

# FW-001 Request to Waive Court Fees

**CONFIDENTIAL**

Clerk stamps date here when form is filed.

If you are getting public benefits, are a low-income person, or do not have enough income to pay for your household's basic needs and your court fees, you may use this form to ask the court to waive your court fees. The court may order you to answer questions about your finances. If the court waives the fees, you may still have to pay later if:

- You cannot give the court proof of your eligibility,
- Your financial situation improves during this case, or
- You settle your civil case for **\$10,000** or more. The trial court that waives your fees will have a lien on any such settlement in the amount of the waived fees and costs. The court may also charge you any collection costs.

Fill in court name and street address:

**Superior Court of California, County of Tulare**  
221 S Mooney Blvd  
County Civic Center  
Visalia, CA 93291

Fill in case number and name:

**Case Number:**

**Case Name:**

**LAST NAME V LAST NAME**

**1 Your Information** (person asking the court to waive the fees):

Name: **YOUR NAME**

Street or mailing address: **YOUR MAILING ADDRESS**

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: **YOUR PHONE #**

**2 Your Job**, if you have one (job title): **YOUR EMPLOYMENT INFO**

Name of employer: \_\_\_\_\_

Employer's address: \_\_\_\_\_

**3 Your Lawyer**, if you have one (name, firm or affiliation, address, phone number, and State Bar number):

**IN PRO PER**

a. The lawyer has agreed to advance all or a portion of your fees or costs (check one): Yes ☐ No ☐

b. (If yes, your lawyer must sign here) Lawyer's signature: \_\_\_\_\_  
If your lawyer is not providing legal-aid type services based on your low income, you may have to go to a hearing to explain why you are asking the court to waive the fees.

**4 What court's fees or costs are you asking to be waived?**

☒ Superior Court (See Information Sheet on Waiver of Superior Court Fees and Costs (form FW-001-INFO).)

☐ Supreme Court, Court of Appeal, or Appellate Division of Superior Court (See Information Sheet on Waiver of Appellate Court Fees (form APP-015/FW-015-INFO).)

**5 Why are you asking the court to waive your court fees?**

a. ☐ I receive (check all that apply; see form FW-001-INFO for definitions):

☐ Food Stamps ☐ Supp. Sec. Inc. ☐ SSP ☐ Medi-Cal ☐ County Relief/Gen. Assist. ☐ IHSS

OR ☐ CalWORKS or Tribal TANF ☐ CAPI ☐ WIC ☐ Unemployment

b. ☐ My gross monthly household income (before deductions for taxes) is less than the amount listed below. (If you check 5b, you must fill out 7, 8, and 9 on page 2 of this form.)

OR

| Family Size | Family Income | Family Size | Family Income | Family Size | Family Income | If more than 6 people at home, add \$916.67 for each extra person. |
|-------------|---------------|-------------|---------------|-------------|---------------|--|
| 1           | \$2,608.33    | 3           | \$4,441.67    | 5           | \$6,275.00    |  |
| 2           | \$3,525.00    | 4           | \$5,358.33    | 6           | \$7,191.67    |  |

c. ☐ I do not have enough income to pay for my household's basic needs and the court fees. I ask the court to: (check one and you **must** fill out page 2):

☐ waive all court fees and costs ☐ waive some of the court fees ☐ let me make payments over time

**6** ☐ Check here if you asked the court to waive your court fees for this case in the last six months.

(If your previous request is reasonably available, please attach it to this form and check here): ☐

**I declare under penalty of perjury under the laws of the State of California that the information I have provided on this form and all attachments is true and correct.**

Date: **DATE**

**PRINT YOUR NAME**

Print your name here

**SIGN YOUR NAME**

Sign here



Your name: YOUR NAME

|              |
|--------------|
| Case Number: |
|--------------|

If you checked 5a on page 1, do not fill out below. If you checked 5b, fill out questions 7, 8, and 9 only. If you checked 5c, you **must** fill out this entire page. If you need more space, attach form MC-025 or attach a sheet of paper and write Financial Information and your name and case number at the top.

|   |                          |  |
|---|--------------------------|--|
| 7 | <input type="checkbox"/> | Check here if your income changes a lot from month to month.                       |
|   |                          | If it does, complete the form based on your average income for the past 12 months. |

|   |  |                 |
|---|--|-----------------|
| 8 | <b>Your Gross Monthly Income</b>   |                 |
|   | a. List the source and amount of <b>any</b> income you get each month, including: wages or other income from work before deductions, spousal/child support, retirement, social security, disability, unemployment, military basic allowance for quarters (BAQ), veterans payments, dividends, interest, trust income, annuities, net business or rental income, reimbursement for job-related expenses, gambling or lottery winnings, etc. |                 |
|   | (1) <u>WAGES</u>   | \$ <u>2,000</u> |
|   | (2) _____  | \$ _____        |
|   | (3) _____  | \$ _____        |
|   | (4) _____  | \$ _____        |
|   | b. Your total monthly income:  | \$ <u>2,000</u> |

|   |   |     |              |                      |
|---|---|-----|--------------|----------------------|
| 9   | <b>Household Income</b>   |     |              |                      |
|   | a. List the income of all other persons living in your home who depend in whole or in part on you for support, or on whom you depend in whole or in part for support. |     |              |                      |
|   |   |     |              |                      |
|   | Name  | Age | Relationship | Gross Monthly Income |
|   | (1) <u>LIST ANYONE</u>  |     |              | \$ _____             |
|   | (2) <u>WHO YOU ARE</u>  |     |              | \$ _____             |
|   | (3) <u>FINANCIALLY</u>  |     |              | \$ _____             |
|   | (4) <u>SUPPORTING</u>   |     |              | \$ _____             |
|   | b. Total monthly income of persons above:   |     |              | \$ <u>0</u>          |
| Total monthly income and household income (8b plus 9b): |   |     |              | \$ <u>2,000</u>      |

To list any other facts you want the court to know, such as unusual medical expenses, etc., attach form MC-025 or attach a sheet of paper and write Financial Information and your name and case number at the top.

