

Instructions For Responding to Divorce, Legal Separation or Nullity

The attached forms can be used to respond to a **dissolution of marriage and/or domestic partnership** [divorce], **legal separation** [which allows the court to divide community property and make orders for custody or support, but does not terminate your marriage or domestic partnership], or an **annulment** [nullity] of a marriage and/or domestic partnership that was not valid due to one of several specific grounds.

This packet includes a **“Response”** [FL-120], **“Proof of Service by Mail”** [FL-335], a **“Declaration Under UCCJEA”** [FL-105] which need be completed only if you have children with your spouse or domestic partner, a **“Declaration of Disclosure”** [FL 140], a **“Schedule of Assets and Debts”** [FL 142] and an **“Income and Expense Declaration”** [FL 150] along with instructions for completing all the forms. All of these documents need to be completed and a copy mailed to the other party by someone other than yourself who is over the age of 18. The person who served the copies for you must complete the **“Proof of Service by Mail”** [FL-335]. Then you will file the original **“Response”** [FL-120], **“Proof of Service by Mail”** [FL-335], and **“Declaration Under UCCJEA”** [FL-105] and **“Income and Expense Declaration”** [FL 150] with the court. You will keep the original **Declaration of Disclosure** [FL 140] and **“Schedule of Assets and Debts”** [FL 142]. These forms do not get filed with the court. Once these documents are completed and served on the other party you must complete and file a **“Declaration Regarding Service of Declaration of Disclosure and Income and Expense Declaration”** [FL 141]. This form is also included in this packet.

There is a first time filing fee for filing the enclosed forms unless you are eligible for a "Fee Waiver" which is available as a separate packet.

You or the other party will need to prepare and file additional documents to get court orders or a judgment of divorce, legal separation or nullity. Your marriage or domestic partnership is not dissolved until there is a signed "Judgment" from the court.

If you do not want to wait until your judgment to get orders for custody, visitation, support, or property control, you may want to complete, file and serve an "Request for Order" [RFO]. The RFO packet is used to ask the court to set a hearing date and make orders.

SAMPLE FORMS

How to fill out RESPONSE (FL-120)

DIRECTIONS:

- ◆ Find a number on the sample form.
- ◆ Example: 1
- ◆ Go to the same number below to find out how to fill out the form.
- ◆ Type or print in blue or black ink.
- ◆ Write the case number.

FL-120

1. Write your name, address and phone number. You may also include your email address.

2. If not filled in for you, write Madera after COUNTY OF. The address is: 200 South G Street, Madera CA 93637. The Branch Name is: Civil Division.

3. Write the name of your spouse or domestic partner after "Petitioner". Write your name after "Respondent". Check the box indicating what you would like to do. "Dissolution" (divorce); "Legal Separation" which means you will divide your assets and debts, but the marriage will not end, or "Nullity" which would annul your marriage or domestic partnership. Then check the box to the right to state whether this is a Divorce, Legal Separation or Nullity of a Marriage, Domestic Partnership or both.

4. Check the box that applies to you.

5. Check the box that applies to you.

6. If you are married complete section 3(a). If you are domestic partners complete section 3(b).

7. If you do not have children with the petitioner, check box (a). If you and the petitioner have children, check (b) and list their names, birthdates, ages, and if male or female. If you need more space, check "Continued on Attachment 4b." Use another piece of paper and write Attachment 4b on the top. If the child has not been born yet check box 4(b)(2).

8. Check box 4(d) if you and the other parent signed a voluntary declaration of paternity. Attach a copy if you have one.

RESPONSE—MARRIAGE/DOMESTIC PARTNERSHIP
(Family Law)

- 1 Write your name, address and phone number. You may also include your email address.
- 2 If not filled in for you, write Madera after COUNTY OF. The address is: 200 South G Street, Madera CA 93637. The Branch Name is: Civil Division.
- 3 Write the name of your spouse or domestic partner after "Petitioner". Write your name after "Respondent". Check the box indicating what you would like to do. "Dissolution" (divorce); "Legal Separation" which means you will divide your assets and debts, but the marriage will not end, or "Nullity" which would annul your marriage or domestic partnership. Then check the box to the right to state whether this is a Divorce, Legal Separation or Nullity of a Marriage, Domestic Partnership or both.
- 4 Check the box that applies to you.
- 5 Check the box that applies to you.
- 6 If you are married complete section 3(a). If you are domestic partners complete section 3(b).
- 7 If you do not have children with the petitioner, check box (a). If you and the petitioner have children, check (b) and list their names, birthdates, ages, and if male or female. If you need more space, check "Continued on Attachment 4b." Use another piece of paper and write Attachment 4b on the top. If the child has not been born yet check box 4(b)(2).
- 8 Check box 4(d) if you and the other parent signed a voluntary declaration of paternity. Attach a copy if you have one.

How to fill out

RESPONSE

(FL-120)

-page two-

DIRECTIONS:

- Find a number on the sample form.
- Go to the same number below to find out how to fill out the form.
- Type or print in blue or black ink.
- Write the case number.

Example: 1

RESPONSE - MARITAL/DOMESTIC PARTNERSHIP (Family Law)

1. **LEGAL AROUND (Family Code Sections 2201-2210, 2310-2312)**
 Respondent agrees to the following orders:
 a. ☐ Respondent agrees to the terms of the order.
 b. ☐ Respondent agrees to the terms of the order, but reserves the right to file a motion to modify the order at any time.
 c. ☐ Respondent agrees to the terms of the order, but reserves the right to file a motion to modify the order at any time, except for the provisions of the order that relate to the custody of the child.

2. **LEGAL AROUND (Family Code Sections 2201-2210, 2310-2312)**
 Respondent agrees to the following orders:
 a. ☐ Respondent agrees to the terms of the order.
 b. ☐ Respondent agrees to the terms of the order, but reserves the right to file a motion to modify the order at any time.
 c. ☐ Respondent agrees to the terms of the order, but reserves the right to file a motion to modify the order at any time, except for the provisions of the order that relate to the custody of the child.

3. **LEGAL AROUND (Family Code Sections 2201-2210, 2310-2312)**
 Respondent agrees to the following orders:
 a. ☐ Respondent agrees to the terms of the order.
 b. ☐ Respondent agrees to the terms of the order, but reserves the right to file a motion to modify the order at any time.
 c. ☐ Respondent agrees to the terms of the order, but reserves the right to file a motion to modify the order at any time, except for the provisions of the order that relate to the custody of the child.

4. **LEGAL AROUND (Family Code Sections 2201-2210, 2310-2312)**
 Respondent agrees to the following orders:
 a. ☐ Respondent agrees to the terms of the order.
 b. ☐ Respondent agrees to the terms of the order, but reserves the right to file a motion to modify the order at any time.
 c. ☐ Respondent agrees to the terms of the order, but reserves the right to file a motion to modify the order at any time, except for the provisions of the order that relate to the custody of the child.

