

How to Request Entry of Default

WHEN TO USE THIS PACKET:

These forms can be used to ask the court to enter the default in a **Dissolution, Legal Separation, or Nullity** case.

If this is a **Dissolution, Legal Separation or Nullity** and you have served the other party with a: Summons, Petition, Declaration of Disclosure, Schedule of Assets and Debts and an Income and Expense Declaration and they **HAVE NOT** filed a Response within 30 days of service; you may ask for an **Entry of Default**. Please note if the other party is currently in the military, special rules may apply.

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.

NOTE: The form with a (*) sign **Only** needs to be filled out if you have minor children from this relationship.

- FL-165 Request to Enter Default
- FL-160 Property Declaration
- FL-141 Declaration Regarding Service of Declaration of Disclosure
- *FL-155 Financial Statement

2. The original forms 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

Form FL-165 Instructions

Page 1 of 2

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

1 Check whether an Income and Expense Declaration (FL-150) or Simplified Financial Statement (FL-155) IS ATTACHED or IS NOT ATTACHED.

NOTE: If you **have children** from this relationship, you **MUST ATTACH** a completed FL-150 or FL-155.

2 Check whether a Property Declaration (FL-160) IS ATTACHED or IS NOT ATTACHED.

NOTE: If you checked box **10 (b)** on your dissolution petition (FL-100), you **MUST** attach FL-160.

3 Select any boxes that apply [(a)-(f)]. If there are no children from this marriage and no property, just check boxes (a),(c), (d), and (e).

4 Check box 3(b) and write the respondent's name and address.

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

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

2 3. A completed *Property Declaration* (form FL-160) is attached is not attached because (check at least one of the following):

- 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. (Family Code section 2330.5.)
- (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)

3. Declaration

- (a) No mailing is required because service was by publication or posting and the address of the respondent remains unknown.
- 4** (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: **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 LEAVE BLANK, Deputy

Form FL-165 Instructions

Page 2 of 2

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

5 4. Memorandum of costs
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)


5 Check box 4a.

6 **DO NOT** check any of the boxes in 4b.

If the other party is **NOT** in the military, check all the boxes that apply (a-f) under section 5.

7 
Date, print your name and sign.

If the other party is in the military **DO NOT** date, print and sign under section 5.

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.


7 5. **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).

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 <https://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 <https://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 <https://selfhelp.courts.ca.gov/military-defaults>.

7  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)

8 

✗ DO NOT USE THIS FORM FOR:

Spousal Support, 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

Form FL-155 Instructions

Page 1 of 2

Your name and address or attorney's name and address		TELEPHONE NO.:	FOR COURT USE ONLY
YOUR NAME YOUR ADDRESS CITY, STATE, ZIP CODE YOUR TELEPHONE NUMBER			SAMPLE ONLY DO NOT WRITE ON THIS COPY!
ATTORNEY FOR (Name):			
SUPERIOR COURT OF CALIFORNIA, COUNTY OF FRESNO			
STREET ADDRESS:	1130 "O" Street		
MAILING ADDRESS:	Fresno, CA 93724-2201		
CITY AND ZIP CODE:	Central Division		
BRANCH NAME:			
PETITIONER/PLAINTIFF:	PARTY WHO INITIALLY OPENED CASE		
RESPONDENT/DEFENDANT:	THE OTHER PARTY		
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 %
 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 | \$ 6 |
| <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 | \$ 7 |
| c. <input type="checkbox"/> School, education, tuition, or other special needs of the child | \$ |
| d. <input type="checkbox"/> 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**

- 9** 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. Information concerning my current employment my most recent employment:
- Employer: **10**
 Address:
 Telephone number:
 My occupation:
 Date work started:
 Date work stopped (if applicable): What was your gross income (before taxes) before work stopped?:

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: PARTY WHO INITIALLY OPENED CASE	CASE NUMBER:
RESPONDENT/DEFENDANT: THE OTHER PARTY	COURT CASE NUMBER
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).

