

Instructions for Responding to Divorce, Legal Separation or Nullity

WHEN TO USE THIS PACKET

The attached forms can be used to respond to a:

- **Dissolution [Divorce] of Marriage and/or Domestic Partnership**
In order to seek a divorce in this county, you or the other party must have lived in California for the past six months and in Fresno County for the past three months.
- **Legal Separation of Marriage and/or Domestic Partnership**
This allows the Court to divide community property and make orders on custody or support, but does not terminate your marriage or domestic partnership
- **Annulment [Nullity] of a marriage and/or domestic partnership** that was not valid due to specific grounds

You have 30 days from the date the documents were served on you, to file and serve a response.

There is a first time filing fee to file the enclosed forms, unless you are eligible for a “Fee Waiver” which is available as a separate packet.

STEPS TO RESPOND:

1. The following forms in this packet will need to be completed.

<input type="checkbox"/> Response to Petition	FL-120	<input type="checkbox"/> *Declaration of Disclosure	FL-140
<input type="checkbox"/> Declaration under UCCJEA	FL-105	<input type="checkbox"/> *Schedule of Assets and debts	FL-142
<input type="checkbox"/> Proof of by Mail	FL-335	<input type="checkbox"/> *Income & Expense Declaration	FL-150
2. You will need to make at least 2 additional copies of each form you fill out and any attachments you are including. One copy will be for you; another copy will be for the other party. The original is for the court.
3. One copy of the forms must be served to the other party.
4. The server must complete and sign the “Proof of Service by Mail.”
5. File your Response paperwork and the proof of service.

NOTE: *These forms DO NOT need to be filed with the Court but must be SERVED to the other party.

SAMPLE FORMS

PARTY WITHOUT ATTORNEY OR ATTORNEY YOUR NAME YOUR ADDRESS CITY, STATE, ZIP CODE YOUR TELEPHONE NUMBER E-MAIL ADDRESS: ATTORNEY FOR (name):	STATE BAR NUMBER: STATE: ZIP CODE: FAX NO.: :	FOR COURT USE ONLY <div style="border: 2px solid red; padding: 10px; font-size: 24px; font-weight: bold;"> SAMPLE ONLY DO NOT WRITE ON THIS COPY! </div>
NOTE: PETITIONER IS THE PERSON WHO OPENED THE CASE		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: Fresno County Superior Court MAILING ADDRESS: 1130 "O" Street, Fresno CA CITY AND ZIP CODE: 93724-2220 BRANCH NAME:		
PETITIONER: YOUR SPOUSE/REGISTERED DOMESTIC PARTNER'S NAME RESPONDENT: YOUR NAME		
RESPONSE <input type="checkbox"/> AND REQUEST FOR <input type="checkbox"/> AMENDED <input checked="" type="checkbox"/> Dissolution (Divorce) of: <input type="checkbox"/> Marriage <input checked="" type="checkbox"/> Domestic Partnership <input checked="" type="checkbox"/> Legal Separation of: <input type="checkbox"/> Marriage <input type="checkbox"/> Domestic Partnership <input type="checkbox"/> Nullity of: <input type="checkbox"/> Marriage <input type="checkbox"/> Domestic Partnership		CASE NUMBER: <div style="border: 1px solid red; padding: 5px; font-weight: bold;">COURT CASE NUMBER</div>

- 1. LEGAL RELATIONSHIP** CHECK THE BOX THAT APPLIES PICK WHICH ONE APPLIES TO YOU
- a. We are married.
 - b. We are domestic partners and our domestic partnership was established in California.
 - c. We are domestic partners and our domestic partnership was NOT established in California.

- 2. RESIDENCE REQUIREMENTS** (check all that apply): PICK WHICH ONE APPLIES TO YOU
- a. Petitioner Respondent has been a resident of this state for at least six months and of this county for at least three months immediately preceding the filing of this *Petition*. (For a divorce, unless you are in the legal relationship described in 1b., at least one of you must comply with this requirement.)
 - b. Our domestic partnership was established in California. Neither of us has to be a resident or have a domicile in California to dissolve our partnership here.
 - c. We are the same sex, were married in California, but currently live in a jurisdiction that does not recognize, and will not dissolve, our marriage. This *Petition* is filed in the county where we married.

CHECK APPROPRIATE BOX

Petitioner lives in (specify): _____ Respondent lives in (specify): _____

3. STATISTICAL FACTS

a. (1) Date of marriage (specify): MM/DD/YYYY (2) Date of separation (specify): MM/DD/YYYY

YEARS MARRIED MONTHS MARRIED
 ↓ ↓
 Years Months

b. (1) Registration date of domestic partnership with the California Secretary of State or other state equivalent (specify below): _____

(2) Date of separation (specify): _____

(3) Time from date of registration of domestic partnership to date of separation (specify): _____ Years Months

- 4. MINOR CHILDREN** IF THERE ARE NO MINOR CHILDREN, CHECK BOX A. IF THERE ARE MINOR CHILDREN, CHECK BOX B AND LIST THE CHILD(REN)'S INFORMATION FROM OLDEST TO YOUNGEST
- a. There are no minor children.
 - b. The minor children are:
- | Child's name | Birthdate | Age |
|------------------------|------------------|------------|
| CHILD #1'S NAME | BIRTHDATE | AGE |
| CHILD #2'S NAME | BIRTHDATE | AGE |
| CHILD #3'S NAME | BIRTHDATE | AGE |
| CHILD #4'S NAME | BIRTHDATE | AGE |
- (1) continued on Attachment 4b.
 - (2) a child who is not yet born.
 - c. If any children were born before the marriage or domestic partnership, the court has the authority to determine those children to be children of the marriage or domestic partnership.
 - d. If there are minor children of Petitioner and Respondent, a completed *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA)* (form FL-105) must be attached.
 - e. Petitioner and Respondent signed a voluntary declaration of parentage or paternity. (Attach a copy if available.)

PETITIONER: YOUR SPOUSE/REGISTERED DOMESTIC PARTNER'S NAME RESPONDENT: YOUR NAME	CASE NUMBER: <div style="border: 1px solid black; padding: 2px; text-align: center; font-weight: bold;">COURT CASE NUMBER</div>
---	--

Respondent requests that the court make the following orders:

5. LEGAL GROUNDS (Family Code sections 2200–2210; 2310–2312)

a. Respondent contends that the parties never legally married or registered a domestic partnership.

b. Respondent denies the grounds set forth in item 5 of the petition.

c. Respondent requests

(1) Divorce Legal separation of the marriage or domestic partnership based on:
(a) irreconcilable differences. (b) permanent legal incapacity to make decisions.

