

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 dUfm\UgUfYUXm 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], “**Waiver of Service by Mail**” [FL-155], “**Proof of Service by Mail**” [FL-335] k]h instructions for completing the forms. There is also a blank “**Responsive Declaration**” [FL 392] UbXUVUb_ “**Waiver of Service**”, which is 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 a 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 Ugc \Uj YhYch\Yf dUfHYg personally serveX. If you want to personally serve the other parties you will need a “**Proof of Personal Service**” [FL-330].

SAMPLE FORMS

FL-390

ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (pursuant to <small>FC §§ 17400, 17406) (Name, State Bar Number, and Address):</small>	TELEPHONE NO.:	<small>FOR COURT USE ONLY</small>
1		
2 SUPERIOR COURT OF CALIFORNIA • COUNTY OF FRESNO 1100 Van Ness Avenue Fresno, California 93724-0002		
PETITIONER/PLAINTIFF:		
RESPONDENT/DEFENDANT:		
OTHER PARENT:		
3		
4	NOTICE OF MOTION AND MOTION FOR SIMPLIFIED MODIFICATION OF ORDER FOR <input type="checkbox"/> CHILD SUPPORT <input type="checkbox"/> SPOUSAL SUPPORT <input type="checkbox"/> FAMILY SUPPORT	
		CASE NUMBER:

TO (name): **5**

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

6

a. Date: _____ Time: _____ Dept.: _____ Room: _____

b. Address of court: same as noted above other (specify): _____ **7**

8

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)

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 § 3850
 www.courtinfo.ca.gov
American LegalNet, Inc.
 www.USCOURTforms.com

How to fill out

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

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
- ▶ If you know the CASE NUMBER fill it in. If not known, leave it

- 1** Write your name, address and telephone number here.
- 2** If not filled in for you, write "Fresno" after COUNTY OF. The address is: 1130 "O" Street, Fresno CA 93724-2201. The Branch Name is: B.F. Sisk Courthouse.
- 3** Print the name of the Petitioner. You are the "Petitioner" if you started this case. If the County of Fresno started this case, print "Fresno County" for Petitioner. The "Respondent" is the person who this case was started against.
- 4** Check the box for the type of support you are asking to modify – child, spousal, or family.
- 5** Write the name of all the other parties in the case – for example County of Fresno and the other parent's name.
- 6** DO NOT FILL IN. Take this form to the Facilitator's Office or downtown courthouse 4th floor for the court date.
- 7** Check the box if the hearing is at the address listed in **2** above. If the hearing is being held somewhere else, check that box and write in the address.
- 8** If you want the court to change the amount of support being paid, fill out item 2. Check the box for the person paying the support. Check box 2(a) if you want to change the child support and write in the date you want the change to start. Check box 2(b) if you want to change spousal support, write in the new amount and write in the date you want the change to start. Check box 2(c) if you want to change family support, write in the new amount and write in the date you want the change to start.

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:		
NOTICE OF MOTION AND MOTION FOR SIMPLIFIED MODIFICATION OF ORDER FOR <input type="checkbox"/> CHILD SUPPORT <input type="checkbox"/> SPOUSAL SUPPORT <input type="checkbox"/> 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.

9. 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)

11. 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

13. a. the attached completed *Financial Statement (Simplified)* (form FL-155) or *Income and Expense Declaration* (form FL-150) for the applicant.

14. b. a significant change in the income of petitioner/plaintiff respondent/defendant other parent

c. the attached guideline support calculation sheet.

15. 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: 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.USCoutfirms.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.

How to fill out

INCOME AND EXPENSE DECLARATION (FL-150)

DIRECTIONS

- ▶ Find the number on the sample form. *Example:* ❶
- ▶ Go to the same number below to find out how to fill out the form.
- ▶ Type or print in blue or black ink
- ▶ If you know the CASE NUMBER fill it in. If not known leave it blank.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): <div style="text-align: center; border: 1px solid black; border-radius: 50%; width: 20px; margin: 0 auto;">❶</div>	TELEPHONE NO.: 	<div style="text-align: right; font-size: small;">FOR COURT USE ONLY</div>
ATTORNEY FOR (Name): SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME: <div style="text-align: center; border: 1px solid black; border-radius: 50%; width: 20px; margin: 0 auto;">❷</div>		
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT: <div style="text-align: center; border: 1px solid black; border-radius: 50%; width: 20px; margin: 0 auto;">❸</div>		
INCOME AND EXPENSE DECLARATION		CASE NUMBER:

1. Employment

Fill out the information below on your current job, or if you're unemployed, your most recent job. ❹

a. Employer name:
 b. Employer's address:
 c. Employer's phone number:
 d. Your 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

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

If unemployed now, list the hours you worked and what you got paid on your last job. If you have more than one job, attach an 8½-by-11" 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 ❺

a. My age is (specify): _____
 b. I have completed high school or the equivalent yes no If no, highest grade completed _____
 c. Number of years of college completed (specify): _____ degree obtained (specify): _____
 d. Number of years of graduate school completed (specify): _____ degree(s) obtained (specify): _____
 e. I have the following: professional/occupational licenses (specify): _____
 vocational training (specify): _____

3. Tax Information

a. I last filed taxes in _____ (year) ❻
 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): _____
 d. I claim the following number of exemptions (including myself) on my taxes (specify): _____

4. Other party's income ❼

I estimate the gross monthly income (before taxes) of the other party in this case is: \$ _____
 This estimate is based on (explain): _____

If you need more space to answer any questions on this form, attach an 8½-by-11" 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: _____

❽ ▶

(TYPE OR PRINT NAME) (SIGNATURE OF DECLARANT) Page 1 of 4

Form Adopted for Mandatory Use
Judicial Council of California
FL-150 (Rev. January 1, 2004)

INCOME AND EXPENSE DECLARATION

Family Code, §§ 2030-2032,
2100-2113, 3052, 3600-3634,
4050-4076, 4300-4330
www.courtinfo.ca.gov

- ❶ Write your name, address and phone number.
- ❷ If not filled in for you, write "Fresno" after COUNTY OF. The address is: 1130 "O" Street, Fresno CA 93724-2201. The Branch Name is: B.F. Sisk Courthouse.
- ❸ Fill in the names of the Petitioner/Plaintiff and Respondent/Defendant. (The Plaintiff is the person that starts a case against a person, the Defendant.) Fill in name(s) of Other Parent/Claimant if it applies to this case.
- ❹ Fill in information about the your job. If you don't have a job, fill in information about **your last job**. If you have more than one job, use another piece of paper and write the same information.
 - Fill in the name (a) of where you work, the address (b) and phone (c), and your job title (d), example: driver.
 - Fill in the date you started this job (e), how many hours you work every week (g), and how much money you get paid before taxes are taken out (h). Check the first box if this is a monthly amount, the second box if weekly, or the third box if hourly.
 - Be sure to include **copies of your pay stubs** for the last two months. Use a **dark marker** to cross out your social security number.
- ❺ Fill in your age (a) and check the Yes box if you finished high school (b). If you check No, also fill in the last grade you finished. Fill out c. or d. if you have taken college classes. Fill out e. if this applies to you.
- ❻ Check box a. and fill in the year of your last tax return. For b., check the box that applies to you. For c., check California OR check Other if you last filed taxes in another state, and write the state's name. For d., write the number of "exemptions" you claim when filing your taxes.
- ❼ Write down the total amount the other person in this case makes in a month, and explain how you know this.
- ❽ Fill in the date, type or print your name on the left, and sign on the right.

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	9	CASE NUMBER:
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Attach copies of your pay stubs for the last two months and proof of any other income to the first page. 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.)

10 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	\$ _____	\$ _____
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 BAQ, royalty payments, etc.) (specify):	\$ _____	\$ _____

11 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):	\$ _____	\$ _____

12 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.

13 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): _____

14 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	\$ _____
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")	\$ _____

15 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)	\$ _____

INCOME AND EXPENSE DECLARATION (FL-150)

- page two -

DIRECTIONS:

- ▶ Find a number on the sample form
Example: 10
- ▶ Go to the same number below to find out how to fill out the form
- ▶ Type or print in blue or black ink
- ▶ If you know the CASE NUMBER fill it in. If not known leave it blank.

9 Write out first and last names for you and the other person(s) in this case.

Include your pay stubs for the last two months with this form. Also include proof of any other money you make. Bring a copy of your last federal tax return with you to the court hearing. Use a black marker to cross out social security numbers.

10 Fill out a. through k. if it applies to you, and check any boxes that apply to you. The first column is for money earned last month. For the second column, add up amounts for the past 12 months then divide by 12 to get the average amount.

11 If you have investments, fill in amounts. If you fill in an amount for d., write a description. If you have property, include a separate page that lists total money earned on the property and expenses.

