

Instructions: Use this form to request orders for children you have with the person in ②. For more information on the orders you can request, read form **DV-105-INFO, Asking for Child Custody and Visitation Orders**.

This form is attached to form DV-100.

1 Your Information

Name: _____

Relationship to children: Parent Legal Guardian Other (describe): _____

2 Person You Want Protection From

Name: _____

Relationship to children: Parent Legal Guardian Other (describe): _____

3 Children Under 18 Years Old (for children you have with the person in ②, list from oldest to youngest)

a. Name: _____ Date of birth: _____

b. Name: _____ Date of birth: _____

c. Name: _____ Date of birth: _____

d. Name: _____ Date of birth: _____

(Check here if you need more space. Write "DV-105, Children" at the top and attach it to this form.)

4 City and State Where Children Lived (If you do not complete this section, the judge may not be able to make custody and visitation orders.)

a. Have all the children listed in ③ lived together for the last five years?

No (If no, complete form DV-105(A). Do not complete the section below.)

Yes (If yes, complete the section below.)

b. List where the children have lived for the last five years. Start with their current location.

Children lived with (check all that apply):

Dates (month/year)

City and State

(include tribal land, if applies)

Me

Person
in ②

Other (relationship
to child)

From: _____ To present

Check here if this address is private
(confidential). List the state only.

From: _____ Until: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
From: _____ Until: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
From: _____ Until: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
From: _____ Until: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
From: _____ Until: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
From: _____ Until: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This is not a Court Order.

5 History of Court Cases Involving Your Children

a. Do you know about any other case involving any child listed in ③?

No

Yes *(If yes, complete the section below):*

(Check all that apply. List where the case was filed (city, state, or tribe), year it was filed, and case number, if known.)

- Custody _____
- Divorce _____
- Juvenile Court (*child welfare, juvenile justice*) _____
- Guardianship _____
- Criminal _____
- Other (*example: child support case*) _____

b. Is there a current order for custody or visitation in effect?

No

Yes *(If yes, complete the section below):*

What did the judge order? (*Examples: who has custody of the children and what the visitation schedule is*)

(Attach a copy of the order, if you have one.)

Why do you want to change the order?

c. If there is another parent or legal guardian besides you and the person in ②, complete the section below.

Name: _____ Parent Legal Guardian

This is not a Court Order.

Orders a Judge Can Make to Protect Your Children

To ask for orders to protect your children, answer the questions below.

6 Do you want to limit where the person in ② can travel with your children?

- No
 Yes *(If yes, complete the section below):*

I ask the judge to order that the person in ② must have written permission from me, or a court order, to take the children outside:

- The county of *(list)*: _____
 California
 Other places *(list)*: _____

7 Do you want the person in ② to have access to the children's records or information?

- Yes
 No *(If no, complete the section below):*

- I ask the judge to order that the person in ② **not** access or have access to the records or information for:
 - All the children listed in ③.
 - Only the children listed here *(names)*: _____
- For the following records or information *(check all that apply)*:
 - Medical, dental, and mental health
 - School and daycare
 - Extracurricular activity, including summer camps and sports teams
 - Child's employment (including volunteer and unpaid positions)
 - Other *(describe)*: _____

(If the judge makes this order, providers will not be able to release the protected information to the person in ②.)

8 Do you believe the person in ② might abduct (kidnap) your children?

- No
 Yes *(To ask for orders to help prevent abduction, you must complete form DV-108, Request for Orders to Prevent Child Abduction, and attach it to this form.)*

This is not a Court Order.

Child Custody

You can ask a judge to make custody orders for your children. There are two types of custody in California: legal and physical custody. For both types of custody, parents can share custody (joint) or one parent can have full custody (sole).

- **Legal custody** means the person who makes decisions about the child's health, education, and welfare.
- **Physical custody** means the person who the child regularly lives with.

Any orders made by the judge now will last until your court date (about three weeks away). On your court date, the judge can change or extend the orders.

9 Do you want the judge to make child custody orders?

- No
 Yes (*If yes, complete the section below:*)

Legal Custody (*check one*):

- Sole to me
 Sole to person in ②
 Jointly (shared) by me and person in ②.
 Other (*describe*): _____

Physical Custody (*check one*):

- Sole to me
 Sole to person in ②
 Jointly (shared) by me and person in ②.
 Other (*describe*): _____

Visitation (Parenting Time) with Children

Visitation (parenting time) is the time each parent spends with the child. If a parent does not get custody, that parent can have visits, if a judge believes it is safe and in the child's best interest. Visitation orders a judge can make include:

- No visits
- Virtual or in-person visits
- Visits supervised (monitored) by a third party
- Visits not supervised

Any orders made by the judge now will last until your court date (about three weeks away). On your court date, the judge can change or extend the orders. Answer the questions below to tell the judge what parenting time you want the person in ② to have until your court date.

