

Instructions For Responding to Divorce, Legal Separation or Nullity

The attached forms can be used to respond to a **dissolution of marriage and/or domestic partnership** [divorce], **legal separation** [which allows the court to divide community property and make orders for custody or support, but does not terminate your marriage or domestic partnership], or an **annulment** [nullity] of a marriage and/or domestic partnership that was not valid due to one of several specific grounds.

This packet includes a “**Response**” [FL-120], “**Proof of Service by Mail**” [FL-335], a “**Declaration Under UCCJEA**” [FL-105] which need be completed only if you have children with your spouse or domestic partner, a “**Declaration of Disclosure**” [FL 140], a “**Schedule of Assets and Debts**” [FL 142] and an “**Income and Expense Declaration**” [FL 150] along with instructions for completing all the forms. All of these documents need to be completed and a copy mailed to the other party by someone other than yourself who is over the age of 18. The person who served the copies for you must complete the “Proof of Service by Mail “[FL-335]. Then you will file the original “**Response**” [FL-120], “**Proof of Service by Mail** [FL-335], and “**Declaration Under UCCJEA**” [FL-105] and “**Income and Expense Declaration**” [FL 150] with the court. You will keep the original **Declaration of Disclosure**” [FL 140] and “**Schedule of Assets and Debts**” [FL 142]. These forms do not get filed with the court. Once these documents are completed and served on the other party you must complete and file a “**Declaration Regarding Service of Declaration of Disclosure and Income and Expense Declaration**” [FL 141]. This form is also included in this packet.

There is a first time filing fee for filing the enclosed forms unless you are eligible for a **“Fee Waiver”** which is available as a separate packet.

You or the other party will need to prepare and file additional documents to get court orders or a judgment of divorce, legal separation or nullity. Your marriage or domestic partnership is not dissolved until there is a signed “Judgment” from the court.

If you do not want to wait until your judgment to get orders for custody, visitation, support, or property control, you may want to complete, file and serve an “Request for Order” [RFO]. The RFO packet is used to ask the court to set a hearing date and make orders.

SAMPLE FORMS

How to fill out RESPONSE (FL-120)

DIRECTIONS:

FL-120

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):

FOR COURT USE ONLY

TELEPHONE NO. (1) FAX NO.

E-MAIL ADDRESS

ATTORNEY FOR (Name)

SUPERIOR COURT OF CALIFORNIA, COUNTY OF

STREET ADDRESS (2)

MAILING ADDRESS

CITY AND ZIP CODE

BRANCH NAME

PETITIONER: (3)

RESPONDENT:

RESPONSE (4) AND REQUEST FOR (5) AMENDED (6) CASE NUMBER:

Dissolution (Divorce) of: Marriage Domestic Partnership

Legal Separation of: Marriage Domestic Partnership

Nullity of: Marriage Domestic Partnership

1. LEGAL RELATIONSHIP (check all that apply):

a. We are married.

b. We are domestic partners and our domestic partnership was established in California.

c. We are domestic partners and our domestic partnership was NOT established in California.

2. RESIDENCE REQUIREMENTS (check all that apply):

a. Petitioner Respondent has been a resident of this state for at least six months and of this county for at least three months immediately preceding the filing of this Petition. (For a divorce, at least one person in the legal relationship described in items 1a and 1c must comply with this requirement.)

b. We are the same sex and were married in California but are not residents of California. Neither of us lives in a state or nation that will dissolve the marriage. This case is filed in the county in which we married.
Petitioner's residence (state or nation): Respondent's residence (state or nation):

c. Our domestic partnership was established in California. Neither of us has to be a resident or have a domicile in California to dissolve our partnership here.

3. STATISTICAL FACTS

a. (1) Date of marriage (specify): (2) Date of separation (specify):
Years Months

b. (1) Registration date of domestic partnership with the California Secretary of State or other state equivalent (specify below): (2) Date of separation (specify):
Years Months

(3) Time from date of registration of domestic partnership to date of separation (specify): Years Months

4. MINOR CHILDREN (children born before (or born or adopted during) the marriage or domestic partnership):

a. There are no minor children.

b. The minor children are:

Child's name	Birthdate	Age	Sex

(1) continued on Attachment 4b.
(2) a child who is not yet born.

c. If there are minor children of Petitioner and Respondent, a completed Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA) (form FL-105) must be attached.

d. Petitioner and Respondent signed a voluntary declaration of paternity. A copy is is not attached.

Form Admitted for Mandatory Use
Judicial Council of California
FL-120 (Rev. January 1, 2015)

RESPONSE—MARRIAGE/DOMESTIC PARTNERSHIP
(Family Law)

Page 1 of 3
Family Code § 2006
www.courts.ca.gov

- ◆ Find a number on the sample form.
- ◆ Example: 1
- ◆ Go to the same number below to find out how to fill out the form
- ◆ Type or print in blue or black ink.
- ◆ Write the case number.

- 1 Write your name, address and phone number. You may also include your email address.
- 2 If not filled in for you, write "Fresno" after COUNTY OF. The address is: 1130 "O" Street, Fresno CA 93724-2201. The Branch Name is: B.F. Sisk Courthouse.
- 3 Write the name of your spouse or domestic partner after "Petitioner". Write your name after "Respondent". Check the box indicating what you would like to do. "Dissolution" (divorce); "Legal Separation" which means you will divide your assets and debts, but the marriage will not end, or "Nullity" which would annul your marriage or domestic partnership. Then check the box to the right to state whether this is a Divorce, Legal Separation or Nullity of a **Marriage, Domestic Partnership or both**.
- 4 Check the box that applies to you.
- 5 Check the box that applies to you.
- 6 If you are married complete section 3(a). If you are domestic partners complete section 3(b).
- 7 If you do not have children with the petitioner, check box (a). If you and the petitioner have children, check (b) and list their names, birthdates, ages, and if male or female. If you need more space, check "Continued on Attachment 4b." Use another piece of paper and write Attachment 4b on the top. If the child has not been born yet check box 4(b)(2).
- 8 Check box 4(d) if you and the other parent signed a voluntary declaration of paternity. Attach a copy if you have one.

How to fill out

RESPONSE (FL-120)

-page two-

DIRECTIONS:

- ◆ Find a number on the sample form.

Example: ①

- ◆ Go to the same number below to find out how to fill out the form
- ◆ Type or print in blue or black ink.
- ◆ Write the case number.

PETITIONER: _____ ① _____ CASE NUMBER: _____
RESPONDENT: _____

Respondent requests that the court make the following orders:

5. LEGAL GROUNDS (Family Code sections 2200-2210, 2310-2312)

a. Respondent contends that the parties never legally married or registered a domestic partnership.
b. Respondent denies the grounds set forth in item 5 of the petition.
c. Respondent requests

(1) divorce legal separation of the marriage or domestic partnership based on
(a) irreconcilable differences. (b) permanent legal incapacity to make decisions.
(2) nullity of void marriage or domestic partnership based on
(a) incest. (b) bigamy.
(3) nullity of voidable marriage or domestic partnership based on
(a) respondent's age at time of registration of domestic partnership or marriage. (d) fraud.
(b) prior existing marriage or domestic partnership. (e) force.
(c) unsound mind. (f) physical incapacity.

6. CHILD CUSTODY AND VISITATION (PARENTING TIME)

	Petitioner	Respondent	Joint	Other
a. Legal custody of children to _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Physical custody of children to _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Child visitation (parenting time) be granted to _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

As requested in: form FL-311 form FL-312 form FL-341(C)
 form FL-341(D) form FL-341(E) Attachment 6c(1)

d. Determine the parentage of children born to Petitioner and Respondent before the marriage or domestic partnership.

7. CHILD SUPPORT

a. If there are minor children born to or adopted by Petitioner and Respondent before or during this marriage or domestic partnership, the court will make orders for the support of the children upon request and submission of financial forms by the requesting party.
b. An earnings assignment may be issued without further notice.
c. Any party required to pay support must pay interest on overdue amounts at the "legal" rate, which is currently 10 percent.
d. Other (specify): _____

8. SPOUSAL OR DOMESTIC PARTNER SUPPORT

a. Spousal or domestic partner support payable to Petitioner Respondent
b. Terminate (end) the court's ability to award support to Petitioner Respondent
c. Reserve for future determination the issue of support payable to Petitioner Respondent
d. Other (specify): _____

9. SEPARATE PROPERTY

a. There are no such assets or debts that I know of to be confirmed by the court.
b. Confirm as separate property the assets and debts in Property Declaration (form EL-160) Attachment 9b
 the following list. Item Confirm to

FL-120 (Rev. January 1, 2015) RESPONSE—MARRIAGE/DOMESTIC PARTNERSHIP (Family Law) Page 2 of 2

① Write your name and the name of the respondent. Write your case number.

② Check box (a) if you don't believe that you ever married or registered as domestic partners. Check box (b) if you don't agree with petitioners reasons (grounds) for divorce.

Check box 5(c)(1) if you are requesting a divorce or legal separation. Check box (a) if your request is because you or the respondent no longer wish to be married or (b) because one party can no longer make any legal decisions.

Check box 5(c)(2) or (3) if you are requesting a nullity. Check the box that indicates the grounds for the nullity.

③ Check all boxes indicating what you want the court to decide, but only one box for each line: "Petitioner" (the other party), "Respondent" (you), "Joint" (both share), or "Other".

- For c. you can check either box if you want the other party to visit, or check both boxes if parents are going to share the same amount of time with the child. You may check any of the boxes and attach any of the additional forms listed to set out the visitation schedule and restrictions OR check "in Attachment 6c (1)" (use another piece of paper and write Attachment 6c (1) at the top and write out the visitation schedule).

- Check box d if you and the respondent had children together before your marriage or domestic partnership.

④ If you and the other party have children born or adopted by you both, the court can make child support orders. Read this section.

⑤ If you plan to request spousal or domestic partner support check box (a) and "petitioner" or "respondent" to show who would receive support. If you never want to receive or pay support and your marriage or partnership is less than 10 years check box (b) and "petitioner" and "respondent". If you think you may want to bring up the issue at a later date you may "reserve" the issue. Check "petitioner" or "respondent".