Check here if you attach another page. ☐

**Important!** If your financial situation or ability to pay court fees improves, you must notify the court within five days on form FW-010.

|   |   |                   |                        |                        |
|---|---|-------------------|------------------------|------------------------|
| 10  | <b>Your Money and Property</b>  |                   |                        |                        |
|   | a. Cash \$ <u>50</u>  |                   |                        |                        |
|   | b. All financial accounts (List bank name and amount):                      |                   |                        |                        |
|   | (1) <u>BANK INFO</u>  | \$ <u>500</u>     |                        |                        |
|   | (2) _____   | \$ _____          |                        |                        |
|   | (3) _____   | \$ _____          |                        |                        |
|   | c. Cars, boats, and other vehicles  |                   |                        |                        |
|   | Make/Year   | Fair Market Value | How Much You Still Owe |                        |
|   | (1) <u>VEHICLE INFO</u>   | \$ <u>5,000</u>   | \$ <u>4,000</u>        |                        |
|   | (2) _____   | \$ _____          | \$ _____               |                        |
|   | (3) _____   | \$ _____          | \$ _____               |                        |
|   | d. Real estate  |                   | Fair Market Value      | How Much You Still Owe |
|   | Address   | Value             |                        |                        |
|   | (1) <u>HOME INFO</u>  | \$ _____          | \$ _____               |                        |
|   | (2) _____   | \$ _____          | \$ _____               |                        |
|   | e. Other personal property (jewelry, furniture, furs, stocks, bonds, etc.): |                   |                        |                        |
|   | Describe  | Fair Market Value | How Much You Still Owe |                        |
|   | (1) _____   | \$ _____          | \$ _____               |                        |
|   | (2) _____   | \$ _____          | \$ _____               |                        |
| 11  | <b>Your Monthly Deductions and Expenses</b>                                 |                   |                        |                        |
|   | a. List any payroll deductions and the monthly amount below:                |                   |                        |                        |
|   | (1) <u>FEDERAL TAX</u>  | \$ <u>200</u>     |                        |                        |
|   | (2) <u>STATE TAX</u>  | \$ <u>100</u>     |                        |                        |
|   | (3) <u>SDI</u>  | \$ <u>75</u>      |                        |                        |
|   | (4) <u>MEDICARE/SOC SEC</u>   | \$ <u>200</u>     |                        |                        |
|   | b. Rent or house payment & maintenance                                      | \$ <u>500</u>     |                        |                        |
|   | c. Food and household supplies  | \$ <u>200</u>     |                        |                        |
|   | d. Utilities and telephone  | \$ <u>100</u>     |                        |                        |
|   | e. Clothing   | \$ <u>50</u>      |                        |                        |
|   | f. Laundry and cleaning   | \$ _____          |                        |                        |
|   | g. Medical and dental expenses  | \$ _____          |                        |                        |
|   | h. Insurance (life, health, accident, etc.)                                 | \$ _____          |                        |                        |
|   | i. School, child care   | \$ _____          |                        |                        |
|   | j. Child, spousal support (another marriage)                                | \$ _____          |                        |                        |
|   | k. Transportation, gas, auto repair and insurance                           | \$ _____          |                        |                        |
|   | l. Installment payments (list each below):                                  |                   |                        |                        |
|   | Paid to:  |                   |                        |                        |
|   | (1) <u>VISA PAYMENT</u>   | \$ <u>50</u>      |                        |                        |
|   | (2) <u>CAR PAYMENT</u>  | \$ <u>350</u>     |                        |                        |
|   | (3) <u>DOCTOR BILL</u>  | \$ <u>30</u>      |                        |                        |
|   | m. Wages/earnings withheld by court order                                   | \$ _____          |                        |                        |
|   | n. Any other monthly expenses (list each below):                            |                   |                        |                        |
|   | Paid to:  |                   |                        |                        |
|   | (1) _____   | \$ _____          | How Much?              |                        |
|   | (2) _____   | \$ _____          |                        |                        |
|   | (3) _____   | \$ _____          |                        |                        |
| Total monthly expenses (add 11a–11n above): \$ <u>1,855</u> |   |                   |                        |                        |

# FW-003 Order on Court Fee Waiver (Superior Court)

Clerk stamps date here when form is filed.

**1 Person who asked the court to waive court fees:**

Name: YOUR NAME  
Street or mailing address: YOUR MAILING ADDRESS  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**2 Lawyer, if person in 1 has one (name, firm name, address, phone number, e-mail, and State Bar number):**

IN PRO PER  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fill in court name and street address:

**Superior Court of California, County of**  
Tulare  
221 S Mooney Blvd  
County Civic Center  
Visalia, CA 93291

**3 A request to waive court fees was filed on (date):** \_\_\_\_\_

☐ The court made a previous fee waiver order in this case on (date): \_\_\_\_\_

Fill in case number and name:

**Case Number:**

**Case Name:**

LAST NAME V LAST NAME

**Read this form carefully. All checked boxes ☒ are court orders.**

**Notice:** The court may order you to answer questions about your finances and later order you to pay back the waived fees. If this happens and you do not pay, the court can make you pay the fees and also charge you collection fees. If there is a change in your financial circumstances during this case that increases your ability to pay fees and costs, you must notify the trial court within five days. (Use form FW-010.) If you win your case, the trial court may order the other side to pay the fees. If you settle your civil case for **\$10,000** or more, the trial court will have a lien on the settlement in the amount of the waived fees. The trial court may not dismiss the case until the lien is paid.

**4 After reviewing your: ☒ Request to Waive Court Fees ☐ Request to Waive Additional Court Fees the court makes the following orders:**

a. ☐ The court **grants** your request, as follows:

- (1) ☐ **Fee Waiver.** The court grants your request and waives your court fees and costs listed below. (*Cal. Rules of Court, rule 3.55 and 8.818.*) You do not have to pay the court fees for the following:
- Filing papers in superior court
  - Making copies and certifying copies
  - Sheriff's fee to give notice
  - Reporter's fee for attendance at hearing or trial, if the court is not electronically recording the proceeding and you request that the court provide an official reporter
  - Assessment for court investigations under Probate Code section 1513, 1826, or 1851
  - Preparing, certifying, copying, and sending the clerk's transcript on appeal
  - Holding in trust the deposit for a reporter's transcript on appeal under rule 8.130 or 8.834
  - Making a transcript or copy of an official electronic recording under rule 8.835
  - Court fee for phone hearing
  - Giving notice and certificates
  - Sending papers to another court department
- (2) ☐ **Additional Fee Waiver.** The court grants your request and waives your additional superior court fees and costs that are checked below. (*Cal. Rules of Court, rule 3.56.*) You do not have to pay for the checked items.
- |   |   |
|---|---|
| <input type="checkbox"/> Jury fees and expenses           | <input type="checkbox"/> Fees for a peace officer to testify in court   |
| <input type="checkbox"/> Fees for court-appointed experts | <input type="checkbox"/> Court-appointed interpreter fees for a witness |
| <input type="checkbox"/> Other (specify): _____           |   |

Your name: \_\_\_\_\_

Case Number: \_\_\_\_\_

- b. ☐ The court **denies** your fee waiver request because:

**Warning!** If you miss the deadline below, the court cannot process your request for hearing or the court papers you filed with your original request. If the papers were a notice of appeal, the appeal may be dismissed.