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.

Form FL-160

Instructions

Page 1 of 4

PARTY WITHOUT ATTORNEY OR ATTORNEY STATE BAR NO.:

NAME: **YOUR NAME**

FIRM NAME: **YOUR ADDRESS**

STREET AD: **CITY, STATE, ZIP CODE**

CITY: **YOUR TELEPHONE NUMBER**

TELEPHONE: **ZIP CODE**

E-MAIL ADDRESS:

ATTORNEY FOR (name):

SUPERIOR COURT OF CALIFORNIA, COUNTY OF **FRESNO**

STREET ADDRESS: **1130 "O" Street**

MAILING ADDRESS: **Fresno, CA 93724-2201**

CITY AND ZIP CODE: **Central Division**

BRANCH NAME:

PETITIONER: **PARTY WHO INITIALLY OPENED CASE**

RESPONDENT: **THE OTHER PARTY**

OTHER PARENT/PARTY

PETITIONER'S RESPONDENT'S

COMMUNITY AND QUASI-COMMUNITY PROPERTY DECLARATION SEPARATE PROPERTY DECLARATION

CASE NUMBER: **COURT CASE NUMBER**

NOTE:
This form must be used if **you marked box 10b** on the Divorce Petition (FL-100) and do not have a Marital Settlement Agreement.

If you **do not** have community property and **did not mark box 10b** on the Divorce Petition, you do **NOT** need to complete this form.

1

1

Check the "PETITIONER'S" box.

2

Check the "COMMUNITY AND QUASI-COMMUNITY PROPERTY DECLARATION" box.

3

Column A: Write each item in its appropriate category (1-6) listed, if you have such items. If you need more space, attach FL-161 and number the item the same number as the item (1-16) that you need more

4

Column B: Enter the date (MM/DD/YYYY) the item was acquired.

5

Column C: For each category (1-6) that you list property, you **must** list the **GROSS FAIR MARKET VALUE** (an estimate of the amount of money you could get if you sold the item to another person through an advertisement) of that item.

6

Column D: For each item listed, you must list the **AMOUNT OF DEBT** (amount owed) on that item.

7

Column E: List the **GROSS MARKET FAIR VALUE** (C), deduct the **AMOUNT OF DEBT** (D) on that item. This gives you the **NET FAIR MARKET VALUE** (E).

Example: C - D = E
 \$400 \$150 \$250

8

Column F: Write the amount that each party is to be awarded as his/her share of that item(s) in column A. It is not a requirement that each item be divided equally; however, the division must be in equal amounts on the **"TOTALS"** (column F on page 2 of 4).

Note: You may always assume more of the debt, but cannot assign more of the debt to the other party, unless a Marital Settlement Agreement is submitted with the judgment.

See Instructions on page 4 for information about completing this form. For additional space, use Continuation of Property Declaration (form FL-161).

ITEM NO.	A BRIEF DESCRIPTION	B DATE ACQUIRED	C GROSS FAIR MARKET VALUE	D AMOUNT OF DEBT	E NET FAIR MARKET VALUE	F PROPOSAL FOR DIVISION	
						PETITIONER	RESPONDENT
1.	REAL ESTATE <i>Example:</i> list all real estate (land, buildings), including addresses and attach copies of deeds, etc.	4	\$ 5	\$ 6	\$ 7	8	
2.	HOUSEHOLD FURNITURE, FURNISHINGS, APPLIANCES <i>Example:</i> sofas, lamps, televisions, computers, etc.						
3.	JEWELRY, ANTIQUES, ART, COIN COLLECTIONS, etc. <i>Example:</i> these should be appraised (given a dollar value by someone in that business)						
4.	VEHICLES, BOATS, TRAILERS <i>Example:</i> List all vehicles such as cars, motorcycles, boats, and trailers. Attach copies of documents that show ownership, such as DMV registration, etc.						
5.	SAVINGS ACCOUNTS						
6.	CHECKING ACCOUNTS						

