

Instructions For Notice of Motion For Simplified Modification of Support

WHEN TO USE THIS PACKET

You can use this packet to ask the court to modify an existing order for child support. It can be used in pre-existing Family Support cases or if the other party has already filed documents (such as a Response) in the case.

Once the documents are filled out and filed with the court, you will be given a court date.

This packet includes a **“Notice of Motion for Simplified Modification” [FL-390]**, **“Income and Expense Declaration” [FL-150]**, and **“Proof of Service by Mail” [FL-335]** with instructions for completing the forms. There is also a blank **“Responsive Declaration” [FL-392]** and a blank **“Income and Expense Declaration” [FL-150]**, which are served with the above documents.

Filing Fee in Family Law Cases:

There is a filing fee for filing the enclosed forms if you have already filed documents in this case. If you have not filed documents before, there is an additional first time filing fee. You may be eligible for a **“Fee Waiver”** which is available as a separate packet. If you are eligible for a Fee Waiver, your filing fees will be waived.

Once the Notice of Motion documents are filled out, filed with the court and court date assigned, a copy of the Notice of Motion and other documents must be served on all other parties by having someone mail the other parties a copy of the documents. The Proof of Service by Mail must be completed by the person who serves the Notice of Motion on the other parties and then filed with the court.

Note: you may also have the other parties personally served. If you want to personally serve the other parties, you will need a **“Proof of Personal Service” [FL-330]**.

SAMPLE FORMS

NOTICE OF MOTION AND SIMPLIFIED MODIFICATION OF ORDER FOR CHILD, SPOUSAL AND FAMILY SUPPORT (FL-390)

- page one continued -

► Find the number on the sample form.

Example: **15**

► 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 WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (pursuant to FC § 17400, 17406) (Name, State Bar Number, and Address): 		TELEPHONE NO.: 	FL-390 FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA • COUNTY OF FRESNO 1100 Van Ness Avenue Fresno, California 93724-0002			
PETITIONER/PLAINTIFF: 			
RESPONDENT/DEFENDANT: 			
OTHER PARENT: 		CASE NUMBER: 	
NOTICE OF MOTION AND MOTION FOR SIMPLIFIED MODIFICATION OF ORDER FOR ☐ CHILD SUPPORT ☐ SPOUSAL SUPPORT ☐ FAMILY SUPPORT			

TO (name):

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

a. Date:	Time:	Dept.:	Room:
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b. Address of court: ☐ same as noted above ☐ other (specify):

2. I am requesting the court to change the amount currently payable by
☐ petitioner/plaintiff ☐ respondent/defendant ☐ other parent to the following:

a. ☐ child support pursuant to the California child support guideline commencing (date):
b. ☐ spousal support of: \$ _____ per month beginning (date):
c. ☐ family support of: \$ _____ per month beginning (date):
 or such other sums as may be appropriate pursuant to applicable guidelines.

3. I am requesting issuance of modified earnings assignment.

9 4. ☐ I am requesting the court to order the ☐ petitioner/plaintiff ☐ respondent/defendant ☐ other parent to provide health insurance coverage for the children as obligated by law, and to issue a Health Insurance Coverage Assignment (form FL-470).

10 5. (Check whichever statements are true, if any)

a. ☐ An application for public assistance (TANF) for the children is pending in (county name): _____ County.
b. ☐ The children are receiving public assistance from (county name): _____ County.
c. ☐ This request is made by the governmental agency providing support enforcement services in this action.

12 6. This request is based on

a. the attached completed *Financial Statement (Simplified)* (form FL-155) or *Income and Expense Declaration* (form FL-150) for the applicant.
b. ☐ a significant change in the income of ☐ petitioner/plaintiff ☐ respondent/defendant ☐ other parent
c. ☐ the attached guideline support calculation sheet.
d. ☐ other (specify): **15**

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

Date: **16**

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

Form Adopted for Mandatory Use
 Judicial Council of California
 FL-390 (Rev. January 1, 2003)

**NOTICE OF MOTION AND MOTION FOR SIMPLIFIED
MODIFICATION OF ORDER FOR CHILD, SPOUSAL, OR FAMILY SUPPORT**

Page 1 of 2
 Family Code, § 3680
 www.courtinfo.ca.gov
 American LegalNet, Inc.
 www.USCourtForms.com

9 If you want the court to order the other parent to provide health insurance for the child(ren) check box 4 and then check the box for the person who should provide the insurance – petitioner, respondent, or other parent.

