

Instructions For **INCOME AND EXPENSE DECLARATION**

WHEN TO USE THIS PACKET

The Income and Expense Declaration is required anytime the parties go to court regarding spousal support or attorney's fees. In hearings regarding only child support, the parties may file Simplified Financial Statement (FL-155) instead of an Income and Expense Declaration, as long as the party is not self-employed.

This packet includes an "Income and Expense Declaration" [FL-150]. An Income and Expense Declaration may also be required when completing the Declaration of Disclosure and Settlement Conference Statement.

An Income and Expense Declaration must be submitted with copies of the two most recent months' pay stubs. If you are self-employed, you must attach the last two years' income tax returns – including Schedule C (profits and loss statements). Be sure to blacken out any social security numbers that may appear on your pay stubs or income tax returns. You should take your tax returns to court just in case the court demands them. This may save you an additional court date by avoiding the necessity to continue the hearing to a different date.

There is no fee for filing the Income and Expense Declaration.

Once the Income and Expense Declaration is completed, make copies for each of the parties (i.e., one for you, one for the other party, and one for DCSS if they are involved in your case). The original is filed with the court; a copy must be served on each party by having someone, other than you and over the age of 18, mail or personally serving the other party with a copy. A Proof of Service must be completed by the person who serves the Income and Expense Declaration on the other party and that Proof of Service must be filed with the court.

If you have any further questions, please contact the Fresno Superior Court Self-Help Center for further assistance. This service is free.

SAMPLE FORMS

FORM INSTRUCTIONS

FL-150

PARTY WITHOUT ATTORNEY OR ATTORNEY		STATE BAR NUMBER:	
NAME: YOUR NAME	SAMPLE ONLY DO NOT WRITE ON THIS COPY!		
FIRM: YOUR ADDRESS			
STREET: CITY, STATE, ZIP CODE			
CITY: YOUR TELEPHONE NUMBER			
TELEPHONE: YOUR TELEPHONE NUMBER			
E-MAIL ADDRESS:		STATE: ZIP CODE:	
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: 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).	<div style="display: flex; justify-content: space-between;"><div style="width: 45%;"><p>a. Employer:</p><p>b. Employer's address:</p><p>c. Employer's phone number:</p><p>d. Occupation:</p><p>e. Date job started:</p><p>f. If unemployed, date job ended:</p><p>g. I work about _____ hours per week.</p><p>h. I get paid \$ _____ gross (before taxes) <input type="checkbox"/> per month <input type="checkbox"/> per week <input type="checkbox"/> per hour.</p></div><div style="width: 50%; border: 1px solid black; padding: 5px; font-size: 0.8em;">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)</div></div>
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(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: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, highest grade completed (specify): GRADE FINISHED	
c. Number of years of college completed (specify): <input type="checkbox"/> Degree(s) obtained (specify): DEGREE EARNED	
d. Number of years of graduate school completed (specify): <input type="checkbox"/> Degree(s) obtained (specify): DEGREE EARNED	
e. I have: <input checked="" type="checkbox"/> professional/occupational license(s) (specify): LICENSES EARNED <input type="checkbox"/> vocational training (specify): JOB TRAINING COMPLETED	

3. Tax information

a. <input type="checkbox"/> I last filed taxes for tax year (specify year):	
b. My tax filing status is <input type="checkbox"/> single <input type="checkbox"/> head of household <input type="checkbox"/> married, filing separately <input type="checkbox"/> married, filing jointly with (specify name):	
c. I file state tax returns in <input type="checkbox"/> California <input type="checkbox"/> 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): **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	CASE NUMBER:
RESPONDENT: PERSON WHO THIS CASE WAS STARTED AGAINST	COURT CASE NUMBER:
OTHER PARTY/PARENT/CLAIMANT: THE OTHER PARENT'S NAME	

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).....	\$	\$
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):	\$	\$

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

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

a. Dividends/interest.....	\$	<p style="text-align: center; margin: 0;">LIST ALL OF YOUR INVESTMENT INCOME, AFTER EXPENSES AND BEFORE TAXES, IN THIS AREA</p>
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.....	\$	<p style="text-align: center; margin: 0;">FILL OUT THIS SECTION IF YOU HAD MONEY DEDUCTED FOR ANY OF THESE ITEMS FROM LAST MONTH'S PAYCHECK</p>
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**

a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts.....	\$	Total <div style="border: 1px solid black; border-radius: 50%; width: 100px; height: 40px; margin: 0 auto;"></div>
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: PARTY WHO INITIALLY OPENED CASE	CASE NUMBER:
RESPONDENT: PERSON WHO THIS CASE WAS STARTED AGAINST	COURT CASE NUMBER:
OTHER PARTY/PARENT/CLAIMANT: THE OTHER PARENT'S NAME	

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), ROOMMATES, FAMILY, ETC.), THEIR AGE, THEIR RELATION TO YOU, HOW MUCH THEY MAKE BEFORE TAXES, AND WHETHER THEY PAY ANY EXPENSES FOR THE HOME				
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 **← 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. ... \$

j. ... \$

k. ... \$

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
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	CASE NUMBER:
RESPONDENT: PERSON WHO THIS CASE WAS STARTED AGAINST	COURT CASE NUMBER
OTHER PARTY/PARENT/CLAIMANT: THE OTHER PARENT'S NAME	

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

BLANK FORMS

(To be completed)

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) <input type="checkbox"/> per month <input type="checkbox"/> per week <input type="checkbox"/> per hour.
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(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

a. Home: (1) <input type="checkbox"/> Rent or <input type="checkbox"/> 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): \$ _____ <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> r. TOTAL EXPENSES (a–q) (do not add in the amounts in a(1)(a) and (b)) \$ _____ </div> 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)

PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER:
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CHILD SUPPORT INFORMATION

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

16. Number of children

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

17. Children's health-care expenses

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

18. Additional 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*):