

# RESPONSE TO PETITION FOR DISSOLUTION OF MARRIAGE (NO CHILDREN)

FORMS ARE AVAILABLE AT [WWW.SUTTERCOURTS.COM](http://WWW.SUTTERCOURTS.COM) OR [WWW.COURTS.CA.GOV](http://WWW.COURTS.CA.GOV)

## GENERAL INFORMATION

The purpose of an **FL-120 *Response-Marriage*** is to provide you an opportunity to respond to a Petition for Dissolution of Marriage, Legal Separation, or Nullity. A ***Response*** allows an individual to object to anything in the Petition and make requests about property, child custody, and/or child visitation. Along with the Petition, you will also be served with a Summons. It is important to read the STANDARD RESTRAINING ORDERS on the back of the Summons as these will apply to you once you have been served. Furthermore, you should also be provided with a MINUTE ORDER that provides you with your first status review court date. Pay attention to this MINUTE ORDER and the court date so that you know when and where you must appear.

You have thirty (30) days from the DATE YOU WERE SERVED to respond to the Petition. If you DO NOT RESPOND within the thirty (30) days, the other party has the right to request a **Default Judgment** because of your failure to respond and the Court may grant everything requested in the Petition.

You will need the following:

- **FL-120** *Response-Marriage (Family Law)*
- **FL-160** *Property Declaration (if applicable)*
- **FL-140** *Declaration of Disclosure*
- **FL-150** *Income and Expense Declaration*
- **FL-335** *Proof of Service by Mail*
- **FL-141** *Declaration Regarding Service of Declaration of Disclosure and Income and Expense Declaration*

## FILING AND SERVING INSTRUCTIONS

There is a filing fee required for filing the Answer. You can apply for a waiver of the court fees.

All ORIGINAL completed forms need to be copied TWO TIMES and filed with the Court. ALL THE COPIES will be "Endorsed Filed". One copy of each is for you and the other set of copies is for the other party.

### **SERVING THE OTHER PARTY**

Have someone **OTHER THAN YOURSELF AND OVER THE AGE OF 18 YEARS OLD** serve the other party with the documents above. Have the server complete the ***Proof of Service by Mail (FL-335)*** form and then file it with the Court.

REVISED 01/01/2020

**SUPERIOR COURT OF CALIFORNIA  
COUNTY OF SUTTER**

**FAMILY LAW FACILITATOR  
FAMILY LAW INFORMATION CENTER**

  
530-822-3305

PARTY WITHOUT ATTORNEY OR ATTORNEY NAME: <span style="border: 1px solid red; padding: 2px;">YOUR NAME</span> FIRM NAME: STREET ADDRESS: <span style="border: 1px solid red; padding: 2px;">YOUR STREET ADDRESS</span> CITY: <span style="border: 1px solid red; padding: 2px;">YOUR CITY, STATE, ZIP CODE</span> TELEPHONE NO.: <span style="border: 1px solid red; padding: 2px;">TELEPHONE #</span> E-MAIL ADDRESS: ATTORNEY FOR (name):	STATE BAR NUMBER:  STATE:      ZIP CODE:  FAX NO.:	<b>FOR COURT USE ONLY</b>          CASE NUMBER:          <span style="border: 1px solid red; padding: 2px; display: inline-block; width: 100px; text-align: center;">COURT CASE NUMBER</span>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF <span style="border: 1px solid red; padding: 2px;">COUNTY NAME</span> STREET ADDRESS: MAILING ADDRESS: <span style="border: 1px solid red; padding: 2px;">COURT'S PHYSICAL ADDRESS</span> CITY AND ZIP CODE: <span style="border: 1px solid red; padding: 2px;">COURT'S CITY, STATE, ZIP CODE</span> BRANCH NAME:		
PETITIONER: RESPONDENT: <span style="border: 1px solid red; padding: 2px;">FILL THIS OUT EXACTLY AS IT APPEARS ON THE PAPERS YOU WERE SERVED WITH</span>		
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		

1. LEGAL RELATIONSHIP (check all that apply): CHECK APPROPRIATE BOX
- a.  We are married. CHECK APPROPRIATE BOX
  - 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): CHECK APPROPRIATE BOX
- 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 CHECK APPROPRIATE BOX
- a.  (1) Date of marriage (specify): MONTH / DAY / YEAR (2) Date of separation (specify): MONTH / DAY / YEAR OF SEPARATION  
 (3) Time from date of marriage to date of separation (specify):      Years      Months  
YEARS MARRIED      MONTHS MARRIED
  - 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:  