10 Check box 5(a) if an application for public assistance for the child(ren) has been filed and you are waiting for a decision. Write in the county where the application was filed.

11 Check box 5(b) if the child(ren) are receiving public assistance. Write in the county providing the assistance.

12 There is nothing to check at 6(a) but you MUST attach a Simplified Financial statement or Income and Expense Declaration.

13 Check box 6(b) if either parent is making either a lot less OR a lot more money then they did before. Check the box for the person making less OR more money- petitioner, respondent, or other parent.

14 Check box 6(c) if you are attaching a support calculation sheet (Dissomaster or Child Support Calculator).

15 Check box 6(d) if there is any other reason you are asking to modify the support. Write in that reason.

16 Date and print your name on the left and sign your name on the right.

FORM INSTRUCTIONS

FL-150

PARTY WITHOUT ATTORNEY OR ATTORNEY NAME: YOUR NAME FIRM: YOUR ADDRESS STREET: CITY, STATE, ZIP CODE CITY: YOUR TELEPHONE NUMBER TELEPHONE: STATE: ZIP CODE: E-MAIL ADDRESS: NOTE: YOU MUST WRITE YOUR NAME AND THE OTHER PARTY'S NAME THE EXACT SAME WAY THROUGHOUT YOUR FORMS ATTORNEY FOR (name):		STATE BAR NUMBER: STATE: ZIP CODE: FAX NO.:		FOR COURT USE ONLY SAMPLE ONLY DO NOT WRITE ON THIS COPY!	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: Fresno County Superior Court MAILING ADDRESS: 1130 "O" Street, Fresno CA CITY AND ZIP CODE: 93724-2220 BRANCH NAME:					
PETITIONER: PARTY WHO INITIALLY OPENED CASE RESPONDENT: PERSON WHO THIS CASE WAS STARTED AGAINST OTHER PARTY/PARENT/CLAIMANT: THE OTHER PARENT'S NAME					
INCOME AND EXPENSE DECLARATION				CASE NUMBER: COURT 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.
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FILL OUT YOUR EMPLOYER'S INFORMATION HERE. IF YOU DO NOT HAVE A JOB, GIVE THE INFORMATION FROM YOUR LAST JOB AND WHEN YOUR JOB ENDED

 (NAME OF EMPLOYER, ADDRESS, PHONE NUMBER, JOB TITLE, DATE OF EMPLOYMENT AND SALARY)

(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 ←

a. My age is (specify): YOUR AGE	
b. I have completed high school or the equivalent: ☐ Yes ☐ No If no, highest grade completed (specify): GRADE FINISHED	TELL THE COURT ABOUT YOUR EDUCATION INCLUDING ANY DEGREES OR LICENSES YOU EARNED.
c. Number of years of college completed (specify): ☐ Degree(s) obtained (specify): DEGREE EARNED	
d. Number of years of graduate school completed (specify): ☐ Degree(s) obtained (specify): DEGREE EARNED	
e. I have: ☒ professional/occupational license(s) (specify): LICENSES EARNED ☐ vocational training (specify): JOB TRAINING COMPLETED	

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):	FILL OUT YOUR INFORMATION FROM THE PAST YEAR YOU FILED TAXES. REMEMBER TO NOTE HOW YOU FILED (SINGLE, ETC.), WHERE YOU FILED, (CA, ETC.) AND HOW MANY EXEMPTIONS YOU CLAIMED (1, ETC.)
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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): HOW MUCH DO YOU THINK THE OTHER PARTY EARNS BEFORE TAXES? HOW DID YOU COME UP WITH THAT AMOUNT? IF YOU DO NOT KNOW, EXPLAIN WHY YOU DO NOT KNOW

(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: **TODAY'S DATE**

PRINT YOUR NAME HERE

(TYPE OR PRINT NAME)

SIGN YOUR NAME HERE

(SIGNATURE OF DECLARANT)