5. **LEGAL AROUND (Family Code Sections 2201-2210, 2310-2312)**
 Respondent agrees to the following orders:
 a. ☐ Respondent agrees to the terms of the order.
 b. ☐ Respondent agrees to the terms of the order, but reserves the right to file a motion to modify the order at any time.
 c. ☐ Respondent agrees to the terms of the order, but reserves the right to file a motion to modify the order at any time, except for the provisions of the order that relate to the custody of the child.

6. **LEGAL AROUND (Family Code Sections 2201-2210, 2310-2312)**
 Respondent agrees to the following orders:
 a. ☐ Respondent agrees to the terms of the order.
 b. ☐ Respondent agrees to the terms of the order, but reserves the right to file a motion to modify the order at any time.
 c. ☐ Respondent agrees to the terms of the order, but reserves the right to file a motion to modify the order at any time, except for the provisions of the order that relate to the custody of the child.

7. **LEGAL AROUND (Family Code Sections 2201-2210, 2310-2312)**
 Respondent agrees to the following orders:
 a. ☐ Respondent agrees to the terms of the order.
 b. ☐ Respondent agrees to the terms of the order, but reserves the right to file a motion to modify the order at any time.
 c. ☐ Respondent agrees to the terms of the order, but reserves the right to file a motion to modify the order at any time, except for the provisions of the order that relate to the custody of the child.

8. **LEGAL AROUND (Family Code Sections 2201-2210, 2310-2312)**
 Respondent agrees to the following orders:
 a. ☐ Respondent agrees to the terms of the order.
 b. ☐ Respondent agrees to the terms of the order, but reserves the right to file a motion to modify the order at any time.
 c. ☐ Respondent agrees to the terms of the order, but reserves the right to file a motion to modify the order at any time, except for the provisions of the order that relate to the custody of the child.

9. **LEGAL AROUND (Family Code Sections 2201-2210, 2310-2312)**
 Respondent agrees to the following orders:
 a. ☐ Respondent agrees to the terms of the order.
 b. ☐ Respondent agrees to the terms of the order, but reserves the right to file a motion to modify the order at any time.
 c. ☐ Respondent agrees to the terms of the order, but reserves the right to file a motion to modify the order at any time, except for the provisions of the order that relate to the custody of the child.

10. **LEGAL AROUND (Family Code Sections 2201-2210, 2310-2312)**
 Respondent agrees to the following orders:
 a. ☐ Respondent agrees to the terms of the order.
 b. ☐ Respondent agrees to the terms of the order, but reserves the right to file a motion to modify the order at any time.
 c. ☐ Respondent agrees to the terms of the order, but reserves the right to file a motion to modify the order at any time, except for the provisions of the order that relate to the custody of the child.

- Write your name and the name of the respondent. Write your case number.
- Check box (a) if you don't believe that you ever married or registered as domestic partners. Check box (b) if you don't agree with petitioners reasons (grounds) for divorce.
- Check box 5(c)(1) if you are requesting a divorce or legal separation. Check box (a) if your request is because you or the respondent no longer wish to be married or (b) because one party can no longer make any legal decisions.
- Check box 5(c)(2) or (3) if you are requesting a nullity. Check the box that indicates the grounds for the nullity.
- Check all boxes indicating what you want the court to decide, but only one box for each line: "Petitioner" (the other party), "Respondent" (you), "Joint" (both share), or "Other".
- For c. you can check either box if you want the other party to visit, or check both boxes if parents are going to share the same amount of time with the child. You may check any of the boxes and attach any of the additional forms listed to set out the visitation schedule and restrictions OR check "in Attachment 6c (1)" (use another piece of paper and write Attachment 6c (1) at the top and write out the visitation schedule).
- Check box d if you and the respondent had children together before your marriage or domestic partnership.
- If you and the other party have children born or adopted by you both, the court can make child support orders. Read this section.
- If you plan to request spousal or domestic partner support check box (a) and "petitioner" or "respondent" to show who would receive support. If you never want to receive or pay support and your marriage or partnership is less than 10 years check box (b) and "petitioner" and "respondent". If you think you may want to bring up the issue at a later date you may "reserve" the issue. Check "petitioner" or "respondent".

How to fill out

RESPONSE (FL-120)

-page three-

DIRECTIONS:

- ◆ Find a number on the sample form.
- ◆ Example: 1
- ◆ Go to the same number below to find out how to fill out the form
- ◆ Write case number.
- ◆ Type or print in blue or black ink.

PETITIONER **1** **RESPONDENT**

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 in community and quasi community assets and debts. All such assets and debts are listed:

☐ in Property Declaration (form FL-160) ☐ in Attachment 10(b)

☐ 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 11(b)

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

4 Date: _____

Date: _____

5 **NOTICE:** You may reflect (check out) social security numbers for any written material filed with the court in the same other than a form used to collect child support or paternity 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, ownership rights in 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.

RESPONSE—MARRIAGE/DOMESTIC PARTNERSHIP
(Family Law)

- 1 Write your name and the name of the petitioner. Write your case number.
- 2 If you and the other party do not have any assets (property) or debts (money you owe) for the court to divide check box (a). If you and the other party have assets (property) or debts (money you owe) to divide, check box (b) and one of the boxes below. Check "in Property Declaration" and attach an FL-160 listing the property. List all property and debts you and the other party got together during the marriage. If you have separate property you want to include, such as a vehicles purchased before you were married, you can complete another Property Declaration (Separate Property Declaration) and include your separate property. OR check "in Attachment 10(b)" (use another piece of paper and write Attachment 10(b) at the top) OR check "as follows" and list all of your community property/debt below.
- 3 Check (a) if you have attorney's fees and check the box "petitioner" or "respondent" indicating who you want to pay those fees.
Check (b) if you would like your former name back. Write your former name.
Check (c) if you have any other requests and write your request.

Read #12

- 4 Date, print and sign your name.
- 5 There is nothing to fill out but you should read these two notices carefully.

How to fill out DECLARATION UNDER UNIFORM CHILD CUSTODY Jurisdiction and Enforcement Act (FL-105/GC-120)

NOTE: If there are no minor children in your case, you do not need to complete this form.

DIRECTIONS:

- Find the number on the sample form.
Example: ①
- Go to the same number below to find out how to fill out the blank form.
- Type or print in black or blue ink.
- If you have a CASE NUMBER fill it in. If not known, leave it blank.

FL-105/GC-120

ATTORNEY OR PARTY WITHOUT ATTORNEY (Print name, State Bar number and address) TELEPHONE NO.: _____ FAX NO. (optional) _____ MAILING ADDRESS (optional) ATTORNEY FOR: (Print name)		PROCEDURE AND CASE NO.	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____ JUDICIAL BRANCH _____ MAILING ADDRESS (optional) CITY AND ZIP CODE _____ COUNTY NAME _____			
PETITIONER: _____ RESPONDENT: _____ OTHER PARTY: _____		(Date of filing of this Declaration) _____ (Date of filing of this Declaration) _____ (Date of filing of this Declaration) _____	
(Date of filing of this Declaration) _____ (Date of filing of this Declaration) _____ (Date of filing of this Declaration) _____		(Date of filing of this Declaration) _____ (Date of filing of this Declaration) _____ (Date of filing of this Declaration) _____	
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 3425 as I have indicated in item 12.

