parent.

*(If you're not sure about percentage or it has not been agreed on, please describe your parenting schedule here.)*

## 17. Children's health-care expenses

a.  I do  I do not have health insurance available to me for the children through my job.

b. Name of insurance company:

c. Address of insurance company:

d. The monthly cost for the **children's** health insurance is or would be (*specify*): \$  
*(Do not include the amount your employer pays.)*

**18. Additional expense for the children in this case**

a. Childcare so I can work or get job training..... \$ \_\_\_\_\_  
b. Children's health care not covered by insurance..... \$ \_\_\_\_\_  
c. Travel expenses for visitation..... \$ \_\_\_\_\_  
d. Children's educational or other special needs (specify below):..... \$ \_\_\_\_\_

**19. Special hardships.** I ask the court to consider the following special financial circumstances

(attach documentation of any item listed here, including court orders):

**20. Other information I want the court to know concerning support in my case (specify):**

## INFORMATION SHEET FOR PROOF OF SERVICE BY MAIL

Use these instructions to complete the *Proof of Service by Mail* (form FL-335).

A person at least 18 years of age or older must serve the documents. There are two ways to serve documents: (1) personal delivery and (2) by mail. See the *Proof of Personal Service* (form FL-330) if the documents are being personally served. The person who serves the documents must complete a proof of service form for the documents being served. **You cannot serve documents if you are a party to the action.**

### INSTRUCTIONS FOR THE PERSON WHO SERVES THE DOCUMENTS (TYPE OR PRINT IN BLACK INK)

You must complete a proof of service for each package of documents you serve. For example, if you serve the respondent and the other parent, you must complete two proofs of service; one for the respondent and one for the other parent.

*Complete the top section of the proof of service forms as follows:*

**First box, left side:** In this box print the name, address, and phone number of the person for whom you are serving the documents.

**Second box, left side:** Print the name of the county in which the legal action is filed and the court's address in this box. Use the same address for the court that is on the documents you are serving.

**Third box, left side:** Print the names of the petitioner/plaintiff, respondent/defendant, and other parent in this box. Use the same names listed on the documents you are serving.

**First box, top of form, right side:** Leave this box blank for the court's use.

**Second box, right side:** Print the case number in this box. This number is also stated on the documents you are serving.

**Third box, right side:** Print the hearing date, time, and department. Use the same information that is on the documents you are serving.

### **You cannot serve a temporary restraining order by mail. You must serve those documents by personal service.**

1. You are stating that you are at least 18 years old and that you are not a party to this action. You are also stating that you either live in or are employed in the county where the mailing took place.
2. Print your home or business address.
3. List the name of each document that you mailed (the exact names are listed on the bottoms of the forms).
  - a. Check this box if you put the documents in the regular U.S. mail.
  - b. Check this box if you put the documents in the mail at your place of employment.
4. a. Print the name you put on the envelope containing the documents.
  - b. Print the address you put on the envelope containing the documents.
  - c. Print the date that you put the envelope containing the documents in the mail.
  - d. Print the city and state you were in when you mailed the envelope containing the documents.
5. Check this box if you are serving an address verification form (required for service by mail of a postjudgment request to change a child custody, visitation, or child support order).
6. You are stating under penalty of perjury that the information you have provided is true and correct.

**Print your name, fill in the date, and sign the form.**

*If you need additional assistance with this form, contact the family law facilitator in your county.*

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):		FOR COURT USE ONLY
TELEPHONE NO.: <span style="float: right;">FAX NO. (Optional):</span>		
E-MAIL ADDRESS (Optional):		
ATTORNEY FOR (Name):		
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF MADERA</b> STREET ADDRESS: <b>200 S G Street</b> MAILING ADDRESS: <b>same</b> CITY AND ZIP CODE: <b>Madera, CA 93637</b> BRANCH NAME: <b>Juvenile Division</b>		
PETITIONER/PLAINTIFF:		CASE NUMBER:
RESPONDENT/DEFENDANT:		(If applicable, provide):
OTHER PARENT/PARTY:		HEARING DATE: HEARING TIME: DEPT.:
<b>PROOF OF SERVICE BY MAIL</b>		

