|                         |   | 1 L-130                                   |
|-------------------------|---|---|
| ATTORNEY OR PAR         | TY WITHOUT ATTORNEY(Name, State Bar number, and address):   | FOR COURT USE ONLY                        |
|                         |   |   |
|                         |   |   |
|                         |   |   |
| TELEPHONE NO.:          |   |   |
| E-MAIL ADDRESS (C       | Optional) :   |   |
| ATTORNEY FOR (Na        | me):  |   |
|                         | OURT OF CALIFORNIA, COUNTY OF   |   |
| STREET ADDR             |   |   |
| MAILING ADDR            |   |   |
| CITY AND ZIP CO         |   |   |
| BRANCH NA               | ame:<br>R/PLAINTIFF:  | _   |
| RESPONDENT              |   |   |
| OTHER PAREN             |   |   |
| OTTIERT / IREI          |   | CASE NUMBER:                              |
|                         | INCOME AND EXPENSE DECLARATION  | GAGE NOWIDEN.                             |
| 1. Employme             | nt (Give information on your current job or, if you're unemployed, your most i  | recent job.)                              |
| Attach copies           | a. Employer:  |   |
| of your pay             | b. Employer's address:  |   |
| stubs for last          | c. Employer's phone number:   |   |
| two months              | d. Occupation:  |   |
| (black out              | e. Date job started:  |   |
| social                  | f. If unemployed, date job ended:   |   |
| security                | g. I work about hours per week.   |   |
| numbers).               |   | er month 🔲 per week 🔲 per hour.           |
| jobs. Write "Qu         | re than one job, attach an 8 1/2-by-11-inch sheet of paper and list the sa<br>estion 1 - Other Jobs" at the top.)   | me information as above for your other    |
| 2. Age and ed           |   |   |
|                         | is (specify):   |   |
|                         | · · · · · · · · · · · · · · · · · · ·   | ade completed (specify):                  |
|                         | r of years of college completed (specify): Tof years of graduate school completed (specify):  Degree(s) obtain the proof of years of graduate school completed (specify): | ned (specify).<br>(s) obtained (specify): |
| d. Number<br>e. I have: | professional/occupational license(s) (specify):   | (s) obtained (specify).                   |
| C. Thave.               | vocational training (specify):  |   |
| 3. Tax inform           |   |   |
|                         | st filed taxes for tax year (specify year):   |   |
|                         | iling status is single head of household married, filin   | g separately                              |
|                         | rried, filing jointly with (specify name):  | g copulately                              |
|                         | te tax returns in California Cother (specify state):  |   |
|                         | he following number of exemptions (including myself) on my taxes (specify):   |   |
|                         |   |   |
| • •                     | <b>''s income</b> . I estimate the gross monthly income (before taxes) of the other p<br>te is based on <i>(explain):</i>   | arty in this case at (specify): \$        |
| Tillo ootilla           | to to bassa on (oxplany).   |   |
|                         | re space to answer any questions on this form, attach an 8 1/2-by-11-ind  | ch sheet of paper and write the           |
| question number         | er before your answer.) Number of pages attached:   |   |
|                         |   |   |
|                         | penalty of perjury under the laws of the State of California that the information<br>is is true and correct.  | contained on all pages of this form and   |
| -                       | in the and confect.   |   |
| Date:                   |   |   |
|                         | <b></b>   |   |
|                         | (TYPE OR PRINT NAME)  | (SIGNATURE OF DECLARANT)                  |

|   | FL-150       |  |  |  |
|---|--------------|--|--|--|
| PETITIONER/PLAINTIFF:   | CASE NUMBER: |  |  |  |
| RESPONDENT/DEFENDANT:   |              |  |  |  |
| OTHER PARENT/CLAIMANT:  |              |  |  |  |
| 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 mand divide the total by 12.)  | o <i>nths</i><br>Last month | Average<br>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) 🔲 currently receiving   |                             |                    |
|     | e. Spousal support 🔲 from this marriage 🔲 from a different marriage  |                             |                    |
|     | f. Partner support  from this domestic partnership from a different domestic partnership   |                             |                    |
|     | g. Pension/retirement fund payments  |                             |                    |
|     | h. Social security retirement (not SSI)  |                             |                    |
|     | i. Disability:   |                             |                    |
|     | j. Unemployment compensation   |                             |                    |
|     | k. Workers' compensation   |                             |                    |
|     | I. Other (military BAQ, royalty payments, etc.) (specify):   | \$                          | -                  |