- (1) ☐ Your request is incomplete. You have **10 days** after the clerk gives notice of this Order (see date of service on next page) to:

- Pay your fees and costs, or
- File a new revised request that includes the incomplete items listed:

☐ Below ☐ On Attachment 4b(1)

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- (2) ☐ The information you provided on the request shows that you are not eligible for the fee waiver you requested for the reasons stated: ☐ Below ☐ On Attachment 4b(2)

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The court has enclosed a blank *Request for Hearing About Court Fee Waiver Order (Superior Court)* (form FW-006). You have **10 days** after the clerk gives notice of this order (see date of service below) to:

- Pay your fees and costs in full or the amount listed in c below, or
- Ask for a hearing in order to show the court more information. (*Use form FW-006 to request hearing.*)

- c. (1) ☐ The court needs more information to decide whether to grant your request. You must go to court on the date on page 3. The hearing will be about the questions regarding your eligibility that are stated:

☐ Below ☐ On Attachment 4c(1)

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- (2) ☐ Bring the items of proof to support your request, if reasonably available, that are listed:

☐ Below ☐ On Attachment 4c(2)

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**This is a Court Order.**

Your name: \_\_\_\_\_

Case Number: \_\_\_\_\_

Name and address of court if different from above:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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

Dept.: \_\_\_\_\_ Room: \_\_\_\_\_

**Warning!** If item c(1) is checked, and you do not go to court on your hearing date, the judge will deny your request to waive court fees, and you will have 10 days to pay your fees. If you miss that deadline, the court cannot process the court papers you filed with your request. If the papers were a notice of appeal, the appeal may be dismissed.

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

Signature of (check one):



Judicial Officer



Clerk, Deputy

### Request for Accommodations



Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least five days before the hearing. Contact the clerk's office for *Request for Accommodations by Persons With Disabilities and Response* (form MC-410). (Civ. Code, § 54.8.)

### Clerk's Certificate of Service

I certify that I am not involved in this case and (check one):

- ☐ I handed a copy of this Order to the party and attorney, if any, listed in (1) and (2), at the court, on the date below.
- ☐ This order was mailed first class, postage paid, to the party and attorney, if any, at the addresses listed in (1) and (2), from (city): \_\_\_\_\_, California on the date below.
- ☐ A certificate of mailing is attached.

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

Clerk, by \_\_\_\_\_, Deputy

Name: \_\_\_\_\_

**This is a Court Order.**

**SUMMONS**

(Parentage—Custody and Support)

**CITACIÓN** (Paternidad—Custodia y Manutención)

NOTICE TO RESPONDENT (Name):

AVISO AL DEMANDADO (Nombre):

OTHER PARENT'S NAME

You have been sued. Read the information below and on the next page.

Lo han demandado. Lea la información a continuación y en la página siguiente.

Petitioner's name:

El nombre del demandante:

YOUR NAME

CASE NUMBER: (Número de caso)

FOR COURT USE ONLY  
(SOLO PARA USO DE LA CORTE)

You have **30 calendar days** after this *Summons* and *Petition* are served on you to file a *Response* (form FL-220 or FL-270) at the court and have a copy served on the petitioner. A letter, phone call, or court appearance will not protect you.

Tiene **30 días de calendario** después de haber recibido la entrega legal de esta Citación y Petición para presentar una Respuesta (formulario FL-220 o FL-270) ante la corte y efectuar la entrega legal de una copia al demandante. Una carta o llamada telefónica o una audiencia de la corte no basta para protegerlo.

If you do not file your *Response* on time, the court may make orders affecting your right to custody of your children. You may also be ordered to pay child support and attorney fees and costs.

Si no presenta su Respuesta a tiempo, la corte puede dar órdenes que afecten la custodia de sus hijos. La corte también le puede ordenar que pague manutención de los hijos, y honorarios y costos legales.

For legal advice, contact a lawyer immediately. Get help finding a lawyer at the California Courts Online Self-Help Center ([www.courts.ca.gov/selfhelp](http://www.courts.ca.gov/selfhelp)), at the California Legal Services website ([www.lawhelpca.org](http://www.lawhelpca.org)), or by contacting your local bar association.

Para asesoramiento legal, póngase en contacto de inmediato con un abogado. Puede obtener información para encontrar un abogado en el Centro de Ayuda de las Cortes de California ([www.sucorte.ca.gov](http://www.sucorte.ca.gov)), en el sitio web de los Servicios Legales de California ([www.lawhelpca.org](http://www.lawhelpca.org)), o poniéndose en contacto con el colegio de abogados de su condado.

**NOTICE:** *The restraining order on page 2 remains in effect against each parent until the petition is dismissed, a judgment is entered, or the court makes further orders. This order is enforceable anywhere in California by any law enforcement officer who has received or seen a copy of it.*

**AVISO:** *La orden de protección que aparecen en la pagina 2 continuará en vigencia en cuanto a cada parte hasta que se emita un fallo final, se desdida la petición o la corte dé otras órdenes. Cualquier agencia del orden público que haya recibido o visto una copia de estas orden puede hacerla acatar en cualquier lugar de California.*

**FEE WAIVER:** If you cannot pay the filing fee, ask the clerk for a fee waiver form. The court may order you to pay back all or part of the fees and costs that the court waived for you or the other party.

**EXENCIÓN DE CUOTAS:** Si no puede pagar la cuota de presentación, pida al secretario un formulario de exención de cuotas. La corte puede ordenar que usted pague, ya sea en parte o por completo, las cuotas y costos de la corte previamente exentos a petición de usted o de la otra parte.