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.)

Child's name	Date of birth	Sex	Relationship	Residence	Person child lived with
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____

6. ☐ Residency information for a child listed in item 1 is confirmed on attachment 3c.

7. ☐ Additional children are listed on form FL-105(A)/GC-120(A). (Provide as requested information for additional children.)

8. ☐ Additional residence information for a child listed in item 1 is confirmed on attachment 3c.

9. ☐ Additional children are listed on form FL-105(A)/GC-120(A). (Provide as requested information for additional children.)

Page 1 of 2
Family Code, § 3425, 3426
Revised 1/01, 1/02, 1/03, 1/04, 1/05, 1/06, 1/07, 1/08, 1/09, 1/10, 1/11, 1/12, 1/13, 1/14, 1/15, 1/16, 1/17, 1/18, 1/19, 1/20, 1/21, 1/22, 1/23, 1/24, 1/25, 1/26, 1/27, 1/28, 1/29, 1/30, 1/31, 1/32, 1/33, 1/34, 1/35, 1/36, 1/37, 1/38, 1/39, 1/40, 1/41, 1/42, 1/43, 1/44, 1/45, 1/46, 1/47, 1/48, 1/49, 1/50, 1/51, 1/52, 1/53, 1/54, 1/55, 1/56, 1/57, 1/58, 1/59, 1/60, 1/61, 1/62, 1/63, 1/64, 1/65, 1/66, 1/67, 1/68, 1/69, 1/70, 1/71, 1/72, 1/73, 1/74, 1/75, 1/76, 1/77, 1/78, 1/79, 1/80, 1/81, 1/82, 1/83, 1/84, 1/85, 1/86, 1/87, 1/88, 1/89, 1/90, 1/91, 1/92, 1/93, 1/94, 1/95, 1/96, 1/97, 1/98, 1/99, 1/100, 1/101, 1/102, 1/103, 1/104, 1/105, 1/106, 1/107, 1/108, 1/109, 1/110, 1/111, 1/112, 1/113, 1/114, 1/115, 1/116, 1/117, 1/118, 1/119, 1/120, 1/121, 1/122, 1/123, 1/124, 1/125, 1/126, 1/127, 1/128, 1/129, 1/130, 1/131, 1/132, 1/133, 1/134, 1/135, 1/136, 1/137, 1/138, 1/139, 1/140, 1/141, 1/142, 1/143, 1/144, 1/145, 1/146, 1/147, 1/148, 1/149, 1/150, 1/151, 1/152, 1/153, 1/154, 1/155, 1/156, 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DECLARATION (FL-105/GC-120)

- Page two -

DIRECTIONS:

- Find the number on the sample form.

Example: 18

- Go to the same number below to find out how to fill out the form.

- Type or print in blue or black ink.

- If you have a CASE NUMBER fill it in. If not known, leave it blank.

FL-105/GC-120

Case number

Case number (name, date, location)

Proceeding

a. ☐ Juvenile Delinquency
b. ☐ Juvenile Dependency
c. ☐ Adoption
d. ☐ Other

19

Preceding case number (name, date, location)

20

a. ☐ Yes
b. ☐ Court-ordered
c. ☐ Other

21

County

State

Case number (if known)

Other case file

22

a. ☐ Yes
b. ☐ No

23

a. Name and address of person
b. Name and address of person
c. Name and address of person

24

Date

25

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 asserting a claim subject to this proceeding.

DECLARATION UNDER ENFORCEMENT ACT (NCCJEA)

- If there are no other cases regarding custody or visitation of the children in this case (in California or anywhere else), mark the "No" box and skip to step 20. If you have information regarding another case involving any of the children in this case, mark the "Yes" box.
- If you check yes, mark the box next to the type of other case; the court's name, county, and state. Next, write the date of the order, name of each child involved in the other case, how you are involved, and what is now happening in that case.
- If there is no current protective order (a restraining order) in effect, skip to 22. Check this box only if there is a current (not expired) restraining order or protective order involving you or the children, and attach a copy of the order(s).
- If you checked this box, mark the box that describes the type of court that gave the restraining order and give the county, state, case number, and the date the orders expire.
- If the child(ren) in this case live with either the mother or the father and there is no one else that claims to have custody or visitation rights to the child(ren), mark the "No" box and skip to step 24.
- If the child(ren) is/are not living with one of the parents (either father or mother), and that other person thinks s/he has custody or visitation rights with the child(ren), mark the "yes" box. Then print that person's name and address. Mark the box that describes what that person has, or claims to have, and the child(ren)'s name(s) involved in this case.
- Date, and print your name (first, middle, last) on the line to the left, sign your name on the right next to the arrow.
- If you are going to attach any additional pages to give more information, print the number of pages that will follow this one.

How to fill out

DECLARATION OF DISCLOSURE (FL-140)

DIRECTIONS

- Find the number on the sample form. Example: 1
- Go to the same number below to find out how to fill out the form.
- Type or print in blue or black ink.
- If you know the CASE NUMBER fill it in.

FL-140

1. Write your name, address and phone number.

2. If not filled in for you, write Madera after COUNTY OF. The address is: 200 South G Street Madera CA 93637. The Branch name is: Civil Division.

3. Write the name of the petitioner and respondent. The petitioner is the person who started the case.

4. Check the box that identifies you as the petitioner or respondent. Check "preliminary", "final" or both.

5. Read this section carefully.

6. Check box #1 and complete and attach the Schedule of Assets and Debts (form FL-142) [You may attach the Property Declaration instead. This form is not included in this packet]

7. Check box #2 and complete and attach the Income and Expense Declaration.

8. Check box #3 and attach your tax returns.

9. Check box #4 and #5 if there are community assets and/or debts and on a separate sheet of paper list the material facts.

10. Check box #6 and attach a declaration if any investment or other business opportunities have been presented to you since your separation.

11. Date, print and sign your name.

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

In a dissolution, legal separation, or custody 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-910). 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 of the assets and debts on the respondent within 60 days of filing the Petition. The respondent must serve a preliminary declaration of disclosure at the same time as the Petitioner 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(d)).

Attached are the following:

1. ☐ A completed Schedule of Assets and Debts (form FL-142) or ☐ A Property Declaration (form FL-100) 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: _____

11. _____

DECLARATION OF DISCLOSURE (Family Law)

Page 1 of 1

- Write your name, address and phone number.
- If not filled in for you, write Madera after COUNTY OF. The address is: 200 South G Street Madera CA 93637. The Branch name is: Civil Division.
- Write the name of the petitioner and respondent. The petitioner is the person who started the case.
- Check the box that identifies you as the petitioner or respondent. Check "preliminary", "final" or both.
- Read this section carefully.
- Check box #1 and complete and attach the Schedule of Assets and Debts (form FL-142) [You may attach the Property Declaration instead. This form is not included in this packet]
- Check box #2 and complete and attach the Income and Expense Declaration.
- Check box #3 and attach your tax returns.
- Check box #4 and #5 if there are community assets and/or debts and on a separate sheet of paper list the material facts.
- Check box #6 and attach a declaration if any investment or other business opportunities have been presented to you since your separation.
- Date, print and sign your name.