(2) Nullity of void marriage or domestic partnership based on

(a) incest. (b) bigamy.

(3) Nullity of voidable marriage or domestic partnership based on

(a) respondent's age at time of registration of domestic partnership or marriage. (d) fraud.
(b) prior existing marriage or domestic partnership. (e) force.

5. CHECK THE APPROPRIATE BOX LABELED a. THROUGH c., A BOX LABELED (1) THROUGH (3) AND A BOX FOR (a) THROUGH (F)

CHECK A BOX FOR a., b., and/or c. TO TELL THE COURT WHO YOU WANT TO HAVE LEGAL CUSTODY, AND PHYSICAL CUSTODY OF THE CHILD(REN) AS WELL AS VISITATION

6. CHILD CUSTODY AND VISITATION (PARENTING TIME)

Petitioner Respondent Joint Other

a. Legal custody of children to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Physical custody of children to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Child visitation (parenting time) be granted to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

As requested in form FL-311 form FL-312 form FL-341(C) Attachment 6c(1)
 form FL-341(D) form FL-341(E)

IF YOU WOULD LIKE TO ATTACH ADDITIONAL FORMS FOR CHILD CUSTODY/VISITATION, YOU MAY PRINT AND ATTACH THESE FORMS

7. CHILD SUPPORT

- a. If there are minor children born to or adopted by Petitioner and Respondent before or during this marriage or domestic partnership, the court will make orders for the support of the children upon request and submission of financial forms by the requesting party.
- b. An earnings assignment may be issued without further notice.
- c. Any party required to pay support must pay interest on overdue amounts at the "legal" rate, which is currently 10 percent.
- d. Other (specify):

**CHECK BOX 8a. IF YOU ARE SEEKING A SPOUSAL SUPPORT ORDER
CHECK BOX 8b. IF YOU DO NOT WANT TO PAY SPOUSAL SUPPORT TO YOUR SPOUSE/DOMESTIC PARTNER AND/OR IF YOU DO NOT WANT SPOUSAL SUPPORT TO PAID TO YOU
CHECK BOX 8c. IF YOU WANT TO RESERVE THE ISSUE OF SPOUSAL SUPPORT SO THAT IT MAY BE ADDRESSED IN THE FUTURE**

8. SPOUSAL OR DOMESTIC PARTNER SUPPORT

- a. Spousal or domestic partner support payable to Petitioner Respondent
- b. Terminate (end) the court's ability to award support to Petitioner Respondent
- c. Reserve for future determination the issue of support payable to Petitioner Respondent
- d. Other (specify):

CHECK THE BOX THAT APPLIES

9. SEPARATE PROPERTY

CHECK THE BOX THAT APPLIES. IF BOX b. IS CHECKED, ATTACH FL-160, ATTACHMENT 9b, OR LIST ITEMS BELOW.

- a. There are no such assets or debts that I know of to be confirmed by the court.
- b. Confirm as separate property the assets and debts in Property Declaration (form FL-160). Attachment 9b.
 the following list.

LIST ANY THINGS, MONEY, OTHER PROPERTY OR DEBTS FROM BEFORE THE MARRIAGE/DOMESTIC PARTNERSHIP OR AFTER THE DATE OF SEPARATION.

ALSO LIST ANYTHING YOU OR THE OTHER PARTY INHERITED OR RECEIVED AS A GIFT AT ANY TIME AND YOU ARE SEEKING ORDERS REGARDING THAT PROPERTY/DEBT

ADD THE NAME OF THE PERSON YOU WANT TO GET EACH OF THE ITEMS LISTED

PETITIONER: YOUR SPOUSE/REGISTERED DOMESTIC PARTNER'S NAME RESPONDENT: YOUR NAME	CASE NUMBER: COURT CASE NUMBER
---	---

10. COMMUNITY AND QUASI-COMMUNITY PROPERTY

CHECK THE BOX THAT APPLIES. IF BOX b. IS CHECKED, ATTACH FL-160, ATTACHMENT 10b, OR LIST ITEMS BELOW.

- a. There are no such assets or debts that I know of to be divided by the court.
- b. Determine rights to community and quasi-community assets and debts. All such assets and debts are listed
 - in *Property Declaration* (form FL-160).
 - in Attachment 10b.
 - as follows (*specify*):

LIST ANY THINGS, MONEY, OTHER PROPERTY OR DEBTS YOU AND THE OTHER PARTY ACCRUED OR EARNED DURING THE MARRIAGE/DOMESTIC PARTNERSHIP (INCLUDING HOUSE, VEHICLES, 401(K), PENSION, CREDIT CARD DEBT, LOANS, ETC.) NO MATTER WHOSE NAME IT IS IN

11. OTHER REQUESTS

- a. Attorney's fees and costs payable by Petitioner Respondent
- b. Respondent's former name be restored to (*specify*):
- c. Other (*specify*):

CHECK BOX 11b. AND WRITE YOUR FULL MAIDEN NAME HERE, IF YOU WOULD LIKE IT BACK

IF THERE IS NOT A BOX FOR WHAT YOU ARE REQUESTING, CHECK THIS BOX AND WRITE IT HERE. YOU WILL NEED TO BRIEFLY DESCRIBE THE ORDER REQUESTED

Continued on Attachment 11c.

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

Date: TODAY'S DATE

PRINT YOUR NAME HERE

(TYPE OR PRINT NAME)

SIGN YOUR NAME HERE

(SIGNATURE OF RESPONDENT)

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF ATTORNEY FOR RESPONDENT)

FOR MORE INFORMATION: Read *Legal Steps for a Divorce or Legal Separation* (**form FL-107-INFO**) and visit "Families Change" at www.familieschange.ca.gov — an online guide for parents and children going through divorce or separation.

NOTICE: You may redact (black out) social security numbers from any written material filed with the court in this case other than a form used to collect child, spousal or partner support.

NOTICE—CANCELLATION OF RIGHTS: Dissolution or legal separation may automatically cancel the rights of a domestic partner or spouse under the other domestic partner's or spouse's will, trust, retirement plan, power of attorney, pay-on-death bank account, survivorship rights to any property owned in joint tenancy, and any other similar thing. It does not automatically cancel the right of a domestic partner or spouse as beneficiary of the other partner's or spouse's life insurance policy. You should review these matters, as well as any credit cards, other credit accounts, insurance policies, retirement plans, and credit reports, to determine whether they should be changed or whether you should take any other actions. Some changes may require the agreement of your partner or spouse or a court order.

The original response must be filed in the court with proof of service of a copy on Petitioner.

