

# How to Request Entry of Default In a Paternity Case

## WHEN TO USE THIS PACKET:

The forms in this packet can be used to ask the court to enter the default in a **parentage** case.

You may ask for an Entry of Default if the following steps are completed in your case:

- ☐ You filed a Proof of Service of Summons (FL-115).
- ☐ It's been more than **30 days** since the other party was served with the filed: Summons(FL-210), Petition to Establish Parental Relationship (FL-200), and the UCCJEA(FL-105).
- ☐ The other party **HAS NOT** filed a Response within 30 days of service.

The other party (respondent) may file a Response at any time before a default is entered – Even after 30 days have passed. Once the default is submitted and entered by the court the other party may no longer file a Response.

## STEPS TO FILE:

1. The following forms in this packet are to be completed.

- ☐ FL-165 Request to Enter Default
- ☐ \*FL-155 Financial Statement

**NOTE:** Read page 2 of form FL-155 to find out if you qualify to use the form and how to use it.

2. The original form(s) and two **(2)** copies of all your forms must be submitted to the court for filing. The original will be for the court; one copy will be for you; and the other copy will be for the other party (respondent).
3. You **MUST** attach one **(1)** stamped envelope (addressed to the **other party's attorney** or, if none, the **other party's** last known address), once the default is filed, the clerk will mail the filed stamped copy to the other party.

The **Entry of Default** is not a judgment. You must follow through and obtain a final judgment. Obtaining a judgment requires you to complete additional forms that are available as a separate packet.



# **SAMPLE FORMS**



PARTY WITHOUT ATTORNEY OR ATTORNEY      STATE BAR NUMBER:		SAMPLE ONLY DO NOT WRITE ON THIS COPY!
NAME: <b>YOUR NAME</b>		
FIRM NAME: <b>YOUR ADDRESS</b>		
STREET ADDRESS: <b>CITY, STATE, ZIP CODE</b> ZIP CODE:		
CITY: <b>YOUR TELEPHONE NUMBER</b>		
TELEPHONE NO.:		
EMAIL ADDRESS:		
ATTORNEY FOR (name):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF <b>FRESNO</b>		
STREET ADDRESS: <b>1130 "O" Street</b>		
MAILING ADDRESS: <b>Fresno, CA 93724-2201</b>		
CITY AND ZIP CODE:		
BRANCH NAME: <b>Central Division</b>		
PETITIONER: <b>PARTY WHO INITIALLY OPENED CASE</b>		
RESPONDENT: <b>THE OTHER PARTY</b>		
<b>REQUEST TO ENTER DEFAULT</b>		CASE NUMBER: <b>COURT CASE NUMBER</b>

# Form FL-165

## Instructions

Page 1 of 2

1. To the clerk: Please enter the default of the respondent who has failed to respond to the petition.

**1** A completed *Income and Expense Declaration* (form FL-150) or *Financial Statement (Simplified)* (form FL-155) ☐ is attached ☐ is not attached.

3. A completed *Property Declaration* (form FL-160) ☐ is attached ☐ is not attached **2**  
 If a completed *Property Declaration* (form FL-160) is not attached, check at least one of the following boxes to indicate the reason:

- 3**
- a. ☐ There have been no changes since the previous filing.
  - b. ☐ The issues subject to disposition by the court in this proceeding are the subject of a written agreement.
  - c. ☐ There are no issues of child, spousal, or partner support or attorney fees and costs subject to determination by the court.
  - d. ☐ The petition does not request money, property, costs, or attorney fees.
  - e. ☐ There are no issues of division of community property.
  - f. ☐ This is an action to establish parental relationship.

Date: **TODAY'S DATE**

**PRINT YOUR NAME**

(TYPE OR PRINT NAME)

**SIGN YOUR NAME**

(SIGNATURE OF [ATTORNEY FOR] PETITIONER)

#### 4. Declaration

- a. ☐ No mailing is required because service was by publication or posting and the address of the respondent remains unknown.
- b. ☐ A copy of this *Request to Enter Default*, including any attachments and an envelope with sufficient postage, was provided to the court clerk, with the envelope addressed as follows (*address of the respondent's attorney or, if none, the respondent's last known address*):

**4**

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

Date: **TODAY'S DATE**

**PRINT YOUR NAME**

(TYPE OR PRINT NAME)

**SIGN YOUR NAME**

(SIGNATURE OF DECLARANT)

#### FOR COURT USE ONLY

- ☐ *Request to Enter Default* mailed to the respondent or the respondent's attorney on (date):
- ☐ Default entered as requested on (date):
- ☐ Default **not** entered. Reason:

Clerk, by \_\_\_\_\_, Deputy

**1** Read page 2 of Simplified Financial Statement (FL-155) form to find out if you qualify to use such form; check the box that applies: "is attached" or "is not attached".