|     | Investment income (Attach a schedule showing gross receipts less cash expenses for each piece of a. Dividends/interest   |                             |                    |
|     | b. Rental property income  | ¢                           |                    |
|     | b. Kental property income  | Ф                           |                    |
|     | 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 federa social security number. If you have more than one business, provide the information above for | ıl tax return. Blac         | ≎k out your        |
| 8.  | Additional income. I received one-time money (lottery winnings, inheritance, etc.) in the last 12 amount):   | ? months (specify           | source and         |
| 9.  | Change in income. My financial situation has changed significantly over the last 12 months bed   | cause (specify):            |                    |
| 10. | Deductions  a. Required union dues   |                             | ast month          |
|     | 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   |                             |                    |
|     | 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 "Qu  |                             |                    |
| 11  | Assets   | т                           | otal               |
| 11. | 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, real and personal (estimate fair market value minus the debts you   |                             |                    |
|     | be solitor property, and real and personal (estimate fall market value militus the debts yo  | a owe) a                    |                    |

| PETITIONER/PLAINTIFF:  |   |                               | CASE NUMBER:                 |                      |
|--|---|-------------------------------|------------------------------|----------------------|
| RESPONDENT/DEFENDANT:  |   |                               |                              |                      |
| OTHER PARENT/CLAIMANT:   |   |                               |                              |                      |
| 12. The following people live with me:   |   |                               |                              |                      |
| Name   | Age   | How the person is             | That person's gross          | Pays some of the     |
| Name   | , igo                                       | related to me? (ex: son)      | monthly income               | household expenses?  |
| a.   |   | related to mer (em ceny       | menginy moonie               | Yes No               |
| b.   |   |                               |                              | Yes No               |
| c.   |   |                               |                              | Yes No               |
| d.   |   |                               |                              | Yes No               |
| e.   |   |                               |                              | Yes No               |
| 13. Average monthly expenses   | mated e                                     | expenses                      | <del></del>                  |                      |
| (1) Rent or mortgage   | \$  | n. Laundry an                 | d cleaning                   |                      |
| If mortgage:   |   | i. Clothes                    |                              | \$                   |
| (a) average principal: \$  |   | i Education                   |                              | \$                   |
| (b) average interest: \$   |   | •                             |                              |                      |
| -  | Φ.  | k. Entertainme                | ent, gifts, and vacation     | <b>\$</b>            |
| (2) Real property taxes  | <b></b>                                     | I. Auto expen                 | ses and transportation       |                      |
| (3) Homeowner's or renter's insurance  |   | (insurance,                   | gas, repairs, bus, etc.)     | \$                   |
| (if not included above)  | \$  | m Insurance (                 | life, accident, etc.; do not |                      |
|  |   | include auto                  | o, home, or health insuran   | ce) \$               |
| (4) Maintenance and repair   | \$  |                               | ·                            |                      |
| b. Health-care costs not paid by insurance   | \$  | n. Savings and                | d investments                | \$                   |
| • •  | o. Charitable contributions                 |                               | <b>\$</b>                    |                      |
| c. Child care  | (itemize below in 14 and insert total here) |                               |                              |                      |
|  |   |                               | ere) \$                      |                      |
| d. Groceries and household supplies  |   |                               | ¢                            |                      |
|  |   | q. Other (opcomy).            |                              | Ψ                    |
| e. Eating out  | r. TOTAL EXPENSES (a-q) (do not add in      |                               |                              |                      |
| 6 14999 / J.   |   |                               |                              | in \$()              |
| f. Utilities (gas, electric, water, trash)   |   |                               |                              |                      |