**NOTICE: To serve temporary restraining orders you must use personal service (see form FL-330).**

1. I am at least 18 years of age, not a party to this action, and I am a resident of or employed in the county where the mailing took place.
2. My residence or business address is:
  
3. I served a copy of the following documents (*specify*):

by enclosing them in an envelope AND

- a.  **depositing** the sealed envelope with the United States Postal Service with the postage fully prepaid.
- b.  **placing** the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.
4. The envelope was addressed and mailed as follows:
  - a. Name of person served:
  - b. Address:
  - c. Date mailed:
  - d. Place of mailing (*city and state*):
5.  I served a request to modify a child custody, visitation, or child support judgment or permanent order which included an address verification declaration. (*Declaration Regarding Address Verification—Postjudgment Request to Modify a Child Custody, Visitation, or Child Support Order* (form FL-334) may be used for this purpose.)
6. 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 OF PERSON COMPLETING THIS FORM)

Page 1 of 1

ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406) (Name, State Bar number, and address):		<b>FOR COURT USE ONLY</b>
TELEPHONE NO.:	FAX NO.:	
ATTORNEY FOR (Name):		
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF MADERA</b> STREET ADDRESS: <b>200 S G Street</b> MAILING ADDRESS: <b>same</b> CITY AND ZIP CODE: <b>Madera, CA 93637</b> BRANCH NAME: <b>Juvenile Division</b>		
PETITIONER/PLAINTIFF:	CASE NUMBER:	
RESPONDENT/DEFENDANT:	(If applicable, provide):	
OTHER PARENT/PARTY:	HEARING DATE:	HEARING TIME:
	DEPT.:	
<b>PROOF OF PERSONAL SERVICE</b>		

1. I am at least 18 years old, not a party to this action, and not a protected person listed in any of the orders.
2. Person served (*name*):
3. I served copies of the following documents (*specify*):
  
4. By personally delivering copies to the person served, as follows:
  - a. Date:
  - b. Time:
  - c. Address:
  
5. I am
  - a.  not a registered California process server.
  - b.  a registered California process server.
  - c.  an employee or independent contractor of a registered California process server.
  - d.  exempt from registration under Business & Profession Code section 22350(b).
  - e.  a California sheriff or marshal.
  
6. My name, address, and telephone number, and, if applicable, county of registration and number (*specify*):
  
7.  I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
8.  I am a California sheriff or marshal and I certify that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME OF PERSON WHO SERVED THE PAPERS)

(SIGNATURE OF PERSON WHO SERVED THE PAPERS)

**BLANK FORMS  
TO BE SERVED  
DO NOT  
COMPLETE**



ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406) (Name, state bar number, and address):		TELEPHONE AND FAX NOS.:	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF MADERA</b> STREET ADDRESS: <b>200 S G Street</b> MAILING ADDRESS: <b>same</b> CITY AND ZIP CODE: <b>Madera, CA 93637</b> BRANCH NAME: <b>Juvenile Division</b>			
PETITIONER/PLAINTIFF:			
RESPONDENT/DEFENDANT:			
OTHER PARENT:			
<b>RESPONSIVE DECLARATION TO MOTION FOR SIMPLIFIED MODIFICATION OF ORDER FOR CHILD, SPOUSAL, OR FAMILY SUPPORT</b>			
HEARING DATE:	TIME:	DEPT., ROOM, OR DIVISION:	CASE NUMBER:

1.  I consent to the request contained in the *Notice of Motion and Motion for Simplified Modification of Order for Child, Spousal, or Family Support* (form FL-390).
2.  I object to the request contained in the *Notice of Motion and Motion for Simplified Modification of Order for Child, Spousal, or Family Support* (form FL-390) for the following reasons (check one or more):
  - a.  My income is incorrectly stated.
  - b.  The other parent's income is incorrectly stated.
  - c.  I am entitled to the hardship deductions as shown in my attached *Financial Statement (Simplified)* (form FL-155) or my *Income and Expense Declaration* (form FL-150).
  - d.  The other parent is not entitled to hardship deductions as claimed.
  - e.  The amount of support is not computed correctly.
  - f.  OTHER (specify):
3. I have attached the following:
  - a. A completed copy of my *Financial Statement (Simplified)* (form FL-155) or my *Income and Expense Declaration* (form FL-150).
  - b.  A guideline support calculation sheet.
  - c.  OTHER (specify):

**NOTICE TO BOTH PARENTS**

**You must bring copies of your three most recent pay stubs and your two most recent federal and state tax returns (whether individual or joint) to the hearing.**

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 OF DECLARANT)

Page 1 of 2

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

## PROOF OF SERVICE

This *Responsive Declaration* must be served on the other party. If the action was brought by the local child support agency, the local child support agency is enforcing the order, or the child is receiving TANF, the *Responsive Declaration* must also be served on the local child support agency of the county where the action is filed. Service of the *Responsive Declaration* on the local child support agency and other party may be made by anyone at least 18 years of age EXCEPT you.

Service is made in one of the following ways:

(1) Personally delivering it to the office of the local child support agency and to the other party.

OR

(2) Mailing it, postage prepaid, to the office of the local child support agency and to the other party.

Anyone at least 18 years of age EXCEPT A PARTY to this action may personally serve or mail the *Responsive Declaration*. Be sure whoever served the declaration fills out and signs this proof of service. The *Responsive Declaration* cannot be filed with the court until the local child support agency and the other party are served and this proof of service is properly completed.

1. At the time of service I was at least 18 years of age and not a party to the legal action.
2. I served a copy of the foregoing *Responsive Declaration* as follows (check either a. or b. below for each person served):
  - a.  **Personal service.** I personally delivered a copy of the *Responsive Declaration to Motion for Simplified Modification of Order for Child, Spousal, or Family Support* as follows:
 

<input type="checkbox"/> (1) Name of party or attorney served:	<input type="checkbox"/> (2) Name of local child support agency served:
(a) Address where delivered:	

(a) Address where delivered:

(a) Address where delivered:

(b) Date of delivery:  
(c) Time of delivery:

(b) Date of delivery:  
(c) Time of delivery:

- b.  **Mail.** I deposited a copy of the *Responsive Declaration to Motion for Simplified Modification of Order for Child, Spousal, or Family Support* in the United States mail, in a sealed envelope with postage fully prepaid, addressed as follows:

(1) Name of party or attorney served:  (2) Name of local child support agency served:

(a) Address:

(a) Address:

(b) Date of mailing:  
(c) Time of mailing:

(b) Date of mailing:  
(c) Time of mailing:

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 OF PERSON WHO SERVED RESPONSIVE DECLARATION)

Your name and address or attorney's name and address:	TELEPHONE NO.:	FOR COURT USE ONLY
<b>ATTORNEY FOR (Name): In Pro Per</b> <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF MADERA</b> STREET ADDRESS: <b>200 S G Street</b> MAILING ADDRESS: <b>same</b> CITY AND ZIP CODE: <b>Madera, CA 93637</b> BRANCH NAME: <b>Juvenile Division</b>		
PETITIONER/PLAINTIFF:		
RESPONDENT/DEFENDANT:		
OTHER PARENT:		
<b>FINANCIAL STATEMENT (SIMPLIFIED)</b>		CASE NUMBER:

**NOTICE: Read page 2 to find out if you qualify to use this form and how to use it.**

1. a.  My only source of income is TANF, SSI, or GA/GR.  
b.  I have applied for TANF, SSI, or GA/GR.
2. I am the parent of the following number of natural or adopted children from this relationship .....
3. a. The children from this relationship are with me this amount of time ..... %  
b. The children from this relationship are with the other parent this amount of time ..... %  
c. Our arrangement for custody and visitation is (*specify, using extra sheet if necessary*):
4. My tax filing status is:  single  married filing jointly  head of household  married filing separately.
5. My current gross income (*before taxes*) per month is ..... \$

**Attach 1** This income comes from the following:

<b>copy of pay stubs for last 2 months here (cross out social security numbers)</b>	<input type="checkbox"/> Salary/wages: Amount before taxes per month..... \$
	<input type="checkbox"/> Retirement: Amount before taxes per month..... \$
	<input type="checkbox"/> Unemployment compensation: Amount per month..... \$
	<input type="checkbox"/> Workers' compensation: Amount per month..... \$
	<input type="checkbox"/> Social security: <input type="checkbox"/> SSI <input type="checkbox"/> Other Amount per month..... \$
	<input type="checkbox"/> Disability: Amount per month..... \$
	<input type="checkbox"/> Interest income (from bank accounts or other): Amount per month..... \$

I have no income other than as stated in this paragraph.

6. I pay the following monthly expenses for the children in this case:
  - a.  Day care or preschool to allow me to work or go to school ..... \$
  - b.  Health care not paid for by insurance ..... \$
  - c.  School, education, tuition, or other special needs of the child ..... \$
  - d.  Travel expenses for visitation ..... \$
7.  There are (*specify number*) other minor children of mine living with me. Their monthly expenses that I pay are ..... \$
8. I spend the following average monthly amounts (*please attach proof*):
  - a.  Job-related expenses that are not paid by my employer (*specify reasons for expenses on separate sheet*) \$
  - b.  Required union dues ..... \$
  - c.  Required retirement payments (not social security, FICA, 401k or IRA) ..... \$
  - d.  Health insurance costs ..... \$
  - e.  Child support I am paying for other minor children of mine who are not living with me ..... \$
  - f.  Spousal support I am paying because of a court order for another relationship ..... \$
  - g.  Monthly housing costs:  rent or  mortgage ..... \$

If mortgage: interest payments \$ ..... real property taxes \$ .....

9. Information concerning  my current employment  my most recent employment:

Employer:

Address:

Telephone number:

My occupation:

Date work started:

Date work stopped (*if applicable*):

What was your gross income (*before taxes*) before work stopped?:

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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10. My estimate of the other party's gross monthly income (*before taxes*) is ..... \$ \_\_\_\_\_

11. My current spouse's monthly income (*before taxes*) is ..... \$ \_\_\_\_\_

12. Other information I want the court to know concerning child support in my case (*attach extra sheet with the information*).

13.  I am attaching a copy of page 3 of form FL-150, *Income and Expense Declaration* showing my expenses.

I declare under penalty of perjury under the laws of the State of California that the information contained on all pages of this form and any attachments is true and correct.

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

PETITIONER/PLAINTIFF

RESPONDENT/DEFENDANT

### INSTRUCTIONS

**Step 1: Are you eligible to use this form?** If your answer is YES to any of the following questions, you may NOT use this form:

- Are you asking for spousal support (alimony) or a change in spousal support?
- Is your spouse or former spouse asking for spousal support (alimony) or a change in spousal support?
- Are you asking the other party to pay your attorney fees?
- Is the other party asking you to pay his or her attorney fees?
- Do you receive money (income) from any source other than the following?
  - Welfare (such as TANF, GR, or GA)
  - Interest
  - Salary or wages
  - Workers' compensation
  - Disability
  - Social security
  - Unemployment
  - Retirement
  - Are you self-employed?

If you are eligible to use this form and choose to do so, you do not need to complete the *Income and Expense Declaration* (form FL-150). Even if you are eligible to use this form, you may choose instead to use the *Income and Expense Declaration* (form FL-150).

