

Instructions For Declaration of Disclosure

In a dissolution, legal separation or nullity action, your disclosure documents must be completed and served on the other party at the same time as your Petition or Response or within 60 days of filing of your Petition or Response.

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

This packet includes a "**Declaration of Disclosure**" [form FL-140], a "**Schedule of Assets and Debts**" * [form FL-142] and an "**Income and Expense Declaration**" [form FL-150] along with instruction for completing these forms.

Once the forms have been completed they must be served on the other party. After service, you must file your "**Declaration of Service of Declaration of Disclosure**" [form FL-141] also included in this packet. Include all tax returns filed in the two years before the date you serve your disclosure documents.

*you may complete and serve a "Property Declaration" [form FL-160] in place of the "Schedule of Assets and Debts." This form is not included in the packet.

SAMPLE FORMS

FORM INSTRUCTIONS

FL-140

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): YOUR NAME YOUR ADDRESS CITY, STATE, ZIP CODE YOUR TELEPHONE NUMBER		SAMPLE ONLY DO NOT WRITE ON THIS COPY!
E-MAIL ADDRESS: ATTORNEY FOR (Name):	FAX NO.: NOTE: YOU MUST WRITE YOUR NAME AND THE OTHER PARTY'S NAME THE EXACT SAME WAY THROUGHOUT YOUR FORMS	
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: YOUR SPOUSE/REGISTERED DOMESTIC PARTNER'S NAME RESPONDENT: YOUR NAME OTHER PARENT/PARTY:		
DECLARATION OF DISCLOSURE <input type="checkbox"/> Petitioner's <input type="checkbox"/> Respondent's		CASE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;">COURT CASE NUMBER</div>

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

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

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

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

Attached are the following:

IF YOU COMPLETED A SCHEDULE OF ASSETS AND DEBTS OR PROPERTY DECLARATION FOR COMMUNITY PROPERTY AND/OR SEPARATE PROPERTY, CHECK APPROPRIATE BOX AND SPECIFY THE BOX FOR WHICH TYPE OF PROPERTY

1. A completed Schedule of Assets and Debts (form FL-142) or A Property Declaration (form FL-160) for (specify):
 Community and Quasi-Community Property **AND/OR** Separate Property.
2. A completed Income and Expense Declaration (form FL-150) YOU ARE REQUIRED TO EXCHANGE THIS FORM ONLY TO THE OTHER PARTY, BUT YOU ONLY HAVE TO FILE IT WITH THE COURT IF YOU ARE ASKING FOR SUPPORT ORDERS
3. All tax returns filed by the party in the two years before the date that the party served the disclosure documents.
4. A statement of all material facts and information regarding valuation of all assets that are community property or in which the community has an interest (*not a form*). IF THERE ARE NO COMMUNITY ASSETS, CHECK BOX 4 AND WRITE "NO ASSETS"; IF THERE ARE ASSETS, FILL OUT AN FL-160 AND WRITE THAT FORM NUMBER IN THIS SPACE
5. A statement of all material facts and information regarding obligations for which the community is liable (*not a form*).
6. An accurate and complete written disclosure of any investment or business opportunity presented since the date of separation that results from any investment, significant business, or other income-producing opportunity from the date of marriage to the date of separation (*not a form*). IF THERE ARE NO COMMUNITY DEBTS, CHECK BOX 5 AND WRITE "NO DEBTS"; IF THERE ARE DEBTS, FILL OUT AN FL-160 AND WRITE THAT FORM NUMBER IN THIS SPACE

IF THERE ARE NO INVESTMENT, BUSINESS, OR OTHER INCOME-PRODUCING OPPORTUNITIES SINCE THE DATE OF SEPARATION, CHECK THIS BOX AND WRITE "NO BUSINESS OPPORTUNITIES". IF THERE IS A BUSINESS OPPORTUNITY, DESCRIBE IT HERE OR IN AN ATTACHMENT

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 HERE

SIGN YOUR NAME HERE

(TYPE OR PRINT NAME)

SIGNATURE

Page 1 of 1

FORM INSTRUCTIONS

THIS FORM SHOULD NOT BE FILED WITH THE COURT

FL-142

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address):		TELEPHONE NO.:	SAMPLE ONLY DO NOT WRITE ON THIS COPY!
YOUR NAME YOUR ADDRESS CITY, STATE, ZIP CODE			
ATTORNEY FOR (Name):			
SUPERIOR COURT OF CALIFORNIA, COUNTY OF FRESNO			
PETITIONER: YOUR NAME			
RESPONDENT: YOUR SPOUSE/REGISTERED DOMESTIC PARTNER'S NAME			
SCHEDULE OF ASSETS AND DEBTS <input type="checkbox"/> Petitioner's <input type="checkbox"/> Respondent's ← CHECK WHICH PARTY YOU ARE			CASE NUMBER: LEAVE BLANK