| g. Telephone, cell phone, and e-mail   | \$  | s. Amount of                  | expenses paid by others      | \$ \$                |
| 14. Installment payments and debts not listed  | ahove                                       |                               |                              |                      |
| Paid to For  | above                                       | Amount                        | Balance                      | Date of last payment |
| 1 414 (0   |   | \$                            | \$                           | Date of last payment |
|  |   | \$                            | \$                           |                      |
|  |   | \$                            | \$                           |                      |
|  |   | \$                            | \$                           |                      |
|  |   | \$                            | \$                           |                      |
|  |   | \$                            | \$                           |                      |
| <ul> <li>15. Attorney fees (This is required if either party</li> <li>a. To date, I have paid my attorney this amo</li> <li>b. The source of this money was (specify):</li> <li>c. I still owe the following fees and costs to</li> <li>d. My attorney's hourly rate is (specify): \$</li> </ul> | unt for t                                   | fees and costs (specify) : \$ |                              |                      |
| I confirm this fee arrangement.  |   |                               |                              |                      |
| <del>-</del>   |   |                               |                              |                      |
| Date:  |   |                               |                              |                      |
|  |   |                               |                              |                      |
| (TYPE OR PRINT NAME OF ATTORNEY)   |   | <b>)</b>                      | (SIGNATURE OF ATTOR)         | MEV)                 |

|     |  |   | FL-150               |
|-----|--|---|----------------------|
| _   | PETITIONER/PLAINTIFF:  | CASE NUMBER:  |                      |
| _   | RESPONDENT/DEFENDANT:<br>THER PARENT/CLAIMANT:   |   |                      |
|     |  |   |                      |
|     | CHILD SUPPORT INFORM   |   |                      |
|     | (NOTE: Fill out this page only if your case i  | nvoives chiia support.)   |                      |
| 16. | Number of children   |   |                      |
|     | a. I have (specify number): children under the age of 18 with the oth  |   | har narant           |
|     | b. The children spend percent of their time with me and percentage or it has not been agreed on, please of   | ercent of their time with the ot<br>describe your parenting sched | •                    |
|     | (ii you're not dare about personage or it had not been agreed on, product  | doconio your paroning conte                                       | 1010.j               |
|     |  |   |                      |
| 17. | Children's health-care expenses  a.  | children through my job.  |                      |
|     | <ul><li>b. Name of insurance company:</li><li>c. Address of insurance company:</li></ul>   | <i>3</i> ,,   |                      |
|     |  |   |                      |
|     | d. The monthly cost for the <b>children's</b> health insurance is or would be (special (Do not include the amount your employer pays.)                           | fy): \$   |                      |
|     | Additional expenses for the children in this case  | Amount per month  |                      |
|     | a. Child care so I can work or get job training  |   |                      |
|     | <ul><li>b. Children's health care not covered by insurance</li><li>c. Travel expenses for visitation</li></ul>   |   |                      |
|     | d. Children's educational or other special needs (specify below):  |   |                      |
|     |  | '   |                      |
|     |  |   |                      |
|     | <b>Special hardships</b> . I ask the court to consider the following special financial c (attach documentation of any item listed here, including court orders): | circumstances   |                      |
|     |  | Amount per month  | For how many months? |
|     | a. Extraordinary health expenses not included in 18b   | \$  |                      |
|     | b. Major losses not covered by insurance (examples: fire, theft, other   |   |                      |
|     | insured loss)  | <b>\$</b>   |                      |
|     | c. (1) Expenses for my minor children who are from other relationships and   |   |                      |
|     | are living with me   | \$  |                      |
|     | (2) Names and ages of those children (specify):  |   |                      |
|     |  |   |                      |
|     |  |   |                      |
|     |  |   |                      |
|     |  |   |                      |
|     | (3) Child support I receive for those children   | \$\$  | <u>—</u>             |
|     | The expenses listed in a, b and c create an extreme financial hardship because   | se (explain) :  |                      |
|     |  |   |                      |
|     |  |   |                      |

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