PETITIONER: PARTY WHO INITIALLY OPENED CASE RESPONDENT: PERSON WHO THIS CASE WAS STARTED AGAINST OTHER PARTY/PARENT/CLAIMANT: THE OTHER PARENT'S NAME	CASE NUMBER: COURT 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.**)

LIST ALL OF YOUR INCOME, BEFORE TAXES, IN THIS AREA

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).....	\$	IN THIS COLUMN LIST WHAT YOU RECEIVED LAST MONTH FROM EACH SOURCE THAT APPLIES IN THIS COLUMN LIST THE AVERAGE AMOUNT YOU RECEIVED FROM THE LAST 12 MONTHS FROM EACH SOURCE THAT APPLIES
b. Overtime (gross, before taxes).....	\$	
c. Commissions or bonuses.....	\$	
d. Public assistance (for example: TANF, SSI, GA/GR) ☐ currently receiving	\$	
e. Spousal support ☐ from this marriage ☐ from a different marriage ☐ federally taxable*	\$	
f. Partner support ☐ from this domestic partnership ☐ from a different domestic partnership	\$	
g. Pension/retirement fund payments.....	\$	
h. Social Security retirement (not SSI).....	\$	
i. Disability: ☐ Social Security (not SSI) ☐ State disability (SDI) ☐ Private insurance	\$	
j. Unemployment compensation.....	\$	
k. Workers' compensation.....	\$	
l. Other (military allowances, royalty payments) (specify):	\$	

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

a. Dividends/interest.....	\$	LIST ALL OF YOUR INVESTMENT INCOME, AFTER EXPENSES AND BEFORE TAXES, IN THIS AREA
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):

IF YOU ARE SELF-EMPLOYED, COMPLETE THIS SECTION AND ATTACH A TWO YEAR PROFIT & LOSS STATEMENT/SCHEDULE C FROM YOUR LAST FEDERAL TAX RETURN

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):

CHECK THIS BOX IF YOU RECEIVED A ONE-TIME SOURCE OF INCOME, (LOTTERY OR INHERITANCE) AND WRITE WHERE YOU RECEIVED THE MONEY AND THE AMOUNT

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

IF YOU HAD A MAJOR CHANGE IN INCOME IN THE PAST 12 MONTHS, STATE WHAT THE CHANGE WAS

10. **Deductions**

	Last month	
a. Required union dues.....	\$	FILL OUT THIS SECTION IF YOU HAD MONEY DEDUCTED FOR ANY OF THESE ITEMS FROM LAST MONTH'S PAYCHECK
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 ☐ federally tax deductible*.....	\$	
f. Partner support that I pay by court order from a different domestic partnership.....	\$	
g. Necessary job-related expenses not reimbursed by my employer (attach explanation labeled "Question 10g").....	\$	

LIST WHAT YOU HAVE IN YOUR SAVINGS AND CHECKING ACCOUNTS, ANY STOCKS, BONDS, AND/OR REAL PROPERTY

11. **Assets**

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

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

PETITIONER: PARTY WHO INITIALLY OPENED CASE RESPONDENT: PERSON WHO THIS CASE WAS STARTED AGAINST OTHER PARTY/PARENT/CLAIMANT: THE OTHER PARENT'S NAME	CASE NUMBER: COURT 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?
LIST ANYONE WHO LIVES WITH YOU (INCLUDING CHILD(REN), ROOMATES, FAMILY, ETC.), THEIR AGE, THEIR RELATION TO YOU, HOW MUCH THEY MAKE BEFORE TAXES, AND WHETHER THEY PAY ANY EXPENSES FOR THE HOME				☐ Yes ☐ No
a.				☐ Yes ☐ No
b.				☐ Yes ☐ No
c.				☐ Yes ☐ No
d.				☐ Yes ☐ No
e.				☐ Yes ☐ No