**Step 2: Make 2 copies of each of your pay stubs for the last two months.** If you received money from other than wages or salary, include copies of the pay stub received with that money.

Privacy notice: If you wish, you may cross out your social security number if it appears on the pay stub, other payment notice or your tax return

**Step 3: Make 2 copies of your most recent federal income tax form.**

**Step 4: Complete this form with the required information.** Type the form if possible or complete it neatly and clearly in black ink. If you need additional room, please use plain or lined paper, 8½-by-11", and staple to this form.

**Step 5: Make 2 copies of each side of this completed form and any attached pages.**

**Step 6: Serve a copy on the other party.** Have someone other than yourself mail to the attorney for the other party, the other party, and the local child support agency, if they are handling the case, 1 copy of this form, 1 copy of each of your stubs for the last two months, and 1 copy of your most recent federal income tax return.

**Step 7: File the original with the court.** Staple this form with 1 copy of each of your pay stubs for the last two months. Take this document and give it to the clerk of the court. Check with your local court about how to submit your return.

**Step 8: Keep the remaining copies of the documents for your file.**

**Step 9: Take the copy of your latest federal income tax return to the court hearing.**

**It is very important that you attend the hearings scheduled for this case. If you do not attend a hearing, the court may make an order without considering the information you want the court to consider.**

PARTY WITHOUT ATTORNEY OR ATTORNEY		STATE BAR NUMBER:	<b>FOR COURT USE ONLY</b>
NAME:			
FIRM NAME:			
STREET ADDRESS:			
CITY:	STATE:	ZIP CODE:	
TELEPHONE NO.:	FAX NO.:		
E-MAIL ADDRESS:			
ATTORNEY FOR (name):			
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF MADERA</b>			
STREET ADDRESS: 200 SOUTH G STREET			
MAILING ADDRESS:			
CITY AND ZIP CODE: MADERA, CALIFORNIA 93637			
BRANCH NAME: JUVENILE DIVISION			
PETITIONER:			
RESPONDENT:			
OTHER PARTY/PARENT/CLAIMANT:			
<b>INCOME AND EXPENSE DECLARATION</b>			CASE NUMBER:

**1. Employment** (Give information on your current job or, if you're unemployed, your most recent job.)

Attach copies of your pay stubs for last two months (black out Social Security numbers).

- Employer:
- Employer's address:
- Employer's phone number:
- Occupation:
- Date job started:
- If unemployed, date job ended:
- I work about \_\_\_\_\_ hours per week.
- I get paid \$ \_\_\_\_\_ gross (before taxes)  per month  per week  per hour.

(If you have more than one job, attach an 8 1/2-by-11-inch sheet of paper and list the same information as above for your other jobs. Write "Question 1—Other Jobs" at the top.)

**2. Age and education**

- My age is (specify):
- I have completed high school or the equivalent:  Yes  No If no, highest grade completed (specify):
- Number of years of college completed (specify):  Degree(s) obtained (specify):
- Number of years of graduate school completed (specify):  Degree(s) obtained (specify):
- I have:  professional/occupational license(s) (specify):  
 vocational training (specify):

**3. Tax information**

- I last filed taxes for tax year (specify year):
- My tax filing status is  single  head of household  married, filing separately  married, filing jointly with (specify name):
- I file state tax returns in  California  other (specify state):
- I claim the following number of exemptions (including myself) on my taxes (specify):

**4. Other party's income.** I estimate the gross monthly income (before taxes) of the other party in this case at (specify): \$  
This estimate is based on (explain):

(If you need more space to answer any questions on this form, attach an 8 1/2-by-11-inch sheet of paper and write the question number before your answer.) Number of pages attached: \_\_\_\_\_

I declare under penalty of perjury under the laws of the State of California that the information contained on all pages of this form and any attachments is true and correct.

Date: \_\_\_\_\_



(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

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PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER:
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Attach copies of your pay stubs for the last two months and proof of any other income. Take a copy of your latest federal tax return to the court hearing. (Black out your Social Security number on the pay stub and tax return.)