FORM INSTRUCTIONS

FL-105/GC-120

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): YOUR NAME YOUR ADDRESS CITY, STATE, ZIP CODE YOUR TELEPHONE NUMBER FAX NO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):	FOR COURT USE ONLY <div style="border: 2px solid red; padding: 10px; font-size: 24px; font-weight: bold;"> SAMPLE ONLY DO NOT WRITE ON THIS COPY! </div>
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:	
(This section applies only to family law cases.) PETITIONER: YOUR SPOUSE/REGISTERED DOMESTIC PARTNER'S NAME RESPONDENT: YOUR NAME OTHER PARTY:	
(This section applies only to guardianship cases.) GUARDIANSHIP OF (Name): LEAVE BLANK Minor	CASE NUMBER: <div style="border: 2px solid red; padding: 5px; font-weight: bold; display: inline-block;"> COURT CASE NUMBER </div>
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)	

1. I am a party to this proceeding to determine custody of a child.
2. My present address and the present address of each child residing with me is confidential under Family Code section 3429 as I have indicated in item 3.
3. There are (specify number): **WRITE IN THE NUMBER OF CHILDREN** minor children who are subject to this proceeding, as follows:
 (Insert the information requested below. The residence information must be given for the last FIVE years.)

a. Child's name <div style="border: 2px solid red; padding: 2px; display: inline-block;"> OLDEST CHILD'S NAME </div>	Place of birth <div style="border: 2px solid red; padding: 2px; display: inline-block;"> CITY & STATE WHERE CHILD WAS BORN </div>	Date of birth <div style="border: 2px solid red; padding: 2px; display: inline-block;"> MM/DD/YYYY </div>	Sex <div style="border: 2px solid red; padding: 2px; display: inline-block;"> M or F </div>
Period of residence <div style="border: 2px solid red; border-radius: 50%; padding: 2px; display: inline-block;"> MM/DD/YYYY </div> to present	Address <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) <input type="checkbox"/> Confidential	Relationship <div style="border: 2px solid red; padding: 2px; display: inline-block;"> RELATIONSHIP OF PERSON TO CHILD </div>
to <div style="border: 2px solid red; border-radius: 50%; padding: 2px; display: inline-block;"> MM/DD/YYYY </div>	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
<div style="border: 2px solid red; padding: 5px; font-weight: bold;"> THE CHILD'S ADDRESSES FOR THE PAST FIVE YEARS GO IN THESE BOXES </div>			
<div style="border: 2px solid red; padding: 5px; font-weight: bold;"> MAKE SURE THE DATES DIAGONAL FROM EACH OTHER MATCH </div>			
b. Child's name <div style="border: 2px solid red; padding: 2px; display: inline-block;"> NEXT OLDEST CHILD'S NAME </div>	Place of birth <div style="border: 2px solid red; padding: 2px; display: inline-block;"> CITY & STATE WHERE CHILD WAS BORN </div>	Date of birth <div style="border: 2px solid red; padding: 2px; display: inline-block;"> MM/DD/YYYY </div>	Sex <div style="border: 2px solid red; padding: 2px; display: inline-block;"> M or F </div>
<input checked="" type="checkbox"/> Residence information is the same as given above for child a. (If NOT the same, provide the information below.)	<input type="checkbox"/> Confidential	<input type="checkbox"/> Confidential	
Period of residence to present	Address <input type="checkbox"/> Confidential	Person child lived with (name and complete current address)	Relationship
to	residence (City, State)	with (name and complete current address)	
to	residence (City, State)	with (name and complete current address)	
to	residence (City, State)	with (name and complete current address)	
to	residence (City, State)	with (name and complete current address)	
<div style="border: 2px solid red; padding: 5px; font-weight: bold;"> IF THIS CHILD HAS NOT BEEN LIVING AT THE SAME ADDRESS AS THE CHILD ABOVE, FILL OUT WHERE THE CHILD HAS BEEN LIVING FOR THE PAST 5 YEARS </div>			
<div style="border: 2px solid red; padding: 5px; font-weight: bold;"> IF THE CHILD(REN) HAS LIVED AT MORE THAN 4 ADDRESSES IN THE LAST 5 YEARS, CHECK BOX C AND CREATE AN "ATTACHMENT 3C" AND LIST THE ADDITIONAL ADDRESSES </div>			
<div style="border: 2px solid red; padding: 5px; font-weight: bold;"> IF YOU HAVE MORE THAN 2 CHILDREN INVOLVED IN THE CASE, CHECK BOX D AND COMPLETE FORM FL-105(A)/GC-120(A) </div>			

- c. Additional residence information for a child listed in item a or b is continued on attachment 3c.
- d. Additional children are listed on form FL-105(A)/GC-120(A). (Provide all requested information for additional children.)

SHORT TITLE: OTHER PARTY'S LAST NAME VS YOUR LAST NAME	CASE NUMBER: COURT CASE NUMBER
---	---

4. Do you have information about, or have you participated as a party or as a witness or in some other capacity in, another court case or custody or visitation proceeding, in California or elsewhere, concerning a child subject to this proceeding?

Yes No (If yes, attach a copy of the orders (if you have one) and provide the following information):

Proceeding	Case number	Court <i>(name, state, location)</i>	Court order or judgment <i>(date)</i>	Name of each child	Your connection to the case	Case status
a. <input type="checkbox"/> Family						
b. <input type="checkbox"/> Guardianship						
c. <input type="checkbox"/> Other						

TELL THE COURT IF THERE IS ANOTHER COURT CASE THAT DEALS WITH THE CUSTODY AND/OR VISITATION OF THE CHILD(REN) IN THIS CASE. IF "YES", COMPLETE THE INFORMATION IN THIS SECTION. IF "NO", SKIP TO NUMBER 5.

Proceeding	Case Number	Court <i>(name, state, location)</i>
d. <input type="checkbox"/> Juvenile Delinquency/ Juvenile Dependency		
e. <input type="checkbox"/> Adoption		

5. One or more domestic violence restraining/protective orders are now in effect. (Attach a copy of the orders if you have one and provide the following information):

Court	County	State	Case number <i>(if known)</i>	Orders expire <i>(date)</i>
a. <input type="checkbox"/> Criminal				
b. <input type="checkbox"/> Family				
c. <input type="checkbox"/> Juvenile Delinquency/ Juvenile Dependency				
d. <input type="checkbox"/> Other				

CHECK THIS BOX IF THERE IS A DOMESTIC VIOLENCE RESTRAINING ORDER IN EFFECT AND COMPLETE THE INFORMATION IN THIS SECTION

6. Do you know of any person who is not a party to this proceeding who has physical custody or claims to have custody of or visitation rights with any child in this case? Yes No (If yes, provide the following information):

a. Name and address of person	b. Name and address of person	c. Name and address of person
TELL THE COURT IF THERE IS ANYONE ELSE THAT CLAIMS TO HAVE CUSTODY AND/OR VISITATION ORDERS		
<input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights	<input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights	<input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights
Name of each child	Name of each child	Name of each child

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

Date: **TODAY'S DATE**

PRINT YOUR NAME HERE

SIGN YOUR NAME HERE

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

7. Number of pages attached: _____

NOTICE TO DECLARANT: You have a continuing duty to inform this court if you obtain any information about a custody proceeding in a California court or any other court concerning a child subject to this proceeding.