Form FL-160 Instructions

Page 2 of 4

FL-160

8 A ITEM NO. BRIEF DESCRIPTION	B DATE ACQUIRED	C GROSS FAIR MARKET VALUE	D AMOUNT OF DEBT	= E NET FAIR MARKET VALUE	F PROPOSAL FOR DIVISION Award or Confirm to: PETITIONER RESPONDENT	
7. CREDIT UNION, OTHER DEPOSITORY ACCOUNTS	9	10	\$ 11	\$ 12	\$ 13	
8. CASH						
9. TAX REFUND						
10. LIFE INSURANCE WITH CASH SURRENDER OR LOAN VALUE						
11. STOCKS, BONDS, SECURED NOTES, MUTUAL FUNDS						
12. RETIREMENT AND PENSIONS						
13. PROFIT-SHARING, IRAS, DEFERRED COMPENSATION, ANNUITIES						
14. ACCOUNTS RECEIVABLE, UNSECURED NOTES						
15. PARTNERSHIP, OTHER BUSINESS INTERESTS						
16. OTHER ASSETS						
14 17. ASSETS FROM CONTINUATION SHEET						
18. TOTAL ASSETS		15	16	17	18	18

8 **Column A:** Write each item in its appropriate category (7-16) listed on this form, if you have such items. If you need more space, attach FL-161 and number the item the same number as the item (1-16) that you need more space for.

9 **Column B:** Enter the date (MM/DD/YYYY) the item was acquired.

10 **Column C:** For each category (1-17) that you list property, you **must** list the **GROSS FAIR MARKET VALUE** of that item.

11 **Column D:** For each item listed, you must list the **AMOUNT OF DEBT** on that item.

12 **Column E:** From the **GROSS FAIR MARKET VALUE (C)**, deduct the **AMOUNT DEBT OWED (D)** on that item. This gives you the **NET FAIR MARKET VALUE (E)**.

Example: C - D = E
\$400 \$150 \$250

13 **Column F:** Write the amount each party is to be awarded as his/her share of that item.

14 **Item #17:** If you used the FL-161, add all amounts and list them in the proper columns (C, D, E, & F).

15 Enter the total of all the numbers in the **GROSS FAIR MARKET VALUE (C)** column from pages 1-2.

16 Enter the total of all the numbers in the **AMOUNT OF DEBT (D)** column from pages 1-2.

17 Enter the total of all the numbers in the **NET FAIR MARKET VALUE (E)** column from pages 1-2.

18 Enter the total of all the numbers in the **PROPOSAL FOR DIVISION Award or Confirm to: (F)** column and total for each the **PETITIONER** and **RESPONDENT** from pages 1-2.

Form FL-160 Instructions

Page 3 of 4

ITEM NO.	A DEBTS - SHOW TO WHOM OWED	B DATE INCURRED	C TOTAL OWING	D PROPOSAL FOR DIVISION	
				PETITIONER	RESPONDENT
19.	STUDENT LOANS	20	\$ 21	\$ 22	
20.	TAXES				
21.	SUPPORT ARREARAGES				
22.	LOANS-UNSECURED				
23.	CREDIT CARDS				
24.	OTHER DEBTS				
23	25. OTHER DEBTS FROM CONTINUATION SHEET				
	26. TOTAL DEBTS		25	26	26

19 **Column A:** Write each item in its appropriate category (19-24), if you have such items. If you need more space, attach FL-161 and number the item the same number as the item (19-25) that you need more space for.

20 **Column B:** Enter the date (MM/DD/YYYY) the item was acquired.

21 **Column C:** for each item(19-24) listed, you **must** list the **TOTAL OWING** (amount of debt) on that item.

22 **Column D:** Write the amount each party (PETITIONER and RESPONDENT) is to be awarded as his/her share of that item (19-25).