How to fill out

RESPONSE (FL-120)

-page three-

DIRECTIONS:

- ◆ Find a number on the sample form.
- ◆ *Example:* 1
- ◆ Go to the same number below to find out how to fill out the form
- ◆ Write case number.
- ◆ Type or print in blue or black ink.

1 PETITIONER: _____ CASE NUMBER: _____
RESPONDENT: _____

2 10. COMMUNITY AND QUASI-COMMUNITY PROPERTY
a. There are no such assets or debts that I know of to be divided by the court.
b. Determine rights to community and quasi-community assets and debts. All such assets and debts are listed
 in Property Declaration (form FL-160) in Attachment 10a.
 as follows (specify): _____

3 11. OTHER REQUESTS
a. Attorney's fees and costs payable by Petitioner Respondent
b. Respondent's former name be restored to (specify): _____
c. Other (specify): _____

Continued on Attachment 11c.

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

4 Date: _____ (TYPE OR PRINT NAME) _____ (SIGNATURE OF RESPONDENT)
Date: _____ (TYPE OR PRINT NAME) _____ (SIGNATURE OF ATTORNEY FOR RESPONDENT)

5 NOTICE: You may redact (black out) social security numbers from any written material filed with the court in this case other than a form used to collect child, spousal or partner support.

NOTICE—CANCELLATION OF RIGHTS: Dissolution or legal separation may automatically cancel the rights of a domestic partner or spouse under the other domestic partner's or spouse's will, trust, retirement plan, power of attorney, pay-on-death bank account, survivorship rights to any property owned in joint tenancy, and any other similar thing. It does not automatically cancel the right of a domestic partner or spouse as beneficiary of the other partner's or spouse's life insurance policy. You should review these matters, as well as any credit cards, other credit accounts, insurance policies, retirement plans, and credit reports, to determine whether they should be changed or whether you should take any other actions. Some changes may require the agreement of your partner or spouse or a court order.

The original response must be filed in the court with proof of service of a copy on Petitioner.

FL-120 (Rev. January 1, 2015) RESPONSE—MARRIAGE/DOMESTIC PARTNERSHIP (Family Law) Page 1 of 3

- 1** Write your name and the name of the petitioner. Write your case number.
 - 2** If you and the other party do not have any assets (property) or debts (money you owe) for the court to divide check box (a). If you and the other party have assets (property) or debts (money you owe) to divide, check box (b) and one of the boxes below. Check “in Property Declaration” and attach an FL-160 listing the property. List all property and debts you and the other party got together during the marriage. If you have separate property you want to include, such as a vehicles purchased before you were married, you can complete another Property Declaration (Separate Property Declaration) and include your separate property. OR check “in Attachment 10(b)” (use another piece of paper and write Attachment 10(b) at the top) OR check “as follows” and list all of your community property/debt below.
 - 3** Check (a) if you have attorney’s fees and check the box “petitioner” or “respondent” indicating who you want to pay those fees.
Check (b) if you would like your former name back. Write your former name.
Check (c) if you have any other requests and write your request.
- Read #12
- 4** Date, print and sign your name.
 - 5** There is nothing to fill out but you should read these two notices carefully.

How to fill out
**DECLARATION UNDER
 UNIFORM CHILD CUSTODY
 JURISDICTION AND
 ENFORCEMENT ACT
 (FL-105/GC-120)**

NOTE: If there are no minor children in your case, you do not need to complete this form.

DIRECTIONS:

- ▶ Find the number on the sample form.
Example: 1
- ▶ Go to the same number below to find out how to fill out the blank form.
- ▶ Type or print in black or blue ink.
- ▶ If you have a CASE NUMBER fill it in. If not known, leave it blank.

FL-105/GC-120

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address) TELEPHONE NO: 1 FAX NO. (Optional) E-MAIL ADDRESS (Optional) ATTORNEY FOR (Name) SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: 2 CITY AND ZIP CODE: BRANCH NAME: PETITIONER: (This section applies only to family law cases) RESPONDENT: 3 OTHER PARTY: GUARDIANSHIP OF (Name): 4 Minor	FOR COURT USE ONLY CASE NUMBER:
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)	

1. I am a party to this proceeding to determine custody of a child.

5 My present address and the present address of each child residing with me is confidential under Family Code section 3429 as I have indicated in item **12**.

6 3. There are (specify number) **6** minor children who are subject to this proceeding, as follows:
(Insert the information requested below. The residence information must be given for the last FIVE years.)

a. Child's name	Place of birth	Date of birth	Sex
7	8	9	10
Period of residence: <input type="checkbox"/> Confidential 11			
to present	Address: 12 <input type="checkbox"/> Confidential	Person child lived with (name and complete current address): 13 <input type="checkbox"/> Confidential	Relationship: 14
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
b. Child's name: 15 <input type="checkbox"/> Residence information is the same as given above for child a. <i>(If NOT the same, provide the information below.)</i>			
Period of residence: <input type="checkbox"/> Confidential			
to present	Address: 12 <input type="checkbox"/> Confidential	Person child lived with (name and complete current address): 13 <input type="checkbox"/> Confidential	Relationship: 14
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	

16 Additional residence information for a child listed in item a or b is continued on attachment 3c.

17 Additional children are listed on form FL-105(A)/GC-120(A). (Provide all requested information for additional children.)

Form Adopted Mandatory Title Judicial Court of California FL-105(GC-120) Rev. January 1, 2006 Page 1 of 2 Family Code, § 3400 et seq.; Probate Code, §§ 3113(a), 3112 www.courtinfo.ca.gov

- 1** Print your name, your mailing address, and telephone number (if any). This info will be available to the other party.
 - 2** If not filled in for you, print "Fresno" after COUNTY OF. The address is: 1150 \$Q\$ Utggv, Fresno, CA 93724.
 - 3** Print the name of the petitioner and respondent. The petitioner is the person who started the case at the beginning.
 - 4** Leave this box blank.
 - 5** If you're alleging domestic violence or child abuse and your address is unknown to the other party, you may mark this box and the "Confidential" boxes under items **12** & **13**.
 - 6** Fill in the number of minor children from this relationship (minor children – under age 18).
 - 7** For the oldest child, fill in the first and last name.
 - 8** Fill in the city and state where this child was born.
 - 9** Fill in the child's date of birth (MM/DD/YY).
 - 10** If the child is a boy, write "M" for male. If the child is a girl, write "F" for female.
- For **11** through **14** give information from now to the past 5 years, working backward:**
- 11** The beginning and ending date the child lived at the address (from when to when at that address).
 - 12** For the dates you listed, print the city and state where the child lived.
 - 13** Name of person(s) (adult) the child lives or lived with and the physical addresses.
 - 14** Relationship means how the adult is related to the child. For example, mother or father.
 - 15** If you have only one child from this relationship, leave this section blank. If you have a second child, follow the instructions from **7** to **10**. If the second child has always resided with the first child, check the box below the second child's name ("Resident information is the same ..."). If you check this box you do not have to complete the boxes below. If the addresses for the second child are different from the first child, then follow the instructions from **11** to **14**.
 - 16** If you need additional space for more addresses, mark box "c." At the top of a sheet of paper, print "Attachment 3c" and print the additional information.
 - 17** If you have more than two children from this relationship, mark box "d" and complete form FL-105(A)/GC120(A).

FL-105/GC-120

SHORT TITLE	CASE NUMBER
-------------	-------------

4. Do you have information about, or have you participated as a party or as a witness or in some other capacity in, another court case or custody or visitation proceeding, in California or elsewhere, concerning a child subject to this proceeding?
 Yes No (If yes, attach a copy of the orders (if you have one) and provide the following information):

Proceeding	Case number	Court (name, state, location)	Court order or judgment (date)	Name of each child	Your connection to the case	Case status
a. <input type="checkbox"/> Family						
b. <input type="checkbox"/> Guardianship						
c. <input type="checkbox"/> Other						

Proceeding	Case Number	Court (name, state, location)
d. <input type="checkbox"/> Juvenile Delinquency/ Juvenile Dependency		
e. <input type="checkbox"/> Adoption		

5. One or more domestic violence restraining/protective orders are now in effect. (Attach a copy of the orders if you have one and provide the following information):

Court	County	State	Case number (if known)	Orders expire (date)
a. <input type="checkbox"/> Criminal				
b. <input type="checkbox"/> Family				
c. <input type="checkbox"/> Juvenile Delinquency/ Juvenile Dependency				
d. <input type="checkbox"/> Other				

6. Do you know of any person who is not a party to this proceeding who has physical custody or claims to have custody of or visitation rights with any child in this case? Yes No (If yes, provide the following information):

a. Name and address of person	b. Name and address of person	c. Name and address of person
<input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights Name of each child	<input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights Name of each child	<input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights Name of each child

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) _____

25. Number of pages attached: _____

NOTICE TO DECLARANT: You have a continuing duty to inform this court if you obtain any information about a custody proceeding in a California court or any other court concerning a child subject to this proceeding.

FL-105/GC-120 (Rev. January 1, 2006) DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA) Page 2 of 2

DECLARATION (FL-105/GC-120)

- Page two -

DIRECTIONS:

- ▶ Find the number on the sample form.
Example: 18
- ▶ Go to the same number below to find out how to fill out the form.
- ▶ Type or print in **dnwg** qt black ink.
- ▶ If you have a **CASE NUMBER** fill it in. If not known, leave it blank.