[SEAL]

1. The name and address of the court are: (El nombre y dirección de la corte son:)

Tulare County Superior Court  
221 S Mooney Blvd  
Visalia, CA 93291

2. The name, address, and telephone number of petitioner's attorney, or petitioner without an

attorney, are: (El nombre, la dirección y el número de teléfono del abogado del demandante, o del demandante si no tiene abogado, son:)

YOUR NAME

YOUR MAILING ADDRESS

CITY, STATE, ZIP CODE

YOUR PHONE #

Date (Fecha): \_\_\_\_\_ Clerk, by (Secretario, por) \_\_\_\_\_, Deputy (Asistente)

**STANDARD RESTRAINING ORDER**  
(Parentage—Custody and Support)

**ORDEN DE RESTRICCIÓN ESTÁNDAR**  
(Paternidad—Custodia y Manutención)

**Starting immediately, you and every other party are restrained from removing from the state, or applying for a passport for, the minor child or children for whom this action seeks to establish a parent-child relationship or a custody order without the prior written consent of every other party or an order of the court.**

This restraining order takes effect against the petitioner when he or she files the petition and against the respondent when he or she is personally served with the *Summons* and *Petition* OR when he or she waives and accepts service.

This restraining order remains in effect until the judgment is entered, the petition is dismissed, or the court makes other orders.

This order is enforceable anywhere in California by any law enforcement officer who has received or seen a copy of it.

***En forma inmediata, usted y cada otra parte tienen prohibido llevarse del estado a los hijos menores para quienes esta acción judicial procura establecer una relación entre hijos y padres o una orden de custodia, ni pueden solicitar un pasaporte para los mismos, sin el consentimiento previo por escrito de cada otra parte o sin una orden de la corte.***

*Esta orden de restricción entrará en vigencia para el demandante una vez presentada la petición, y para el demandado una vez que éste reciba la notificación personal de la Citación y Petición, o una vez que renuncie su derecho a recibir dicha notificación y se dé por notificado.*

*Esta orden de restricción continuará en vigencia hasta que se emita un fallo final, se despida la petición o la corte dé otras órdenes.*

*Cualquier agencia del orden público que haya recibido o visto una copia de esta orden puede hacerla acatar en cualquier lugar de California.*

**NOTICE — ACCESS TO AFFORDABLE HEALTH INSURANCE** Do you or someone in your household need affordable health insurance? If so, you should apply for Covered California. Covered California can help reduce the cost you pay toward high-quality, affordable health care. For more information, visit [www.coveredca.com](http://www.coveredca.com). Or call Covered California at 1-800-300-1506.

**AVISO — ACCESO A SEGURA DE SALUD MÁS ECONOMICO** Necesita seguro de salud a un costo asequible, ya sea para usted o alguien en su hogar? Si es así, puede presentar una solicitud con Covered California. Covered California lo puede ayudar a reducir al costo que paga por seguro de salud asequible y de alta calidad. Para obtener más información, visite [www.coveredca.com](http://www.coveredca.com). O llame a Covered California al 1-800-300-0213.

- | <u>Child's name</u>        | <u>Birthdate</u> | <u>Age</u> |
|----------------------------|------------------|------------|
| OLDEST CHILD'S INFORMATION |                  |            |
| ADDITIONAL CHILDREN'S INFO |                  |            |



|                                 |              |
|---------------------------------|--------------|
| PETITIONER: YOUR NAME           | CASE NUMBER: |
| RESPONDENT: OTHER PARENT'S NAME |              |

4. e. ☐ I request that the child abduction prevention orders requested on form FL-312 be approved.  
 f. ☐ I request that the proposed holiday schedule set out in ☐ form FL-341(C) ☐ other be approved.  
 g. ☐ I request that additional orders regarding child custody set out in ☐ form FL-341(D) ☐ other be approved.  
 h. ☐ I request that joint legal custody orders set out in ☐ form FL-341(E) ☐ other be approved.  
 i. ☐ I request that visitation (parenting time) be supervised with the following persons, with the following restrictions:

☐ Continued on Attachment 4i.

j. ☐ Other (specify):

5. **Fees and cost of litigation**

- a. Attorney's fees will be paid by ☐ petitioner ☐ respondent.  
 b. ☐ Each party will pay their own attorney's fees.

6. **Child support.** The court may make orders for support of the children and issue an earnings assignment without further notice to either party.

7. Other (specify):

8. I have read the restraining order on the back of the *Summons* (form FL-210) that is being filed with this petition, and I understand that it applies to me when this petition is filed.

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

Date: TODAY'S DATE

PRINT YOUR NAME

(TYPE OR PRINT NAME)



SIGN YOUR NAME

(SIGNATURE OF PETITIONER)

A blank *Response to Petition for Custody and Support of Minor Children* (form FL-270) must be served on the respondent with a copy of this Petition.

**NOTICE:** If you have a child from this relationship, the court is required to order child support based on the incomes of both parents. You should supply the court with information about your income. Otherwise, the child support order will be based on information supplied by the other parent. Any party required to pay child support must pay interest on overdue amounts at the "legal rate," which is currently 10 percent.

|  |                           |
|--|---------------------------|
| ATTORNEY OR PARTY WITHOUT ATTORNEY<br>NAME:<br>FIRM NAME: <b>YOUR NAME</b><br>STREET ADDRESS: <b>YOUR MAILING ADDRESS</b><br>CITY: STATE: ZIP CODE:<br>TELEPHONE NO.: <b>YOUR PHONE #</b> FAX NO.:<br>EMAIL ADDRESS:<br>ATTORNEY FOR (name): <b>IN PRO PER</b> | <b>FOR COURT USE ONLY</b> |
| <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> <b>Tulare</b><br>STREET ADDRESS: <b>221 S Mooney Blvd</b><br>MAILING ADDRESS: <b>County Civic Center</b><br>CITY AND ZIP CODE: <b>Visalia, CA 93291</b><br>BRANCH NAME:   |                           |
| <i>(This section applies to cases other than probate guardianships.)</i><br>PETITIONER: <b>YOUR NAME</b><br>RESPONDENT: <b>OTHER PARENT'S NAME</b><br>OTHER PARTY:<br>CHILD'S NAME <i>(Juvenile cases only):</i>   |                           |
| <i>(This section applies only to probate guardianship cases.)</i><br>GUARDIANSHIP OF (name): <span style="float: right;">Minor</span>  | CASE NUMBER:              |
| <b>DECLARATION UNDER UNIFORM CHILD CUSTODY<br/>JURISDICTION AND ENFORCEMENT ACT (UCCJEA)</b>   |                           |

1. I am (check one): ☒ a party to this proceeding to determine custody of a child ☐ the authorized representative of the agency, which is a party to this proceeding to determine custody of a child.