**2** Check the "is not attached" box.

**3** Check box 3(f).

**4** Check box 4(b) and write the respondent's name and address.

# Form FL-165 Instructions

Page 1 of 2

PETITIONER:	PARTY WHO INITIALLY OPENED CASE	CASE NUMBER:	
RESPONDENT:	THE OTHER PARTY	COURT CASE NUMBER	

## 5. Memorandum of costs

**5** a. ☐ Costs and disbursements are waived.

**6** b. Costs and disbursements are listed as follows:

(1) <input type="checkbox"/> Clerk's fees	\$
(2) <input type="checkbox"/> Process server's fees	\$
(3) <input type="checkbox"/> Other (specify):	\$
	\$
	\$
	\$
	\$
TOTAL	\$

c. I am the attorney, agent, or party who claims these costs. To the best of my knowledge and belief, the foregoing items of cost are correct and have been necessarily incurred in this cause or proceeding.

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

Date: TODAY'S DATE

PRINT YOUR NAME

(TYPE OR PRINT NAME)

SIGN YOUR NAME

(SIGNATURE OF DECLARANT)

## 6. Declaration of nonmilitary status (required for a judgment).

The respondent is not in the military service of the United States as defined by either the Servicemembers Civil Relief Act (see 50 U.S.C. § 3911(2)) or California Military and Veterans Code sections 400 and 402(f).

I know that the respondent is not in the U.S. military service because (check all that apply):

- 7**
- a. ☐ the search results that I received from [scra.dmdc.osd.mil/](http://scra.dmdc.osd.mil/) say the respondent is not in the U.S. military service.
  - b. ☐ I am in regular communication with the respondent and know that they are not in the U.S. military service.
  - c. ☐ I recently contacted the respondent, and they told me that they are not in the U.S. military service.
  - d. ☐ I know that the respondent was discharged from U.S. military service on or about (date):
  - e. ☐ the respondent is not eligible to serve in the U.S. military because they are incarcerated (in jail or prison).
  - f. ☐ other (specify):

### Note

- U.S. military status can be checked online at [scra.dmdc.osd.mil/](http://scra.dmdc.osd.mil/).
- If the respondent is in the military service, or their military status is unknown, the respondent is entitled to certain rights and protections under federal and state law before a default judgment can be entered.
- For more information, see [selfhelp.courts.ca.gov/military-defaults](http://selfhelp.courts.ca.gov/military-defaults).

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

Date: TODAY'S DATE

PRINT YOUR NAME

(TYPE OR PRINT NAME)

SIGN YOUR NAME

(SIGNATURE OF DECLARANT)

**5** Check box 5a.

**6** DO NOT check any of the boxes in 5b.

**7** If the other party is **NOT** in the military, check all the boxes that apply (a-f) under section 6.

Date, print your name, and sign under section 6.

If the other party is in the military **DO NOT** date, print and sign under section 6.

**8** If the respondent is in the active military, a default **CANNOT** be entered against the other party simply by filing these forms. Other forms may be required. Seek legal advice or contact your local Self-Help Center.



# DO NOT USE THIS FORM FOR:

Attorney Fees or if you are self-employed. Read the INSTRUCTIONS on page 2 of the actual form to make sure you qualify to use this form.

FL-155

Your name and address or attorney's name and address:		TELEPHONE NO.:	FOR COURT USE ONLY
<b>YOUR NAME</b> <b>YOUR ADDRESS</b> <b>CITY, STATE, ZIP CODE</b> <b>YOUR TELEPHONE NUMBER</b>			<b>SAMPLE ONLY DO NOT WRITE ON THIS COPY!</b>
ATTORNEY FOR (Name):			
SUPERIOR COURT OF CALIFORNIA, COUNTY OF <b>FRESNO</b>			
STREET ADDRESS: <b>1130 "O" Street</b>			
MAILING ADDRESS: <b>Fresno, CA 93724-2201</b>			
CITY AND ZIP CODE: <b>Central Division</b>			
BRANCH NAME:			
PETITIONER/PLAINTIFF: <b>PARTY WHO INITIALLY OPENED CASE</b>			
RESPONDENT/DEFENDANT: <b>THE OTHER PARTY</b>			
OTHER PARENT:			
FINANCIAL STATEMENT (SIMPLIFIED)		CASE NUMBER:	COURT CASE NUMBER