Child'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: RESPONDENT: <div style="border: 1px solid red; padding: 2px; display: inline-block; margin-left: 20px;">           YOUR NAME OTHER PARTY'S NAME         </div>	CASE NUMBER: <div style="border: 1px solid red; padding: 2px; display: inline-block; margin-left: 20px;">           COURT CASE NUMBER         </div>
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Respondent requests that the court make the following orders:

CHECK THE APPROPRIATE BOXES

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 .....	<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)  
 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):

YOU MUST CHECK 1 BOX FOR YOU AND 1 BOX FOR RESPONDENT, THEN THE CORRESPONDING OUTSIDE BOX.

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):

IF YOU HAVE ANY PROPERTY THAT YOU HAD BEFORE MARRIAGE, AS A GIFT, THROUGH INHERITANCE, AND/OR AFTER THE DATE OF SEPARATION, CHECK (b) AND THE PROPERTY DECLARATION BOX.

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

IF YOU HAVE **NO** PERSONAL PROPERTY LEFT TO EXCHANGE, CHECK (a) AND WRITE IN THIS SPACE THE FOLLOWING:  
"ALL PERSONAL PROPERTY IN THE POSSESSION OF THE PETITIONER CONFIRM TO THE PETITIONER."  
"ALL PERSONAL PROPERTY IN THE POSSESSION OF THE RESPONDENT CONFIRM TO THE RESPONDENT."

PETITIONER: <span style="border: 1px solid red; padding: 2px;">YOUR NAME</span> RESPONDENT: <span style="border: 1px solid red; padding: 2px;">OTHER PARTY'S NAME</span>	CASE NUMBER: <span style="border: 1px solid red; padding: 2px;">COURT CASE NUMBER</span>
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**10. COMMUNITY AND QUASI-COMMUNITY PROPERTY**

CHECK THIS BOX IF YOU DO NOT HAVE ANY 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
  - Property Declaration* (form [FL-160](#)).  [Attachment 10b](#).
  - as follows (*specify*):

IF YOU HAVE ANY MARITAL ASSETS AND/OR DEBTS, CHECK THESE BOXES AND COMPLETE FORM FL-160 PROPERTY DECLARATION FOR YOUR COMMUNITY PROPERTY/DEBTS.

**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*):

IF YOU WOULD LIKE THE NAME YOU HAD PRIOR TO THIS MARRIAGE RESTORED, CHECK THIS BOX AND WRITE THE FULL NAME HERE.

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: DATE

PRINT YOUR NAME

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(TYPE OR PRINT NAME)

SIGN YOUR NAME

---

(SIGNATURE OF RESPONDENT)

Date: \_\_\_\_\_

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(TYPE OR PRINT NAME)

\_\_\_\_\_

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(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](http://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.**



A		B	C	-	D	=	E	F	
ITEM NO.	BRIEF DESCRIPTION	DATE ACQUIRED	GROSS FAIR MARKET VALUE		AMOUNT OF DEBT		NET FAIR MARKET VALUE	PROPOSAL FOR DIVISION Award or Confirm to: PETITIONER RESPONDENT	
7.	CREDIT UNION, OTHER DEPOSITORY ACCOUNTS		\$		\$		\$	\$	\$
THIS IS PAGE 2 OF THE PROPERTY DECLARATION. CONTINUE LISTING THE ITEMS AND APPROPRIATE MONEY AMOUNTS.									
8.	CASH								
9.	TAX REFUND								
10.	LIFE INSURANCE WITH CASH SURRENDER OR LOAN VALUE								
11.	STOCKS, BONDS, SECURED NOTES, MUTUAL FUNDS								
12.	RETIREMENT AND PENSIONS								
LIST THE ACCOUNT NAME OR TYPE AND ACCOUNT #.									
13.	PROFIT-SHARING, IRAS, DEFERRED COMPENSATION, ANNUITIES								
14.	ACCOUNTS RECEIVABLE, UNSECURED NOTES								
15.	PARTNERSHIP, OTHER BUSINESS INTERESTS								
16.	OTHER ASSETS								
17.	ASSETS FROM CONTINUATION SHEET								
TOTAL THE AMOUNTS FOR EACH COLUMN IN #18.									
18.	TOTAL ASSETS								