2. There are (specify number): **XX** minor children who are subject to this proceeding, as follows (list oldest child first):

| Full name                            | Date of birth | Place of birth (city and state) |
|--------------------------------------|---------------|---------------------------------|
| a. <b>OLDEST CHILD'S INFO FIRST</b>  |               |                                 |
| b. <b>ADDITIONAL CHILDREN'S INFO</b> |               |                                 |
| c.                                   |               |                                 |
| d.                                   |               |                                 |

☐ Check this box if you need to list more children. (On form MC-020 or a separate piece of paper, write "FL-105, Attachment 2, Additional Children" at the top, provide all requested information for each additional child, and attach to this form.)

3. a. ☒ Check this box if there is only one child or if all of the children listed in item 2 have lived together for the past five years. (Provide the current address of the child listed in item 2a and their residence history for the past **five years**. If the current address is confidential under Family Code section 3429, check the box and provide only the state of residence.)

| Dates of residence<br>(Month/Year)<br>** EXAMPLE ONLY ** |                | Residence<br>(City/State)  | Person child lived with and<br>complete current address              | Relationship |
|--|----------------|--|--|--------------|
| From:<br>06/2025   | To present     | VISALIA<br><input type="checkbox"/> Confidential (list state only) | YOUR NAME<br><input type="checkbox"/> Confidential (list state only) | PARENT       |
| From:<br>01/2024   | To:<br>06/2025 | TULARE, CA   | YOUR NAME, OTHER<br>PARENT'S NAME                                    | PARENTS      |
| From:<br>BIRTH   | To:<br>01/2024 | VISALIA  | YOUR NAME, OTHER<br>PARENT'S NAME                                    | PARENTS      |
| From:  | To:            |  |  |              |
| From:  | To:            |  |  |              |

☐ Additional addresses are listed on Attachment 3a. (Form MC-020 may be used for this purpose.)

b. ☐ Check this box if there is more than one child and all the children have not lived together for the past five years. (Attach form FL-105(A)/GC-120(A) and list each other child's current address and their residence history for the past five years.)

|  |              |
|--|--------------|
| CASE NAME:<br><b>LAST NAME V LAST NAME</b> | CASE NUMBER: |
|--|--------------|

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

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

| Proceeding  | Case number                            | Court<br>(name, state, or tribe,<br>location) | Court order<br>or judgment<br>(date) | Name of each child | Your<br>connection to<br>the case | Case status |
|---|--|---|--------------------------------------|--------------------|-----------------------------------|-------------|
| a. <input type="checkbox"/> Family                  | <b>LIST ANY OTHER COURT CASES HERE</b> |   |                                      |                    |                                   |             |
| b. <input type="checkbox"/> Probate<br>Guardianship |  |   |                                      |                    |                                   |             |
| c. <input type="checkbox"/> Other                   |  |   |                                      |                    |                                   |             |

| Proceeding                           | Case Number | Court (name, state, location) |
|--------------------------------------|-------------|-------------------------------|
| d. <input type="checkbox"/> Juvenile |             |                               |
| 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 or Tribe | Case number (if known) | Orders expire (date) |
|--------------------------------------|--------|----------------|------------------------|----------------------|
| a. <input type="checkbox"/> Criminal |        |                |                        |                      |
| b. <input type="checkbox"/> Family   |        |                |                        |                      |
| c. <input type="checkbox"/> Juvenile |        |                |                        |                      |
| d. <input type="checkbox"/> Other    |        |                |                        |                      |

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

a. Name and address of person:

**DO THE CHILDREN LIVE IN THE CARE OF SOMEONE OTHER THAN YOU OR THE OTHER PARENT?**

- ☐ Has physical custody  
☐ Claims custody rights  
☐ Claims visitation rights

Name of each child:

b. Name and address of person:

- ☐ Has physical custody  
☐ Claims custody rights  
☐ Claims visitation rights

Name of each child:

c. Name and address of person:

- ☐ Has physical custody  
☐ Claims custody rights  
☐ Claims visitation rights

Name of each child:

7. ☐ Number of pages attached: \_\_\_\_\_

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

Date: **TODAY'S DATE**

**PRINT YOUR NAME**

**SIGN YOUR NAME**

(NAME OF DECLARANT)

(SIGNATURE OF DECLARANT)

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

CASE NAME:

CASE NUMBER:

LAST NAME V LAST NAME

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

**Instructions:** If all the children subject to the proceeding have not lived together for the last five years, use as many copies of this form as needed to list all the children. Number each item and each page consecutively, and attach all pages to form FL-105/GC-120.

3. b. \_\_\_\_ Name of child: *(Provide the child's current address and their residence history for the past **five years**. If the current address is confidential under Family Code section 3429, check the box and provide only the state of residence.)*
- ☐ Residence information is the same as given for the child listed in item 2a on form FL-105/GC-120. *(If **not** the same, provide the information below.)*

| Dates of residence<br>(Month/Year) |            | Residence<br>(City/State)   | Person child lived with (name and<br>complete current address) | Relationship |
|------------------------------------|------------|---|--|--------------|
| From:                              | To present | <input type="checkbox"/> Confidential (list state only)                       | <input type="checkbox"/> Confidential (list state only)        |              |
| From:                              | To:        | <b>** USE THIS FORM IF THERE ARE MORE<br/>THAN 4 CHILDREN IN THIS CASE **</b> |  |              |
| From:                              | To:        |   |  |              |
| From:                              | To:        |   |  |              |
| From:                              | To:        |   |  |              |

3. b. \_\_\_\_ Name of child: *(Provide the child's current address and their residence history for the past **five years**. If the current address is confidential under Family Code section 3429, check the box and provide only the state of residence.)*
- ☐ Residence information is the same as given for the child listed in item 2a on form FL-105/GC-120. *(If **not** the same, provide the information below.)*

| Dates of residence<br>(Month/Year) |            | Residence<br>(City/State)                               | Person child lived with (name and<br>complete current address) | Relationship |
|------------------------------------|------------|---|--|--------------|
| From:                              | To present | <input type="checkbox"/> Confidential (list state only) | <input type="checkbox"/> Confidential (list state only)        |              |
| From:                              | To:        |   |  |              |
| From:                              | To:        |   |  |              |
| From:                              | To:        |   |  |              |
| From:                              | To:        |   |  |              |