- INSTRUCTIONS -

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

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

ITEM NO.	ASSETS DESCRIPTION	SEP. PROP	DATE ACQUIRED	CURRENT GROSS FAIR MARKET VALUE	AMOUNT OF MONEY OWED OR ENCUMBRANCE
1.	REAL ESTATE <i>(Give street addresses and attach copies of deeds with legal descriptions and latest lender's statement.)</i> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">LIST EACH ADDRESS</div>	↓		\$	\$
2.	HOUSEHOLD FURNITURE, FURNISHINGS, APPLIANCES <i>(Identify.)</i> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">DESCRIBE THE SPECIFIC PIECES/ ITEMS YOU NEED DISTRIBUTED</div>				
3.	JEWELRY, ANTIQUES, ART, COIN COLLECTIONS, etc. <i>(Identify.)</i>				

LIST THE ASSETS YOU BOTH HAD BEFORE AND AFTER SEPARATION; AND ANYTHING RECEIVED FROM ANY INHERITANCE OR GIFT (AT ANY TIME); AND ANYTHING DURING THE MARRIAGE

NOTE: IF THERE IS NONE, PUT "N/A, OR NONE," UNDER THAT CATEGORY

ITEM NO.	ASSETS DESCRIPTION	SEP. PROP.	DATE ACQUIRED	CURRENT GROSS FAIR MARKET VALUE	AMOUNT OF MONEY OWED OR ENCUMBRANCE
<p>4. VEHICLES, BOATS, TRAILERS <i>(Describe and attach copy of title document.)</i></p> <div data-bbox="321 411 539 506" style="border: 1px solid black; padding: 2px; margin: 10px auto; width: fit-content;"> <p>LIST THE YEAR, MAKE, MODEL, VIN #, ETC.</p> </div> <p>5. SAVINGS ACCOUNTS <i>(Account name, account number, bank, and branch. Attach copy of latest statement.)</i></p> <div data-bbox="326 684 544 779" style="border: 1px solid black; padding: 2px; margin: 10px auto; width: fit-content;"> <p>LIST THE BANK NAME AND ACCOUNT #</p> </div> <p>6. CHECKING ACCOUNTS <i>(Account name and number, bank, and branch. Attach copy of latest statement.)</i></p> <div data-bbox="331 968 548 1062" style="border: 1px solid black; padding: 2px; margin: 10px auto; width: fit-content;"> <p>LIST THE BANK NAME AND ACCOUNT #</p> </div> <p>7. CREDIT UNION, OTHER DEPOSIT ACCOUNTS <i>(Account name and number, bank, and branch. Attach copy of latest statement.)</i></p> <p>8. CASH <i>(Give location.)</i></p> <p>9. TAX REFUND</p> <p>10. LIFE INSURANCE WITH CASH SURRENDER OR LOAN VALUE <i>(Attach copy of declaration page for each policy.)</i></p>				<p style="text-align: center;">\$</p>	<p style="text-align: center;">\$</p>
<p>CONTINUE LISTING THE ITEMS AND THE APPROPRIATE MONETARY AMOUNTS</p>					

ITEM NO.	ASSETS DESCRIPTION	SEP. PROP.	DATE ACQUIRED	CURRENT GROSS FAIR MARKET VALUE	AMOUNT OF MONEY OWED OR ENCUMBRANCE
11. STOCKS, BONDS, SECURED NOTES, MUTUAL FUNDS <i>(Give certificate number and attach copy of the certificate or copy of latest statement.)</i>				\$	\$
12. RETIREMENT AND PENSIONS <i>(Attach copy of latest summary plan documents and latest benefit statement.)</i>	<div data-bbox="305 646 578 739" style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> LIST THE ACCOUNT NAME OR TYPE AND ACCOUNT # </div>			<div data-bbox="1052 340 1414 436" style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> CONTINUE LISTING THE ITEMS AND APPROPRIATE MONETARY AMOUNTS </div>	
13. PROFIT-SHARING, ANNUITIES, IRAS, DEFERRED COMPENSATION <i>(Attach copy of latest statement.)</i>					
14. ACCOUNTS RECEIVABLE AND UNSECURED NOTES <i>(Attach copy of each.)</i>					
15. PARTNERSHIPS AND OTHER BUSINESS INTERESTS <i>(Attach copy of most current K-1 form and Schedule C.)</i>					
16. OTHER ASSETS					
17. TOTAL ASSETS FROM CONTINUATION SHEET				↓	↓
18. TOTAL ASSETS				\$	\$

TOTAL THE AMOUNTS IN THESE COLUMNS IN 18.