CASE NAME: OTHER PARTY'S LAST NAME VS YOUR LAST NAME	CASE NUMBER: COURT CASE NUMBER
---	---

**ATTACHMENT TO
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)**

Child's name NEXT OLDEST CHILD'S NAME <input type="checkbox"/> Residence information is the same as given on form FL-105/GC-120 for child a. (If NOT the same, provide the information below.)	Place of birth CITY & STATE WHERE CHILD WAS BORN	Date of birth MM/DD/YYYY	Sex M or F
Period of residence to	Present address <input type="checkbox"/> Confidential Child's residence (City, State)	Person child lived with (name and complete current address)	Relationship
to	to	to	to
to	to	to	to
Child's name NEXT OLDEST CHILD'S NAME <input type="checkbox"/> Residence information is the same as given on form FL-105/GC-120 for child a. (If NOT the same, provide the information below.)	Place of birth CITY & STATE WHERE CHILD WAS BORN	Date of birth CITY & STATE WHERE CHILD WAS BORN	Sex M or F
Period of residence to	Address <input type="checkbox"/> Confidential Child's residence (City, State)	Person child lived with (name and complete current address)	Relationship
to	to	to	to
to	to	to	to
Child's name NEXT OLDEST CHILD'S NAME <input type="checkbox"/> Residence information is the same as given on form FL-105/GC-120 for child a. (If NOT the same, provide the information below.)	Place of birth CITY & STATE WHERE CHILD WAS BORN	Date of birth CITY & STATE WHERE CHILD WAS BORN	Sex M or F
Period of residence to	Address <input type="checkbox"/> Confidential Child's residence (City, State)	Person child lived with (name and complete current address)	Relationship
to	to	to	to
to	to	to	to

FORM INSTRUCTIONS

FL-140

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): YOUR NAME YOUR ADDRESS CITY, STATE, ZIP CODE YOUR TELEPHONE NUMBER		<div style="border: 2px solid red; padding: 10px; font-size: 24px; font-weight: bold;"> SAMPLE ONLY DO NOT WRITE ON THIS COPY! </div>
E-MAIL ADDRESS: ATTORNEY FOR (Name):	FAX NO.: NOTE: YOU MUST WRITE YOUR NAME AND THE OTHER PARTY'S NAME THE EXACT SAME WAY THROUGHOUT YOUR FORMS	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: Fresno County Superior Court MAILING ADDRESS: 1130 "O" Street, Fresno CA CITY AND ZIP CODE: 93724-2220 BRANCH NAME:		
PETITIONER: YOUR SPOUSE/REGISTERED DOMESTIC PARTNER'S NAME RESPONDENT: YOUR NAME OTHER PARENT/PARTY:		CASE NUMBER: <div style="border: 2px solid red; padding: 5px; font-weight: bold;"> COURT CASE NUMBER </div>
DECLARATION OF DISCLOSURE		
<input type="checkbox"/> Petitioner's <input type="checkbox"/> Respondent's		<input type="checkbox"/> Preliminary <input type="checkbox"/> Final

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

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

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

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

Attached are the following:

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

- A completed Schedule of Assets and Debts (form FL-142) or A Property Declaration (form FL-160) for (specify):
 Community and Quasi-Community Property Separate Property.
- A completed Income and Expense Declaration (form FL-150) **AND/OR** A completed Schedule of Assets and Debts (form FL-142) or A Property Declaration (form FL-160) for (specify):
 Community and Quasi-Community Property Separate Property.
- All tax returns filed by the party in the two years before the date that the party served the disclosure documents.
- A statement of all material facts and information regarding valuation of all assets that are community property or in which the community has an interest (not a form). **IF THERE ARE NO COMMUNITY ASSETS, CHECK BOX 4 AND WRITE "NO ASSETS"; IF THERE ARE ASSETS, FILL OUT AN FL-160 AND WRITE THAT FORM NUMBER IN THIS SPACE**
- A statement of all material facts and information regarding obligations for which the community is liable (not a form). **IF THERE ARE NO COMMUNITY DEBTS, CHECK BOX 5 AND WRITE "NO DEBTS"; IF THERE ARE DEBTS, FILL OUT AN FL-160 AND WRITE THAT FORM NUMBER IN THIS SPACE**
- An accurate and complete written disclosure of any investment or business opportunity presented since the date of separation that results from any investment, significant business, or other income-producing opportunity from the date of marriage to the date of separation (not a form). **IF THERE ARE NO INVESTMENT, BUSINESS, OR OTHER INCOME-PRODUCING OPPORTUNITIES SINCE THE DATE OF SEPARATION, CHECK THIS BOX AND WRITE "NO BUSINESS OPPORTUNITIES". IF THERE IS A BUSINESS OPPORTUNITY, DESCRIBE IT HERE OR IN AN ATTACHMENT**

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

Date: **TODAY'S DATE**

PRINT YOUR NAME HERE

SIGN YOUR NAME HERE

(TYPE OR PRINT NAME)

SIGNATURE

Page 1 of 1

FORM INSTRUCTIONS

THIS FORM SHOULD NOT BE FILED WITH THE COURT

FL-142

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): <div style="border: 1px solid red; padding: 5px; width: 90%;"> YOUR NAME YOUR ADDRESS CITY, STATE, ZIP CODE </div>	TELEPHONE NO.:	<div style="border: 1px solid red; padding: 10px;"> SAMPLE ONLY DO NOT WRITE ON THIS COPY! </div>
ATTORNEY FOR (Name):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF FRESNO		
PETITIONER: YOUR SPOUSE/REGISTERED DOMESTIC PARTNER'S NAME		
RESPONDENT: YOUR NAME		
SCHEDULE OF ASSETS AND DEBTS <input type="checkbox"/> Petitioner's <input type="checkbox"/> Respondent's ← CHECK WHICH PARTY YOU ARE		CASE NUMBER: COURT CASE NUMBER