Page

|  |                           |
|--|---------------------------|
| PARTY WITHOUT ATTORNEY OR ATTORNEY: _____ STATE BAR NUMBER: _____<br>NAME: _____<br>FIRM NAME: <b>YOUR NAME</b><br>STREET ADDRESS: <b>YOUR MAILING ADDRESS</b><br>CITY: _____ STATE: _____ ZIP CODE: _____<br>TELEPHONE NO.: <b>YOUR PHONE #</b> FAX NO.: _____<br>E-MAIL ADDRESS: _____<br>ATTORNEY FOR (name): <b>IN PRO PER</b>   | <b>FOR COURT USE ONLY</b> |
| <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> Tulare<br>STREET ADDRESS: 221 S Mooney Blvd<br>MAILING ADDRESS: County Civic Center<br>CITY AND ZIP CODE: Visalia, CA 93291<br>BRANCH NAME: _____   |                           |
| PETITIONER: <b>YOUR NAME</b><br>RESPONDENT: <b>OTHER PARENT'S NAME</b><br>OTHER PARENT/PARTY: _____  |                           |
| <b>REQUEST FOR ORDER</b> <input type="checkbox"/> CHANGE <input type="checkbox"/> TEMPORARY EMERGENCY ORDERS<br><input checked="" type="checkbox"/> Child Custody <input checked="" type="checkbox"/> Visitation (Parenting Time) <input type="checkbox"/> Spousal or Partner Support<br><input checked="" type="checkbox"/> Child Support <input type="checkbox"/> Property Control <input type="checkbox"/> Attorney's Fees and Costs<br><input type="checkbox"/> Other (specify): _____ | CASE NUMBER: _____        |

*Note: Read form FL-300-INFO for information about how to complete this form. To ask to change or end an order that was granted in a Restraining Order After Hearing (form DV-130 or JV-255), read form FL-300-INFO and form DV-300-INFO.*

### NOTICE OF HEARING

1. TO (name): **OTHER PARENT'S NAME** \_\_\_\_\_  
☐ Petitioner    ☒ Respondent    ☐ Other Parent/Party    ☐ Other (specify): \_\_\_\_\_
2. **A COURT HEARING WILL BE HELD AS FOLLOWS:**  

|   |             |                                       |                                      |
|---|-------------|---------------------------------------|--------------------------------------|
| a. Date: _____  | Time: _____ | <input type="checkbox"/> Dept.: _____ | <input type="checkbox"/> Room: _____ |
| b. Address of court <input checked="" type="checkbox"/> same as noted above <input type="checkbox"/> other (specify): _____ |             |                                       |                                      |
3. **WARNING to the person served with the Request for Order:** The court may make the requested orders without you if you do not file a *Responsive Declaration to Request for Order* (form FL-320), serve a copy on the other parties at least nine court days before the hearing (unless the court has ordered a shorter period of time), and appear at the hearing. (See form *FL-320-INFO* for more information.)

### COURT ORDER (FOR COURT USE ONLY)

**It is ordered that:**

4. ☐ Time    ☐ for service    ☐ until the hearing    is shortened. Service must be on or before (date): \_\_\_\_\_
5. ☐ A *Responsive Declaration to Request for Order* (form FL-320) must be served on or before (date): \_\_\_\_\_
6. ☐ The parties must attend an appointment for child custody mediation or child custody recommending counseling as follows (specify date, time, and location): \_\_\_\_\_
7. ☐ The orders in *Temporary Emergency (Ex Parte) Orders* (form FL-305) apply to this proceeding and must be personally served with all documents filed with this *Request for Order*.
8. ☐ Other (specify): \_\_\_\_\_

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

JUDICIAL OFFICER Page 1 of 4

|  |              |
|--|--------------|
| PETITIONER: <b>YOUR NAME</b>           | CASE NUMBER: |
| RESPONDENT: <b>OTHER PARENT'S NAME</b> |              |
| OTHER PARENT/PARTY:                    |              |

### REQUEST FOR ORDER

**Note:** Place a mark ☒ in front of the box that applies to your case or to your request. If you need more space, mark the box for "Attachment." For example, mark "Attachment 2a" to indicate that the list of children's names and birth dates continues on a paper attached to this form. Then, on a sheet of paper, list each attachment number followed by your request. At the top of the paper, write your name, case number, and "FL-300" as a title. (You may use *Attached Declaration* (form MC-031) for this purpose.)

#### 1. ☐ RESTRAINING ORDER INFORMATION

One or more domestic violence restraining/protective orders are now in effect between (specify):

☐ Petitioner ☐ Respondent ☐ Other Parent/Party (Attach a copy of the orders if you have one.)

The orders are from the following court or courts (specify county and state):

- |   |                      |
|---|----------------------|
| a. <input type="checkbox"/> Criminal: County/state (specify): | Case No. (if known): |
| b. <input type="checkbox"/> Family: County/state (specify):   | Case No. (if known): |
| c. <input type="checkbox"/> Juvenile: County/state (specify): | Case No. (if known): |
| d. <input type="checkbox"/> Other: County/state (specify):    | Case No. (if known): |

#### 2. ☒ CHILD CUSTODY

☐ I request temporary emergency orders

#### ☒ VISITATION (PARENTING TIME)

a. I request that the court make orders about the following children (specify):

| Child's Name          | Date of Birth | <input checked="" type="checkbox"/> Legal Custody to (person who decides: health, education, etc): | <input checked="" type="checkbox"/> Physical Custody to (person with whom child lives): |
|-----------------------|---------------|--|---|
| - OLDEST CHILD'S INFO |               | ** LEGAL CUSTODY IS DECISION   | ** PHYSICAL CUSTODY IS  |
| - ADDITIONAL CHILD'S  |               | MAKING ABILITY **  | WHERE THE CHILD LIVES **  |
| INFO                  |               |  |   |

☐ Attachment 2a.

b. ☒ The orders I request for ☐ child custody ☒ visitation (parenting time) are:

(1) ☐ Specified in the attached forms:

☐ Form FL-305 ☐ Form FL-311 ☐ Form FL-312 ☐ Form FL-341(C)  
☐ Form FL-341(D) ☐ Form FL-341(E) ☐ Other (specify):

(2) ☒ As follows (specify):

☐ Attachment 2b.

**\*\* WRITE THE VISITATION SCHEDULE THAT YOU ARE ASKING THE COURT TO ORDER \*\***

**- INCLUDE DAYS, TIMES, AND EXCHANGE LOCATIONS.**

c. The orders that I request are in the best interest of the children because (specify):

☐ Attachment 2c.