10 Do you want the person in ② to have visits (parenting time) with the children?

- No, I ask the judge to order no visits for the person in ② (*Stop here. You have finished completing this form.*)
 Yes (*Go to ⑪.*)
 Yes, but only virtual visits (*Go to ⑪.*)

11 Do you want visits with the children to be supervised (monitored) by a third-party?

(To learn about supervised visitations, go to selfhelp.courts.ca.gov/guide-supervised-visitation.)

- Yes (*Go to ⑫.*)
 No (*Go to ⑬.*)

This is not a Court Order.

12 Details of Supervised (Monitored) Visits

a. Who do you want to supervise the visits? (check one):

- (1) Professional (list name, if known): _____
 Professional fees paid by: Me ____ % Person in (2) ____ % Other: _____ %
- (2) Nonprofessional, like a trusted relative or friend
 (Name): _____ Check here if the person has agreed to supervise visits.

b. Location of visits (check one): In person at a safe location Virtual visit (not in person)

- Other (describe): _____

c. How often and how long should the visits be? (check one):

- Once a week, for (number of hours): _____
 Twice a week, for (number of hours): _____ each visit.
 Other (describe): _____
 Check here if you want to use the chart listed below for a schedule. _____



Plan for Supervised Visits		Virtual visit with person in (2)	Person to bring children to and from visit (or make available for virtual visit)	Location of drop-off/pick-up
Time				
Monday	Start: End, if applies:	<input type="checkbox"/>		
Tuesday	Start: End, if applies:	<input type="checkbox"/>		
Wednesday	Start: End, if applies:	<input type="checkbox"/>		
Thursday	Start: End, if applies:	<input type="checkbox"/>		
Friday	Start: End, if applies:	<input type="checkbox"/>		
Saturday	Start: End, if applies:	<input type="checkbox"/>		
Sunday	Start: End, if applies:	<input type="checkbox"/>		
Follow the plan listed above (check one):				
<input type="checkbox"/> Every week <input type="checkbox"/> Every other week <input type="checkbox"/> Other _____				
Start date for visits (month, day, year) _____				

! (If you completed (12), you are done completing this form. Do not complete (13).)

This is not a Court Order.

13 **Details of Unsupervised Visits**

- a. If the judge allows the person in ② to have unsupervised visits with your children, you will have to tell the judge how you want to handle drop-off and pick-up of the children, also called exchanges.

Do you want exchanges to be supervised by a third party?

No Yes (If yes, do you want a professional or nonprofessional to supervise? Check 1 or 2)

- (1) Professional (list name, if known): _____
 Professional fees paid by: Me ____ % Person in ② ____ % Other: _____ %
 (2) Nonprofessional, like a trusted relative or friend
 (Name): _____ Check here if the person has agreed to supervise visits.

b. **Parenting time you want the person in ② to have with the children.**

- (1) Location of visits (check one): In person at a safe location Virtual visit (not in person)
 Other (describe): _____

- (2) Give details including when visits will happen, how often the visits should be, and who will be responsible for transporting the children. (Use the lines or chart below):

Plan for Supervised Visits		Virtual visit with person in ②	Person to bring children to and from visit (or make available for virtual visit)	Location of drop-off/pick-up
Time				
Monday	Start: End, if applies:	<input type="checkbox"/>		
Tuesday	Start: End, if applies:	<input type="checkbox"/>		
Wednesday	Start: End, if applies:	<input type="checkbox"/>		
Thursday	Start: End, if applies:	<input type="checkbox"/>		
Friday	Start: End, if applies:	<input type="checkbox"/>		
Saturday	Start: End, if applies:	<input type="checkbox"/>		
Sunday	Start: End, if applies:	<input type="checkbox"/>		

Follow the schedule listed above (check one):

Every week Every other week Other _____

Start date for visits (month, day, year) _____

This is not a Court Order.