12 Fill out this section only if you are self-employed (own a business). Include a "profit and loss statement" for each business, or a schedule C from your tax return.

- 13**
- Check "Additional Income," if you received extra money in the last 12 months. Write down the amount and where the money came from. Examples: "I won the lottery." "My uncle left me money in his will."
 - Check "Change in Income," if the amount of money you normally receive has changed a lot during the past 12 months. Write down the reason. Examples: "I got hurt on the job and am now on disability." "I got a new job that pays better than my old one."

14 Fill in amounts deducted (taken away) from your earnings last month. Fill out all that apply. If you fill out f., you must write an explanation on a separate page labeled "Question 10f."

15 List your assets (accounts, stocks and bonds, property, etc.). Put in the total value (worth) for each line listed.

INCOME AND EXPENSE DECLARATION (FL-150)

- page three -

DIRECTIONS:

- Find a number on the sample form
Example: 16
- Go to the same number below to find out how to fill out the form
- Type or print in blue or black ink
- If you know the CASE NUMBER fill it in. If not known leave it blank.

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:		16	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. 17				<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) Rent or mortgage ... \$ _____

If mortgage:

(a) average principal: \$ _____ 18

(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
19		\$ _____	\$ _____	
		\$ _____	\$ _____	
		\$ _____	\$ _____	
		\$ _____	\$ _____	

15. This form does does not contain the locations of, or identifying information about, the assets and debts listed. NOTE: If the form does contain such information, you may ask the court to seal this document by completing and submitting an Ex Parte Application and Order to Seal Financial Forms (form FL-316).

16. 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. 21

Date: _____

(TYPE OR PRINT NAME OF ATTORNEY) (SIGNATURE OF ATTORNEY)

FL-150 (Rev. January 1, 2008) INCOME AND EXPENSE DECLARATION Page 3 of 4

- 16 Write out first and last names for you and the other person(s) in this case.
- 17 Give information about all persons who live with you.
- Write their names, ages, and how they are related to you (parent, child, other relative, friend).
 - Write how much money each person receives each month (before taxes), and check the Yes or No box if this person pays some of the living expenses.
- 18 For Average monthly expenses, check the first box if you are estimating (best guess) expenses, or the second box if actual (exact) expenses. Check third box only if you expect these to be your expenses each month.
- For a., check first box if you rent or the second box if you own your home. Fill in monthly payment. If you have a mortgage, fill out (1), (2) and (3). Fill out (4) and (5) if it applies to you.
 - Fill in amounts for b. through q. as they apply to you.
 - For j. and q., describe the expense.
 - Add lines a. through q., but don't add in mortgage principal and interest from line a.(2).
 - Put this amount in the total expenses box, line r.
 - Line s. is monthly expenses for the household NOT paid by you.
- 19 List all installment payments and debts you may have. This could include car payments, credit card payments, etc.
- First column: fill in the name of the creditor (who gets the payment?).
 - Second column: describe what the payment is for. Third column: amount of last payment to the creditor
 - Fourth column: amount still owed. Last column: date last payment was made.
- 20 Check if the form "does" or "does not" contain the locations of, or identifying information about, the assets and debts listed.
- 21 Do not fill out this section. Skip to next page....

PETITIONER/PLAINTIFF, RESPONDENT/DEFENDANT, OTHER PARENT/CLAIMANT. 22	CASE NUMBER:
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CHILD SUPPORT INFORMATION

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

23 17. 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.)

24 18. 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.)

25 19. Additional expenses for the children in this case

	Amount per month
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):	\$ _____

26 20. 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 19b.	\$ _____	_____
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): _____

27 21. Other information I want the court to know concerning support in my case (specify): _____

INCOME AND EXPENSE DECLARATION (FL-150)

- page four -

DIRECTIONS:

- ▶ Find a number on the sample form
Example: 21
- ▶ Go to the same number below to find out how to fill out the form
- ▶ Type or print in blue or black ink
- ▶ If you know the CASE NUMBER fill it in. If not known leave it blank.

22 Write out first and last names for you and the other person(s) in this case.

Fill out the rest of this page only if your case involves child support.

23 Fill in the number of children you have with the other parent that are **under age 18**.

- Estimate the amount of time the children are with you and with the other parent. Example: "The children are with me 30% of the time and with the other parent 70% of the time."
- If unsure about using percentages, use the space provided to describe the parents' schedules for taking care of the children.