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

**1** 1. a. ☐ My only source of income is TANF, SSI, or GA/GR.  
b. ☐ I have applied for TANF, SSI, or GA/GR. **2**

2. I am the parent of the following number of natural or adopted children from this relationship: **3**

3. a. The children from this relationship are with me this amount of time: **4** %  
b. The children from this relationship are with the other parent this amount of time: **4** %  
c. Our arrangement for custody and visitation is (specify, using extra sheet if necessary):

**5** 4. My tax filing status is: ☐ single ☐ married filing jointly ☐ head of household ☐ married filing separately.

5. My current gross income (before taxes) per month is \$ **6**

Attach 1 copy of pay stubs for last 2 months here (cross out social security numbers)

This income comes from the following:

<input type="checkbox"/> Salary/wages: Amount before taxes per month	\$
<input type="checkbox"/> Retirement: Amount before taxes per month	\$
<input type="checkbox"/> Unemployment compensation: Amount per month	\$
<input type="checkbox"/> Workers' compensation: Amount per month	\$
<input type="checkbox"/> Social security: <input type="checkbox"/> SSI <input type="checkbox"/> Other Amount per month	\$
<input type="checkbox"/> Disability: Amount per month	\$
<input type="checkbox"/> Interest income (from bank accounts or other): Amount per month	\$

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

6. I pay the following monthly expenses for the children in this case:

a. <input type="checkbox"/> Day care or preschool to allow me to work or go to school	\$
b. <input type="checkbox"/> Health care not paid for by insurance	\$
c. <input type="checkbox"/> School, education, tuition, or other special needs of the child	\$
d. <input type="checkbox"/> Travel expenses for visitation	\$

**7**

7. ☐ There are (specify number) **8** other minor children of mine living with me. Their monthly expenses that I pay are \$ **8**

8. I spend the following average monthly amounts (please attach proof):

a. <input type="checkbox"/> Job-related expenses that are not paid by my employer (specify reasons for expenses on separate sheet)	\$
b. <input type="checkbox"/> Required union dues	\$
c. <input type="checkbox"/> Required retirement payments (not social security, FICA, 401k or IRA)	\$
d. <input type="checkbox"/> Health insurance costs	\$
e. <input type="checkbox"/> Child support I am paying for other minor children of mine who are not living with me	\$
f. <input type="checkbox"/> Spousal support I am paying because of a court order for another relationship	\$
g. <input type="checkbox"/> Monthly housing costs: <input type="checkbox"/> rent or <input type="checkbox"/> mortgage	\$

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

**9**

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

Employer:

Address:

Telephone number: **10**

My occupation:

Date work started:

Date work stopped (if applicable):

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

## Form FL-155 Instructions

### Page 1 of 2

- 0** Read and follow the INSTRUCTIONS section carefully. There is nothing to fill out, but there is information there that will help you. "Eligible" means "allowed."
- 1** Check 1.a., if you are receiving TANF, SSI, or GA/GR and this is the ONLY money you get. If you check this box, skip to item 6.
- 2** Check 1.b., if you have applied for TANF, SSI, or GA/GR, but not getting money yet.
- 3** Item 2., enter the number of children born or adopted by you and the other party.
- 4** Item 3. a. & 3. b., write in the percentage of time you are with the child(ren) and the percentage of time the other parent is with them.  
**EXAMPLE:** Children are with you about 70% of the time and with the other parent about 30% of the time.
- 5** Item 4, check the box that tells how you currently file your taxes.
- 6** Item 5, list the amount of money you get each month **before** taxes are taken out. Then check the boxes where the money comes from and write each amount. When you add these amounts, the number should be the same as what you wrote for your total monthly income.
- 7** Item 6, check all boxes that apply to you, and list the amount of each of these expenses.
- 8** Item 7, specify the number of other children under age 18 living with you, **who are not part of this case**. Then list the amount of money you spend each month on them.
- 9** Item 8, check all boxes that apply to you. List the average amount of money you spend each month on these items. Attach proof that you make these payments (statements, bills, invoices, etc.)
- 10** Item 9, check the first box if you currently have a job or the second box if you are currently not working. Give the name, address and phone number of your current employer, or your most recent employer. Occupation means your job title (Example: "mechanic"). Write the date you started this job and /or stopped & what your income was.