THIS FORM SHOULD NOT BE FILED WITH THE COURT FL-142

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): <div style="text-align: center; border: 1px solid black; width: 50px; margin: 0 auto;">1</div>		TELEPHONE NO.: 	
ATTORNEY FOR (Name): <div style="text-align: center; border: 1px solid black; width: 50px; margin: 0 auto;">2</div>			
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
3	1. REAL ESTATE (Give street addresses and attach copies of deeds with legal descriptions and latest lender's statement.) <div style="text-align: center; border: 1px solid black; width: 50px; margin: 0 auto;">6</div>			\$	\$
7	2. HOUSEHOLD FURNITURE, FURNISHINGS, APPLIANCES (Identify.) <div style="text-align: center; border: 1px solid black; width: 50px; margin: 0 auto;">7</div>				
8	3. JEWELRY, ANTIQUES, ART, COIN COLLECTIONS, etc. (Identify.) <div style="text-align: center; border: 1px solid black; width: 50px; margin: 0 auto;">8</div>				

Page 1 of 4

Form Approved for Optional Use
Judicial Council of California
FL-142 (Rev. January 1, 2005)

SCHEDULE OF ASSETS AND DEBTS
(Family Law)

Code of Civil Procedure, §§ 27396-27398.5
www.courtinfo.ca.gov

How to fill out

SCHEDULE OF ASSETS AND DEBTS (FL-142)

DIRECTIONS

- ▶ Find the number on the sample form.
Example: 1
- ▶ Go to the same number below to find out how to fill out the form.
- ▶ Type or print in black ink
- ▶ If you know the CASE NUMBER fill it in. If not known, leave it blank.

- 1 Write your name, address and phone number.
 - 2 Write Madera after Superior Court of California, County of.
 - 3 Write the name of the Petitioner and Respondent. The Petitioner is the party that starts the case against another person, the Respondent.
 - 4 Check the box that identifies you as the Petitioner or Respondent.
 - 5 Read the instructions carefully. "Separate property" is assets (things of value) or debts (money owed) that belongs to the husband or wife, but not both. "Community" assets or debts belong to the husband and wife together.
 - If separate property, you will put H or W in the first column. Leave blank if community.
 - You will write the date the asset was acquired (purchased) in the second column
 - *Current gross fair market value:* gross means before taxes are taken out. Fair market value means how much the item is worth (fill in a dollar amount).
 - If money is still owed on this item, you will write this amount in the last column.
- For each item listed on this form, if you need more space, attach another piece of paper (a continuation sheet) and number the page the same number as the item on the form. Example: #1 for Real Estate, #2 for Household Furniture, #3 for Jewelry, Antiques, Art, Coin Collections, etc. Do this as needed for all four pages of this form.*
- 6 List all real estate (land, buildings), including addresses. Attach copies of deeds, etc. as requested.
 - 7 List all household furniture, furnishings, and appliances: Examples: sofas, lamps, televisions, computers, etc.
 - 8 List all jewelry, antiques, art, coin collections. Note: these items should be appraised (given a dollar value by someone in that business).

- 9 List all vehicles such as cars, motorcycles, boats, and trailers. Attach copies of documents that show they belong to you and/or your spouse. Example: DMV registration
- 10 For Savings Accounts, include account numbers, and the bank name and branch (Example: Bank of America, Fashion Fair). Include copies of latest statements for each account.
- 11 Provide the same information as above for Checking Accounts.
- 12 Provide the same information as above for Credit Union or similar accounts.
- 13 If you have stored cash somewhere, write the location in the space provided.
- 14 If you received a tax refund this year, provide that information. Otherwise leave blank.
- 15 Provide Life Insurance information with the amount it is worth if you turned it in, or the loan amount. Attach a copy of the policy's declaration page.

SCHEDULE OF ASSETS AND DEBTS (FL-142)

- page three -

DIRECTIONS

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

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 <small>(Give certificate number and attach copy of the certificate or copy of latest statement.)</small>			\$	\$
12.	RETIREMENT AND PENSIONS <small>(Attach copy of latest summary plan documents and latest benefit statement.)</small>				
13.	PROFIT-SHARING, ANNUITIES, IRAS, DEFERRED COMPENSATION <small>(Attach copy of latest statement.)</small>				
14.	ACCOUNTS RECEIVABLE AND UNSECURED NOTES <small>(Attach copy of each.)</small>				
15.	PARTNERSHIPS AND OTHER BUSINESS INTERESTS <small>(Attach copy of most current K-1 form and Schedule C.)</small>				
16.	OTHER ASSETS				
17.	TOTAL ASSETS FROM CONTINUATION SHEET			\$	\$
18.	TOTAL ASSETS			\$	\$

- 16 If you or your spouse has stocks, bonds, secured notes, and/or mutual funds, list them here. Write the certificate/account number for each. Use an extra (continuation) sheet if needed. Attach copies of certificates and/or most recent statements.
- 17 List retirement funds and pensions. Attach a copy of the most recent summary page or statement.
- 18 If you or your spouse participates in any of the following, list them here. Attach copies of statements.
 - Profit-sharing plans through workplace
 - Annuities – amounts payable on a yearly basis, or at other regular times
 - Individual retirement accounts (IRA)
 - Deferred compensation – wages that are not taken now, but is paid later
- 19 If you or your spouse is due to receive any money, list accounts receivable here. Also list any unsecured notes (not secured by real property) you may have. Attach copies.
- 20 If you or your spouse has a business partnership or other kind of business, list information here. Attach copies of the most recent *K-1 form* and *schedule C* (IRS forms).
- 21 List any other assets you or your spouse might have. Use extra sheets as necessary.
- 22 If you used extra continuation sheets, add up all amounts and list them here.
- 23 Add up your total assets from all pages of form FL-142, (1-17) and fill in the amount on line 18. Continue on the back side to list your debts.

SCHEDULE OF
ASSETS AND DEBTS

(FL-142)

- page four -

DIRECTIONS

► Find the number on the sample form.

Example: 25

► Go to the same number below to find out how to fill out the form.

► Type or print in blue or black ink.

► If you know the CASE NUMBER fill it in. If not known, leave it blank.

FL-142 (Rev. January 1, 2000)

SCHEDULE OF ASSETS AND DEBTS (Family Law)

Page 4 of 8

DATE: _____

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

27. ☐ (If "None," check this box.) pages are attached as continuation sheets.