- 18 If there are no other cases regarding custody or visitation of the children in this case (in California or anywhere else), mark the "No" box and skip to step 20. If you have information regarding another case involving any of the children in this case, mark the "Yes" box.
- 19 If you check yes, mark the box next to the type of other case; the case number; the court's name, county, and state. Next, write the date of the order, name of each child involved in the other case, how you are involved, and what is now happening in that case.
- 20 If there is no current protective order (a restraining order) in effect, skip to 22. Check this box only if there is a current (not expired) restraining order or protective order involving you or the children, and attach a copy of the order(s).
- 21 If you checked this box, mark the box that describes the type of court that gave the restraining order and give the county, state, case number, and the date the orders expire.
- 22 If the child(ren) in this case live with either the mother or the father and there is no one else that claims to have custody or visitation rights to the child(ren), mark the "No" box and skip to step 24.
- 23 If the child(ren) is/are not living with one of the parents (either father or mother), and that other person thinks s/he has custody or visitation rights with the child(ren), mark the "yes" box. Then print that person's name and address. Mark the box that describes what that person has, or claims to have, and the child(ren)'s name(s) involved in this case.
- 24 Date, and print your name (first, middle, last) on the line to the left, sign your name on the right next to the arrow.
- 25 If you are going to attach any additional pages to give more information, print the number of pages that will follow this one.

FL-105(A)/GC-120(A)

CASE NAME:		CASE NUMBER:	
1			
ATTACHMENT TO DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)			
<input type="checkbox"/> CHILD'S name Provide information in the same manner as form FL-105(A)/GC-120(A) if NOT the same, provide the relationship below.		Place of birth:	Date of birth:
Period of residence:		Person child lived with (name and complete current address):	
to present	<input checked="" type="checkbox"/> Confidential	<input checked="" type="checkbox"/> Confidential	Relationship:
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
<input type="checkbox"/> CHILD'S name Provide information in the same manner as form FL-105(A)/GC-120(A) if NOT the same, provide the relationship below.		Place of birth:	Date of birth:
Period of residence:		Person child lived with (name and complete current address):	
to present	<input checked="" type="checkbox"/> Confidential	<input checked="" type="checkbox"/> Confidential	Relationship:
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
<input type="checkbox"/> CHILD'S name Provide information in the same manner as form FL-105(A)/GC-120(A) if NOT the same, provide the relationship below.		Place of birth:	Date of birth:
Period of residence:		Person child lived with (name and complete current address):	
to present	<input checked="" type="checkbox"/> Confidential	<input checked="" type="checkbox"/> Confidential	Relationship:
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	

**ATTACHMENT TO
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION
AND ENFORCEMENT ACT (UCCJEA)**

Form adopted by Amendment 10A
Florida Court Procedures
FL-105(A)/GC-120(A)
PARTNERSHIP, 2008

Page 1 of 2
Form No. 3-2008-0000
Revised Date: 03/14/08, 01/02
www.courtclerk.org

**How to fill out the attachment to
DECLARATION UNDER
UNIFORM CHILD CUSTODY
Jurisdiction and
Enforcement Act
(FL-105(A)/GC-120(A))**

**NOTE: Use this form only if you have
more than two minor children in your
case.**

DIRECTIONS:

- ▶ Find the number on the sample form.
Example: 1
- ▶ Go to the same number below to find out how to fill out the blank form.
- ▶ Type or print in black or blue ink.
- ▶ If you have a CASE NUMBER fill it in. If not known, leave it blank.

1 Use this page if there are more than 2 children from **this** relationship. Fill out the same way you did for the first two children. Ask for more forms if needed.

How to fill out

DECLARATION OF DISCLOSURE

DIRECTIONS

- Find the number on the sample form. Example: 1
- Go to the same number below to find out how to fill out the form.
- Type or print in blue or black ink.
- If you know the CASE NUMBER fill it in.

FL-140

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	
TELEPHONE NO. 1	FAX NO.
E-MAIL ADDRESS: ATTORNEY FOR (Name)	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF	
STREET ADDRESS 2	
MAILING ADDRESS	
CITY AND ZIP CODE	
BRANCH NAME	
PETITIONER: 3	
RESPONDENT:	
OTHER PARENT/PARTY:	
DECLARATION OF DISCLOSURE 4	
<input type="checkbox"/> Petitioner's	<input type="checkbox"/> Preliminary
<input type="checkbox"/> Respondent's	<input type="checkbox"/> Final
CASE NUMBER	

DO NOT FILE DECLARATIONS OF DISCLOSURE OR FINANCIAL ATTACHMENTS WITH THE COURT

In a dissolution, legal separation, or nullity action, both a preliminary and a final declaration of disclosure must be served on the other party with certain exceptions. Neither disclosure is filed with the court. Instead, a declaration stating that service of disclosure documents was completed or waived must be filed with the court (see form FL-141).

- In summary dissolution cases, each spouse or domestic partner must exchange preliminary disclosures as described in Summary Dissolution Information (form FL-810). Final disclosures are not required (see Family Code section 2109).
- In a default judgment case that is not a stipulated judgment or a judgment based on a marital settlement agreement, only the petitioner is required to complete and serve a preliminary declaration of disclosure. A final disclosure is not required of either party (see Family Code section 2110).
- Service of preliminary declarations of disclosure may not be waived by an agreement between the parties.
- Parties who agree to waive final declarations of disclosure must file their written agreement with the court (see form FL-144).

The petitioner must serve a preliminary declaration of disclosure at the same time as the Petition or within 60 days of filing the Petition. The respondent must serve a preliminary declaration of disclosure at the same time as the Response or within 60 days of filing the Response. The time periods may be extended by written agreement of the parties or by court order (see Family Code section 2104(f)).

Attached are the following:

- A completed Schedule of Assets and Debts (form FL-142) or A Property Declaration (form FL-160) for (specify):
 Community and Quasi-Community Property Separate Property.
- A completed Income and Expense Declaration (form FL-150).
- All tax returns filed by the party in the two years before the date that the party served the disclosure documents.
- A statement of all material facts and information regarding valuation of all assets that are community property or in which the community has an interest (not a form).
- A statement of all material facts and information regarding obligations for which the community is liable (not a form).
- An accurate and complete written disclosure of any investment opportunity, business opportunity, or other income-producing opportunity presented since the date of separation that results from any investment, significant business, or other income-producing opportunity from the date of marriage to the date of separation (not a form).

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

Date: _____ **11** _____

(TYPE OR PRINT NAME) SIGNATURE

Page 1 of 1

Form Adopted for Mandatory Use
Judicial Council of California
FL-140 (Rev. July 1, 2013)

**DECLARATION OF DISCLOSURE
(Family Law)**

Family Code, §§ 2102, 2104,
2105, 2108, 2112
www.courts.ca.gov

- 1 Write your name, address and phone number.
- 2 If not filled in for you, write "Fresno" after COUNTY OF. The address is: 1130 "O" Street, Fresno, CA 93724-2201. The Branch name is: B.F. Sisk Courthouse.
- 3 Write the name of the petitioner and respondent. The petitioner is the person who started the case.
- 4 Check the box that identifies you as the petitioner or respondent. Check "preliminary".
- 5 Read this section carefully.
- 6 Check box #1 and complete and attach the Schedule of Assets and Debts (form FL-142) [You may attach the Property Declaration instead. This form is not included in this packet]
- 7 Check box #2 and complete and attach the Income and Expense Declaration.
- 8 Check box #3 and attach your tax returns.
- 9 Check box #4 and #5 if there are community assets and/or debts and on a separate sheet of paper list the material facts.
- 10 Check box #6 and attach a declaration if any investment or other business opportunities have been presented to you since your separation.
- 11 Date, print and sign your name.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address):		TELEPHONE NO.:
1		
ATTORNEY FOR (Name):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF FRESNO		2
1100 Van Ness Avenue - Fresno, California 93724-0002		
PETITIONER:		
RESPONDENT:		
3		
SCHEDULE OF ASSETS AND DEBTS		4
<input type="checkbox"/> Petitioner's <input type="checkbox"/> Respondent's		CASE NUMBER:

— INSTRUCTIONS —

List all your known community and separate assets or debts. Include assets even if they are in the possession of another person, including your spouse. If you contend an asset or debt is separate, put P (for Petitioner) or R (for Respondent) in the first column (separate property) to indicate to whom you contend it belongs.

All values should be as of the date of signing the declaration unless you specify a different valuation date with the description. For additional space, use a continuation sheet numbered to show which item is being continued.

ITEM NO.	ASSETS DESCRIPTION	SEP. PROP.	DATE ACQUIRED	CURRENT GROSS FAIR MARKET VALUE	AMOUNT OF MONEY OWED OR ENCUMBRANCE
1.	REAL ESTATE (Give street addresses and attach copies of deeds with legal descriptions and latest lender's statement.)			\$	\$
	6				
2.	HOUSEHOLD FURNITURE, FURNISHINGS, APPLIANCES (Identify.)				
	7				
3.	JEWELRY, ANTIQUES, ART, COIN COLLECTIONS, etc. (Identify.)				
	8				

Page 1 of 4

Form Approved for Optional Use
Judicial Council of California
FL-142 (Rev. January 1, 2015)SCHEDULE OF ASSETS AND DEBTS
(Family Law)Code of Civil Procedure, §§ 2031(c), 2033.5
www.courtinfo.ca.gov*How to fill out***SCHEDULE OF
ASSETS AND DEBTS
(FL-142)****DIRECTIONS**

- ▶ Find the number on the sample form.
Example: 1
- ▶ Go to the same number below to find out how to fill out the form.
- ▶ Type or print in ~~blue~~ **black** ink
- ▶ If you know the CASE NUMBER fill it in. If not known, leave it blank.

- 1** Write your name, address and phone number.
- 2** Write "Fresno" after Superior Court of California, County of.
- 3** Write the name of the Petitioner and Respondent. The Petitioner is the party that starts the case against another person, the Respondent.
- 4** Check the box that identifies you as the Petitioner or Respondent.
- 5** Read the instructions carefully. "Separate property" is assets (things of value) or debts (money owed) that belongs to the husband or wife, but not both. "Community" assets or debts belong to the husband and wife together.
 - If separate property, you will put H or W in the first column. Leave blank if community.
 - You will write the date the asset was acquired (purchased) in the second column
 - *Current gross fair market value*: gross means before taxes are taken out. Fair market value means how much the item is worth (fill in a dollar amount).
 - If money is still owed on this item, you will write this amount in the last column.