A	B	C	D		
ITEM NO.	DEBTS— SHOW TO WHOM OWED	DATE INCURRED	TOTAL OWING	PROPOSAL FOR DIVISION Award or Confirm to: PETITIONER      RESPONDENT	
19.	STUDENT LOANS		\$	\$	\$
	<b>LIST THE DEBTS YOU NEED DISTRIBUTED IN THE APPROPRIATE AREA</b>	<b>GIVE THE DATE YOU INCURRED THE DEBT</b>	<b>GIVE THE AMOUNT STILL OWED ON EACH DEBT</b>	<b>IN THESE COLUMNS, LIST THE DOLLAR AMOUNT OF THE DEBTS THAT THE PETITIONER AND/OR RESPONDENT WILL TAKE</b>	
20.	TAXES				
21.	SUPPORT ARREARAGES				
22.	LOANS—UNSECURED				
23.	CREDIT CARDS				
24.	OTHER DEBTS				
25.	OTHER DEBTS FROM CONTINUATION SHEET	<b>TOTAL THE AMOUNTS FOR EACH COLUMN IN #26.</b>			
26.	TOTAL DEBTS				

A Continuation of Property Declaration (form FL-161) is attached and incorporated by reference.

I declare under penalty of perjury under the laws of the State of California that, to the best of my knowledge, the foregoing is a true and correct listing of assets and obligations and the amounts shown are correct.

Date:

(TYPE OR PRINT NAME)



SIGNATURE

## INFORMATION AND INSTRUCTIONS FOR COMPLETING FORM FL-160

*Property Declaration* (form FL-160) is a multipurpose form, which may be filed with the court as an attachment to a *Petition or Response* or served on the other party to comply with disclosure requirements in place of a *Schedule of Assets and Debts* (form FL-142). Courts may also require a party to file a *Property Declaration* as an attachment to a *Request to Enter Default* (form FL-165) or *Judgment* (form FL-180).

**When filing a *Property Declaration* with the court, do not include private financial documents listed below.**

### Identify the type of declaration completed

1. Check "Community and Quasi-Community Property Declaration" on page 1 to use *Property Declaration* (form FL-160) to provide a combined list of community and quasi-community property assets and debts. Quasi-community property is property you own outside of California that would be community property if it were located in California.
2. Do not combine a separate property declaration with a community and quasi-community property declaration. Check "Separate Property Declaration" on page 1 when using *Property Declaration* to provide a list of separate property assets and debts.

### Description of the Property Declaration chart

#### Pages 1 and 2

1. Column A is used to provide a brief description of each item of separate or community or quasi-community property.
2. Column B is used to list the date the item was acquired.
3. Column C is used to list the item's gross fair market value (an estimate of the amount of money you could get if you sold the item to another person through an advertisement).
4. Column D is used to list the amount owed on the item.
5. Column E is used to indicate the net fair market value of each item. The net fair market value is calculated by subtracting the dollar amount in column D from the amount in column C ("C minus D").
6. Column F is used to show a proposal on how to divide (or confirm) the item described in column A.

#### Page 3

1. Column A is used to provide a brief description of each separate or community or quasi-community property debt.
2. Column B is used to list the date the debt was acquired.
3. Column C is used to list the total amount of money owed on the debt.
4. Column D is used to show a proposal on how to divide (or confirm) the item of debt described in column A.

### When using this form only as an attachment to a *Petition or Response*

1. Attach a *Separate Property Declaration* (form FL-160) to respond to item 9. Only columns A and F on pages 1 and 2 and columns A and D on page 3 are required.
2. Attach a *Community or Quasi-Community Declaration* (form FL-160) to respond to item 10, and complete column A on all pages.