**\*\* EXPLAIN WHY THE SCHEDULE YOU ARE REQUESTING IS IN THE BEST INTEREST OF THE CHILDREN \*\***

|   |              |
|---|--------------|
| PETITIONER: YOUR NAME<br>RESPONDENT: OTHER PARENT'S NAME<br>OTHER PARENT/PARTY: | CASE NUMBER: |
|---|--------------|

2. d. ☐ This is a change from the current order for ☐ child custody ☐ visitation (parenting time).  
 (1) ☐ The order for legal or physical custody was filed on (date): . The court ordered (specify):  
 (2) ☐ The visitation (parenting time) order was filed on (date): . The court ordered (specify):

3. ☒ CHILD SUPPORT

☐ Attachment 2d.

(Note: An earnings assignment may be issued. See *Income Withholding for Support* (form FL-195))

- a. I request that the court order child support as follows:

Child's name and age

☒ I request support for each child based on the child support guideline.

☐ Monthly amount (\$) requested (if not by guideline)

OLDEST CHILD'S INFORMATION

☐ Attachment 3a.

- b. ☐ I want to change a current court order for child support filed on (date):  
 The court ordered child support as follows (specify):

- c. I have completed and filed with this *Request for Order* a current *Income and Expense Declaration* (form FL-150) or I filed a current *Financial Statement (Simplified)* (form FL-155) because I meet the requirements to file form FL-155.

- d. The court should make or change the support orders because (specify):

☐ Attachment 3d.

\*\* EXPLAIN WHY THE COURT SHOULD ORDER CHILD SUPPORT TO BE PAID BY EITHER PARENT \*\*

4. ☐ SPOUSAL OR DOMESTIC PARTNER SUPPORT

(Note: An *Earnings Assignment Order For Spousal or Partner Support* (form FL-435) may be issued.)

- a. ☐ Amount requested (monthly): \$  
 b. ☐ I want the court to ☐ change ☐ end the current support order filed on (date):  
 The court ordered \$ per month for support.  
 c. ☐ This request is to modify (change) spousal or partner support after entry of a judgment.  
 I have completed and attached *Spousal or Partner Support Declaration Attachment* (form FL-157) or a declaration that addresses the same factors covered in form FL-157.  
 d. I have completed and filed a current *Income and Expense Declaration* (form FL-150) in support of my request.  
 e. The court should make, change, or end the support orders because (specify): ☐ Attachment 4e.

|   |              |
|---|--------------|
| PETITIONER: <u>YOUR NAME</u><br>RESPONDENT: <u>OTHER PARENT'S NAME</u><br>OTHER PARENT/PARTY: | CASE NUMBER: |
|---|--------------|

5. ☐ **PROPERTY CONTROL** ☐ I request temporary emergency orders
- a. The ☐ petitioner ☐ respondent ☐ other parent/party be given exclusive temporary use, possession, and control of the following property that we ☐ own or are buying ☐ lease or rent (*specify*):
- b. The ☐ petitioner ☐ respondent ☐ other parent/party be ordered to make the following payments on debts and liens coming due while the order is in effect:
- |               |            |                  |                 |
|---------------|------------|------------------|-----------------|
| Pay to: _____ | For: _____ | Amount: \$ _____ | Due date: _____ |
| Pay to: _____ | For: _____ | Amount: \$ _____ | Due date: _____ |
| Pay to: _____ | For: _____ | Amount: \$ _____ | Due date: _____ |
| Pay to: _____ | For: _____ | Amount: \$ _____ | Due date: _____ |
- c. ☐ This is a change from the current order for property control filed on (*date*):
- d. Specify in Attachment 5d the reasons why the court should make or change the property control orders.
6. ☐ **ATTORNEY'S FEES AND COSTS** I filed the following to support my request:
- I request attorney's fees and costs, which total (*specify amount*): \$ \_\_\_\_\_
- a. A current *Income and Expense Declaration* (form FL-150).
- b. A *Request for Attorney's Fees and Costs Attachment* (form FL-319) or a declaration that addresses the factors covered in that form.
- c. A *Supporting Declaration for Attorney's Fees and Costs Attachment* (form FL-158) or a declaration that addresses the factors covered in that form.
7. ☐ **OTHER ORDERS REQUESTED (*specify*):** ☐ Attachment 7.
8. ☐ **TIME FOR SERVICE / TIME UNTIL HEARING** I urgently need:
- a. ☐ To serve the *Request for Order* no less than (*number*): \_\_\_\_\_ court days before the hearing.
- b. ☐ The hearing date and service of the *Request for Order* to be sooner.
- c. I need the order because (*specify*): ☐ Attachment 8.
9. ☒ **FACTS TO SUPPORT** the orders I request are listed below. The facts that I write in support and attach to this request cannot be longer than 10 pages, unless the court gives me permission. ☐ Attachment 9.

**\*\* WRITE A DETAILED DECLARATION EXPLAINING WHAT YOU WANT, WHY YOU WANT IT, AND WHY THE COURT SHOULD GRANT YOUR REQUEST. PROVIDE BACKGROUND INFORMATION FOR THE COURT TO CONSIDER \*\***

I declare under penalty of perjury under the laws of the State of California that the information provided in this form and all attachments is true and correct.

Date: TODAY'S DATE

PRINT YOUR NAME

(TYPE OR PRINT NAME)



SIGN YOUR NAME

(SIGNATURE OF APPLICANT)



#### Requests for Accommodations

Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least five days before the proceeding. Contact the clerk's office or go to [courts.ca.gov/forms](https://courts.ca.gov/forms) for *Disability Accommodations Request* (form MC -410). (Civ. Code, § 54.8.)



|   |   |
|---|---|
| PARTY WITHOUT ATTORNEY OR ATTORNEY STATE BAR NUMBER:<br>NAME:<br>FIRM NAME: YOUR NAME<br>STREET ADDRESS: YOUR MAILING ADDRESS<br>CITY: STATE: ZIP CODE:<br>TELEPHONE NO.: YOUR PHONE # FAX NO.:<br>E-MAIL ADDRESS:<br>ATTORNEY FOR (name): IN PRO PER | <b>FOR COURT USE ONLY</b><br><br><b>** COMPLETE ONLY IF<br/>YOU ARE REQUESTING<br/>CHILD SUPPORT **</b> |
| <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> Tulare<br>STREET ADDRESS: 221 S Mooney Blvd<br>MAILING ADDRESS: County Civic Center<br>CITY AND ZIP CODE: Visalia, CA 93291<br>BRANCH NAME:  |   |
| PETITIONER: YOUR NAME<br>RESPONDENT: OTHER PARENT'S NAME<br>OTHER PARTY/PARENT/CLAIMANT:  |   |
| <b>INCOME AND EXPENSE DECLARATION</b>   | CASE NUMBER:  |