For each item listed on this form, if you need more space, attach another piece of paper (a continuation sheet) and number the page the same number as the item on the form. Example: #1 for Real Estate, #2 for Household Furniture, #3 for Jewelry, Antiques, Art, Coin Collections, etc. Do this as needed for all four pages of this form.

- 6** List all real estate (land, buildings), including addresses. Attach copies of deeds, etc. as requested.
- 7** List all household furniture, furnishings, and appliances: Examples: sofas, lamps, televisions, computers, etc.
- 8** List all jewelry, antiques, art, coin collections. Note: these items should be appraised (given a dollar value by someone in that business).

SCHEDULE OF ASSETS AND DEBTS (FL-142)

- page two -

DIRECTIONS

- ▶ Find the number on the sample form.
Example: 12
- ▶ Go to the same number below to find out how to fill out the form.
- ▶ Type or print in ~~drag~~ qt black ink.
- ▶ If you know the CASE NUMBER fill it in. If not known, leave it blank.

ITEM NO.	ASSETS DESCRIPTION	SEP. PROP.	DATE ACQUIRED	CURRENT GROSS FAIR MARKET VALUE	AMOUNT OF MONEY OWED OR ENCUMBRANCE
	9			\$	\$
4.	VEHICLES, BOATS, TRAILERS <i>(Describe and attach copy of title document.)</i>				
	10				
5.	SAVINGS ACCOUNTS <i>(Account name, account number, bank, and branch. Attach copy of latest statement.)</i>				
	11				
6.	CHECKING ACCOUNTS <i>(Account name and number, bank, and branch. Attach copy of latest statement.)</i>				
	12				
7.	CREDIT UNION, OTHER DEPOSIT ACCOUNTS <i>(Account name and number, bank, and branch. Attach copy of latest statement.)</i>				
	13				
8.	CASH <i>(Give location.)</i>				
	14				
9.	TAX REFUND				
	15				
10.	LIFE INSURANCE WITH CASH SURRENDER OR LOAN VALUE <i>(Attach copy of declaration page for each policy.)</i>				

- 9 List all vehicles such as cars, motorcycles, boats, and trailers. Attach copies of documents that show they belong to you and/or your spouse. Example: DMV registration
- 10 For Savings Accounts, include account numbers, and the bank name and branch (Example: Bank of America, Fashion Fair). Include copies of latest statements for each account.
- 11 Provide the same information as above for Checking Accounts.
- 12 Provide the same information as above for Credit Union or similar accounts.
- 13 If you have stored cash somewhere, write the location in the space provided.
- 14 If you received a tax refund this year, provide that information. Otherwise leave blank.
- 15 Provide Life Insurance information with the amount it is worth if you turned it in, or the loan amount. Attach a copy of the policy's declaration page.

SCHEDULE OF ASSETS AND DEBTS (FL-142)

- page three -

DIRECTIONS

- ▶ Find the number on the sample form.
Example: 16
- ▶ Go to the same number below to find out how to fill out the form.
- ▶ Type or print in **dnwg** qt black ink.
- ▶ If you know the CASE NUMBER fill it in. If not known, leave it blank.

ITEM NO.	ASSETS DESCRIPTION	SEP. PROP.	DATE ACQUIRED	CURRENT GROSS FAIR MARKET VALUE	AMOUNT OF MONEY OWED OR ENCUMBRANCE
16	11. STOCKS, BONDS, SECURED NOTES, MUTUAL FUNDS <i>(Give certificate number and attach copy of the certificate or copy of latest statement.)</i>			\$	\$
17	12. RETIREMENT AND PENSIONS <i>(Attach copy of latest summary plan documents and latest benefit statement.)</i>				
18	13. PROFIT - SHARING, ANNUITIES, IRAS, DEFERRED COMPENSATION <i>(Attach copy of latest statement.)</i>				
19	14. ACCOUNTS RECEIVABLE AND UNSECURED NOTES <i>(Attach copy of each.)</i>				
20	15. PARTNERSHIPS AND OTHER BUSINESS INTERESTS <i>(Attach copy of most current K-1 form and Schedule C.)</i>				
21	16. OTHER ASSETS				
22	17. TOTAL ASSETS FROM CONTINUATION SHEET				
23	18. TOTAL ASSETS			\$	\$

FL-142 (Rev. January 1, 2009)
Page 3 of 4
SCHEDULE OF ASSETS AND DEBTS
(Family Law)

- 16 If you or your spouse has stocks, bonds, secured notes, and/or mutual funds, list them here. Write the certificate/account number for each. Use a extra (continuation) sheet if needed. Attach copies of certificates and/or most recent statements.
- 17 List retirement funds and pensions. Attach a copy of the most recent summary page or statement.
- 18 If you or your spouse participates in any of the following, list them here. Attach copies of statements.
 - Profit-sharing plans through workplace
 - Annuities – amounts payable on a yearly basis, or at other regular times
 - Individual retirement accounts (IRA)
 - Deferred compensation – wages that are not taken now, but is paid later
- 19 If you or your spouse is due to receive any money, list accounts receivable here. Also list any unsecured notes (not secured by real property) you may have. Attach copies.
- 20 If you or your spouse has a business partnership or other kind of business, list information here. Attach copies of the most recent *K-1 form* and *schedule C* (IRS forms).
- 21 List any other assets you or your spouse might have. Use extra sheets as necessary.
- 22 If you used extra continuation sheets, add up all amounts and list them here.
- 23 Add up your total assets from all pages of form FL-142, (1-17) and fill in the amount on line 18. Continue on the back side to list your debts.

SCHEDULE OF ASSETS AND DEBTS (FL-142)

- page four -

DIRECTIONS

- ▶ Find the number on the sample form.
Example: 25
- ▶ Go to the same number below to find out how to fill out the form.
- ▶ Type or print in ~~any~~ **black ink**.
- ▶ If you know the **CASE NUMBER** fill it in. If not known, leave it blank.

ITEM NO.	DEBTS—SHOW TO WHOM OWED	SEP. PROP.	TOTAL OWING	DATE INCURRED
19.	STUDENT LOANS (Give details.) 24		\$	
20.	TAXES (Give details.) 25			
21.	SUPPORT ARREARAGES (Attach copies of orders and statements.) 26			
22.	LOANS—UNSECURED (Give bank name and loan number and attach copy of latest statement.) 27			
23.	CREDIT CARDS (Give creditor's name and address and the account number. Attach copy of latest statement.) 28			
24.	OTHER DEBTS (Specify): 29			
25.	TOTAL DEBTS FROM CONTINUATION SHEET 30			
26.	TOTAL DEBTS 31		\$	

27. (Specify **32** number) _____ pages are attached as continuation sheets.

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) **33** (SIGNATURE OF DECLARANT)

FL-142 (Rev. January 1, 2006) SCHEDULE OF ASSETS AND DEBTS (Family Law) Page 4 of 4

*List all debts (money owed). In the first column, put a **W** or **H** to show that the debt is separate property. In the second column, write the total amount of money still owed. In the last column, put the date the debt started. Use continuation sheets as needed.*

- 24** If you or your spouse currently have any student loans, list the details here.
- 25** If you or your spouse owes money for taxes, list details here.
- 26** Support arrearages means being behind in payments ordered by the court, such as child support or spousal support. If either you or your spouse is behind in support payments, attach copies of court orders and statements.
- 27** Unsecured loans are those that are not guaranteed or protected. If you or your spouse have unsecured loans, list them here. Write the name of the bank and the loan number. Attach copies of most recent statements.
- 28** List all credit cards. Write the name, address and account number for each creditor (company that issued the credit card). Attach copies of most recent statements.
- 29** List any other debts owed by you or your spouse.
- 30** If you used extra sheets, add up all amounts and list them here.
- 31** Add up your total debts (19-25) and fill in the amount.
- 32** If you used continuation sheets, check the box and write the number of continuation sheets you are attaching (not copies of statements or other attachments).
- 33** Date the form. Type or print your name on the left. Sign your name on the right.

How to fill out INCOME AND EXPENSE DECLARATION (FL-150)

DIRECTIONS

- ◆ Find the number on the sample form
Example: 1
- ◆ Go to the same number below to
Find out how to fill out the form.
- ◆ Type or print in blue or black ink.
- ◆ If you know the CASE NUMBER
fill it in. If not leave it blank.

<p style="font-size: small; margin: 0;">ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address)</p> <p style="text-align: center; font-size: 24px; font-weight: bold; margin: 10px 0;">1</p> <p style="font-size: x-small; margin: 0;">TELEPHONE NO. E-MAIL ADDRESS (Optional) ATTORNEY FOR (Name)</p> <p style="text-align: center; font-size: 24px; font-weight: bold; margin: 10px 0;">2</p> <p style="font-size: small; margin: 0;">SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS MAILING ADDRESS CITY AND ZIP CODE BRANCH NAME</p> <p style="text-align: center; font-size: 24px; font-weight: bold; margin: 10px 0;">3</p> <p style="font-size: small; margin: 0;">PETITIONER/PLAINTIFF RESPONDENT/DEFENDANT OTHER PARENT/CLAIMANT</p>	<p style="text-align: center; font-size: 10px; margin: 0;">FOR COURT USE ONLY</p> <p style="text-align: center; font-size: 10px; margin: 0;">FL-150</p> <p style="font-size: x-small; margin: 0;">CASE NUMBER</p>
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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)

4

a. Employer:
 b. Employer's address:
 c. Employer's phone number:
 d. Occupation:
 e. Date job started:
 f. If unemployed, date job ended:
 g. I work about _____ hours per week.
 h. 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**

5

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

3. **Tax information**

6

a. I last filed taxes for tax year (specify year): _____
 b. My tax filing status is single head of household married, filing separately
 married, filing jointly with (specify name): _____
 c. I file state tax returns in California other (specify state): _____
 d. 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): _____

7 (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: _____

8

(TYPE OR PRINT NAME) _____ (SIGNATURE OF DECLARANT) _____

Form Adopted for Mandatory Use by the Judicial Branch of California
 FL-150 (Rev. January 1, 2007)

INCOME AND EXPENSE DECLARATION

Family Code, §§ 2030-2032, 2100-2113, 3045, 3020-3034, 4050-4076, 4200-4239
 www.courtinfo.ca.gov

- 1 Print your name, address and phone number.
- 2 If not filled in for you write the Court's address. Write "Fresno" after COUNTY OF. The address is 1130 "O" Street, Fresno, CA 93724-2201. The branch name is: B.F. Sisk Courthouse.
- 3 Fill in the names of the Petitioner and Respondent. (The Petitioner is the person that started the case.)
- 4 Fill in information about your job. If you don't have a job, fill in information about **your last job**. If you have more than one job, use another sheet of paper and write the information requested for each additional job.
 - Fill in the employer information and your occupation. Example: Driver
 - Fill in the date your job started (e). If you're unemployed write the date your job ended (f).
 - Fill in how many hours you work (g) and how much you are paid before taxes are taken out (h).
 - Be sure to include **copies of our pay stubs** for the last two months. Use a **dark marker** to cross out your Social Security number.
- 5 Fill in your age and education information.
- 6 Fill in your tax information.
- 7 Write the total amount the other person in this case makes in a month, before taxes, and explain how you know this.
- 8 Date, print your name on the left and sign on the right.