- INSTRUCTIONS -

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

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

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

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

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

ITEM NO.	ASSETS DESCRIPTION	SEP. PROP.	DATE ACQUIRED	CURRENT GROSS FAIR MARKET VALUE	AMOUNT OF MONEY OWED OR ENCUMBRANCE
4. VEHICLES, BOATS, TRAILERS <i>(Describe and attach copy of title document.)</i>	<p style="text-align: center;">LIST THE YEAR, MAKE, MODEL, VIN #, ETC.</p>	\$	\$	CONTINUE LISTING THE ITEMS AND THE APPROPRIATE MONETARY AMOUNTS	
5. SAVINGS ACCOUNTS <i>(Account name, account number, bank, and branch. Attach copy of latest statement.)</i>	<p style="text-align: center;">LIST THE BANK NAME AND ACCOUNT #</p>				
6. CHECKING ACCOUNTS <i>(Account name and number, bank, and branch. Attach copy of latest statement.)</i>	<p style="text-align: center;">LIST THE BANK NAME AND ACCOUNT #</p>				
7. CREDIT UNION, OTHER DEPOSIT ACCOUNTS <i>(Account name and number, bank, and branch. Attach copy of latest statement.)</i>	<p style="text-align: center;">LIST THE BANK NAME AND ACCOUNT #</p>				
8. CASH <i>(Give location.)</i>					
9. TAX REFUND					
10. LIFE INSURANCE WITH CASH SURRENDER OR LOAN VALUE <i>(Attach copy of declaration page for each policy.)</i>					

ITEM NO.	ASSETS DESCRIPTION	SEP. PROP	DATE ACQUIRED	CURRENT GROSS FAIR MARKET VALUE	AMOUNT OF MONEY OWED OR ENCUMBRANCE
11. STOCKS, BONDS, SECURED NOTES, MUTUAL FUNDS <i>(Give certificate number and attach copy of the certificate or copy of latest statement.)</i>				\$	\$
12. RETIREMENT AND PENSIONS <i>(Attach copy of latest summary plan documents and latest benefit statement.)</i>	<div data-bbox="272 632 553 730" style="border: 1px solid red; padding: 5px; text-align: center;"> LIST THE ACCOUNT NAME OR TYPE AND ACCOUNT # </div>				
13. PROFIT-SHARING, ANNUITIES, IRAS, DEFERRED COMPENSATION <i>(Attach copy of latest statement.)</i>					
14. ACCOUNTS RECEIVABLE AND UNSECURED NOTES <i>(Attach copy of each.)</i>					
15. PARTNERSHIPS AND OTHER BUSINESS INTERESTS <i>(Attach copy of most current K-1 form and Schedule C.)</i>					
16. OTHER ASSETS					
17. TOTAL ASSETS FROM CONTINUATION SHEET				↓	↓
18. TOTAL ASSETS				\$	\$

CONTINUE LISTING THE ITEMS AND APPROPRIATE MONETARY AMOUNTS

LIST THE ACCOUNT NAME OR TYPE AND ACCOUNT #

TOTAL THE AMOUNTS IN THESE COLUMNS IN 18.

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

LIST THE DEBTS YOU BOTH HAD BEFORE AND AFTER SEPARATION; AND ANYTHING DURING THE MARRIAGE

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

TOTAL THE DEBT AMOUNTS IN THIS COLUMN

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

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

Date: **TODAY'S DATE**

PRINT YOUR NAME HERE

(TYPE OR PRINT NAME)

SIGN YOUR NAME HERE

(SIGNATURE OF DECLARANT)

PARTY WITHOUT ATTORNEY OR ATTORNEY YOUR NAME YOUR ADDRESS CITY, STATE, ZIP CODE YOUR TELEPHONE NUMBER E-MAIL ADDRESS: ATTORNEY FOR (name):	STATE BAR NUMBER: STATE: ZIP CODE: FAX NO.:	FOR COURT USE ONLY <div style="border: 2px solid red; padding: 10px; font-size: 24px; font-weight: bold;"> SAMPLE ONLY DO NOT WRITE ON THIS COPY! </div>
NOTE: YOU MUST WRITE YOUR NAME AND THE OTHER PARTY'S NAME THE EXACT SAME WAY THROUGHOUT YOUR FORMS		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: Fresno County Superior Court MAILING ADDRESS: 1130 "O" Street, Fresno CA CITY AND ZIP CODE: 93724-2220 BRANCH NAME:		
PETITIONER: YOUR SPOUSE/REGISTERED DOMESTIC PARTNER'S NAME RESPONDENT: YOUR NAME OTHER PARTY/PARENT/CLAIMANT:		
INCOME AND EXPENSE DECLARATION		CASE NUMBER: <div style="border: 2px solid red; padding: 2px;"> COURT CASE NUMBER </div>

1. **Employment** (Give information on your current job or, if you're unemployed, your most recent job.)

Attach copies of your pay stubs for last two months (black out Social Security numbers).	a. Employer: b. Employer's address: c. Employer's phone number: ← d. Occupation: e. Date job started: f. If unemployed, date job ended: g. I work about _____ hours per week. h. I get paid \$ _____ gross (before taxes) <input type="checkbox"/> per month <input type="checkbox"/> per week <input type="checkbox"/> per hour.	FILL OUT YOUR EMPLOYER'S INFORMATION HERE. IF YOU DO NOT HAVE A JOB, GIVE THE INFORMATION FROM YOUR LAST JOB AND WHEN YOUR JOB ENDED (NAME OF EMPLOYER, ADDRESS, PHONE NUMBER, JOB TITLE, DATE OF EMPLOYMENT AND SALARY)
--	--	---

(If you have more than one job, attach an 8 1/2-by-11-inch sheet of paper and list the same information as above for your other jobs. Write "Question 1 - Other Jobs" at the top.)