28. TOTAL DEBTS \$ _____

29. TOTAL DEBTS FROM CONTINUATION SHEET \$ _____

30. TOTAL DEBTS \$ _____

24. STUDENT LOANS (Give details.)

25. TAXES (Give details.)

26. SUPPORT AGREEMENTS (Attach copies of orders and statements.)

27. LOANS—UNSECURED (Give bank name and loan number and attach copy of latest statement.)

28. CREDIT CARDS (Give creditor's name and address and the account number. Attach copy of latest statement.)

29. OTHER DEBTS (Specify):

30. TOTAL DEBTS \$ _____

31. TOTAL DEBTS \$ _____

32. TOTAL DEBTS \$ _____

33. TOTAL DEBTS \$ _____

DEBTS—SHOW TO WHOM OWED

SEP. PROP. OWING

TOTAL OWING

DATE RECEIVED

List all debts (money owed). In the first column, put a **W** or **H** to show that the debt is separate property. In the second column, write the total amount of money still owed. In the last column, put the date the debt started. Use continuation sheets as needed.

24 If you or your spouse currently have any student loans, list the details here.

25 If you or your spouse owes money for taxes, list details here.

26 Support arrangements means being behind in payments ordered by the court, such as child support or spousal support. If either you or your spouse is behind in support payments, attach copies of court orders and statements.

27 Unsecured loans are those that are not guaranteed or protected. If you or your spouse have unsecured loans, list them here. Write the name of the bank and the loan number. Attach copies of most recent statements.

28 List all credit cards. Write the name, address and account number for each creditor (company that issued the credit card). Attach copies of most recent statements.

29 List any other debts owed by you or your spouse.

30 If you used extra sheets, add up all amounts and list them here.

31 Add up your total debts (19-25) and fill in the amount.

32 If you used continuation sheets, check the box and write the number of continuation sheets you are attaching (not copies of statements or other attachments).

33 Date the form. Type or print your name on the left. Sign your name on the right.

How to fill out INCOME AND EXPENSE DECLARATION (FL-150)

DIRECTIONS

◆ Find the number on the sample form
Example: ①

◆ Go to the same number below to
Find out how to fill out the form.

◆ Type or print in blue or black ink.

◆ If you know the CASE NUMBER
fill it in. If not leave it blank.

FL-150

ATTORNEY OR PARTY WITHOUT ATTORNEY (Print, type full name, and address)

FOR COURT USE ONLY

1. TELEPHONE NO.
2. MAILING ADDRESS
3. PETITIONER/PLAINTIFF, RESPONDENT/DEFENDANT, OTHER PARTY/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, gross (before taxes) ☐ per month ☐ per week ☐ per hour.
h. I get paid \$ _____

(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):

7 (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) _____

Page 1 of 4

Form Adopted by Assembly Bill 1000, Chapter 1, Statutes of California, 1997. Printed at the State of California, Department of Social Services, 1000 Street, Sacramento, CA 95833. (916) 227-1000. www.dss.ca.gov

- ① Print your name, address and phone number.
- ② If not filled in for you write the Court's address. Write Madera after COUNTY OF. The address is: 200 South G Street Madera CA 93637. The branch name is: Civil Division
- ③ Fill in the names of the Petitioner and Respondent. (The Petitioner is the person that started the case.)
- ④ Fill in information about your job. If you don't have a job, fill in information about **your last job**. If you have more than one job, use another sheet of paper and write the information requested for each additional job.
 - Fill in the employer information and your occupation. Example: Driver
 - Fill in the date your job started (e). If you're unemployed write the date your job ended (f).
 - Fill in how many hours you work (g) and how much you are paid before taxes are taken out (h).
 - Be sure to include **copies of our pay stubs** for the last two months. Use a **dark marker** to cross out your Social Security number.
- ⑤ Fill in your age and education information.
- ⑥ Fill in your tax information.
- ⑦ Write the total amount the other person in this case makes in a month, before taxes, and explain how you know this.
- ⑧ Date, print your name on the left and sign on the right.

INCOME AND EXPENSE DECLARATION (FL-150)

-page two-

DIRECTIONS

- ◆ Find the number on the sample form

Example: 1

- ◆ Go to the same number below to find out how to fill out the form.

- ◆ Type or print in blue or black ink.

- ◆ If you know the CASE NUMBER fill it in. If not leave it blank.

- Print the first and last names of petitioner (person who started the case) and the respondent. Write case number. Include your pay stubs for the last two months with this form. Also include proof of any other money you make. Bring a copy of your last federal tax return with you to the court hearing. Use a black marker to cross out social security numbers.
- This area has to do with your income. Review letters (a) thru (l). Write how much money you are paid each month in the "last month" column on the right. To get your "average monthly" add up your income for the last 12 months and divide by 12.
- If you have investment income list the monthly income and average monthly income you receive.
- Fill out this section if you are self-employed (own a business). Include a "profit and loss statement" for each business or a Schedule C from your last federal tax return.
- Check #8 "Additional Income" if you received extra money in the last 12 months. Write down the amount and where the money came from. **Examples:** "I won the lottery." "My uncle left me money in his will." Check #9 "Change in Income" if the amount of money you normally receive has changed in the past 12 months. Write down the reason. **Examples:** "I got hurt on the job and am now on disability." "I got a new job that pays better than my old one."
- Fill in the amounts deducted (taken away) from your earnings last month. Fill out all that apply. If you fill out (g) you must write an explanation on a separate page labeled "Question 10g."
- List your assets (accounts, stocks and bonds, property, etc.) Write the total value (worth) for each line listed.

INCOME AND EXPENSE DECLARATION (FL-150)																																								
<p>1. PETITIONER'S NAME: _____</p> <p>2. RESPONDENT'S NAME: _____</p> <p>3. CASE NUMBER: _____</p>																																								
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<p>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)</p> <table border="1"> <thead> <tr> <th>Category</th> <th>Last month</th> <th>Average monthly</th> </tr> </thead> <tbody> <tr> <td>a. Salary or wages (gross, before taxes)</td> <td></td> <td></td> </tr> <tr> <td>b. Overtime (gross, before taxes)</td> <td></td> <td></td> </tr> <tr> <td>c. Public assistance (for example: TANF, SSI, GACF)</td> <td></td> <td></td> </tr> <tr> <td>d. Contributions to pension</td> <td></td> <td></td> </tr> <tr> <td>e. Spousal support from the marriage</td> <td></td> <td></td> </tr> <tr> <td>f. Spousal support from a different domestic partnership</td> <td></td> <td></td> </tr> <tr> <td>g. Retirement or pension from a different domestic partnership</td> <td></td> <td></td> </tr> <tr> <td>h. Social security (not SSI)</td> <td></td> <td></td> </tr> <tr> <td>i. Disability: <input type="checkbox"/> Social security (not SSI) <input type="checkbox"/> Private insurance</td> <td></td> <td></td> </tr> <tr> <td>j. Unemployment compensation</td> <td></td> <td></td> </tr> <tr> <td>k. Workers' compensation</td> <td></td> <td></td> </tr> <tr> <td>l. Other (Military BIA, loyalty payments, etc.) (Specify)</td> <td></td> <td></td> </tr> </tbody> </table>		Category	Last month	Average monthly	a. Salary or wages (gross, before taxes)			b. Overtime (gross, before taxes)			c. Public assistance (for example: TANF, SSI, GACF)			d. Contributions to pension			e. Spousal support from the marriage			f. Spousal support from a different domestic partnership			g. Retirement or pension from a different domestic partnership			h. Social security (not SSI)			i. Disability: <input type="checkbox"/> Social security (not SSI) <input type="checkbox"/> Private insurance			j. Unemployment compensation			k. Workers' compensation			l. Other (Military BIA, loyalty payments, etc.) (Specify)		
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INCOME AND EXPENSE DECLARATION (FL-150)