5. **Income** (For average monthly, add up all the income you received in each category in the last 12 months and divide the total by 12.)

	Last month	Average monthly
a. Salary or wages (gross, before taxes).....	\$	_____
b. Overtime (gross, before taxes).....	\$	_____
c. Commissions or bonuses.....	\$	_____
d. Public assistance (for example: TANF, SSI, GA/GR) <input type="checkbox"/> currently receiving .....	\$	_____
e. Spousal support <input type="checkbox"/> from this marriage <input type="checkbox"/> from a different marriage <input type="checkbox"/> federally taxable*	\$	_____
f. Partner support <input type="checkbox"/> from this domestic partnership <input type="checkbox"/> from a different domestic partnership	\$	_____
g. Pension/retirement fund payments.....	\$	_____
h. Social Security retirement (not SSI).....	\$	_____
i. Disability: <input type="checkbox"/> Social Security (not SSI) <input type="checkbox"/> State disability (SDI) <input type="checkbox"/> Private insurance	\$	_____
j. Unemployment compensation.....	\$	_____
k. Workers' compensation.....	\$	_____
l. Other (military allowances, royalty payments) (specify):	\$	_____

6. **Investment income** (Attach a schedule showing gross receipts less cash expenses for each piece of property.)

a. Dividends/interest.....	\$	_____
b. Rental property income.....	\$	_____
c. Trust income.....	\$	_____
d. Other (specify):	\$	_____

7. **Income from self-employment, after business expenses for all businesses**..... \$ \_\_\_\_\_

I am the  owner/sole proprietor  business partner  other (specify):

Number of years in this business (specify):

Name of business (specify):

Type of business (specify):

Attach a profit and loss statement for the last two years or a Schedule C from your last federal tax return. Black out your Social Security number. If you have more than one business, provide the information above for each of your businesses.

8.  **Additional income.** I received one-time money (lottery winnings, inheritance, etc.) in the last 12 months (specify source and amount):

9.  **Change in income.** My financial situation has changed significantly over the last 12 months because (specify):

10. **Deductions**

	Last month	
a. Required union dues.....	\$	_____
b. Required retirement payments (not Social Security, FICA, 401(k), or IRA).....	\$	_____
c. Medical, hospital, dental, and other health insurance premiums (total monthly amount).....	\$	_____
d. Child support that I pay for children from other relationships.....	\$	_____
e. Spousal support that I pay by court order from a different marriage <input type="checkbox"/> federally tax deductible*	\$	_____
f. Partner support that I pay by court order from a different domestic partnership.....	\$	_____
g. Necessary job-related expenses not reimbursed by my employer (attach explanation labeled "Question 10g").....	\$	_____

11. **Assets**

	Total	
a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts.....	\$	_____
b. Stocks, bonds, and other assets I could easily sell.....	\$	_____
c. All other property, <input type="checkbox"/> real and <input type="checkbox"/> personal (estimate fair market value minus the debts you owe)....	\$	_____

\* Check the box if the spousal support order or judgment was executed by the parties and the court before January 1, 2019, or if a court-ordered change maintains the spousal support payments as taxable income to the recipient and tax deductible to the payor.

PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER:
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## 12. The following people live with me:

Name	Age	How the person is related to me (ex: son)	That person's gross monthly income	Pays some of the household expenses?
a.				<input type="checkbox"/> Yes <input type="checkbox"/> No
b.				<input type="checkbox"/> Yes <input type="checkbox"/> No
c.				<input type="checkbox"/> Yes <input type="checkbox"/> No
d.				<input type="checkbox"/> Yes <input type="checkbox"/> No
e.				<input type="checkbox"/> Yes <input type="checkbox"/> No