23 **Item #25:** If you used the FL-161, add all amounts and list them in the proper columns (C, D).

24 Check this box if you attached form FL-161 .

25 Enter the total of all the numbers in **TOTAL OWING (C)** column.

26 Enter the total of all the numbers in the **PROPOSAL FOR DIVISION Award or Confirm to: (D)** column from pages 3 and enter the total for each the **PETITIONER** and **RESPONDENT** .

24 A Continuation of Property Declaration (form FL-161) is attached and incorporated by reference.

I declare under penalty of perjury under the laws of the State of California that, to the best of my knowledge, the foregoing is a true and correct listing of assets and obligations and the amounts shown are correct.

Date: **TODAY'S DATE**

PRINT YOUR NAME

(TYPE OR PRINT NAME)

SIGN YOUR NAME

SIGNATURE

INFORMATION ONLY

If you would like additional information and steps for this form, please see page 4. Must be attached still.

Form FL-141 Instructions

Page 1 of 1

**SAMPLE
ONLY
DO NOT
WRITE ON
THIS COPY!**

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): YOUR NAME YOUR ADDRESS CITY, STATE, ZIP CODE		SAMPLE ONLY DO NOT WRITE ON THIS COPY!
TELEPHONE: YOUR TELEPHONE NUMBER		
E-MAIL ADDRESS:		
ATTORNEY FOR (Name):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF FRESNO		
STREET ADDRESS: 1130 "O" Street		
MAILING ADDRESS: Fresno, CA 93724-2201		
CITY AND ZIP CODE: Central Division		
BRANCH NAME:		
PETITIONER: PARTY WHO INITIALLY OPENED CASE		
RESPONDENT: THE OTHER PARTY		
OTHER PARENT/PARTY:		
DECLARATION REGARDING SERVICE OF DECLARATION OF DISCLOSURE AND INCOME AND EXPENSE DECLARATION		CASE NUMBER: COURT CASE NUMBER
1 <input type="checkbox"/> Petitioner's	<input type="checkbox"/> Preliminary	2 <input type="checkbox"/> Final
<input type="checkbox"/> Respondent's	<input type="checkbox"/>	

- 1** Check the box that identifies you as the Petitioner or the Respondent.
- 2** Check the "Preliminary" box.
- 3** Check the box that identifies you as the **Petitioner** or **Respondent** in the case.
- 4** Check the box that identifies you as the **Petitioner** or **Respondent** in the case.
Note: The documents listed in number 2. are the ones you are confirming were given to the other party.
- 5** Check the box that confirms who got served.
- 6** Check the box that confirms how the service was done.
Note:
personal service= the forms were personally delivered to the other party/other party's attorney.
mail= the forms were mailed to the other party/ other party's attorney.
Other(specify)= another method was used, make sure to describe in the space provided.
- 7** Enter the date the forms listed under item 2. were served to the other party/other party's attorney.
- 8** Complete item 3. the same way as item 2.
- 9** If this is a Default Judgment and you **DO NOT** have a written agreement with the other party, check the following boxes in item 4: "Service of"; "Respondent's"; "preliminary"; "final declaration of disclosure; current income and expense declaration has been waived as follows;" and "c".
- 10** If **YOU HAVE** a written agreement with the other party, check the appropriate boxes("Service of"; "Petitioner's"; "Respondent's"; "preliminary"; "final declaration of disclosure") in item 4 and box "a".

- 1** I am the attorney for petitioner respondent in this matter. **3**
- 4** 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:
5 the other party the other party's attorney by personal service mail **6**
 Other (specify):
7 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-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):
- 9** Service of Petitioner's Respondent's preliminary final declaration of disclosure **10**
 current income and expense declaration has been waived as follows:
10 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):
9 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: **TODAY'S DATE**

PRINT YOUR NAME

SIGN YOUR NAME

(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.