ITEM NO.	DEBTS-SHOW TO WHOM OWED	SEP. PROP.	TOTAL OWING	DATE INCURRED
			\$	
19.	STUDENT LOANS <i>(Give details.)</i>			
20.	TAXES <i>(Give details.)</i>			
21.	SUPPORT ARREARAGES <i>(Attach copies of orders and statements.)</i>			
22.	LOANS - UNSECURED <i>(Give bank name and loan number and attach copy of latest statement.)</i>			
23.	CREDIT CARDS <i>(Give creditor's name and address and the account number. Attach copy of latest statement.)</i>			
24.	OTHER DEBTS <i>(Specify):</i>			
		LIST THE DEBTS YOU BOTH HAD BEFORE AND AFTER SEPARATION; AND ANYTHING DURING THE MARRIAGE		
		NOTE: IF THERE IS NONE, PUT "N/A, OR NONE," UNDER THAT CATEGORY		
		TOTAL THE DEBT AMOUNTS IN THIS COLUMN		
25.	TOTAL DEBTS FROM CONTINUATION SHEET			
26.	TOTAL DEBTS		\$ ↓	

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

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

Date: **TODAY'S DATE**

PRINT YOUR NAME HERE

(TYPE OR PRINT NAME)

SIGN YOUR NAME HERE

(SIGNATURE OF DECLARANT)

PARTY WITHOUT ATTORNEY OR ATTORNEY YOUR NAME YOUR ADDRESS CITY, STATE, ZIP CODE YOUR TELEPHONE NUMBER E-MAIL ADDRESS: ATTORNEY FOR (name):	STATE BAR NUMBER: STATE: ZIP CODE: FAX NO.:	FOR COURT USE ONLY <div style="border: 2px solid black; padding: 20px; font-size: 24px; font-weight: bold;"> SAMPLE ONLY DO NOT WRITE ON THIS COPY! </div>
NOTE: YOU MUST WRITE YOUR NAME AND THE OTHER PARTY'S NAME THE EXACT SAME WAY THROUGHOUT YOUR FORMS		
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: YOUR NAME RESPONDENT: YOUR SPOUSE/REGISTERED DOMESTIC PARTNER'S NAME OTHER PARTY/PARENT/CLAIMANT:		
INCOME AND EXPENSE DECLARATION		CASE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> LEAVE BLANK </div>

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.

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**
- 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**

TELL THE COURT ABOUT YOUR EDUCATION INCLUDING ANY DEGREES OR LICENSES YOU EARNED.

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.)

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: YOUR NAME	CASE NUMBER:
RESPONDENT: YOUR SPOUSE/REGISTERED DOMESTIC PARTNER'S NAME	LEAVE BLANK
OTHER PARTY/PARENT/CLAIMANT:	

Attach copies of your pay stubs for the last two months and proof of any other income. Take a copy of your latest federal tax return to the court hearing. (Black out your Social Security number on the pay stub and tax return.)

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

	Last month	Average monthly		
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.)				
a. Salary or wages (gross, before taxes)	\$	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center; border: 1px solid black; padding: 2px;">IN THIS COLUMN LIST WHAT YOU RECEIVED LAST MONTH FROM EACH SOURCE</td> <td style="width: 50%; text-align: center; border: 1px solid black; padding: 2px;">IN THIS COLUMN LIST THE AVERAGE AMOUNT YOU RECEIVED FROM THE LAST 12 MONTHS FROM EACH SOURCE</td> </tr> </table>	IN THIS COLUMN LIST WHAT YOU RECEIVED LAST MONTH FROM EACH SOURCE	IN THIS COLUMN LIST THE AVERAGE AMOUNT YOU RECEIVED FROM THE LAST 12 MONTHS FROM EACH SOURCE
IN THIS COLUMN LIST WHAT YOU RECEIVED LAST MONTH FROM EACH SOURCE	IN THIS COLUMN LIST THE AVERAGE AMOUNT YOU RECEIVED FROM THE LAST 12 MONTHS FROM EACH SOURCE			
b. Overtime (gross, before taxes)	\$			
c. Commissions or bonuses	\$			
d. Public assistance (for example: TANF, SSI, GA/GR) <input type="checkbox"/> currently receiving	\$			
e. Spousal support <input type="checkbox"/> from this marriage <input type="checkbox"/> from a different marriage <input type="checkbox"/> federally taxable*	\$			
f. Partner support <input type="checkbox"/> from this domestic partnership <input type="checkbox"/> from a different domestic partnership	\$			
g. Pension/retirement fund payments	\$			
h. Social Security retirement (not SSI)	\$			
i. Disability: <input type="checkbox"/> Social Security (not SSI) <input type="checkbox"/> State disability (SDI) <input type="checkbox"/> Private insurance	\$			
j. Unemployment compensation	\$			
k. Workers' compensation	\$			
l. Other (military 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):	\$