DV-140**Child Custody and Visitation Order**

Case Number: _____

This form is attached to (*check one*): Form DV-110 Form DV-130 Form DV-310**1 Name of Protected Person:** _____Relationship to children: Parent Legal Guardian Other (*describe*): _____**2 Name of Restrained Person:** _____Relationship to children: Parent Legal Guardian Other (*describe*): _____**3 Children Under 18 Years Old**

a. Name: _____ Date of birth: _____

b. Name: _____ Date of birth: _____

c. Name: _____ Date of birth: _____

d. Name: _____ Date of birth: _____

 (Check here if you have more children to list. On a separate piece of paper write "DV-140, Children" at the top and attach it to this form.)**4 No Travel With Children Without Permission** Person in ① Person in ② Other (*name*): _____

must have written permission from the other parent, or a court order, to take the children outside of:

a. County of (*list*): _____b. State of Californiac. United Statesd. Other place(s) (*list*): _____**This is a Court Order.**

5 Stop Access to Children's School, Health, and Other Information

a. The person in ② must not access or have access to the records or information for:

 All the children listed in ③. Only the children listed here (names): _____b. From the following (*check all that apply*): Medical, dental, and mental health providers Child's employers (including volunteer and unpaid positions) School and daycare providers Other (*describe*): _____ Extracurricular activity providers (including summer camps and sports teams)

! If you are a provider listed above, you must not release information or records regarding the children listed in ⑤ a to the person in ②.

6 Judge's Decision on Request for Orders to Prevent Child Abduction (*attach form DV-145*)**7 Child Custody**a. Legal Custody (*The person who makes decisions about the child's health, education, and welfare.*) Sole to Person in ① Jointly (shared) by persons in ① and ②. Sole to Person in ② Other (*describe*): _____b. Physical Custody (*The person who the child regularly lives with.*) Sole to Person in ① Jointly (shared) by persons in ① and ②. Sole to Person in ② Other (*describe*): _____**Visitation (Parenting Time) With Children** (*See ⑧ – ⑯.*)**8 Person in ② must have no visitation with the children in ③ until further order of the court.**

(If this form is attached to form DV-110, *Temporary Restraining Order*, this means that the judge has stopped your right to visit with your children temporarily. If you do not agree with this order, attend your court hearing.)

This is a Court Order.

9 Professional Supervised (Monitored) Visits With Childrena. Person to be supervised: Person in ① Person in ②b. Professional provider to supervise visits (*check 1, 2, or 3*):(1) Chosen provider: _____ Telephone: _____
Address: _____

If the chosen provider cannot provide services, parties must use the alternate provider.

Alternate provider: _____ Telephone: _____
Address (*if known*): _____Person in ① must contact chosen provider by (*date*): _____Person in ② must contact chosen provider by (*date*): _____(2) A list of providers (*check one*):

_____ is attached to this order.

_____ given in court to Person in ① Person in ② . Person in ① Person in ② must choose and contact a provider by (*date*): _____(3) Other: _____c. Frequency of visits (*check one*): Once a week, for (*number of hours*): _____ each visit. Twice a week, for (*number of hours*): _____ each visit. Other (*describe*): _____

d. Fees paid by: Person in ① _____ % Person in ② _____ % Other: _____ %

e. Visits must be:

 In person at a safe location. Virtual (not in person). (*Before a provider is chosen, confirm that the provider offers virtual visits.*) Other: _____**This is a Court Order.**

10 Nonprofessional Supervised (Monitored) Visits With Childrena. Person to be supervised: Person in ① Person in ②

b. Nonprofessional provider (person) to supervise visits

Name: _____ Relationship to child: _____

Address (if known): _____ Telephone (if known): _____

c. Schedule for visits (check one):

 Follow the Visitation Plan listed in ⑬. Other schedule (give a detailed schedule): _____

d. Location of visits:

 In person at a safe location (give location): _____ Virtual (not in person). (Provider, child, and visiting parent may need access to internet.) Other: _____*(For more information on safe locations and virtual visits, go to selfhelp.courts.ca.gov/guide-supervised-visitation.)***11 Supervised Exchanges (Drop-Off and Pick-up of Children)***(Complete this item and go to ⑫ to describe visitation plan.)*a. Person to be supervised: Person in ① Person in ②

b. Provider (Person) to Supervise Exchanges

(1) Professional Provider

Name of provider (if known): _____

Address (if known): _____

Telephone (if known): _____

Fees paid by: Person in ① ____ % Person in ② ____ % Other: _____ %

Person in ① must contact provider by (date): _____

Person in ② must contact provider by (date): _____

Location of exchanges to be decided by provider.