24 Check the first box if your work place provides health insurance for your children. Otherwise, check the second box. Write the name and address of this insurance company in the space provided. Fill in monthly amount you pay (or would pay to fully cover the children) for health insurance. DO NOT include costs already paid by your job.

25 Fill in monthly amounts that apply to your case. Describe educational or special needs.

26 List any "special hardships" (things that make daily living hard).

- For a. through c., fill in monthly amounts that apply.
- In the second column, fill in the number of months the situation has lasted
- If you have children under age 18 from other relationships, list their names and ages in the space provided.
- If you get child support for these children, fill in that amount.
- If you fill out lines a., b., and c., space has been provided to explain why it's hard for you to pay expenses.

27 In the space provided you may write other information you want the court to know about your case.

ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY <i>(Under Family Code, §§ 17400, 17406) (Name, state bar number, and address):</i>		TELEPHONE AND FAX NOS.	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)

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.

How to fill out

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

DIRECTIONS:

- ▶ Find the number on the sample form.
Example: ❶
- ▶ 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 AT COUNSEL (Name, State Bar number, and address)		FL-335
TELEPHONE NO: E-MAIL ADDRESS (Optional)		FOR COURT USE ONLY
FAX NO. (Optional)		
SUPERIOR COURT OF CALIF. COUNTY OF		
STREET ADDRESS MAILING ADDRESS CITY AND ZIP CODE BRANCH NAME		
PETITIONER/PLAINTIFF:		CASE NUMBER
RESPONDENT/DEFENDANT:		(If Applicable, provide)
OTHER PARENT/PARTY:		HEARING DATE HEARING TIME DEPT:
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:
3. I have served a copy of the following documents (specify):
4. I am 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.
5. 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):
6. 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.)
7. 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, 2012)

Page 1 of 1
Code of Civil Procedure, §§ 1013, 1013a
www.court.ca.gov

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

- ❶ Write your name, address and telephone number.
- ❷ If not filled in for you, write “Fresno” after COUNTY OF. The address is: 1130 “O” Street, Fresno, CA 93724. The Branch Name is: Sisk Courthouse.
- ❸ 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.
- ❹ The person who serves the papers for you will write their name and address here.
- ❺ 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..)
- ❻ 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.
- ❼ 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.
- ❽ 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.

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 FRESNO STREET ADDRESS: 1130 "O" STREET MAILING ADDRESS: CITY AND ZIP CODE: FRESNO, CA 93724-2201 BRANCH NAME: B.F. SISK COURTHOUSE	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	
NOTICE OF MOTION AND MOTION FOR SIMPLIFIED MODIFICATION OF ORDER FOR <input type="checkbox"/> CHILD SUPPORT <input type="checkbox"/> SPOUSAL SUPPORT <input type="checkbox"/> 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)



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:

<input type="checkbox"/> (1) Name of party or attorney served:	<input type="checkbox"/> (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:

<input type="checkbox"/> (1) Name of party or attorney served:	<input type="checkbox"/> (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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ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: 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/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.
--	--

(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/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER 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	\$ _____	_____
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 BAQ, royalty payments, etc) (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	\$ _____
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)	\$ _____

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER 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="margin-left: 20px;">If mortgage:</p> <p style="margin-left: 40px;">(a) average principal: \$ _____</p> <p style="margin-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: 10px;"> <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 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/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER 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 expenses for the children in this case

Amount per month

- 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) : \$ _____

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 (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) :

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

ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY <i>(under Family Code, §§ 17400, 17406) (Name, state bar number, and address):</i>	TELEPHONE AND FAX NOS.:	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF FRESNO STREET ADDRESS: 1130 "O" STREET MAILING ADDRESS: CITY AND ZIP CODE: FRESNO, CA 93724-2201 BRANCH NAME: B.F. SISK COURTHOUSE		
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)

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

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

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: 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/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/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER 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	\$ _____	_____
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 BAQ, royalty payments, etc) (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	\$ _____
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)	\$ _____

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER 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: 10px;"> <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>
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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 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/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER 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 expenses for the children in this case

Amount per month

- 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) : \$ _____

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 (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) :

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

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar number, and address):</i> <hr style="width:10%; margin-left:0;"/> TELEPHONE NO.: _____ FAX NO. <i>(Optional):</i> _____ E-MAIL ADDRESS <i>(Optional):</i> _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND Z P CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	CASE NUMBER: <i>(If applicable, provide):</i> HEARING DATE: HEARING TIME: DEPT.:
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:

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)

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.