2. **Age and education** ←

a. My age is (specify): YOUR AGE b. I have completed high school or the equivalent: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, highest grade completed (specify): GRADE FINISHED c. Number of years of college completed (specify): _____ Degree(s) obtained (specify): DEGREE EARNED d. Number of years of graduate school completed (specify): _____ Degree(s) obtained (specify): DEGREE EARNED e. I have: <input type="checkbox"/> professional/occupational license(s) (specify): LICENSES EARNED <input type="checkbox"/> vocational training (specify): JOB TRAINING COMPLETED	<div style="border: 2px solid red; padding: 5px; font-size: 10px;"> TELL THE COURT ABOUT YOUR EDUCATION INCLUDING ANY DEGREES OR LICENSES YOU EARNED. </div>
---	--

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 separate <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):	FILL OUT YOUR INFORMATION FROM THE PAST YEAR YOU FILED TAXES. REMEMBER TO NOTE HOW YOU FILED (SINGLE, ETC.), WHERE YOU FILED, (CA, ETC.) AND HOW MANY EXEMPTIONS YOU CLAIMED (1, ETC.)
---	--

4. **Other party's income.** I estimate the gross monthly income (before taxes) of the other party in this case at (specify): \$

This estimate is based on (explain): **HOW MUCH DO YOU THINK THE OTHER PARTY EARNS BEFORE TAXES? HOW DID YOU COME UP WITH THAT AMOUNT? IF YOU DO NOT KNOW, EXPLAIN WHY YOU DO NOT KNOW**

(If you need more space to answer any questions on this form, attach an 8 1/2-by-11-inch sheet of paper and write the question number before your answer.) Number of pages attached: _____

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

Date: **TODAY'S DATE**

PRINT YOUR NAME HERE

(TYPE OR PRINT NAME)

SIGN YOUR NAME HERE

(SIGNATURE OF DECLARANT)

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

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

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

	Last month	Average monthly
5. Income (For average monthly, add up all the income you received in each category in the last 12 months and divide the total by 12.)		
a. Salary or wages (gross, before taxes)	\$	
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

IN THIS COLUMN LIST THE AVERAGE AMOUNT YOU RECEIVED FROM THE LAST 12 MONTHS FROM EACH SOURCE

6. Investment income (Attach a schedule showing gross receipts less cash expenses for each piece of property.)		
a. Dividends/interest	\$	
b. Rental property income	\$	
c. Trust income	\$	
d. Other (specify):	\$	

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

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

I am the 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

	Last month
10. Deductions	
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")	\$

FILL OUT THIS SECTION IF YOU HAD MONEY DEDUCTED FOR ANY OF THESE ITEMS FROM LAST MONTH'S PAYCHECK

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

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

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

PETITIONER: **YOUR SPOUSE/REGISTERED DOMESTIC PARTNER'S NAME** CASE NUMBER: _____
 RESPONDENT: **YOUR NAME** **COURT CASE NUMBER** _____
 OTHER PARTY/PARENT/CLAIMANT: _____

12. The following people live with me:

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

LIST ANYONE WHO LIVES WITH YOU (INCLUDING CHILD(REN), ROOMATES, FAMILY, ETC.), THEIR AGE, THEIR RELATION TO YOU, HOW MUCH THEY MAKE BEFORE TAXES, AND WHETHER THEY PAY ANY EXPENSES FOR THE HOME

13. Average monthly expenses

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

a. Home:

- (1) Rent or mortgage \$ _____
- If mortgage:
 - (a) average principal: \$ _____
 - (b) average interest: \$ _____
- (2) Real property taxes \$ _____
- (3) Homeowner's or renter's insurance (if not included above) \$ _____
- (4) Maintenance and repair \$ _____
- b. Health-care costs not paid by insurance \$ _____
- c. Child care \$ _____
- d. Groceries and household supplies \$ _____
- e. Eating out \$ _____
- f. Utilities (gas, electric, water, trash) \$ _____
- g. Telephone, cell phone, and e-mail \$ _____
- h. Cleaning \$ _____
- i. Gifts, and vacation \$ _____
- j. Auto expenses and transportation (insurance, gas, repairs, bus, etc.) \$ _____
- k. Insurance (life, accident, etc.; do not include auto, home, or health insurance) \$ _____
- l. Savings and investments \$ _____
- m. Charitable contributions \$ _____
- n. Monthly payments listed in item 14 (itemize below in 14 and insert total here) \$ _____
- o. Other (specify): \$ _____

LIST ALL OF YOUR MONTHLY EXPENSES HERE FOR THE ITEMS LISTED

r. **TOTAL EXPENSES** (a-q) (do not add in the amounts in a(1)(a) and (b)) \$ _____

s. **Amount of expenses paid by others** \$ _____

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

WRITE HOW MUCH OF THE EXPENSES ARE PAID BY OTHERS

14. Installment payments and debts not listed above

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

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

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

- a. To date, I have paid my attorney this amount for fees and costs (specify): \$ _____
- b. The source of this money was (specify): _____
- c. I still owe the following fees and costs to my attorney (specify total owed): \$ _____
- d. My attorney's hourly rate is (specify): _____

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

I confirm this fee arrangement.

Date: **DO NOT SIGN ON THIS PAGE UNLESS COMPLETING SECTION 15**

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

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

CHILD SUPPORT INFORMATION

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

WRITE IN THE NUMBER OF MINOR CHILD(REN) YOU HAVE WITH THE OTHER PARENT IN THIS CASE AND HOW MUCH TIME EACH PARENT SPENDS WITH THEM

16. Number of children

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

IF YOU DO NOT KNOW A PERCENTAGE, DESCRIBE PARENTING SCHEDULE

EXAMPLE: THE CHILDREN LIVE WITH ME AND ARE WITH THE OTHER PARENT EVERY 1ST AND 3RD WEEKEND FROM FRIDAY AT 6PM TO SUNDAY AT 6M

17. Children's health-care expenses

- a. I do I do not have health insurance available to me for the children through my job.

b. Name of insurance company:

c. Address of insurance company:

CHECK WHETHER YOU DO OR DO NOT HAVE HEALTH INSURANCE FOR THE CHILDREN.

IF YOU DO HAVE HEALTH INSURANCE, WRITE THE NAME AND ADDRESS OF THE INSURANCE COMPANY AND HOW MUCH YOU PAY, NOT HOW MUCH YOUR EMPLOYER PAYS

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

18. Additional expenses for the children in this case

- | | 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 <i>(specify below)</i> : | \$ _____ |

WRITE IN ANY OTHER EXPENSES IF IT APPLIES

19. Special hardships. I ask the court to consider the following special financial circumstances *(attach documentation of any item listed here, including court orders)*:

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

- | | Amount per month | For how many months? |
|---|------------------|----------------------|
| a. Extraordinary health expenses not included in 18b | \$ _____ | _____ |
| b. Major losses not covered by insurance <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)*:

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

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): YOUR NAME YOUR ADDRESS CITY, STATE, ZIP CODE YOUR TELEPHONE NUMBER		FOR COURT USE ONLY <div style="border: 2px solid red; padding: 10px; text-align: center;"> SAMPLE ONLY DO NOT WRITE ON THIS COPY! </div>
E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): 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/PLAINTIFF: THE OTHER PARTY RESPONDENT/DEFENDANT: YOUR NAME OTHER PARENT/PARTY:		CASE NUMBER: 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:

SERVER'S ADDRESS
SERVER'S CITY, STATE, AND ZIP CODE

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

WRITE IN THE NAME(S) AND THE FORM(S) OF THE DOCUMENTS BEING SERVED ON THE OTHER PARTY

by enclosing them in an envelope ~~AND~~ **CHOOSE ONE**

- 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: **THE OTHER PARTY'S NAME**
- b. Address: **THE OTHER PARTY'S ADDRESS**
- c. Date mailed: **DATE SERVER MAILED YOUR FORMS TO THE OTHER PARTY**
- d. Place of mailing (city and state): **CITY AND STATE WHERE THE FORMS WERE MAILED**

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.)