13. Average monthly expenses

☐ Estimated expenses
 ☐ Actual expenses
 ☐ Proposed needs
 ← **CHECK ONE**

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. LIST ALL OF YOUR MONTHLY EXPENSES HERE FOR THE ITEMS LISTED

i. Dining..... \$

j. Entertainment..... \$

k. 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** \$

ADD UP ALL THE EXPENSES YOU LISTED FOR A TOTAL TO PUT HERE

WRITE HOW MUCH OF THE EXPENSES ARE PAID BY OTHERS

14. Installment payments and debts not listed above

Paid to	For	Amount	Balance	Date of last payment
LIST HERE ANY PAYMENTS YOU ARE MAKING FOR VEHICLE LOANS, STUDENT LOANS, MORTGAGES, CREDIT CARDS, ETC. AND THE NAME OF THE COMPANY YOU ARE PAYING. LIST HOW MUCH YOU PAY EACH MONTH, WHAT IS STILL OWED, AND THE DATE OF YOUR LAST PAYMENT. ADD UP ALL OF THE MONTHLY PAYMENT AMOUNTS AND PUT THE TOTAL IN ITEM 13. p.				
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

15. Attorney fees (This information 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.

ONLY COMPLETE SECTION 15. IF YOU HAD AN ATTORNEY AND WANT THE OTHER PARTY TO PAY FOR YOUR ATTORNEY

Date: _____

DO NOT SIGN ON THIS PAGE UNLESS COMPLETING SECTION 15

(TYPE OR PRINT NAME OF ATTORNEY)

(SIGNATURE OF ATTORNEY)

PETITIONER: PARTY WHO INITIALLY OPENED CASE RESPONDENT: PERSON WHO THIS CASE WAS STARTED AGAINST OTHER PARTY/PARENT/CLAIMANT: THE OTHER PARENT'S NAME	CASE NUMBER: COURT 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 WRITE IN THE NUMBER OF MINOR CHILD(REN) YOU HAVE WITH THE OTHER PARENT IN THIS CASE AND HOW MUCH TIME EACH PARENT SPENDS WITH THEM

- 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.)

IF YOU DO NOT KNOW A PERCENTAGE, DESCRIBE PARENTING SCHEDULE**EXAMPLE: THE CHILDREN LIVE WITH ME AND ARE WITH THE OTHER PARENT EVERY 1ST AND 3RD WEEKEND FROM FRIDAY AT 6PM TO SUNDAY AT 6M****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:

CHECK WHETHER YOU DO OR DO NOT HAVE HEALTH INSURANCE FOR THE CHILDREN.**IF YOU DO HAVE HEALTH INSURANCE, WRITE THE NAME AND ADDRESS OF THE INSURANCE COMPANY AND HOW MUCH YOU PAY, NOT HOW MUCH YOUR EMPLOYER PAYS**

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

18. Additional expense for the children in this case

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

Amount per month

WRITE IN ANY OTHER EXPENSES IF IT APPLIES**19. Special hardships.** I ask the court to consider the following special financial circumstances

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

- 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 (specify): _____

FILL IN ITEMS a. - c. AND DESCRIBE THE HARDSHIP BELOW

Amount per month

For how many months?

\$ _____	_____
\$ _____	_____
\$ _____	_____

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

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

EXPLAIN WHY THESE EXPENSES CREATE AN EXTREME FINANCIAL HARDSHIP**20. Other information I want the court to know concerning support in my case (specify):**WRITE ANY INFORMATION HERE YOU WANT THE COURT TO KNOW REGARDING CHILD SUPPORT IN THIS CASE

How to fill out

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

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

ATTORNEY OR PARTY (1) NAME (Name, State Bar number, and address) TELEPHONE NO. E-MAIL ADDRESS (Optional) FAX NO. (Optional)		FOR COURT USE ONLY FL-335	
SUPERIOR COURT OF CALIF. (2) STREET ADDRESS MAILING ADDRESS CITY AND ZIP CODE BRANCH NAME		COUNTY OF	
PETITIONER/PLAINTIFF: (3) RESPONDENT/DEFENDANT: OTHER PARTY/PARTY:		CASE NUMBER HEARING DATE HEARING TIME COURT	
PROOF OF SERVICE BY MAIL			

NOTICE: To serve temporary restraining orders you must use personal service (see form FL-330).
 1. I am at least 18 years of age, not a party to this action, and I am a resident of or employed in the county where the mailing took place.
 2. My residence or business address is (4)
 3. I served a copy of the following documents (specify):
 by enclosing them in an envelope AND
 a. ☐ depositing the sealed envelope with the United States Postal Service with the postage fully prepaid.
 b. ☐ placing the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.
 4. The envelope was addressed (5) mailed as follows:
 a. Name of person served (6)
 b. Address:
 c. Date mailed:
 d. Place of mailing (city and state):
 7. ☐ 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.)
 8. 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, 2015)