### When serving this form on the other party as an attachment to *Declaration of Disclosure* (form FL-140)

1. Complete columns A through E on pages 1 and 2, and columns A through C on page 3.
2. Copies of the following documents must be attached and served on the other party:
  - (a) *For real estate* (item 1): deeds with legal descriptions and the latest lender's statement.
  - (b) *For vehicles, boats, trailers* (item 4): the title documents.
  - (c) *For all bank accounts* (item 5, 6, 7): the latest statement.
  - (d) *For life insurance policies with cash surrender or loan value* (item 10): the latest declaration page.
  - (e) *For stocks, bonds, secured notes, mutual funds* (item 11): the certificate or latest statement.
  - (f) *For retirement and pensions* (item 12): the latest summary plan document and latest benefit statement.
  - (g) *For profit-sharing, IRAs, deferred compensation, and annuities* (item 13): the latest statement.
  - (h) *For each account receivable and unsecured note* (item 14): documentation of the account receivable or note.
  - (i) *For partnerships and other business interests* (item 15): the most current K-1 and Schedule C.
  - (j) *For other assets* (item 16): the most current statement, title document, or declaration.
  - (k) *For support arrearages* (item 21): orders and statements.
  - (l) *For credit cards and other debts* (items 23 and 24): the latest statement.
3. Do not file copies of the above private financial documents with the court.

### When filing this form with the court as a attachment to *Request to Enter Default* (FL-165) or *Judgment* (FL-180)

Complete all columns on the form.

**For more information** about forms required to process and obtain a judgment in dissolution, legal separation, and nullity cases, see <http://www.courts.ca.gov/8218.htm>.





ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	
<div style="border: 1px solid red; padding: 5px; display: inline-block;">                 YOUR NAME                  YOUR STREET ADDRESS                  YOUR CITY, STATE, and ZIP CODE                  TELEPHONE #             </div>	
TELEPHONE NO.:	FAX NO.:
E-MAIL ADDRESS:	
ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF <span style="border: 1px solid red; padding: 2px 10px;">COUNTY NAME</span>	
STREET ADDRESS: <span style="border: 1px solid red; padding: 2px 10px;">COURT'S PHYSICAL ADDRESS</span>	
MAILING ADDRESS:	
CITY AND ZIP CODE: <span style="border: 1px solid red; padding: 2px 10px;">COURT'S CITY, STATE, and ZIP CODE</span>	
BRANCH NAME:	
PETITIONER: RESPONDENT: <span style="border: 1px solid red; padding: 2px 10px;">FILL THIS OUT EXACTLY AS THE INFORMATION APPEARS ON YOUR OTHER DOCUMENTS</span> OTHER PARENT/PARTY:	
<b>DECLARATION REGARDING SERVICE OF DECLARATION OF DISCLOSURE AND INCOME AND EXPENSE DECLARATION</b> <input type="checkbox"/> Petitioner's <input checked="" type="checkbox"/> Preliminary <input checked="" type="checkbox"/> Respondent's <input type="checkbox"/> Final	
CASE NUMBER: <span style="border: 1px solid red; padding: 2px 10px;">COURT CASE NUMBER</span>	

1. I am the  attorney for  petitioner  respondent in this matter.
2.  Petitioner's  Respondent's Preliminary Declaration of Disclosure (form FL-140), current\* Income and Expense Declaration (form FL-150), completed Schedule of Assets and Debts (form FL-142) or Community and Separate Property Declarations (form FL-160) with appropriate attachments, all tax returns filed by the party in the two years before service of the preliminary disclosures, and all other required information under Family Code section 2104 were served on:
  - the other party     the other party's attorney    by     personal service     mail
  - Other (specify):
 on (date): DATE SERVED

CHECK THE APPROPRIATE BOX
3.  Petitioner's  Respondent's Final Declaration of Disclosure (form FL-140), current\* Income and Expense Declaration (form FL-150), completed Schedule of Assets and Debts (form FL-142) or Community or Separate Property Declarations (form FL-160) with attachments, and the material facts and information required by Family Code section 2105 were served on:
  - the other party     other party's attorney    by     personal service     mail
  - Other (specify):
 on (date):
4.  Service of  Petitioner's  Respondent's  preliminary  final declaration of disclosure  current income and expense declaration has been waived as follows:
  - a.  The parties agreed to waive final declaration of disclosure requirements under Family Code section 2105(d.) (Form FL-144 may be used for this purpose.) The waiver  was filed on (date):  
 is being filed at the same time as this form.
  - b.  The party has failed to comply with disclosure requirements, and the court has granted the request for voluntary waiver of receipt under Family Code section 2107 on (date):
  - c.  This is a default proceeding that does not include a stipulated judgment or settlement agreement. Petitioner waives final disclosure requirements under Family Code section 2110.

\*Current is defined as completed within the past three months providing no facts have changed. (Cal. Rules of Court, rule 5.260.)