INCOME AND EXPENSE DECLARATION (FL-150)

-page two-

DIRECTIONS

- ◆ Find the number on the sample form
Example: **1**
- ◆ Go to the same number below to
Find out how to fill out the form.
- ◆ Type or print in blue or black ink.
- ◆ If you know the CASE NUMBER
fill it in. If not leave it blank.

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	1	CASE NUMBER:	FL-150
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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 \$		
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 BAQ, royalty payments, etc.) (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	Total
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 \$		
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) \$	

FL-150 (Rev. January 1, 2007) Page 2 of 4

INCOME AND EXPENSE DECLARATION

- 1** Print the first and last names of petitioner (person who started the case) and the respondent. Write case number. *Include your pay stubs for the last two months with this form. Also include proof of any other money you make. Bring a copy of your last federal tax return with you to the court hearing. Use a black marker to cross out social security numbers.*
- 2** This area has to do with your income. Review letters (a) thru (l). Write how much money you are paid each month in the "last month" column on the right. To get your "average monthly" add up your income for the last 12 months and divide by 12.
- 3** If you have investment income list the monthly income and average monthly income you receive.
- 4** Fill out this section if you are self-employed (own a business). Include a "profit and loss statement" for each business or a Schedule C from your last federal tax return.
- 5** Check #8 "Additional Income" if you received extra money in the last 12 months. Write down the amount and where the money came from. **Examples:** "I won the lottery." "My uncle left me money in his will." Check #9 "Change in Income" if the amount of money you normally receive has changed in the past 12 months. Write down the reason. **Examples:** "I got hurt on the job and am now on disability." "I got a new job that pays better than my old one."
- 6** Fill in the amounts deducted (taken away) from your earnings last month. Fill out all that apply. If you fill out (g) you must write an explanation on a separate page labeled "Question 10g."
- 7** List your assets (accounts, stocks and bonds, property, etc.) Write the total value (worth) for each line listed.

INCOME AND EXPENSE DECLARATION (FL-150)

-page three-

DIRECTIONS

- ◆ Find the number on the sample form
Example: **1**
- ◆ Go to the same number below to
Find out how to fill out the form.
- ◆ Type or print in blue or black ink.
- ◆ If you know the CASE NUMBER
fill it in. If not leave it blank.

FL-150

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	1 CASE NUMBER
--	-------------------------

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:

(1) Rent or mortgage \$ _____

 If mortgage:

 (a) average principal: \$ _____

 (b) average interest: \$ _____

(2) Real property taxes \$ _____

(3) Homeowner's or renter's insurance (if not included above) \$ _____

(4) Maintenance and repair \$ _____

b. Health-care costs not paid by insurance \$ _____

c. Child care \$ _____

d. Groceries and household supplies \$ _____

e. Eating out \$ _____

f. Utilities (gas, electric, water, trash) \$ _____

g. Telephone, cell phone, and e-mail \$ _____

h. Laundry and cleaning \$ _____

i. Clothes \$ _____

j. Education \$ _____

k. Entertainment, gifts, and vacation \$ _____

l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.) \$ _____

m. Insurance (life, accident, etc.; do not include auto, home, or health insurance) \$ _____

n. Savings and investments \$ _____

o. Charitable contributions \$ _____

p. Monthly payments listed in item 14 (itemize below in 14 and insert total here) \$ _____

q. Other (specify): _____ \$ _____

r. TOTAL EXPENSES (a-q) (do not add in the amounts in a(1)(a) and (b)) \$ _____

s. Amount of expenses paid by others \$ _____

14. Installment payments and debts not listed above

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

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

a. To date, I have paid my attorney this amount for fees and costs (specify): \$ _____

b. The source of this money was (specify): _____

c. I still owe the following fees and costs to my attorney (specify total owed): \$ _____

d. My attorney's hourly rate is (specify): \$ _____

I confirm this fee arrangement.

Date: _____

(TYPE OR PRINT NAME OF ATTORNEY) (SIGNATURE OF ATTORNEY)

FL-150 (Rev. January 1, 2007)
INCOME AND EXPENSE DECLARATION
Page 3 of 4

- 1** Write the name of the petitioner and the name of the respondent.
- 2** Give information about all persons who live with you.
 - Write their names, ages and how they are related to you (parent, child, other relative, friend).
 - Write down each person's monthly income, before taxes, and check the "yes" or "no" box if this person pays some of the living expenses.
- 3** **Average monthly expenses**, check the first box if you are estimating (best guess) expenses, or the second box if actual (exact) expenses. Check the third box only if you expect these to be your expenses each month.
 - Review (a) through (o) and list the expense (how much it will cost) each month for each area.
 - (p) List the total amount you pay each month for the items you list on **#14-Installment payments**.
 - (r) List your total expenses from #13 and #14.
- 4** List your monthly installments payments and debts. These include any monthly payments you have that are not above. They could include car payments, credit card payments, loans, etc.
 - First column: fill in the name of the creditor (who gets the payment). Example: Bank of XYZ.
 - Second column: describe what the payment is for.
 - Third column: amount of last payment
 - Fourth column: total amount you still owe
 - Date of your last payment
- 5** If you are represented by an attorney and are requesting the other party pay some or all of your attorney fees complete this section. If you do not have an attorney and have not paid any attorney fees leave this section blank.
- 6** **Do not fill out this section. Skip to the next page.**

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	FL-150 CASE NUMBER
--	-----------------------

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 percentages 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 expenses for the children in this case

	Amount per month	
a. Child care 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 (examples: fire, theft, other insured losses)	\$ _____	_____
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	\$ _____	

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): _____

FL-150 (Rev. January 1, 2007) INCOME AND EXPENSE DECLARATION Page 4 of 4
 ESSENTIAL FORMS™

INCOME AND EXPENSE DECLARATION (FL-150)

-page four-

DIRECTIONS

- ◆ Find the number on the sample form
 Example: 1
- ◆ Go to the same number below to Find out how to fill out the form.
- ◆ Type or print in blue or black ink.
- ◆ If you know the CASE NUMBER fill it in. If not leave it blank.

- 1 Print the first and last names of petitioner (person who started the case) and the respondent. Write the case number.
Fill out the rest of this page only if your case involves child support.
- 2 Fill in the number of children you have with the other parent that are **under age 18**.
 - Estimate the amount of time the children are with you and with the other parent. Example: "The children are with me 30% of the time and with the other parent 70% of the time."
 - If unsure about using percentages, use the space provided to describe the parents' schedules for taking care of the children.
- 4 Check the first box if your work place provides health insurance for your children. Otherwise, check the second box. Write the name and address of this insurance company in the space provided. Fill in monthly amount you pay (or would pay to fully cover the children) for health insurance DO NOT include costs already paid by your job.
- 5 Fill in monthly amounts that apply to you regarding: (a) child care, (b) uncovered health care for the children, (c) travel expenses for visitation or (d) children's education or special needs. Describe expenses needed for (d).
- 6 List any "special hardships" (things that make daily living hard.)
 - Complete (a) or (b) if they apply to you.
 - Complete (c) 1-3 if you have children from another relationship living with you.
- 7 If you filled out anything under Special Hardships explain why they create an extreme hardship for you.
- 8 In this space you may write other information you want the court to know about your case.

How to fill out

PROOF OF SERVICE BY MAIL (Family Law) FL-335

DIRECTIONS:

- ▶ Find the number on the sample form.
Example: ❶
- ▶ Go to the same number below to find out how to fill out the form.
- ▶ Type or print in blue or black ink

ATTORNEY OR PARTY AT COUNSEL (Name, State Bar number, and address)		FL-335
TELEPHONE NO: E-MAIL ADDRESS (Optional)	FAX NO. (Optional)	FOR COURT USE ONLY
SUPERIOR COURT OF CALIF. COUNTY OF		
STREET ADDRESS MAILING ADDRESS CITY AND ZIP CODE BRANCH NAME		
PETITIONER/PLAINTIFF:	RESPONDENT/DEFENDANT:	CASE NUMBER
OTHER PARENT/PARTY:		(If Applicable, provide) HEARING DATE HEARING TIME DEPT.

PROOF OF SERVICE BY MAIL

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

- 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.
- My residence or business address is:
- I served a copy of the following documents (specify):

by enclosing them in an envelope AND

- depositing the sealed envelope with the United States Postal Service with the postage fully prepaid
- 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.

- The envelope was addressed and mailed as follows:
 - Name of person served
 - Address
 - Date mailed:
 - Place of mailing (city and state):
- 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.)
- 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)

Form Approved for Optional Use
Judicial Council of California
FL-335 (Rev. January 1, 2012)

PROOF OF SERVICE BY MAIL

Page 1 of 1
Code of Civil Procedure, §§ 1013, 1013a
www.court.ca.gov

NOTE: the person serving the papers will use this form if they mailed the papers.