PROOF OF SERVICE BY MAIL
 Code of Civil Procedure, §§ 10136, 10137
 www.courtinfo.ca.gov

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

- 1 Write your name, address and telephone number.
- 2 If not filled in for you, write "Fresno" after COUNTY OF. The address is: 1130 "O" Street, Fresno, CA 93724-2220. The Branch Name is: B.F. Sisk Courthouse.
- 3 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.
- 4 The person who serves the papers for you will write their name and address here.
- 5 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..)
- 6 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.
- 7 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.
- 8 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.

ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (Under Family Code, §§ 17400, 17406) (Name, state bar number, and address):		TELEPHONE AND FAX NOS:		FL-392
		FOR COURT USE ONLY		
SUPERIOR COURT OF CALIFORNIA • COUNTY OF FRESNO 1100 Van Ness Avenue Fresno, California 93724-0002				
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:				
RESPONSIVE DECLARATION TO MOTION FOR SIMPLIFIED MODIFICATION OF ORDER FOR CHILD, SPOUSAL, OR FAMILY SUPPORT				
HEARING DATE:	TIME:	DEPT., ROOM, OR DIVISION:	CASE NUMBER:	

1. ☐ I consent to the request contained in the *Notice of Motion and Motion for Simplified Modification of Order for Child, Spousal, or Family Support* (form FL-390).

2. ☐ I object to the request contained in the *Notice of Motion and Motion for Simplified Modification of Order for Child, Spousal, or Family Support* (form FL-390) for the following reasons (*check one or more*):

- a. ☐ My income is incorrectly stated.
- b. ☐ The other parent's income is incorrectly stated.
- c. ☐ I am entitled to the hardship deductions as shown in my attached *Financial Statement (Simplified)* (form FL-155) or my *Income and Expense Declaration* (form FL-150).
- d. ☐ The other parent is not entitled to hardship deductions as claimed.
- e. ☐ The amount of support is not computed correctly.
- f. ☐ OTHER (*specify*):

3. I have attached the following:

- a. A completed copy of my *Financial Statement (Simplified)* (form FL-155) or my *Income and Expense Declaration* (form FL-150).
- b. ☐ A guideline support calculation sheet.
- c. ☐ OTHER (*specify*):

NOTICE TO BOTH PARENTS

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

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

Date: _____

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

Form Adopted for Mandatory Use
 Judicial Council of California
 FL-392 (Rev. January 1, 2003)

**RESPONSIVE DECLARATION TO MOTION FOR SIMPLIFIED
MODIFICATION OF ORDER FOR CHILD, SPOUSAL, OR FAMILY SUPPORT**

Page 1 of 2
 Family Code, § 3380
www.courtinfo.ca.gov
 American LegalNet, Inc.
www.USCourtForms.com

How to fill out

**RESPONSIVE
DECLARATION TO
MOTION FOR
SIMPLIFIED
MODIFICATION OF
ORDER FOR CHILD,
SPOUSAL, OR FAMILY
SUPPORT
(FL-392)**

DIRECTIONS

- ▶ **Leave this blank.**
The other party fills out this form.

Leave this form blank. This form is served on the other party. The other party fills out this form.

BLANK FORMS

(To be completed)

ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (pursuant to FC §§ 17400, 17406) (Name, State Bar Number, and Address): 	TELEPHONE NO.: 	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:		
NOTICE OF MOTION AND MOTION FOR SIMPLIFIED MODIFICATION OF ORDER FOR ☐ CHILD SUPPORT ☐ SPOUSAL SUPPORT ☐ FAMILY SUPPORT		
CASE NUMBER:		

TO (name):

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

a. Date:	Time:	Dept.:	Room:
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b. Address of court: ☐ same as noted above ☐ other (specify):

2. I am requesting the court to change the amount currently payable by

☐ petitioner/plaintiff ☐ respondent/defendant ☐ other parent to the following:

- a. ☐ child support pursuant to the California child support guideline commencing (date):
 - b. ☐ spousal support of: \$ _____ per month beginning (date):
 - c. ☐ family support of: \$ _____ per month beginning (date):
- or such other sums as may be appropriate pursuant to applicable guidelines.