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

Date: DATE      PRINT YOUR NAME      SIGN YOUR NAME

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(TYPE OR PRINT NAME)      SIGNATURE

NOTE: File this document with the court.  
Do not file a copy of the Preliminary or Final Declaration of Disclosure or any attachments to either declaration of disclosure with this document.

PARTY WITHOUT ATTORNEY OR ATTORNEY NAME: <span style="border: 1px solid red; padding: 2px;">YOUR NAME</span> FIRM NAME: STREET ADDRESS: <span style="border: 1px solid red; padding: 2px;">YOUR MAILING ADDRESS</span> CITY: <span style="border: 1px solid red; padding: 2px;">YOUR TELEPHONE #</span> STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF <span style="border: 1px solid red; padding: 2px;">COUNTY NAME</span> STREET ADDRESS: MAILING ADDRESS: <span style="border: 1px solid red; padding: 2px;">COURT'S PHYSICAL ADDRESS</span> CITY AND ZIP CODE: <span style="border: 1px solid red; padding: 2px;">COURT'S CITY, STATE, and ZIP CODE</span> BRANCH NAME:	
PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	<span style="border: 1px solid red; padding: 2px;">FILL THIS OUT EXACTLY AS THE INFORMATION APPEARS ON YOUR OTHER DOCUMENTS</span>
<b>INCOME AND EXPENSE DECLARATION</b>	CASE NUMBER: <span style="border: 1px solid red; padding: 2px;">COURT CASE NUMBER</span>

**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.	<span style="border: 1px solid red; padding: 5px; display: inline-block;">FILL OUT YOUR EMPLOYER'S INFORMATION HERE. IF YOU DO NOT HAVE A JOB, GIVE THE INFORMATION FROM YOUR LAST JOB.</span>
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(If you have more than one job, attach an 8 1/2-by-11-inch sheet of paper and list the same information as above for your other jobs. Write "Question 1—Other Jobs" at the top.)

**2. Age and education**

a. My age is (specify): \_\_\_\_\_

b. I have completed high school or the equivalent:  Yes  No If no, highest grade completed (specify): \_\_\_\_\_

c. Number of years of college completed (specify): \_\_\_\_\_ Degree(s) obtained (specify): \_\_\_\_\_

d. Number of years of graduate school completed (specify): \_\_\_\_\_ Degree(s) obtained (specify): \_\_\_\_\_

e. I have:  professional/occupational license(s) (specify): \_\_\_\_\_  
 vocational training (specify): \_\_\_\_\_

FILL OUT YOUR AGE AND WHAT GRADE IN SCHOOL YOU COMPLETED. IF YOU HAVE ANY SPECIAL LICENSES, FILL OUT THAT INFORMATION AS WELL.

**3. Tax information**

a.  I last filed taxes for tax year (specify year): \_\_\_\_\_

b. My tax filing status is  single  head of household  married, filing separately  
 married, filing jointly with (specify name): \_\_\_\_\_

c. I file state tax returns in  California  other (specify state): \_\_\_\_\_

d. I claim the following number of exemptions (including myself) on my taxes (specify): \_\_\_\_\_

FILL OUT YOUR INFORMATION FROM THE LAST 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 DOES THE OTHER PARTY MAKE EACH MONTH AND HOW DO YOU KNOW THIS INFORMATION? IF YOU DO NOT KNOW, EXPLAIN WHY YOU DO NOT KNOW.

(If you need more space to answer any question number before your answer, \_\_\_\_\_ paper and write the question number before your answer.)

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: DATE

PRINT YOUR NAME
SIGN YOUR NAME

(TYPE OR PRINT NAME)
(SIGNATURE OF DECLARANT)

PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER: <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">COURT CASE NUMBER</div>
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Attach copies of your pay stubs for the last two months and proof of any other income. Take a copy of your latest federal tax return to the court hearing. (Black out your Social Security number on the pay stub and tax return.)