-page three-

DIRECTIONS

- ◆ Find the number on the sample form
Example: 1
- ◆ Go to the same number below to
Find out how to fill out the form.
- ◆ Type or print in blue or black ink.
- ◆ If you know the CASE NUMBER
fill it in. If not leave it blank.

FL-150

PETITIONER/PLAINTIFF: _____ RESPONDENT/DEFENDANT: _____ OTHER PARENT/CLAIMANT: _____		CASE NUMBER: _____
--	--	--------------------

12. The following people live with me:

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

13. Average monthly expenses ☐ Estimated expenses ☐ Actual expenses ☐ Proposed needs

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 (Repeats below in 14 and insert total here) \$ _____

q. Other (specify): \$ _____

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

s. Amount of expenses paid by others \$ _____

14. Installment payments and debts not listed above

Paid to:	For:	Amount:	Balance:	Date of last payment

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

a. To date, I have paid my attorney this amount for fees and costs (specify): \$ _____

b. The source of this money was (specify): _____

c. I still owe the following fees and costs to my attorney (specify total owed): \$ _____

d. My attorney's hourly rate is (specify): \$ _____

I confirm this fee arrangement.

Date: _____

6

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

FL-150 (Rev. January 1, 2009) INCOME AND EXPENSE DECLARATION Page 3 of 4

- 1 Write the name of the petitioner and the name of the respondent.
- 2 Give information about all persons who live with you.
 - Write their names, ages and how they are related to you (parent, child, other relative, friend).
 - Write down each person's monthly income, before taxes, and check the "yes" or "no" box if this person pays some of the living expenses.
- 3 **Average monthly expenses**, check the first box if you are estimating (best guess) expenses, or the second box if actual (exact) expenses. Check the third box only if you expect these to be your expenses each month.
 - Review (a) through (o) and list the expense (how much it will cost) each month for each area.
 - (p) List the total amount you pay each month for the items you list on #14-**Installment payments**.
 - (r) List your total expenses from #13 and #14.
- 4 List your monthly installments payments and debts. These include any monthly payments you have that are not above. They could include car payments, credit card payments, loans, etc.
 - First column: fill in the name of the creditor (who gets the payment). Example: Bank of XYZ.
 - Second column: describe what the payment is for.
 - Third column: amount of last payment
 - Fourth column: total amount you still owe
 - Date of your last payment
- 5 If you are represented by an attorney and are requesting the other party pay some or all of your attorney fees complete this section. If you do not have an attorney and have not paid any attorney fees leave this section blank.
- 6 Do not fill out this section. Skip to the next page.

INCOME AND EXPENSE DECLARATION (FL-150)

-page four-

- ◆ Find the number on the sample form

- ◆ Go to the same number below
- ◆ Type or print in blue or black ink.
- ◆ If you know the CASE NUMBER fill it in. If not leave it blank.

1 PETITIONER/RESPONDENT CASE NUMBER		2 CHILD SUPPORT INFORMATION (NOTE: Fill out this page only if your case involves child support.)	
3 CHILDREN a. Name (Last, first, middle initial) b. Date of birth (month, day, year) c. Address of residence (street, city, state, zip) d. School (name, address, city, state, zip) e. Other (name, address, city, state, zip)		4 CHILDREN'S HEALTH-CARE EXPENSES a. <input type="checkbox"/> 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.	
5 ADDITIONAL EXPENSES FOR THE CHILDREN IN THIS CASE (Do not include the amount your employer pays.) a. Child care so I can work or get job training. b. Child's health care not covered by insurance. c. Travel expenses for visitation. d. Children's educational or other special needs (specify below):		6 SPECIAL HANDICAPS (Attach documentation of any item listed here, including court orders.) a. Extraordinary health expenses not included in 1b. 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):	
7 CHILD SUPPORT I RECEIVE FOR THOSE CHILDREN (The expenses listed in a, b and c create an extreme financial hardship because (explain):		8 OTHER INFORMATION I WANT THE COURT TO KNOW CONCERNING SUPPORT IN MY CASE (specify):	

- Print the first and last names of petitioner (person who started the case) and the respondent. Write the case number.
- Fill in the number of children you have with the other parent that are **under age 18**.
 • Estimate the amount of time the children are with you and with the other parent. Example: "The children are with me 30% of the time and with the other parent 70% of the time."
 • If unsure about using percentages, use the space provided to describe the parents' schedules for taking care of the children.
- Check the first box if your work place provides health insurance for your children. Otherwise, check the second box. Write the name and address of this insurance company in the space provided. Fill in monthly amount you pay (or would pay to fully cover the children) for health insurance DO NOT include costs already paid by your job.
- Fill in monthly amounts that apply to you regarding: (a) child care, (b) uncovered health care for the children, (c) travel expenses for visitation or (d) children's education or special needs. Describe expenses needed for (d).
- List any "special hardships" (things that make daily living hard).
 • Complete (a) or (b) if they apply to you.
 • Complete (c) 1-3 if you have children from another relationship living with you.
- If you filled out anything under Special Hardships explain why they create an extreme hardship for you.
- In this space you may write other information you want the court to know about your case.

How to fill out

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

DIRECTIONS:

- ▶ Find the number on the sample form.
Example: ①
- ▶ Go to the same number below to find out how to fill out the form.
- ▶ Type or print in blue or black ink

FL-335

1 Write your name, address and telephone number.

2 If not filled in for you, write Madera after COUNTY OF. The address is: 200 South G Street Madera CA 93637. The Branch Name is: Civil Division.

3 Write the names of the parties. You are "Petitioner" if you started the case. You are the "respondent" if you are responding to the Petitioner. You may also be a "claimant" if the County of Fresno is the Petitioner or you are joined as a third party to the case.

4 The person who serves the papers for you will write their name and address here.

5 Write the names of the forms that are being served. List each individual form. (Example: Notice of Motion, Application for Order and Supporting Declaration, Blank Responsive Declaration, etc..)

6 The person serving the documents will write the name and address of the person being served, the date the documents were mailed and the city and state from which it was mailed.

7 If you are requesting to modify custody, visitation or child support after a judgment or permanent order, check box #5 and complete form FL-334.