# Form FL-155

## Instructions

Page 2 of 2

PETITIONER/PLAINTIFF: <b>PARTY WHO INITIALLY OPENED CASE</b>	CASE NUMBER
RESPONDENT/DEFENDANT: <b>THE OTHER PARTY</b>	<b>COURT CASE NUMBER</b>
OTHER PARENT:	

10. My estimate of the other party's gross monthly income (before taxes) is \$ **11**  
11. My current spouse's monthly income (before taxes) is \$ **11**

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

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

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

Date: **TODAY'S DATE**

**PRINT YOUR NAME**

(TYPE OR PRINT NAME)

**SIGN YOUR NAME**

(SIGNATURE OF DECLARANT)



PETITIONER/PLAINTIFF



RESPONDENT/DEFENDANT

### 0 INSTRUCTIONS

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

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

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

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

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

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

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

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

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

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

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

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

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

**11**

**Item 10 & 11,** enter the total amount of money you think the other party makes in a month before taxes are taken out. If you have remarried, write your current spouse's income (before taxes).

**12**

**Item 13,** If you want the court to know what your expenses are, you can attach page 3 of form FL-150.

If you have something else you want the court to know about your case, write it down on another piece of paper and attach it to this form.



**Make sure to attach check stubs for the last 2 months. Cross out your social security number.**



# **BLANK FORMS**

**(To be Completed)**



PARTY WITHOUT ATTORNEY OR ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: EMAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT:	
<b>REQUEST TO ENTER DEFAULT</b>	CASE NUMBER:

1. **To the clerk:** Please enter the default of the respondent who has failed to respond to the petition.
2. A completed *Income and Expense Declaration* (form FL-150) or *Financial Statement (Simplified)* (form FL-155)  
☐ is attached    ☐ is not attached.
3. A completed *Property Declaration* (form FL-160) ☐ is attached    ☐ is not attached  
 If a completed *Property Declaration* (form FL-160) is not attached, check at least one of the following boxes to indicate the reason:
  - a. ☐ There have been no changes since the previous filing.
  - b. ☐ The issues subject to disposition by the court in this proceeding are the subject of a written agreement.
  - c. ☐ There are no issues of child, spousal, or partner support or attorney fees and costs subject to determination by the court.
  - d. ☐ The petition does not request money, property, costs, or attorney fees.
  - e. ☐ There are no issues of division of community property.
  - f. ☐ This is an action to establish parental relationship.

Date:

(TYPE OR PRINT NAME)	 (SIGNATURE OF [ATTORNEY FOR] PETITIONER)
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**4. Declaration**

- a. ☐ No mailing is required because service was by publication or posting and the address of the respondent remains unknown.
- b. ☐ A copy of this *Request to Enter Default*, including any attachments and an envelope with sufficient postage, was provided to the court clerk, with the envelope addressed as follows (*address of the respondent's attorney or, if none, the respondent's last known address*):

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)
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FOR COURT USE ONLY
<input type="checkbox"/> <i>Request to Enter Default</i> mailed to the respondent or the respondent's attorney on (date):
<input type="checkbox"/> Default entered as requested on (date):
<input type="checkbox"/> Default <b>not</b> entered. Reason:
Clerk, by _____, Deputy

PETITIONER: RESPONDENT:	CASE NUMBER:
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**5. Memorandum of costs**

- a. ☐ Costs and disbursements are waived.
- b. Costs and disbursements are listed as follows:
- |  |           |  |
|--|-----------|--|
| (1) <input type="checkbox"/> Clerk's fees .....              | \$        |  |
| (2) <input type="checkbox"/> Process server's fees .....     | \$        |  |
| (3) <input type="checkbox"/> Other ( <i>specify</i> ): ..... | \$        |  |
| .....  | \$        |  |
| .....  | \$        |  |
| .....  | \$        |  |
| <b>TOTAL</b>   | <b>\$</b> |  |
- c. I am the attorney, agent, or party who claims these costs. To the best of my knowledge and belief, the foregoing items of cost are correct and have been necessarily incurred in this cause or proceeding.

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)
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**6. Declaration of nonmilitary status** (*required for a judgment*).

The respondent is not in the military service of the United States as defined by either the Servicemembers Civil Relief Act (see 50 U.S.C. § 3911(2)) or California Military and Veterans Code sections 400 and 402(f).