DO NOT CHECK ITEM 5. UNLESS YOU ARE INCLUDING FL-334

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

Date: **DATE SERVER SIGNS**

SERVER PRINTS THEIR NAME HERE

(TYPE OR PRINT NAME)

SERVER SIGNS HERE

(SIGNATURE OF PERSON COMPLETING THIS FORM)

BLANK FORMS

(To be Completed)

PARTY WITHOUT ATTORNEY OR ATTORNEY 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:	
RESPONSE <input type="checkbox"/> AND REQUEST FOR <input type="checkbox"/> AMENDED <input type="checkbox"/> Dissolution (Divorce) of: <input type="checkbox"/> Marriage <input type="checkbox"/> Domestic Partnership <input type="checkbox"/> Legal Separation of: <input type="checkbox"/> Marriage <input type="checkbox"/> Domestic Partnership <input type="checkbox"/> Nullity of: <input type="checkbox"/> Marriage <input type="checkbox"/> Domestic Partnership	CASE NUMBER:

1. **LEGAL RELATIONSHIP** (check all that apply):

- a. We are married.
- b. We are domestic partners and our domestic partnership was established in California.
- c. We are domestic partners and our domestic partnership was NOT established in California.

2. **RESIDENCE REQUIREMENTS** (check all that apply):

- a. Petitioner Respondent has been a resident of this state for at least six months and of this county for at least three months immediately preceding the filing of this *Petition*. (For a divorce, unless you are in the legal relationship described in 1b., at least one of you must comply with this requirement.)
- b. Our domestic partnership was established in California. Neither of us has to be a resident or have a domicile in California to dissolve our partnership here.
- c. We are the same sex, were married in California, but currently live in a jurisdiction that does not recognize, and will not dissolve, our marriage. This *Petition* is filed in the county where we married.
 Petitioner lives in (specify): _____ Respondent lives in (specify): _____

3. **STATISTICAL FACTS**

- a. (1) Date of marriage (specify): _____ (2) Date of separation (specify): _____
 (3) Time from date of marriage to date of separation (specify): _____ Years _____ Months
- b. (1) Registration date of domestic partnership with the California Secretary of State or other state equivalent (specify below): _____
 (2) Date of separation (specify): _____
 (3) Time from date of registration of domestic partnership to date of separation (specify): _____ Years _____ Months

4. **MINOR CHILDREN**

- a. There are no minor children.
- b. The minor children are:

<u>Child's name</u>	<u>Birthdate</u>	<u>Age</u>
---------------------	------------------	------------

- (1) continued on Attachment 4b.
- (2) a child who is not yet born.
- c. If any children were born before the marriage or domestic partnership, the court has the authority to determine those children to be children of the marriage or domestic partnership.
- d. If there are minor children of Petitioner and Respondent, a completed *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA)* (form FL-105) must be attached.
- e. Petitioner and Respondent signed a voluntary declaration of parentage or paternity. (Attach a copy if available.)

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

Respondent requests that the court make the following orders:

5. LEGAL GROUNDS (Family Code sections 2200–2210; 2310–2312)

- a. Respondent contends that the parties never legally married or registered a domestic partnership.
- b. Respondent denies the grounds set forth in item 5 of the petition.
- c. Respondent requests
 - (1) Divorce Legal separation of the marriage or domestic partnership based on
 - (a) irreconcilable differences. (b) permanent legal incapacity to make decisions.
 - (2) Nullity of void marriage or domestic partnership based on
 - (a) incest. (b) bigamy.
 - (3) Nullity of voidable marriage or domestic partnership based on
 - (a) respondent's age at time of registration of domestic partnership or marriage. (d) fraud.
 - (b) prior existing marriage or domestic partnership. (e) force.
 - (c) unsound mind. (f) physical incapacity.

6. CHILD CUSTODY AND VISITATION (PARENTING TIME)

Petitioner Respondent Joint Other

- a. Legal custody of children to
 - b. Physical custody of children to
 - c. Child visitation (parenting time) be granted to
- As requested in form FL-311 form FL-312 form FL-341(C)
 form FL-341(D) form FL-341(E) Attachment 6c(1)

7. CHILD SUPPORT

- a. If there are minor children born to or adopted by Petitioner and Respondent before or during this marriage or domestic partnership, the court will make orders for the support of the children upon request and submission of financial forms by the requesting party.
- b. An earnings assignment may be issued without further notice.
- c. Any party required to pay support must pay interest on overdue amounts at the "legal" rate, which is currently 10 percent.
- d. Other (specify):

8. SPOUSAL OR DOMESTIC PARTNER SUPPORT

- a. Spousal or domestic partner support payable to Petitioner Respondent
- b. Terminate (end) the court's ability to award support to Petitioner Respondent
- c. Reserve for future determination the issue of support payable to Petitioner Respondent
- d. Other (specify):

9. SEPARATE PROPERTY

- a. There are no such assets or debts that I know of to be confirmed by the court.
- b. Confirm as separate property the assets and debts in Property Declaration (form FL-160). Attachment 9b.
 the following list. Item Confirm to

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

10. COMMUNITY AND QUASI-COMMUNITY PROPERTY

- a. There are no such assets or debts that I know of to be divided by the court.
- b. Determine rights to community and quasi-community assets and debts. All such assets and debts are listed
 - in *Property Declaration* (form FL-160). in Attachment 10b.
 - as follows (*specify*):

11. OTHER REQUESTS

- a. Attorney's fees and costs payable by Petitioner Respondent
- b. Respondent's former name be restored to (*specify*):
- c. Other (*specify*):

Continued on Attachment 11c.

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 RESPONDENT)
-------------------------------	---	------------------------------------

Date:

_____ (TYPE OR PRINT NAME)	▶	_____ (SIGNATURE OF ATTORNEY FOR RESPONDENT)
-------------------------------	---	---

FOR MORE INFORMATION: Read *Legal Steps for a Divorce or Legal Separation* (**form FL-107-INFO**) and visit "Families Change" at www.familieschange.ca.gov — an online guide for parents and children going through divorce or separation.

NOTICE: You may redact (black out) social security numbers from any written material filed with the court in this case other than a form used to collect child, spousal or partner support.