13. Average monthly expenses  Estimated expenses  Actual expenses  Proposed needs

a. Home:	h. Laundry and cleaning.....	\$ _____
(1) <input type="checkbox"/> Rent or <input type="checkbox"/> mortgage..... \$ _____	i. Clothes.....	\$ _____
If mortgage:	j. Education.....	\$ _____
(a) average principal: \$ _____	k. Entertainment, gifts, and vacation.....	\$ _____
(b) average interest: \$ _____	l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.).....	\$ _____
(2) Real property taxes..... \$ _____	m. Insurance (life, accident, etc.; do not include auto, home, or health insurance).....	\$ _____
(3) Homeowner's or renter's insurance (if not included above)..... \$ _____	n. Savings and investments.....	\$ _____
(4) Maintenance and repair..... \$ _____	o. Charitable contributions.....	\$ _____
b. Health-care costs not paid by insurance..... \$ _____	p. Monthly payments listed in item 14 (itemize below in 14 and insert total here)...	\$ _____
c. Child care..... \$ _____	q. Other (specify):	\$ _____
d. Groceries and household supplies..... \$ _____	r. <b>TOTAL EXPENSES (a-q) (do not add in the amounts in a(1)(a) and (b))</b>	\$ _____
e. Eating out..... \$ _____	s. <b>Amount of expenses paid by others</b>	\$ _____
f. Utilities (gas, electric, water, trash)..... \$ _____		
g. Telephone, cell phone, and e-mail..... \$ _____		

## 14. Installment payments and debts not listed above

Paid to	For	Amount	Balance	Date of last payment
		\$ _____	\$ _____	
		\$ _____	\$ _____	
		\$ _____	\$ _____	
		\$ _____	\$ _____	
		\$ _____	\$ _____	

## 15. Attorney fees (This information is required if either party is requesting attorney fees):

- To date, I have paid my attorney this amount for fees and costs (specify): \$ \_\_\_\_\_
- The source of this money was (specify): \_\_\_\_\_
- I still owe the following fees and costs to my attorney (specify total owed): \$ \_\_\_\_\_
- My attorney's hourly rate is (specify): \_\_\_\_\_

I confirm this fee arrangement.

Date: \_\_\_\_\_

(TYPE OR PRINT NAME OF ATTORNEY)

(SIGNATURE OF ATTORNEY)

PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER:
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**CHILD SUPPORT INFORMATION**  
**(NOTE: Fill out this page only if your case involves child support.)**

## 16. Number of children

a. I have (specify number): children under the age of 18 with the other parent in this case.

b. The children spend percent of their time with me and percent of their time with the other parent.

*(If you're not sure about percentage or it has not been agreed on, please describe your parenting schedule here.)*

## 17. Children's health-care expenses

a.  I do  I do not have health insurance available to me for the children through my job.  
b. Name of insurance company:  
c. Address of insurance company:

d. The monthly cost for the **children's** health insurance is or would be (specify): \$  
*(Do not include the amount your employer pays.)*

**18. Additional expense for the children in this case**

a. Childcare so I can work or get job training..... \$ \_\_\_\_\_  
b. Children's health care not covered by insurance..... \$ \_\_\_\_\_  
c. Travel expenses for visitation..... \$ \_\_\_\_\_  
d. Children's educational or other special needs (specify below): \_\_\_\_\_ \$ \_\_\_\_\_

19. **Special hardships.** I ask the court to consider the following special financial circumstances

(attach documentation of any item listed here, including court orders):

	Amount per month	For how many months?
a. Extraordinary health expenses not included in 18b.....	\$ _____	_____
b. Major losses not covered by insurance ( <i>examples: fire, theft, other insured loss</i> ).....	\$ _____	_____
c. (1) Expenses for my minor children who are from other relationships and are living with me.....	\$ _____	_____
(2) Names and ages of those children ( <i>specify</i> ):		

(3) Child support I receive for those children..... \$ \_\_\_\_\_

The expenses listed in a, b, and c create an extreme financial hardship because (explain):

**20. Other information I want the court to know concerning support in my case (specify):**