BLANK FORMS

(To be Completed)

PETITIONER: RESPONDENT:	CASE NUMBER:
----------------------------	--------------

4. 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>): | \$ |
| | \$ |
| | \$ |
| | \$ |
| 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: _____

 (TYPE OR PRINT NAME)

 (SIGNATURE OF DECLARANT)

5. 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 _____ 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*
- 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 _____

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)



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

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

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

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)
 - Interest
 - Salary or wages
 - Workers' compensation
 - Disability
 - Social security
 - Unemployment
 - Retirement
- Are you self-employed?

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

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

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

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

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

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

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

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

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

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

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

PARTY WITHOUT ATTORNEY OR ATTORNEY STATE BAR NUMBER: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: 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:	
<input type="checkbox"/> PETITIONER'S <input type="checkbox"/> RESPONDENT'S <input type="checkbox"/> COMMUNITY AND QUASI-COMMUNITY PROPERTY DECLARATION <input type="checkbox"/> SEPARATE PROPERTY DECLARATION	CASE NUMBER:

See *Instructions* on page 4 for information about completing this form. For additional space, use *Continuation of Property Declaration (form FL-161)*.

A	B	C	-	D	=	E	F	
ITEM NO.	BRIEF DESCRIPTION	GROSS FAIR MARKET VALUE		AMOUNT OF DEBT		NET FAIR MARKET VALUE	PROPOSAL FOR DIVISION Award or Confirm to:	
							PETITIONER	RESPONDENT
1.	REAL ESTATE	\$		\$		\$	\$	\$
2.	HOUSEHOLD FURNITURE, FURNISHINGS, APPLIANCES							
3.	JEWELRY, ANTIQUES, ART, COIN COLLECTIONS, etc.							
4.	VEHICLES, BOATS, TRAILERS							
5.	SAVINGS ACCOUNTS							
6.	CHECKING ACCOUNTS							

A		B	C	-	D	=	E	F	
ITEM NO.	BRIEF DESCRIPTION	DATE ACQUIRED	GROSS FAIR MARKET VALUE		AMOUNT OF DEBT		NET FAIR MARKET VALUE	PROPOSAL FOR DIVISION Award or Confirm to:	PETITIONER RESPONDENT
7.	CREDIT UNION, OTHER DEPOSITORY ACCOUNTS		\$		\$		\$	\$	\$
8.	CASH								
9.	TAX REFUND								
10.	LIFE INSURANCE WITH CASH SURRENDER OR LOAN VALUE								
11.	STOCKS, BONDS, SECURED NOTES, MUTUAL FUNDS								
12.	RETIREMENT AND PENSIONS								
13.	PROFIT-SHARING, IRAS, DEFERRED COMPENSATION, ANNUITIES								
14.	ACCOUNTS RECEIVABLE, UNSECURED NOTES								
15.	PARTNERSHIP, OTHER BUSINESS INTERESTS								
16.	OTHER ASSETS								
17.	ASSETS FROM CONTINUATION SHEET								
18.	TOTAL ASSETS								

A	B	C	D	
ITEM NO. DEBTS— SHOW TO WHOM OWED	DATE INCURRED	TOTAL OWING	PROPOSAL FOR DIVISION Award or Confirm to: PETITIONER RESPONDENT	
19. STUDENT LOANS		\$	\$	\$
20. TAXES				
21. SUPPORT ARREARAGES				
22. LOANS—UNSECURED				
23. CREDIT CARDS				
24. OTHER DEBTS				
25. OTHER DEBTS FROM CONTINUATION SHEET				
26. TOTAL DEBTS				

A Continuation of Property Declaration ([form FL-161](#)) is attached and incorporated by reference.

I declare under penalty of perjury under the laws of the State of California that, to the best of my knowledge, the foregoing is a true and correct listing of assets and obligations and the amounts shown are correct.