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

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

FILL THIS OUT EXACTLY AS THE INFORMATION APPEARS ON YOUR OTHER DOCUMENTS

COURT CASE NUMBER

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

IN THIS COLUMN LIST WHAT YOU RECEIVED LAST MONTH FROM EACH SOURCE	IN THIS COLUMN LIST THE AVERAGE 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

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, LIKE 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):

CHECK THIS BOX IF YOU HAVE HAD A SIGNIFICANT CHANGE IN INCOME AND STATE WHAT THAT CHANGE WAS

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").....	\$	

INDICATE ANY MONTHLY DEDUCTIONS FROM YOUR PAYCHECKS FOR THE ITEMS LISTED

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).....	\$	Total

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

\* 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:	FILL THIS OUT <u>EXACTLY</u> AS THE INFORMATION APPEARS ON YOUR OTHER DOCUMENTS	CASE NUMBER:  <div style="border: 2px solid red; padding: 5px; text-align: center;">COURT CASE NUMBER</div>
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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

WRITE DOWN WHO LIVES WITH YOU, THEIR AGE AND 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

LIST ALL OF YOUR MONTHLY EXPENSES HERE FOR THE ITEMS LISTED

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

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

**14. Installment payments and debts not listed above**

WRITE HOW MUCH OF THE EXPENSES ARE PAID BY OTHERS

Paid to	For	Amount	Balance	Date of last payment
		\$	\$	
LIST HERE ANY PAYMENTS YOU ARE MAKING FOR CAR LOANS, STUDENT LOANS, MORTGAGES, CREDIT CARDS, ETC., THE NAME OF THE COMPANY YOU ARE PAYING, 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 #13p.				
		\$	\$	
		\$	\$	
		\$	\$	

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

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

I confirm this fee arrangement.

Date: DO NOT SIGN ON THIS PAGE. SECTION 15 IS FOR ATTORNEYS IF YOU ARE ASKING FOR ATTORNEY FEES.

\_\_\_\_\_  
(TYPE OR PRINT NAME)

\_\_\_\_\_  
(SIGNATURE OF DECLARANT)

PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	<div style="border: 1px solid red; padding: 5px; display: inline-block;">           FILL THIS OUT EXACTLY AS THE INFORMATION APPEARS ON YOUR OTHER DOCUMENTS         </div>
CASE NUMBER:	
<div style="border: 1px solid red; padding: 5px; display: inline-block; margin: 0 auto;">           COURT CASE NUMBER         </div>	

**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.)

**IF YOU DO NOT HAVE ANY CHILDREN UNDER THE AGE OF 18 WITH THE OTHER PARTY IN THIS CASE, YOU DO NOT NEED TO COMPLETE PAGE 4.**

**17. Children's health-care expenses**

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

**18. Additional expense for the children in this case**

- |  | Amount per month |
|--|------------------|
| a. Childcare so I can work or get job training.....                    | \$ _____         |
| b. Children's health care not covered by insurance.....                | \$ _____         |
| c. Travel expenses for visitation.....                                 | \$ _____         |
| d. Children's educational or other special needs (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 (Name, State Bar number, and address): <div style="border: 1px solid red; padding: 5px; margin: 5px 0;">YOUR NAME YOUR STREET ADDRESS YOUR CITY, STATE, ZIP</div> TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____		FOR COURT USE ONLY
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> <span style="border: 1px solid red; padding: 2px;">COUNTY NAME</span> STREET ADDRESS: <span style="border: 1px solid red; padding: 2px;">COURT'S PHYSICAL ADDRESS</span> MAILING ADDRESS: _____ CITY AND ZIP CODE: <span style="border: 1px solid red; padding: 2px;">COURT'S CITY, STATE, ZIP CODE</span> BRANCH NAME: _____		
PETITIONER/PLAINTIFF: <span style="border: 1px solid red; padding: 2px;">FILL THIS OUT EXACTLY AS IT APPEARS ON THE PAPERS YOU SERVED</span> RESPONDENT/DEFENDANT: _____ OTHER PARENT/PARTY: _____		CASE NUMBER: <span style="border: 1px solid red; padding: 2px;">CASE NUMBER</span>  <small>(if applicable, provide):</small> HEARING DATE: _____ HEARING TIME: _____ DEPT.: _____
<b>PROOF OF SERVICE BY MAIL</b>		

**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 STREET ADDRESS  
SERVER'S CITY, STATE, ZIP

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

WRITE IN THE NAME AND FORM NUMBER OF THE DOCUMENT YOU ARE HAVING SERVED.

by enclosing them in an envelope AND

CHECK THE APPROPRIATE BOX

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

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

Date: DATE

PRINT SERVER'S NAME



SIGNATURE OF SERVER

(TYPE OR PRINT NAME)

(SIGNATURE OF PERSON COMPLETING THIS FORM)