- Write your name, address and telephone number.
- If not filled in for you, write “Fresno” after COUNTY OF. The address is: 1130 “O” Street, Fresno, CA 93724. The Branch Name is: D0H0Sisk Courthouse.
- Write the names of the parties. You are “Petitioner” if you started the case. You are the “respondent” if you are responding to the Petitioner. You may also be a “claimant” if the County of Fresno is the Petitioner or you are joined as a third party to the case.
- The person who serves the papers for you will write their name and address here.
- Write the names of the forms that are being served. List each individual form. (Example: Notice of Motion, Application for Order and Supporting Declaration, Blank Responsive Declaration, etc..)
- The person serving the documents will write the name and address of the person being served, the date the documents were mailed and the city and state from which it was mailed.
- If you are requesting to modify custody, visitation or child support after a judgment or permanent order, check box #5 and complete form FL-334.
- The person who mailed the papers will date, print and sign their names.

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.

PROOF OF SERVICE BY MAIL (Family Law) FL-335-INFO

There is nothing to fill out on this page, but you should read these instructions.

FL-141

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number and address) <div style="text-align: center; font-size: 24px; font-weight: bold;">1</div>	
TELEPHONE NO.: _____ FAX NO.: _____ E-MAIL ADDRESS: _____ ATTORNEY'S FCB NUMBER: _____	SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____ STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____
PETITIONER: _____ RESPONDENT: _____ OTHER PARENT/PARTY: _____	CASE NUMBER: _____ <div style="text-align: center; font-size: 24px; font-weight: bold;">5</div>
DECLARATION REGARDING SERVICE OF DECLARATION OF DISCLOSURE AND INCOME AND EXPENSE DECLARATION <input type="checkbox"/> Petitioner's <input type="checkbox"/> Respondent's <input type="checkbox"/> Preliminary <input type="checkbox"/> Final <input type="checkbox"/> Respondent's <input type="checkbox"/> Final	

6. I am the attorney for petitioner respondent in this matter.

7. Petitioner's Respondent's Preliminary Declaration of Disclosure (form FL-140), current* Income and Expense Declaration (form FL-150), completed Schedule of Assets and Debts (form FL-142) or Community or Separate Property Declarations (form FL-150) with appropriate attachments, all tax returns filed by the party in the two years before service of the preliminary disclosures, and all other required information under Family Code section 2104 were served on:
 the other party the other party's attorney by personal service mail
 Other (specify): _____
 on (date): _____

8. Petitioner's Respondent's Final Declaration of Disclosure (form FL-140), current* Income and Expense Declaration (form FL-150), completed Schedule of Assets and Debts (form FL-142) or Community or Separate Property Declarations (form FL-150) with attachments, and the material facts and information required by Family Code section 2105 were served on:
 the other party other party's attorney by personal service mail
 Other (specify): _____
 on (date): _____

9. Service of Petitioner's Respondent's preliminary final declaration of disclosure current income and expense declaration has been waived as follows:
 a. The parties agreed to waive final declaration of disclosure requirements under Family Code section 2105(d).
 (Form FL-144 may be used for this purpose.) The waiver was filed on (date): _____
 is being filed at the same time as this form.
 b. The party has failed to comply with disclosure requirements, and the court has granted the request for voluntary waiver of receipt under Family Code section 2107 on (date): _____
 c. This is a default proceeding that does not include a stipulated judgment or settlement agreement. Petitioner waives final disclosure requirements under Family Code section 2110.

*Current is defined as completed within the past three months providing no facts have changed. (Cal. Rules of Court, rule 5.250.)

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) _____ 9 _____ SIGNATURE

NOTE: File this document with the court.
Do not file a copy of the Preliminary or Final Declaration of Disclosure or any attachments to either declaration of disclosure with this document.

Form Adopted for Marriages Use Judicial Council of California FL-141 (Rev. July 1, 2013) Declaration Regarding Service of Declaration of Disclosure and Income and Expense Declaration (Family Law) Family Code, §§ 2103, 2104, 2105, 2106, 2112 www.courtinfo.gov Page 1 of 1

How to fill out

DECLARATION OF DISCLOSURE (FL-141)

DIRECTIONS

- Find the number on the sample form. Example: 1
- Go to the same number below to find out how to fill out the form.
- Type or print in blue or black ink.
- If you know the CASE NUMBER fill it in.

- 1 Write your name, address and phone number.
- 2 Write "Fresno" after COUNTY OF. The address is 1130 "O" Street, Fresno CA 93724. The branch is B.F. Sisk B.F. Sisk Courthouse.
- 3 Write the name of the petitioner and respondent. The petitioner is the person who started the case.
- 4 Check the box that identifies you as the petitioner or the respondent. Check "preliminary".
- 5 Write the case number if you have one.
- 6 Check the box that identifies you as the petitioner or the respondent.
- 7 **Number #2** refers to "preliminary disclosure". **Number #3** refers to "final disclosure". Complete #2 if you have served your preliminary disclosure and check the box indicating who was served, the other party or their attorney. Check the box showing how they were served, personally or by mail. Write the date they were served. If you served the "final disclosure" complete **number #3** the same way as **number #2**.
- 8 If you are finishing your case by default (the respondent hasn't filed anything in 30 days since being served) check the boxes "Service of", "Respondent's", "Preliminary", "Final" and "current income and expense declaration." Check box "c".
- 9 Date, print and sign your name.

BLANK

FORMS

(To be completed)

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar number, and address</i>): TELEPHONE NO.: _____ FAX NO.: _____ E-MAIL ADDRESS: _____ ATTORNEY FOR (<i>Name</i>): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT:	
RESPONSE <input type="checkbox"/> AND REQUEST FOR <input type="checkbox"/> AMENDED <input type="checkbox"/> Dissolution (Divorce) of: <input type="checkbox"/> Marriage <input type="checkbox"/> Domestic Partnership <input type="checkbox"/> Legal Separation of: <input type="checkbox"/> Marriage <input type="checkbox"/> Domestic Partnership <input type="checkbox"/> Nullity of: <input type="checkbox"/> Marriage <input type="checkbox"/> Domestic Partnership	CASE NUMBER: _____

1. **LEGAL RELATIONSHIP** (*check all that apply*):
 - a. We are married.
 - b. We are domestic partners and our domestic partnership was established in California.
 - c. We are domestic partners and our domestic partnership was NOT established in California.

2. **RESIDENCE REQUIREMENTS** (*check all that apply*):
 - a. Petitioner Respondent has been a resident of this state for at least six months and of this county for at least three months immediately preceding the filing of this *Petition*. (*For a divorce, at least one person in the legal relationship described in items 1a and 1c must comply with this requirement.*)
 - b. We are the same sex and were married in California but are not residents of California. Neither of us lives in a state or nation that will dissolve the marriage. This case is filed in the county in which we married.
 Petitioner's residence (*state or nation*): _____ Respondent's residence (*state or nation*): _____
 - c. Our domestic partnership was established in California. Neither of us has to be a resident or have a domicile in California to dissolve our partnership here.

3. **STATISTICAL FACTS**
 - a. (1) Date of marriage (*specify*): _____ (2) Date of separation (*specify*): _____
 (3) Time from date of marriage to date of separation (*specify*): _____ Years Months
 - b. (1) Registration date of domestic partnership with the California Secretary of State or other state equivalent (*specify below*): _____
 (2) Date of separation (*specify*): _____
 (3) Time from date of registration of domestic partnership to date of separation (*specify*): _____ Years Months

4. **MINOR CHILDREN** (*children born before (or born or adopted during) the marriage or domestic partnership*):
 - a. There are no minor children.
 - b. The minor children are:

<u>Child's name</u>	<u>Birthdate</u>	<u>Age</u>	<u>Sex</u>

- (1) continued on Attachment 4b.
 - (2) a child who is not yet born.
- c. If there are minor children of Petitioner and Respondent, a completed *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA)* (form FL-105) must be attached.
- d. Petitioner and Respondent signed a voluntary declaration of paternity. A copy is is not attached.



PETITIONER: RESPONDENT:	CASE NUMBER
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Respondent requests that the court make the following orders:

5 LEGAL GROUNDS (Family Code sections 2200–2210; 2310–2312)

- a Respondent contends that the parties never legally married or registered a domestic partnership
- b Respondent denies the grounds set forth in item 5 of the petition
- c Respondent requests
 - (1) divorce legal separation of the marriage or domestic partnership based on
 - (a) irreconcilable differences (b) permanent legal incapacity to make decisions
 - (2) nullity of void marriage or domestic partnership based on
 - (a) incest (b) bigamy
 - (3) nullity of voidable marriage or domestic partnership based on
 - (a) respondent's age at time of registration of domestic partnership or marriage (d) fraud
 - (b) prior existing marriage or domestic partnership (e) force
 - (c) unsound mind (f) physical incapacity

6 CHILD CUSTODY AND VISITATION (PARENTING TIME)

- | | Petitioner | Respondent | Joint | Other |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a Legal custody of children to | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b Physical custody of children to | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c Child visitation (parenting time) be granted to | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- As requested in: form FL-311 form FL-312 form FL-341(C)
 form FL-341(D) form FL-341(E) Attachment 6c(1)

- d Determine the parentage of children born to Petitioner and Respondent before the marriage or domestic partnership

7 CHILD SUPPORT

- a If there are minor children born to or adopted by Petitioner and Respondent before or during this marriage or domestic partnership, the court will make orders for the support of the children upon request and submission of financial forms by the requesting party
- b An earnings assignment may be issued without further notice
- c Any party required to pay support must pay interest on overdue amounts at the "legal" rate, which is currently 10 percent
- d Other (specify):

8 SPOUSAL OR DOMESTIC PARTNER SUPPORT

- a Spousal or domestic partner support payable to Petitioner Respondent
- b Terminate (end) the court's ability to award support to Petitioner Respondent
- c Reserve for future determination the issue of support payable to Petitioner Respondent
- d Other (specify):

9 SEPARATE PROPERTY

- a There are no such assets or debts that I know of to be confirmed by the court
- b Confirm as separate property the assets and debts in Property Declaration (form FL-160) Attachment 9b
 the following list Item Confirm to



PETITIONER: RESPONDENT:	CASE NUMBER:
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10. COMMUNITY AND QUASI-COMMUNITY PROPERTY

- a. There are no such assets or debts that I know of to be divided by the court.
- b. Determine rights to community and quasi-community assets and debts. All such assets and debts are listed
 - in *Property Declaration* (form FL-160) in Attachment 10b.
 - as follows (*specify*):

11. OTHER REQUESTS

- a. Attorney's fees and costs payable by Petitioner Respondent
- b. Respondent's former name be restored to (*specify*):
- c. Other (*specify*):

Continued on Attachment 11c.