LIST ALL OF YOUR INVESTMENT INCOME, AFTER EXPENSES AND BEFORE TAXES, IN THIS AREA

7. Income from self-employment, after business expenses for all businesses	\$
I am the <input type="checkbox"/> owner/sole proprietor <input type="checkbox"/> business partner <input type="checkbox"/> 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. <input checked="" type="checkbox"/> 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
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9. <input checked="" type="checkbox"/> 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
---	--

	Last month	
10. Deductions		
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 <input type="checkbox"/> 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	Total
a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts	\$
b. Stocks, bonds, and other assets I could easily sell	\$
c. All other property, <input type="checkbox"/> real and <input type="checkbox"/> personal (estimate fair market value minus the debts you owe)	\$

* 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: YOUR NAME	CASE NUMBER:
RESPONDENT: YOUR SPOUSE/REGISTERED DOMESTIC PARTNER'S NAME	LEAVE BLANK
OTHER PARTY/PARENT/CLAIMANT:	

12. The following people live with me:

Name	Age	How the person is related to me (ex: son)	That person's gross monthly income	Pays some of the household expenses?
a.				<input type="checkbox"/> Yes <input type="checkbox"/> No
b.				<input type="checkbox"/> Yes <input type="checkbox"/> No
c.				<input type="checkbox"/> Yes <input type="checkbox"/> No
d.				<input type="checkbox"/> Yes <input type="checkbox"/> No
e.				<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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 \$

LIST ALL OF YOUR MONTHLY EXPENSES HERE FOR THE ITEMS LISTED

- h. Cleaning \$
- i. Gifts, and vacation \$
- j. Auto expenses and transportation (insurance, gas, repairs, bus, etc.) \$
- k. Insurance (life, accident, etc.; do not include auto, home, or health insurance) \$
- l. Savings and investments \$
- m. 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 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)

(SIGNATURE OF DECLARANT)

PETITIONER: YOUR NAME	CASE NUMBER:	LEAVE BLANK
RESPONDENT: YOUR SPOUSE/REGISTERED DOMESTIC PARTNER'S NAME		
OTHER PARTY/PARENT/CLAIMANT:		

CHILD SUPPORT INFORMATION

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

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

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.)

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 expenses for the children in this case

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

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):

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

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

Form FL-141

Instructions

Page 1 of 1

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"/> Final	

1. I am the attorney for petitioner respondent in this matter. **3**

4 Petitioner's Respondent's **2** 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.

- 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".

BLANK FORMS

(To be completed)

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

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

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

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

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

Attached are the following:

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

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

Date:

 (TYPE OR PRINT NAME) _____
 SIGNATURE

THIS FORM SHOULD NOT BE FILED WITH THE COURT

FL-142

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

— INSTRUCTIONS —

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

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

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

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

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

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

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

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

Date: _____

(TYPE OR PRINT NAME)

▶ _____
(SIGNATURE OF DECLARANT)

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) <input type="checkbox"/> currently receiving	\$	_____
e. Spousal support <input type="checkbox"/> from this marriage <input type="checkbox"/> from a different marriage <input type="checkbox"/> federally taxable*	\$	_____
f. Partner support <input type="checkbox"/> from this domestic partnership <input type="checkbox"/> from a different domestic partnership	\$	_____
g. Pension/retirement fund payments.....	\$	_____
h. Social Security retirement (not SSI).....	\$	_____
i. Disability: <input type="checkbox"/> Social Security (not SSI) <input type="checkbox"/> State disability (SDI) <input type="checkbox"/> Private insurance	\$	_____
j. Unemployment compensation.....	\$	_____
k. Workers' compensation.....	\$	_____
l. Other (military 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 <input type="checkbox"/> 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, <input type="checkbox"/> real and <input type="checkbox"/> 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.				<input type="checkbox"/> Yes <input type="checkbox"/> No
b.				<input type="checkbox"/> Yes <input type="checkbox"/> No
c.				<input type="checkbox"/> Yes <input type="checkbox"/> No
d.				<input type="checkbox"/> Yes <input type="checkbox"/> No
e.				<input type="checkbox"/> Yes <input type="checkbox"/> No

13. Average monthly expenses Estimated expenses Actual expenses Proposed needs

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

14. Installment payments and debts not listed above

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

15. Attorney fees (This 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)



(SIGNATURE OF DECLARANT)

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)*:

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

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.