3. I am requesting issuance of modified earnings assignment.

4. ☐ I am requesting the court to order the ☐ petitioner/plaintiff ☐ respondent/defendant ☐ other parent to provide health insurance coverage for the children as obligated by law, and to issue a Health Insurance Coverage Assignment (form FL-470).

5. (Check whichever statements are true, if any)

- a. ☐ An application for public assistance (TANF) for the children is pending in (county name): _____ County.
- b. ☐ The children are receiving public assistance from (county name): _____ County.
- c. ☐ This request is made by the governmental agency providing support enforcement services in this action.

6. This request is based on

- a. the attached completed *Financial Statement (Simplified)* (form FL-155) or *Income and Expense Declaration* (form FL-150) for the applicant.
- b. ☐ a significant change in the income of ☐ petitioner/plaintiff ☐ respondent/defendant ☐ other parent
- c. ☐ the attached guideline support calculation sheet.
- d. ☐ other (specify):

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

Date:

(TYPE OR PRINT NAME)		(SIGNATURE OF DECLARANT)
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PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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PROOF OF SERVICE

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

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

OR

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

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

1. At the time of service I was at least 18 years of age and not a party to the legal action.
2. I served a copy of the foregoing *Notice of Motion and Motion* as follows (check either a. or b. below for each person served):

a. ☐ **Personal service.** I personally delivered a copy of the *Notice of Motion and Motion for Simplified Modification of Order for Child, Spousal, or Family Support* and all attachments as follows:

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

(a) Address where delivered:

(a) Address where delivered:

(b) Date of delivery:

(b) Date of delivery:

(c) Time of delivery:

(c) Time of delivery:

b. ☐ **Mail.** I deposited a copy of the *Notice of Motion and Motion for Simplified Modification of Order for Child, Spousal, or Family Support* (form FL-390) and all attachments in the United States mail, in a sealed envelope with postage fully prepaid, addressed as follows:

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

(a) Address:

(a) Address:

(b) Date of mailing:

(b) Date of mailing:

(c) Time of mailing:

(c) Time of mailing:

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

Date:

(TYPE OR PRINT NAME)		(SIGNATURE OF PERSON WHO SERVED MOTION)
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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):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT: OTHER PARTY/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 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

- 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 8 1/2-by-11-inch sheet of paper and write the question number before your answer.) Number of pages attached: _____

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

Date: _____

 (TYPE OR PRINT NAME)

▶

 (SIGNATURE OF DECLARANT)

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

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

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

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

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

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

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

Number of years in this business (specify): _____

Name of business (specify): _____

Type of business (specify): _____

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

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

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

10. **Deductions**

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

11. **Assets**

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

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

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

Name	Age	How the person is related to me (ex: son)	That person's gross monthly income	Pays some of the household expenses?	
a.				☐ Yes	☐ No
b.				☐ Yes	☐ No
c.				☐ Yes	☐ No
d.				☐ Yes	☐ No
e.				☐ Yes	☐ 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 information 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: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	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 percentage or it has not been agreed on, please describe your parenting schedule here.)

17. Children's health-care expenses

- a. ☐ I do ☐ I do not have health insurance available to me for the children through my job.
- b. Name of insurance company: _____
- c. Address of insurance company: _____
- d. The monthly cost for the **children's** health insurance is or would be *(specify)*: \$ _____
(Do not include the amount your employer pays.)

18. Additional expense for the children in this case

- | | Amount per month |
|---|------------------|
| a. Childcare so I can work or get job training..... | \$ _____ |
| b. Children's health care not covered by insurance..... | \$ _____ |
| c. Travel expenses for visitation..... | \$ _____ |
| d. Children's educational or other special needs <i>(specify below)</i> | \$ _____ |

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

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

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

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

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

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

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	CASE NUMBER:
PROOF OF SERVICE BY MAIL	(If applicable, provide): HEARING DATE: HEARING TIME: DEPT.:

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

1. I am at least 18 years of age, not a party to this action, and I am a resident of or employed in the county where the mailing took place.
2. My residence or business address is:

3. I served a copy of the following documents (*specify*):

by enclosing them in an envelope AND

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

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF PERSON COMPLETING THIS FORM)

Page 1 of 1

PROOF OF SERVICE BY MAIL

For your protection and privacy, please press the Clear This Form button after you have printed the form.