I know that the respondent is not in the U.S. military service because (*check all that apply*):

- a. ☐ the search results that I received from [scra.dmdc.osd.mil/](http://scra.dmdc.osd.mil/) say the respondent is not in the U.S. military service.
- b. ☐ I am in regular communication with the respondent and know that they are not in the U.S. military service.
- c. ☐ I recently contacted the respondent, and they told me that they are not in the U.S. military service.
- d. ☐ I know that the respondent was discharged from U.S. military service on or about (*date*):
- e. ☐ the respondent is not eligible to serve in the U.S. military because they are incarcerated (in jail or prison).
- f. ☐ other (*specify*):

**Note**

- U.S. military status can be checked online at [scra.dmdc.osd.mil/](http://scra.dmdc.osd.mil/).
- If the respondent is in the military service, or their military status is unknown, the respondent is entitled to certain rights and protections under federal and state law before a default judgment can be entered.
- For more information, see [selfhelp.courts.ca.gov/military-defaults](http://selfhelp.courts.ca.gov/military-defaults).

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)
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Your name and address or attorney's name and address:   ATTORNEY FOR (Name): <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b>  STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	TELEPHONE NO.:	<b>FOR COURT USE ONLY</b>
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:	
<b>FINANCIAL STATEMENT (SIMPLIFIED)</b>		

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

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

<b>Attach 1</b>	<input type="checkbox"/> Salary/wages: Amount before taxes per month	\$ _____
<b>copy of pay</b>	<input type="checkbox"/> Retirement: Amount before taxes per month	\$ _____
<b>stubs for</b>	<input type="checkbox"/> Unemployment compensation: Amount per month	\$ _____
<b>last 2</b>	<input type="checkbox"/> Workers' compensation: Amount per month	\$ _____
<b>months here</b>	<input type="checkbox"/> Social security: <input type="checkbox"/> SSI <input type="checkbox"/> Other Amount per month	\$ _____
<b>(cross out</b>	<input type="checkbox"/> Disability: Amount per month	\$ _____
<b>social</b>	<input type="checkbox"/> Interest income ( from bank accounts or other): Amount per month	\$ _____
<b>security</b>		
<b>numbers)</b>		

 I have no income other than as stated in this paragraph.
6. I pay the following monthly expenses for the children in this case:
  - a. ☐ Day care or preschool to allow me to work or go to school \_\_\_\_\_ \$
  - b. ☐ Health care not paid for by insurance \_\_\_\_\_ \$
  - c. ☐ School, education, tuition, or other special needs of the child \_\_\_\_\_ \$
  - d. ☐ Travel expenses for visitation \_\_\_\_\_ \$
7. ☐ There are *(specify number)* \_\_\_\_\_ other minor children of mine living with me. Their monthly expenses that I pay are \_\_\_\_\_ \$
8. I spend the following average monthly amounts *(please attach proof)*:
  - a. ☐ Job-related expenses that are not paid by my employer *(specify reasons for expenses on separate sheet)* \_\_\_\_\_ \$
  - b. ☐ Required union dues \_\_\_\_\_ \$
  - c. ☐ Required retirement payments (not social security, FICA, 401k or IRA) \_\_\_\_\_ \$
  - d. ☐ Health insurance costs \_\_\_\_\_ \$
  - e. ☐ Child support I am paying for other minor children of mine who are not living with me \_\_\_\_\_ \$
  - f. ☐ Spousal support I am paying because of a court order for another relationship \_\_\_\_\_ \$
  - g. ☐ Monthly housing costs: ☐ rent or ☐ mortgage \_\_\_\_\_ \$  
 If mortgage: interest payments \$ \_\_\_\_\_ real property taxes \$ \_\_\_\_\_
9. Information concerning ☐ my current employment ☐ my most recent employment:  
 Employer:  
 Address:  
 Telephone number:  
 My occupation:  
 Date work started:  
 Date work stopped *(if applicable)*: \_\_\_\_\_ What was your gross income *(before taxes)* before work stopped?: \_\_\_\_\_

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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10. My estimate of the other party's gross monthly income (*before taxes*) is ..... \$ \_\_\_\_\_
11. My current spouse's monthly income (*before taxes*) is ..... \$ \_\_\_\_\_
12. Other information I want the court to know concerning child support in my case (*attach extra sheet with the information*).
13. ☐ I am attaching a copy of page 3 of form FL-150, *Income and Expense Declaration* showing my expenses.

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

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

(TYPE OR PRINT NAME)		(SIGNATURE OF DECLARANT)
<input type="checkbox"/> PETITIONER/PLAINTIFF		<input type="checkbox"/> RESPONDENT/DEFENDANT

### INSTRUCTIONS

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

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

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

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

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

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

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

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

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

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

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

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

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