Date:

(TYPE OR PRINT NAME)



SIGNATURE

INFORMATION AND INSTRUCTIONS FOR COMPLETING FORM FL-160

Property Declaration (form FL-160) is a multipurpose form, which may be filed with the court as an attachment to a *Petition* or *Response* or served on the other party to comply with disclosure requirements in place of a *Schedule of Assets and Debts* ([form FL-142](#)). Courts may also require a party to file a *Property Declaration* as an attachment to a *Request to Enter Default* ([form FL-165](#)) or *Judgment* ([form FL-180](#)).

When filing a *Property Declaration* with the court, do not include private financial documents listed below.

Identify the type of declaration completed

1. Check "Community and Quasi-Community Property Declaration" on page 1 to use *Property Declaration* (form FL-160) to provide a combined list of community and quasi-community property assets and debts. Quasi-community property is property you own outside of California that would be community property if it were located in California.
2. Do not combine a separate property declaration with a community and quasi-community property declaration. Check "Separate Property Declaration" on page 1 when using *Property Declaration* to provide a list of separate property assets and debts.

Description of the Property Declaration chart

Pages 1 and 2

1. Column A is used to provide a brief description of each item of separate or community or quasi-community property.
2. Column B is used to list the date the item was acquired.
3. Column C is used to list the item's gross fair market value (an estimate of the amount of money you could get if you sold the item to another person through an advertisement).
4. Column D is used to list the amount owed on the item.
5. Column E is used to indicate the net fair market value of each item. The net fair market value is calculated by subtracting the dollar amount in column D from the amount in column C ("C minus D").
6. Column F is used to show a proposal on how to divide (or confirm) the item described in column A.

Page 3

1. Column A is used to provide a brief description of each separate or community or quasi-community property debt.
2. Column B is used to list the date the debt was acquired.
3. Column C is used to list the total amount of money owed on the debt.
4. Column D is used to show a proposal on how to divide (or confirm) the item of debt described in column A.

When using this form only as an attachment to a *Petition* or *Response*

1. Attach a *Separate Property Declaration* (form FL-160) to respond to item 9. Only columns A and F on pages 1 and 2 and columns A and D on page 3 are required.
2. Attach a *Community or Quasi-Community Declaration* (form FL-160) to respond to item 10, and complete column A on all pages.

When serving this form on the other party as an attachment to *Declaration of Disclosure* ([form FL-140](#))

1. Complete columns A through E on pages 1 and 2, and columns A through C on page 3.
2. Copies of the following documents must be attached and served on the other party:
 - (a) *For real estate* (item 1): deeds with legal descriptions and the latest lender's statement.
 - (b) *For vehicles, boats, trailers* (item 4): the title documents.
 - (c) *For all bank accounts* (item 5, 6, 7): the latest statement.
 - (d) *For life insurance policies with cash surrender or loan value* (item 10): the latest declaration page.
 - (e) *For stocks, bonds, secured notes, mutual funds* (item 11): the certificate or latest statement.
 - (f) *For retirement and pensions* (item 12): the latest summary plan document and latest benefit statement.
 - (g) *For profit-sharing, IRAs, deferred compensation, and annuities* (item 13): the latest statement.
 - (h) *For each account receivable and unsecured note* (item 14): documentation of the account receivable or note.
 - (i) *For partnerships and other business interests* (item 15): the most current K-1 and Schedule C.
 - (j) *For other assets* (item 16): the most current statement, title document, or declaration.
 - (k) *For support arrearages* (item 21): orders and statements.
 - (l) *For credit cards and other debts* (items 23 and 24): the latest statement.
3. Do not file copies of the above private financial documents with the court.

When filing this form with the court as a attachment to *Request to Enter Default* (FL-165) or *Judgment* (FL-180)

Complete all columns on the form.

For more information about forms required to process and obtain a judgment in dissolution, legal separation, and nullity cases, see <http://www.courts.ca.gov/8218.htm>.

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>):	
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.