Print this form

Save this form

Clear this form

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 OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406) (Name, state bar number, and address):		TELEPHONE AND FAX NOS.:	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:			
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:			
RESPONSIVE DECLARATION TO MOTION FOR SIMPLIFIED MODIFICATION OF ORDER FOR CHILD, SPOUSAL, OR FAMILY SUPPORT			
HEARING DATE:	TIME:	DEPT., ROOM, OR DIVISION:	

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

NOTICE TO BOTH PARENTS

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

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

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

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

PROOF OF SERVICE

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

Service is made in one of the following ways:

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

OR

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

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

1. At the time of service I was at least 18 years of age and not a party to the legal action.

2. I served a copy of the foregoing *Responsive Declaration* as follows (check either a. or b. below for each person served):

a. ☐ **Personal service.** I personally delivered a copy of the *Responsive Declaration to Motion for Simplified Modification of Order for Child, Spousal, or Family Support* as follows:

☐ (1) Name of party or attorney served:

☐ (2) Name of local child support agency served:

(a) Address where delivered:

(a) Address where delivered:

(b) Date of delivery:

(b) Date of delivery:

(c) Time of delivery:

(c) Time of delivery:

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

☐ (1) Name of party or attorney served:

☐ (2) Name of local child support agency served:

(a) Address:

(a) Address:

(b) Date of mailing:

(b) Date of mailing:

(c) Time of mailing:

(c) Time of mailing:

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

Date:

(TYPE OR PRINT NAME)



(SIGNATURE OF PERSON WHO SERVED RESPONSIVE DECLARATION)

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):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT: OTHER PARTY/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 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

- 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 8 1/2-by-11-inch sheet of paper and write the question number before your answer.) Number of pages attached: _____

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

Date: _____

 (TYPE OR PRINT NAME)

▶

 (SIGNATURE OF DECLARANT)

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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) ☐ currently receiving	\$	_____
e. Spousal support ☐ from this marriage ☐ from a different marriage ☐ federally taxable*	\$	_____
f. Partner support ☐ from this domestic partnership ☐ from a different domestic partnership	\$	_____
g. Pension/retirement fund payments.....	\$	_____
h. Social Security retirement (not SSI).....	\$	_____
i. Disability: ☐ Social Security (not SSI) ☐ State disability (SDI) ☐ Private insurance	\$	_____
j. Unemployment compensation.....	\$	_____
k. Workers' compensation.....	\$	_____
l. Other (military allowances, royalty payments) (specify):	\$	_____

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

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

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

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

Number of years in this business (specify): _____

Name of business (specify): _____

Type of business (specify): _____

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

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

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

10. **Deductions**

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

11. **Assets**

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

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

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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.				☐ Yes	☐ No
b.				☐ Yes	☐ No
c.				☐ Yes	☐ No
d.				☐ Yes	☐ No
e.				☐ Yes	☐ 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 \$ _____
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14. Installment payments and debts not listed above

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

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

- 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)

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CHILD SUPPORT INFORMATION

(NOTE: Fill out this page only if your case involves child support.)

16. Number of children

- a. I have *(specify number)*: _____ children under the age of 18 with the other parent in this case.
- b. The children spend _____ percent of their time with me and _____ percent of their time with the other parent.
(If you're not sure about percentage or it has not been agreed on, please describe your parenting schedule here.)

17. Children's health-care expenses

- a. ☐ I do ☐ I do not have health insurance available to me for the children through my job.
- b. Name of insurance company: _____
- c. Address of insurance company: _____
- d. The monthly cost for the **children's** health insurance is or would be *(specify)*: \$ _____
(Do not include the amount your employer pays.)

18. Additional expense for the children in this case

- | | Amount per month |
|--|------------------|
| a. Childcare so I can work or get job training..... | \$ _____ |
| b. Children's health care not covered by insurance..... | \$ _____ |
| c. Travel expenses for visitation..... | \$ _____ |
| d. Children's educational or other special needs <i>(specify below)</i> :..... | \$ _____ |

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

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

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

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

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

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