(2) Nonprofessional Provider

Name: _____ Relationship to child: _____

Address (if known): _____

Telephone (if known): _____

Safe location for exchanges: _____

*(For more information on safe locations, go to selfhelp.courts.ca.gov/guide-supervised-visitation)***This is a Court Order.**

12 Visits With No Supervision (Unmonitored)

- a. Person in ① Person in ② will visit with the children listed in ③
- b. Visits must be:
- In person
- Virtual (not in person) (Child and visiting parent may need access to the internet. For more information on virtual visits, go to selfhelp.courts.ca.gov/domestic-violence-child-custody)
- Other: _____
- c. The visitation plan is (check one):
- Listed in ⑯
- Described below:
- _____
- _____
- _____

13 Visitation Plan for Person in ②

	Time	Visit must be virtual	Person to bring children to and from visit (or make child available for virtual visit)	Location of drop-off/pick-up
Monday	Start: End, if applies:	<input type="checkbox"/>		
Tuesday	Start: End, if applies:	<input type="checkbox"/>		
Wednesday	Start: End, if applies:	<input type="checkbox"/>		
Thursday	Start: End, if applies:	<input type="checkbox"/>		
Friday	Start: End, if applies:	<input type="checkbox"/>		
Saturday	Start: End, if applies:	<input type="checkbox"/>		
Sunday	Start: End, if applies:	<input type="checkbox"/>		

Follow the plan listed above (check one):

- Every week Every other week Other _____

Start date for visits (month, day, year) _____**This is a Court Order.**

14 Mandatory Findings*(Findings required under Family Code sections 3011, 3044, and 3100.)*

- a. No findings required by law
- b. Findings required by law

(1) The court has made the required findings. The court's reasons are in writing (*check one*):

On form DV-150, *Mandatory Findings for Child Custody and Visitation Order*.

Other: _____

(2) The court has made the required findings. The court's reasons were recorded (*check all that apply*):

In a minute order By a court reporter Other: _____

15 Other Orders

Describe additional orders in the space below or use a separate attachment (e.g., FL-341(C), *Children's Holiday Schedule Attachment*).

16 Criminal Protective Order

List any criminal protective order protecting the person in (1) or any child in (3) from the person in (2).

Case number: _____ County: _____

Case number: _____ County: _____

(If a criminal protective order is in effect, law enforcement must follow the priority of enforcement on form DV-110 or DV-130.)

17 Country of Habitual Residence

The country of habitual residence of the child or children in this case is (*check one*):

- The United States,
- Other (*specify*): _____

18 Jurisdiction and Notice

This court has jurisdiction to make child custody orders in this case under the Uniform Child Custody Jurisdiction and Enforcement Act (part 3 of the California Family Code starting with section 3400). The responding party was given notice consistent with the laws of the State of California.

19 Penalties for Violating This Order

If you violate this order, you may be subject to civil or criminal penalties, or both.

This is a Court Order.

PARTY WITHOUT ATTORNEY OR ATTORNEY		STATE BAR NUMBER:	<i>FOR COURT USE ONLY</i>	
NAME:				
FIRM NAME:				
STREET ADDRESS:				
CITY:	STATE:	ZIP CODE:		
TELEPHONE NO.:	FAX NO.:			
E-MAIL ADDRESS:				
ATTORNEY FOR (name):				
SUPERIOR COURT OF CALIFORNIA, COUNTY OF				
STREET ADDRESS:				
MAILING ADDRESS:				
CITY AND ZIP CODE:				
BRANCH NAME:				
PETITIONER:				
RESPONDENT:				
OTHER PARTY/PARENT/CLAIMANT:				
INCOME AND EXPENSE DECLARATION				
CASE NUMBER:				

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

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

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

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

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

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

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

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

13. Average monthly expenses Estimated expenses Actual expenses Proposed needs

a. Home:		h. Laundry and cleaning	\$
(1) <input type="checkbox"/> Rent or <input checked="" type="checkbox"/> mortgage	\$	i. Clothes	\$
If mortgage:		j. Education	\$
(a) average principal:	\$	k. Entertainment, gifts, and vacation	\$
(b) average interest:	\$	l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.)	\$
(2) Real property taxes	\$	m. Insurance (life, accident, etc.; do not include auto, home, or health insurance)	\$
(3) Homeowner's or renter's insurance (if not included above)	\$	n. Savings and investments	\$
(4) Maintenance and repair	\$	o. Charitable contributions	\$
b. Health-care costs not paid by insurance	\$	p. Monthly payments listed in item 14 (itemize below in 14 and insert total here)	\$
c. Child care	\$	q. Other (specify):	\$
d. Groceries and household supplies	\$		
e. Eating out	\$		
f. Utilities (gas, electric, water, trash)	\$		
g. Telephone, cell phone, and e-mail	\$		
		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 information is required if either party is requesting attorney fees.):

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

I confirm this fee arrangement.

Date:

(TYPE OR PRINT NAME OF ATTORNEY)

(SIGNATURE OF ATTORNEY)

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

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

16. **Number of children**

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

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

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

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

18. **Additional 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):**