8 The person who mailed the papers will date, print and sign their names.

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

- ① Write your name, address and telephone number.
- ② If not filled in for you, write Madera after COUNTY OF. The address is: 200 South G Street Madera CA 93637. The Branch Name is: Civil Division.
- ③ Write the names of the parties. You are "Petitioner" if you started the case. You are the "respondent" if you are responding to the Petitioner. You may also be a "claimant" if the County of Fresno is the Petitioner or you are joined as a third party to the case.
- ④ The person who serves the papers for you will write their name and address here.
- ⑤ Write the names of the forms that are being served. List each individual form. (Example: Notice of Motion, Application for Order and Supporting Declaration, Blank Responsive Declaration, etc..)
- ⑥ The person serving the documents will write the name and address of the person being served, the date the documents were mailed and the city and state from which it was mailed.
- ⑦ If you are requesting to modify custody, visitation or child support after a judgment or permanent order, check box #5 and complete form FL-334.
- ⑧ The person who mailed the papers will date, print and sign their names.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): TELEPHONE NO:	FOR COURT USE ONLY NOTICE TO CLERK Place in confidential part of the court file.
ATTORNEY FOR (NAME): SUPERIOR COURT OF CALIFORNIA, COUNTY OF MADERA STREET ADDRESS: 200 South G Street MAILING ADDRESS: 200 South G Street CITY AND ZIP CODE: MADERA, CA 93637	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT:	
CONFIDENTIAL DECLARATION	CASE NUMBER:

You are required to complete this *Confidential Declaration* when you file any petition or response in any family law case type. You are required to provide the social security numbers for yourself and your spouse on this form if you know them. This form will be kept in a confidential part of the court file and may not be disclosed without good cause shown to the court.

After you have completed this form, you may redact (block or cross out) any social security number listed on this form from any future document or other written material filed with the court.

You may not redact or change any previously filed documents without a court order.

Petitioner (name): _____
 Address: _____
 Alia (if any): _____ Social Security Number: _____
 Date of Birth: _____ Driver's License: _____
☐ Female ☐ Male ☐ Need Interpreter (if so, what language? _____)

Respondent (name): _____
 Address: _____
 Alia (if any): _____ Social Security Number: _____
 Date of Birth: _____ Driver's License: _____
☐ Female ☐ Male ☐ Need Interpreter (if so, what language? _____)

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 Your Name)

 (Sign Your Name)

PARTY WITHOUT ATTORNEY OR ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name): In Pro Per	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Madera STREET ADDRESS: 200 South G Street MAILING ADDRESS: Same CITY AND ZIP CODE: Madera CA 93637 BRANCH NAME: Civil Division	
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, at least one person in the legal relationship described in items 1a and 1c 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:

Child's name	Birthdate	Age	Sex
(1) <input type="checkbox"/> continued on Attachment 4b. (2) <input type="checkbox"/> 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 paternity. A copy ☐ is ☐ is not attached.

PETITIONER: RESPONDENT:	CASE NUMBER:
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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:
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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): _____ SUPERIOR COURT OF CALIFORNIA, COUNTY OF Madera STREET ADDRESS: 200 South G Street MAILING ADDRESS: Same CITY AND ZIP CODE: Madera CA 93637 BRANCH NAME: Civil Division	FOR COURT USE ONLY
PETITIONER: RESPONDENT: OTHER PARTY:	CASE NUMBER:
(This section applies only to family law cases.)	
(This section applies only to guardianship cases.) 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)	
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)	
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:
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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 (name, state, location)	Court order or judgment (date)	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 (name, state, location)
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 (if known)	Orders expire (date)
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):

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

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 Madera STREET ADDRESS: 200 South G Street MAILING ADDRESS: Same CITY AND ZIP CODE: Madera CA 93637 BRANCH NAME: Civil Division		
PETITIONER:		
RESPONDENT:		
OTHER PARENT/PARTY:		
DECLARATION OF DISCLOSURE <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:

- ☐ 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).
- ☐ 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*).
- ☐ A statement of all material facts and information regarding obligations for which the community is liable (*not a form*).
- ☐ 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

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address):

TELEPHONE NO.:

ATTORNEY FOR (Name): **In Pro Per**SUPERIOR COURT OF CALIFORNIA, COUNTY OF
Madera

PETITIONER:

RESPONDENT:

SCHEDULE OF ASSETS AND DEBTS☐ Petitioner's ☐ 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>				

Page 1 of 4

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			\$ 0.00	\$ 0.00

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		\$ 0.00	

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

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

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):

FOR COURT USE ONLY

TELEPHONE NO.:

E-MAIL ADDRESS (Optional):

ATTORNEY FOR (Name):

SUPERIOR COURT OF CALIFORNIA, COUNTY OF **Madera**STREET ADDRESS: **200 South G Street**MAILING ADDRESS: **Same**CITY AND ZIP CODE: **Madera CA 93637**BRANCH NAME: **Civil Division**

PETITIONER/PLAINTIFF:

RESPONDENT/DEFENDANT:

OTHER PARENT/CLAIMANT:

INCOME AND EXPENSE DECLARATION

CASE NUMBER:

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

Attach copies
of your pay
stubs for last
two months
(black out
social
security
numbers).

- a. Employer:
b. Employer's address:
c. Employer's phone number:
d. Occupation:
e. Date job started:
f. If unemployed, date job ended:
g. I work about _____ hours per week.
h. I get paid \$ _____ gross (before taxes) ☐ per month ☐ per week ☐ per hour.

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

2. **Age and education**

- a. My age is (specify):
b. I have completed high school or the equivalent: ☐ Yes ☐ No If no, highest grade completed (specify):
c. Number of years of college completed (specify): ☐ Degree(s) obtained (specify):
d. Number of years of graduate school completed (specify): ☐ Degree(s) obtained (specify):
e. I have: ☐ professional/occupational license(s) (specify):
☐ vocational training (specify):

3. **Tax information**

- a. ☐ I last filed taxes for tax year (specify year):
b. My tax filing status is ☐ single ☐ head of household ☐ married, filing separately
☐ married, filing jointly with (specify name):
c. I file state tax returns in ☐ California ☐ other (specify state):
d. I claim the following number of exemptions (including myself) on my taxes (specify):

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

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

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

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

Page 1 of 4

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	CASE NUMBER:
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Attach copies of your pay stubs for the last two months and proof of any other income. Take a copy of your latest federal tax return to the court hearing. (Black out your social security number on the pay stub and tax return.)