12. I HAVE READ THE RESTRAINING ORDERS ON THE BACK OF THE SUMMONS, AND I UNDERSTAND THAT THEY APPLY TO ME WHEN THIS PETITION IS FILED.

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 RESPONDENT)
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Date:

_____ (TYPE OR PRINT NAME)	▶	_____ (SIGNATURE OF ATTORNEY FOR RESPONDENT)
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NOTICE: You may redact (black out) social security numbers from any written material filed with the court in this case other than a form used to collect child, spousal or partner support.

NOTICE—CANCELLATION OF RIGHTS: Dissolution or legal separation may automatically cancel the rights of a domestic partner or spouse under the other domestic partner's or spouse's will, trust, retirement plan, power of attorney, pay-on-death bank account, survivorship rights to any property owned in joint tenancy, and any other similar thing. It does not automatically cancel the right of a domestic partner or spouse as beneficiary of the other partner's or spouse's life insurance policy. You should review these matters, as well as any credit cards, other credit accounts, insurance policies, retirement plans, and credit reports, to determine whether they should be changed or whether you should take any other actions. Some changes may require the agreement of your partner or spouse or a court order.

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar number, and address):</i> <hr/> TELEPHONE NO.: _____ FAX NO. <i>(Optional)</i> : _____ E-MAIL ADDRESS <i>(Optional)</i> : _____ ATTORNEY FOR <i>(Name)</i> : _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF	
STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: <i>(This section applies only to family law cases)</i> RESPONDENT: OTHER PARTY:	
GUARDIANSHIP OF <i>(Name):</i> _____ <i>(This section applies only to guardianship cases)</i> Minor	
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)	
CASE NUMBER: _____	

1. I am a party to this proceeding to determine custody of a child.
2. My present address and the present address of each child residing with me is confidential under Family Code section 3429 as I have indicated in item 3.
3. There are *(specify number)*: _____ minor children who are subject to this proceeding, as follows:
(Insert the information requested below. The residence information must be given for the last FIVE years.)

a. Child's name		Place of birth	Date of birth	Sex
Period of residence to present	Address <input type="checkbox"/> Confidential	Person child lived with <i>(name and complete current address)</i> <input type="checkbox"/> Confidential	Relationship	
to	Child's residence <i>(City, State)</i>	Person child lived with <i>(name and complete current address)</i>		
to	Child's residence <i>(City, State)</i>	Person child lived with <i>(name and complete current address)</i>		
to	Child's residence <i>(City, State)</i>	Person child lived with <i>(name and complete current address)</i>		
b. Child's name		Place of birth	Date of birth	Sex
<input type="checkbox"/> Residence information is the same as given above for child a. <i>(If NOT the same, provide the information below)</i>				
Period of residence to present	Address <input type="checkbox"/> Confidential	Person child lived with <i>(name and complete current address)</i> <input type="checkbox"/> Confidential	Relationship	
to	Child's residence <i>(City, State)</i>	Person child lived with <i>(name and complete current address)</i>		
to	Child's residence <i>(City, State)</i>	Person child lived with <i>(name and complete current address)</i>		
to	Child's residence <i>(City, State)</i>	Person child lived with <i>(name and complete current address)</i>		

- c. Additional residence information for a child listed in item a or b is continued on attachment 3c.
- d. Additional children are listed on form FL-105(A)/GC-120(A). *(Provide all requested information for additional children.)*

SHORT TITLE: _____	CASE NUMBER: _____
-----------------------	-----------------------

4. Do you have information about, or have you participated as a party or as a witness or in some other capacity in, another court case or custody or visitation proceeding, in California or elsewhere, concerning a child subject to this proceeding?
 Yes No (If yes, attach a copy of the orders (if you have one) and provide the following information):

Proceeding	Case number	Court <i>(name, state, location)</i>	Court order or judgment <i>(date)</i>	Name of each child	Your connection to the case	Case status
a. <input type="checkbox"/> Family						
b. <input type="checkbox"/> Guardianship						
c. <input type="checkbox"/> Other						

Proceeding	Case Number	Court <i>(name, state, location)</i>
d. <input type="checkbox"/> Juvenile Delinquency/ Juvenile Dependency		
e. <input type="checkbox"/> Adoption		

5. One or more domestic violence restraining/protective orders are now in effect. (Attach a copy of the orders if you have one and provide the following information):

Court	County	State	Case number <i>(if known)</i>	Orders expire <i>(date)</i>
a. <input type="checkbox"/> Criminal				
b. <input type="checkbox"/> Family				
c. <input type="checkbox"/> Juvenile Delinquency/ Juvenile Dependency				
d. <input type="checkbox"/> Other				

6. Do you know of any person who is not a party to this proceeding who has physical custody or claims to have custody of or visitation rights with any child in this case? Yes No (If yes, provide the following information):

a. Name and address of person <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights Name of each child	b. Name and address of person <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights Name of each child	c. Name and address of person <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights Name of each child
---	---	---

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)

7. Number of pages attached: _____

NOTICE TO DECLARANT: You have a continuing duty to inform this court if you obtain any information about a custody proceeding in a California court or any other court concerning a child subject to this proceeding.

CASE NAME: 	CASE NUMBER:
--------------------	----------------------

**ATTACHMENT TO
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)**

<input type="checkbox"/> Child's name <input type="checkbox"/> Residence information is the same as given on form FL-105/GC-120 for child a. (If NOT the same, provide the information below)		Place of birth	Date of birth	Sex
Period of residence to present	Present address <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) <input type="checkbox"/> Confidential		Relationship
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
<input type="checkbox"/> Child's name <input type="checkbox"/> Residence information is the same as given on form FL-105/GC-120 for child a. (If NOT the same, provide the information below)		Place of birth	Date of birth	Sex
Period of residence to present	Address <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) <input type="checkbox"/> Confidential		Relationship
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
<input type="checkbox"/> Child's name <input type="checkbox"/> Residence information is the same as given on form FL-105/GC-120 for child a. (If NOT the same, provide the information below)		Place of birth	Date of birth	Sex
Period of residence to present	Address <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) <input type="checkbox"/> Confidential		Relationship
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		

CASE NAME: 	CASE NUMBER:
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**ATTACHMENT TO
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)**

<input type="checkbox"/> Child's name <input type="checkbox"/> Residence information is the same as given on form FL-105/GC-120 for child a. (If NOT the same, provide the information below)		Place of birth	Date of birth	Sex
Period of residence to present	Present address <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) <input type="checkbox"/> Confidential		Relationship
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
<input type="checkbox"/> Child's name <input type="checkbox"/> Residence information is the same as given on form FL-105/GC-120 for child a. (If NOT the same, provide the information below)		Place of birth	Date of birth	Sex
Period of residence to present	Address <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) <input type="checkbox"/> Confidential		Relationship
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
<input type="checkbox"/> Child's name <input type="checkbox"/> Residence information is the same as given on form FL-105/GC-120 for child a. (If NOT the same, provide the information below)		Place of birth	Date of birth	Sex
Period of residence to present	Address <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) <input type="checkbox"/> Confidential		Relationship
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. : _____ E-MAIL ADDRESS: _____ ATTORNEY FOR (Name): _____	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	
<div style="text-align: center;">DECLARATION OF DISCLOSURE</div> <input type="checkbox"/> Petitioner's <input type="checkbox"/> Preliminary <input type="checkbox"/> Respondent's <input type="checkbox"/> Final	CASE NUMBER:

DO NOT FILE DECLARATIONS OF DISCLOSURE OR FINANCIAL ATTACHMENTS WITH THE COURT

In a dissolution, legal separation, or nullity action, both a preliminary and a final declaration of disclosure must be served on the other party with certain exceptions. Neither disclosure is filed with the court. Instead, a declaration stating that service of disclosure documents was completed or waived must be filed with the court (see form FL-141).

- *In summary dissolution cases, each spouse or domestic partner must exchange preliminary disclosures as described in Summary Dissolution Information (form FL-810). Final disclosures are not required (see Family Code section 2109).*
- *In a default judgment case that is not a stipulated judgment or a judgment based on a marital settlement agreement, only the petitioner is required to complete and serve a preliminary declaration of disclosure. A final disclosure is not required of either party (see Family Code section 2110).*
- *Service of preliminary declarations of disclosure may not be waived by an agreement between the parties.*
- *Parties who agree to waive final declarations of disclosure must file their written agreement with the court (see form FL-144).*

The petitioner must serve a preliminary declaration of disclosure at the same time as the Petition or within 60 days of filing the Petition. The respondent must serve a preliminary declaration of disclosure at the same time as the Response or within 60 days of filing the Response. The time periods may be extended by written agreement of the parties or by court order (see Family Code section 2104(f)).

Attached are the following:

1. A completed *Schedule of Assets and Debts* (form FL-142) or A *Property Declaration* (form FL-160) for (specify):
 Community and Quasi-Community Property Separate Property.
2. A completed *Income and Expense Declaration* (form FL-150).
3. All tax returns filed by the party in the two years before the date that the party served the disclosure documents.
4. A statement of all material facts and information regarding valuation of all assets that are community property or in which the community has an interest (*not a form*).
5. A statement of all material facts and information regarding obligations for which the community is liable (*not a form*).
6. An accurate and complete written disclosure of any investment opportunity, business opportunity, or other income-producing opportunity presented since the date of separation that results from any investment, significant business, or other income-producing opportunity from the date of marriage to the date of separation (*not a form*).