NOTICE—CANCELLATION OF RIGHTS: Dissolution or legal separation may automatically cancel the rights of a domestic partner or spouse under the other domestic partner's or spouse's will, trust, retirement plan, power of attorney, pay-on-death bank account, survivorship rights to any property owned in joint tenancy, and any other similar thing. It does not automatically cancel the right of a domestic partner or spouse as beneficiary of the other partner's or spouse's life insurance policy. You should review these matters, as well as any credit cards, other credit accounts, insurance policies, retirement plans, and credit reports, to determine whether they should be changed or whether you should take any other actions. Some changes may require the agreement of your partner or spouse or a court order.

The original response must be filed in the court with proof of service of a copy on Petitioner.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
<i>(This section applies only to family law cases.)</i>	
PETITIONER: RESPONDENT: OTHER PARTY:	
<i>(This section applies only to guardianship cases.)</i>	CASE NUMBER:
GUARDIANSHIP OF (Name): _____ Minor	
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)	

1. I am a party to this proceeding to determine custody of a child.
2. My present address and the present address of each child residing with me is confidential under Family Code section 3429 as I have indicated in item 3.
3. There are (specify number): _____ minor children who are subject to this proceeding, as follows:
(Insert the information requested below. The residence information must be given for the last FIVE years.)

a. Child's name	Place of birth	Date of birth	Sex
Period of residence to present	Address <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) <input type="checkbox"/> Confidential	Relationship
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
b. Child's name	Place of birth	Date of birth	Sex
<input type="checkbox"/> Residence information is the same as given above for child a. (If NOT the same, provide the information below.)			
Period of residence to present	Address <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) <input type="checkbox"/> Confidential	Relationship
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	
to	Child's residence (City, State)	Person child lived with (name and complete current address)	

- c. Additional residence information for a child listed in item a or b is continued on attachment 3c.
- d. Additional children are listed on form FL-105(A)/GC-120(A). (Provide all requested information for additional children.)

SHORT TITLE: 	CASE NUMBER:
----------------------	----------------------

4. Do you have information about, or have you participated as a party or as a witness or in some other capacity in, another court case or custody or visitation proceeding, in California or elsewhere, concerning a child subject to this proceeding?

Yes No (If yes, attach a copy of the orders (if you have one) and provide the following information):

Proceeding	Case number	Court <i>(name, state, location)</i>	Court order or judgment <i>(date)</i>	Name of each child	Your connection to the case	Case status
a. <input type="checkbox"/> Family						
b. <input type="checkbox"/> Guardianship						
c. <input type="checkbox"/> Other						

Proceeding	Case Number	Court <i>(name, state, location)</i>
d. <input type="checkbox"/> Juvenile Delinquency/ Juvenile Dependency		
e. <input type="checkbox"/> Adoption		

5. One or more domestic violence restraining/protective orders are now in effect. (Attach a copy of the orders if you have one and provide the following information):

Court	County	State	Case number <i>(if known)</i>	Orders expire <i>(date)</i>
a. <input type="checkbox"/> Criminal				
b. <input type="checkbox"/> Family				
c. <input type="checkbox"/> Juvenile Delinquency/ Juvenile Dependency				
d. <input type="checkbox"/> Other				

6. Do you know of any person who is not a party to this proceeding who has physical custody or claims to have custody of or visitation rights with any child in this case? Yes No (If yes, provide the following information):

a. Name and address of person <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights <hr/> Name of each child	b. Name and address of person <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights <hr/> Name of each child	c. Name and address of person <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights <hr/> Name of each child
---	---	---

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)

7. Number of pages attached: _____

NOTICE TO DECLARANT: You have a continuing duty to inform this court if you obtain any information about a custody proceeding in a California court or any other court concerning a child subject to this proceeding.

CASE NAME: 	CASE NUMBER:
--------------------	----------------------

**ATTACHMENT TO
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)**

<input type="checkbox"/> Child's name <input type="checkbox"/> Residence information is the same as given on form FL-105/GC-120 for child a. (If NOT the same, provide the information below.)		Place of birth	Date of birth	Sex
Period of residence to present	Present address <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) <input type="checkbox"/> Confidential		Relationship
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		

<input type="checkbox"/> Child's name <input type="checkbox"/> Residence information is the same as given on form FL-105/GC-120 for child a. (If NOT the same, provide the information below.)		Place of birth	Date of birth	Sex
Period of residence to present	Address <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) <input type="checkbox"/> Confidential		Relationship
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		

<input type="checkbox"/> Child's name <input type="checkbox"/> Residence information is the same as given on form FL-105/GC-120 for child a. (If NOT the same, provide the information below.)		Place of birth	Date of birth	Sex
Period of residence to present	Address <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) <input type="checkbox"/> Confidential		Relationship
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		

CASE NAME: 	CASE NUMBER:
--------------------	----------------------

**ATTACHMENT TO
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)**

<input type="checkbox"/> Child's name <input type="checkbox"/> Residence information is the same as given on form FL-105/GC-120 for child a. (If NOT the same, provide the information below.)		Place of birth	Date of birth	Sex
Period of residence to present	Present address <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) <input type="checkbox"/> Confidential		Relationship
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		

<input type="checkbox"/> Child's name <input type="checkbox"/> Residence information is the same as given on form FL-105/GC-120 for child a. (If NOT the same, provide the information below.)		Place of birth	Date of birth	Sex
Period of residence to present	Address <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) <input type="checkbox"/> Confidential		Relationship
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		

<input type="checkbox"/> Child's name <input type="checkbox"/> Residence information is the same as given on form FL-105/GC-120 for child a. (If NOT the same, provide the information below.)		Place of birth	Date of birth	Sex
Period of residence to present	Address <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) <input type="checkbox"/> Confidential		Relationship
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		
to	Child's residence (City, State)	Person child lived with (name and complete current address)		

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

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

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

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

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

Attached are the following:

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

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

Date: _____

_____ ▶ _____

(TYPE OR PRINT NAME)

SIGNATURE

Page 1 of 1

THIS FORM SHOULD NOT BE FILED WITH THE COURT

FL-142

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

- INSTRUCTIONS -

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

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

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

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

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

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.
--	--

(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:
--	--------------

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:
--	--------------

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 <i>(specify below)</i> :	\$ _____

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

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

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

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

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

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar number, and address):</i> TELEPHONE NO.: _____ FAX NO. <i>(Optional):</i> _____ E-MAIL ADDRESS <i>(Optional):</i> _____ ATTORNEY FOR <i>(Name):</i> _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	CASE NUMBER: <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)