5. **Income** (For average monthly, add up all the income you received in each category in the last 12 months and divide the total by 12.)
- | | Last month | Average monthly |
|---|------------|-----------------|
| a. Salary or wages (gross, before taxes) | \$ | |
| b. Overtime (gross, before taxes) | \$ | |
| c. Commissions or bonuses | \$ | |
| d. Public assistance (for example: TANF, SSI, GA/GR) <input type="checkbox"/> currently receiving | \$ | |
| e. Spousal support <input type="checkbox"/> from this marriage <input type="checkbox"/> from a different marriage | \$ | |
| f. Partner support <input type="checkbox"/> from this domestic partnership <input type="checkbox"/> from a different domestic partnership | \$ | |
| g. Pension/retirement fund payments | \$ | |
| h. Social security retirement (not SSI) | \$ | |
| i. Disability: <input type="checkbox"/> Social security (not SSI) <input type="checkbox"/> State disability (SDI) <input type="checkbox"/> Private insurance. | \$ | |
| j. Unemployment compensation | \$ | |
| k. Workers' compensation | \$ | |
| l. Other (military BAQ, royalty payments, etc.) (specify): | \$ | |
6. **Investment income** (Attach a schedule showing gross receipts less cash expenses for each piece of property.)
- | | | |
|---------------------------|----|--|
| a. Dividends/interest | \$ | |
| b. Rental property income | \$ | |
| c. Trust income | \$ | |
| d. Other (specify): | \$ | |
7. **Income from self-employment, after business expenses for all businesses** \$
- I am the ☐ owner/sole proprietor ☐ business partner ☐ other (specify):
- Number of years in this business (specify):
- Name of business (specify):
- Type of business (specify):
- Attach a profit and loss statement for the last two years or a Schedule C from your last federal tax return. Black out your social security number. If you have more than one business, provide the information above for each of your businesses.
8. ☐ **Additional income.** I received one-time money (lottery winnings, inheritance, etc.) in the last 12 months (specify source and amount):
9. ☐ **Change in income.** My financial situation has changed significantly over the last 12 months because (specify):
10. **Deductions**
- | | Last month |
|---|------------|
| a. Required union dues | \$ |
| b. Required retirement payments (not social security, FICA, 401(k), or IRA) | \$ |
| c. Medical, hospital, dental, and other health insurance premiums (total monthly amount) | \$ |
| d. Child support that I pay for children from other relationships | \$ |
| e. Spousal support that I pay by court order from a different marriage | \$ |
| f. Partner support that I pay by court order from a different domestic partnership | \$ |
| g. Necessary job-related expenses not reimbursed by my employer (attach explanation labeled "Question 10g") | \$ |
11. **Assets**
- | | Total |
|---|-------|
| a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts | \$ |
| b. Stocks, bonds, and other assets I could easily sell | \$ |
| c. All other property, <input type="checkbox"/> real and <input type="checkbox"/> personal (estimate fair market value minus the debts you owe) | \$ |

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	CASE NUMBER:
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12. The following people live with me:

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

13. Average monthly expenses
☐ Estimated expenses
 ☐ Actual expenses
 ☐ Proposed needs

a. Home: (1) <input type="checkbox"/> Rent or <input type="checkbox"/> mortgage \$ _____ If mortgage: (a) average principal: \$ _____ (b) average interest: \$ _____ (2) Real property taxes \$ _____ (3) Homeowner's or renter's insurance (if not included above) \$ _____ (4) Maintenance and repair \$ _____ b. Health-care costs not paid by insurance \$ _____ c. Child care \$ _____ d. Groceries and household supplies \$ _____ e. Eating out \$ _____ f. Utilities (gas, electric, water, trash) \$ _____ g. Telephone, cell phone, and e-mail \$ _____	h. Laundry and cleaning \$ _____ i. Clothes \$ _____ j. Education \$ _____ k. Entertainment, gifts, and vacation \$ _____ l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.) \$ _____ m. Insurance (life, accident, etc.; do not include auto, home, or health insurance) \$ _____ n. Savings and investments \$ _____ o. Charitable contributions \$ _____ p. Monthly payments listed in item 14 (itemize below in 14 and insert total here) \$ _____ q. Other (specify) : \$ _____ <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> r. TOTAL EXPENSES (a-q) (do not add in \$ _____ the amounts in a(1)(a) and (b)) </div> s. Amount of expenses paid by others \$ _____
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14. Installment payments and debts not listed above

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

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

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

I confirm this fee arrangement.

Date: _____

(TYPE OR PRINT NAME OF ATTORNEY)

(SIGNATURE OF ATTORNEY)

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

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

16. Number of children

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

17. Children's health-care expenses

- a. ☐ I do ☐ I do not have health insurance available to me for the children through my job.
 b. Name of insurance company:
 c. Address of insurance company:

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

18. Additional expenses for the children in this case

Amount per month

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

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

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

Amount per month

For how many months?

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

- (3) Child support I receive for those children\$

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

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

ATTORNEY OR PARTY WITHOUT ATTORNEY (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 Madera STREET ADDRESS: 200 South G Street MAILING ADDRESS: Same CITY AND ZIP CODE: Madera CA 93637 BRANCH NAME: Civil Division	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	CASE NUMBER: (If applicable, provide):
PROOF OF SERVICE BY MAIL	HEARING DATE: HEARING TIME: DEPT.:

NOTICE: To serve temporary restraining orders you must use personal service (see form FL-330).

- 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.
- My residence or business address is:

- I served a copy of the following documents (*specify*) :

by enclosing them in an envelope AND

- ☐ **depositing** the sealed envelope with the United States Postal Service with the postage fully prepaid.
 - ☐ **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.
- The envelope was addressed and mailed as follows:
 - Name of person served:
 - Address:
 - Date mailed:
 - Place of mailing (*city and state*):
 - ☐ 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.)
 - 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)

Page 1 of 1

REQUEST FOR INTERPRETER

(Civil)

(For Court Use Only)

CASE INFORMATION:

Case Number(s): _____

Case Name: _____

HEARING INFORMATION:

Hrg. Type: _____

Hrg. Date: _____

Time: _____

Dept.: _____

INTERPRETER(S) NEEDED FOR THE FOLLOWING LANGUAGE:

- | | | | |
|--|---------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Triqui* | <input type="checkbox"/> Cambodian | <input type="checkbox"/> Arabic |
| <input type="checkbox"/> Mixteco* | <input type="checkbox"/> Triqui Alto* | <input type="checkbox"/> Cantonese | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Mixteco Alto* | <input type="checkbox"/> Triqui Bajo* | <input type="checkbox"/> Mandarin | <input type="checkbox"/> Hmong |
| <input type="checkbox"/> Mixteco Bajo* | <input type="checkbox"/> Punjabi | <input type="checkbox"/> Farsi/Persian | <input type="checkbox"/> Lao |
| <input type="checkbox"/> Zapoteco* | <input type="checkbox"/> ASL | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Other: _____ |

*Include town of origin for indigenous language: _____

INTERPRETER NEEDED FOR:

☐ Plaintiff/Petitioner

☐ Witness(es)

Time Estimate: _____

☐ Defendant/Respondent

REQUESTING PARTY'S INFORMATION:

Name: _____

Phone Number: _____

Email: _____

Interpreter Coordinator Contact Information

Please email this request to:

Interpreter.Madera@madera.courts.ca.gov

(559) 232-0686 – Interpreter Phone