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

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name and Address):</i>	TELEPHONE NO.:
ATTORNEY FOR <i>(Name):</i>	
SUPERIOR COURT OF CALIFORNIA • COUNTY OF FRESNO 1130 "O" Street - Fresno, California 93724-2201	
PETITIONER:	
RESPONDENT:	
SCHEDULE OF ASSETS AND DEBTS <input type="checkbox"/> Petitioner's <input type="checkbox"/> Respondent's	CASE NUMBER:

— INSTRUCTIONS —

List all your known community and separate assets or debts. Include assets even if they are in the possession of another person, including your spouse. If you contend an asset or debt is separate, put P (for Petitioner) or R (for Respondent) in the first column (separate property) to indicate to whom you contend it belongs.

All values should be as of the date of signing the declaration unless you specify a different valuation date with the description. For additional space, use a continuation sheet numbered to show which item is being continued.

ITEM NO.	ASSETS DESCRIPTION	SEP. PROP	DATE ACQUIRED	CURRENT GROSS FAIR MARKET VALUE	AMOUNT OF MONEY OWED OR ENCUMBRANCE
1.	REAL ESTATE <i>(Give street addresses and attach copies of deeds with legal descriptions and latest lender's statement.)</i>			\$	\$
2.	HOUSEHOLD FURNITURE, FURNISHINGS, APPLIANCES <i>(Identify.)</i>				
3.	JEWELRY, ANTIQUES, ART, COIN COLLECTIONS, etc. <i>(Identify.)</i>				

ITEM NO.	ASSETS DESCRIPTION	SEP. PROP	DATE ACQUIRED	CURRENT GROSS FAIR MARKET VALUE	AMOUNT OF MONEY OWED OR ENCUMBRANCE
4.	VEHICLES, BOATS, TRAILERS <i>(Describe and attach copy of title document.)</i>			\$	\$
5.	SAVINGS ACCOUNTS <i>(Account name, account number, bank, and branch. Attach copy of latest statement.)</i>				
6.	CHECKING ACCOUNTS <i>(Account name and number, bank, and branch. Attach copy of latest statement.)</i>				
7.	CREDIT UNION, OTHER DEPOSIT ACCOUNTS <i>(Account name and number, bank, and branch. Attach copy of latest statement.)</i>				
8.	CASH <i>(Give location.)</i>				
9.	TAX REFUND				
10.	LIFE INSURANCE WITH CASH SURRENDER OR LOAN VALUE <i>(Attach copy of declaration page for each policy.)</i>				

ITEM NO.	SEP. PROP	DATE ACQUIRED	CURRENT GROSS FAIR MARKET VALUE	AMOUNT OF MONEY OWED OR ENCUMBRANCE
11. STOCKS, BONDS, SECURED NOTES, MUTUAL FUNDS <i>(Give certificate number and attach copy of the certificate or copy of latest statement.)</i>			\$	\$
12. RETIREMENT AND PENSIONS <i>(Attach copy of latest summary plan documents and latest benefit statement.)</i>				
13. PROFIT - SHARING, ANNUITIES, IRAS, DEFERRED COMPENSATION <i>(Attach copy of latest statement.)</i>				
14. ACCOUNTS RECEIVABLE AND UNSECURED NOTES <i>(Attach copy of each.)</i>				
15. PARTNERSHIPS AND OTHER BUSINESS INTERESTS <i>(Attach copy of most current K-1 form and Schedule C.)</i>				
16. OTHER ASSETS				
17. TOTAL ASSETS FROM CONTINUATION SHEET				
18. TOTAL ASSETS			\$	\$

ITEM NO.	DEBTS—SHOW TO WHOM OWED	SEP. PROP.	TOTAL OWING	DATE INCURRED
19. STUDENT LOANS <i>(Give details.)</i>			\$	
20. TAXES <i>(Give details.)</i>				
21. SUPPORT ARREARAGES <i>(Attach copies of orders and statements.)</i>				
22. LOANS—UNSECURED <i>(Give bank name and loan number and attach copy of latest statement.)</i>				
23. CREDIT CARDS <i>(Give creditor's name and address and the account number. Attach copy of latest statement.)</i>				
24. OTHER DEBTS <i>(Specify):</i>				
25. TOTAL DEBTS FROM CONTINUATION SHEET				
26. TOTAL DEBTS			\$	

27. *(Specify number):* _____ pages are attached as continuation sheets.

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)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF FRESNO STREET ADDRESS: 1130 "O" Street MAILING ADDRESS: CITY AND ZIP CODE: Fresno, CA 93724-2201 BRANCH NAME: B.F. Sisk Courthouse	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	
INCOME AND EXPENSE DECLARATION	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).

- a. Employer:
- b. Employer's address:
- c. Employer's phone number:
- d. Occupation:
- e. Date job started:
- f. If unemployed, date job ended:
- g. I work about _____ hours per week.
- h. I get paid \$ _____ gross (before taxes) per month per week per hour.

(If you have more than one job, attach an 8½-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**

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

3. **Tax information**

- a. I last filed taxes for tax year (specify year):
- b. My tax filing status is single head of household married, filing separately
 married, filing jointly with (specify name):
- c. I file state tax returns in California other (specify state):
- d. 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 8½-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)

PETITIONER/PLAINTIFF: _____ RESPONDENT/DEFENDANT: _____ OTHER 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	\$ _____	_____
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 BAQ, royalty payments, etc.) (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	\$ _____	_____
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)	\$ _____	_____

PETITIONER/PLAINTIFF: _____ RESPONDENT/DEFENDANT: _____ OTHER 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

- | | |
|---|---|
| <p>a. Home:</p> <p>(1) <input type="checkbox"/> Rent or <input type="checkbox"/> mortgage... \$ _____</p> <p style="padding-left: 20px;">If mortgage:</p> <p style="padding-left: 40px;">(a) average principal: \$ _____</p> <p style="padding-left: 40px;">(b) average interest: \$ _____</p> <p>(2) Real property taxes \$ _____</p> <p>(3) Homeowner's or renter's insurance (if not included above) \$ _____</p> <p>(4) Maintenance and repair \$ _____</p> <p>b. Health-care costs not paid by insurance... \$ _____</p> <p>c. Child care \$ _____</p> <p>d. Groceries and household supplies..... \$ _____</p> <p>e. Eating out..... \$ _____</p> <p>f. Utilities (gas, electric, water, trash) \$ _____</p> <p>g. Telephone, cell phone, and e-mail \$ _____</p> | <p>h. Laundry and cleaning \$ _____</p> <p>i. Clothes \$ _____</p> <p>j. Education \$ _____</p> <p>k. Entertainment, gifts, and vacation..... \$ _____</p> <p>l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.) \$ _____</p> <p>m. Insurance (life, accident, etc.; do not include auto, home, or health insurance)... \$ _____</p> <p>n. Savings and investments..... \$ _____</p> <p>o. Charitable contributions..... \$ _____</p> <p>p. Monthly payments listed in item 14 (itemize below in 14 and insert total here) . . \$ _____</p> <p>q. Other (specify): \$ _____</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>r. TOTAL EXPENSES (a–q) (do not add in the amounts in a(1)(a) and (b)) \$ _____</p> </div> <p>s. Amount of expenses paid by others \$ _____</p> |
|---|---|

14. Installment payments and debts not listed above

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

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

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

I confirm this fee arrangement.

Date:

(TYPE OR PRINT NAME OF ATTORNEY)



(SIGNATURE OF ATTORNEY)

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER 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 expenses for the children in this case

Amount per month

- a. Child care 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 (examples: fire, theft, other insured loss) | \$ _____ | _____ |
| 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)*:

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):	
TELEPHONE NO.: FAX NO. : E-MAIL ADDRESS: ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	
DECLARATION REGARDING SERVICE OF DECLARATION OF DISCLOSURE AND INCOME AND EXPENSE DECLARATION <input type="checkbox"/> Petitioner's <input type="checkbox"/> Preliminary <input type="checkbox"/> Respondent's <input type="checkbox"/> Final	CASE NUMBER:

1. I am the attorney for petitioner respondent in this matter.
2. Petitioner's Respondent's *Preliminary Declaration of Disclosure* (form FL-140), current* *Income and Expense Declaration* (form FL-150), completed *Schedule of Assets and Debts* (form FL-142) or *Community and Separate Property Declarations* (form FL-160) with appropriate attachments, all tax returns filed by the party in the two years before service of the preliminary disclosures, and all other required information under Family Code section 2104 were served on:
 the other party the other party's attorney by personal service mail
 Other (specify):
on (date):
3. Petitioner's Respondent's *Final Declaration of Disclosure* (form FL-140), current* *Income and Expense Declaration* (form FL-150), completed *Schedule of Assets and Debts* (form FL-142) or *Community or Separate Property Declarations* (form FL-160) with attachments, and the material facts and information required by Family Code section 2105 were served on:
 the other party other party's attorney by personal service mail
 Other (specify):
on (date):
4. Service of Petitioner's Respondent's preliminary final declaration of disclosure current income and expense declaration has been waived as follows:
 - a. The parties agreed to waive final declaration of disclosure requirements under Family Code section 2105(d.) (Form FL-144 may be used for this purpose.) The waiver was filed on (date):
 is being filed at the same time as this form.
 - b. The party has failed to comply with disclosure requirements, and the court has granted the request for voluntary waiver of receipt under Family Code section 2107 on (date):
 - c. This is a default proceeding that does not include a stipulated judgment or settlement agreement. Petitioner waives final disclosure requirements under Family Code section 2110.

*Current is defined as completed within the past three months providing no facts have changed. (Cal. Rules of Court, rule 5.260.)

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

NOTE: File this document with the court.
Do not file a copy of the Preliminary or Final Declaration of Disclosure or any attachments to either declaration of disclosure with this document.