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

|   |  |
|---|--|
| Attach copies<br>of your pay<br>stubs for last<br>two months<br>(black out<br>Social<br>Security<br>numbers). | a. Employer:<br>b. Employer's address: ** LIST YOUR CURRENT OR MOST RECENT EMPLOYMENT<br>c. Employer's phone number: INFORMATION HERE **<br>d. Occupation: - MAKE SURE TO ATTACH 2 MONTHS OF INCOME<br>e. Date job started:<br>f. If unemployed, date job ended:<br>g. I work about _____ hours per week.<br>h. I get paid \$ _____ gross (before taxes) <input type="checkbox"/> per month <input type="checkbox"/> per week <input type="checkbox"/> per hour. |
|---|--|

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

**2. Age and education**

- a. My age is (specify): \*\* COMPLETE ALL APPLICABLE INFORMATION \*\*
- 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: TODAY'S DATE

PRINT YOUR NAME

(TYPE OR PRINT NAME)

► SIGN YOUR NAME

(SIGNATURE OF DECLARANT)

|  |              |
|--|--------------|
| PETITIONER: <b>YOUR NAME</b><br>RESPONDENT: <b>OTHER PARENT'S NAME</b><br>OTHER PARTY/PARENT/CLAIMANT: | CASE NUMBER: |
|--|--------------|

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

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

|  | Last month | Average monthly |
|--|------------|-----------------|
| a. Salary or wages (gross, before taxes) .....   | \$         | 2,000           |
| b. Overtime (gross, before taxes) .....  | \$         |                 |
| c. Commissions or bonuses .....  | \$         |                 |
| d. Public assistance (for example: TANF, SSI, GA/GR) <input checked="" type="checkbox"/> currently receiving <b>*CASH AID*</b> .....   | \$         | 500             |
| e. Spousal support <input checked="" type="checkbox"/> from this marriage <input type="checkbox"/> from a different marriage <input type="checkbox"/> federally taxable* ..... | \$         | 500             |
| 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): .....  | \$         |                 |

**EXAMPLES - WORK FOR CASH, FAMILY GIFT, LOANS**

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): **\*\* LIST SELF-EMPLOYMENT INFO HERE \*\***

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** **\*\* LIST ANY DEDUCTIONS YOU MAY HAVE \*\***

|   | 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: <b>YOUR NAME</b><br>RESPONDENT: <b>OTHER PARENT'S NAME</b><br>OTHER PARTY/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 | Pays some of the household expenses? |                             |
|---------------------------------|-----|---|------------------------------------|--------------------------------------|-----------------------------|
| a. <b>** INFO OF ANYONE WHO</b> |     |   |                                    | <input type="checkbox"/> Yes         | <input type="checkbox"/> No |
| b. <b>CURRENTLY LIVES WITH</b>  |     |   |                                    | <input type="checkbox"/> Yes         | <input type="checkbox"/> No |
| c. <b>YOU **</b>                |     |   |                                    | <input type="checkbox"/> Yes         | <input type="checkbox"/> No |
| d.                              |     |   |                                    | <input type="checkbox"/> Yes         | <input type="checkbox"/> No |
| e.                              |     |   |                                    | <input type="checkbox"/> Yes         | <input type="checkbox"/> No |

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

|   |  |
|---|--|
| <p>a. Home:</p> <p>(1) <input type="checkbox"/> Rent or <input type="checkbox"/> mortgage \$ _____</p> <p style="padding-left: 20px;">If mortgage:</p> <p style="padding-left: 40px;">(a) average principal: \$ _____</p> <p style="padding-left: 40px;">(b) average interest: \$ _____</p> <p>(2) Real property taxes \$ _____</p> <p>(3) Homeowner's or renter's insurance (if not included above) \$ _____</p> <p>(4) Maintenance and repair \$ _____</p> <p>b. Health-care costs not paid by insurance \$ _____</p> <p>c. Child care \$ _____</p> <p>d. Groceries and household supplies \$ _____</p> <p>e. Eating out \$ _____</p> <p>f. Utilities (gas, electric, water, trash) \$ _____</p> <p>g. Telephone, cell phone, and e-mail \$ _____</p> | <p>h. Laundry and cleaning \$ _____</p> <p>i. Clothes \$ _____</p> <p>j. Education \$ _____</p> <p>k. Entertainment, gifts, and vacation \$ _____</p> <p>l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.) \$ _____</p> <p>m. Insurance (life, accident, etc.; do not include auto, home, or health insurance) \$ _____</p> <p>n. Savings and investments \$ _____</p> <p>o. Charitable contributions \$ _____</p> <p>p. Monthly payments listed in item 14 (itemize below in 14 and insert total here) \$ _____</p> <p>q. Other (specify): \$ _____</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>r. <b>TOTAL EXPENSES</b> (a-q) (do not add in the amounts in a(1)(a) and (b)) \$ _____</p> </div> <p>s. Amount of expenses paid by others \$ _____</p> |
|---|--|

**\*\* COMPLETE ALL INFO THAT APPLIES TO YOUR CURRENT MONTHLY EXPENSES \*\***

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

| Paid to          | For           | Amount            | Balance | Date of last payment |
|------------------|---------------|-------------------|---------|----------------------|
| <b>EXAMPLES:</b> | CAR PYMT      | \$ <b>MONTHLY</b> | \$      |                      |
|                  | CREDIT CARD   | \$ <b>PAYMENT</b> | \$      |                      |
|                  | DOCTOR BILL   | \$ <b>AMOUNTS</b> | \$      |                      |
|                  | COURT FINES   | \$                | \$      |                      |
|                  | STUDENT LOANS | \$                | \$      |                      |
|                  |               | \$                | \$      |                      |

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

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

I confirm this fee arrangement.

Date:

|                                  |   |                         |
|----------------------------------|---|-------------------------|
|                                  | ▶ |                         |
| (TYPE OR PRINT NAME OF ATTORNEY) |   | (SIGNATURE OF ATTORNEY) |

|  |              |
|--|--------------|
| PETITIONER: YOUR NAME<br>RESPONDENT: OTHER PARENT'S NAME<br>OTHER PARTY/PARENT/CLAIMANT: | CASE NUMBER: |
|--|--------------|

**CHILD SUPPORT INFORMATION**

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

**16. Number of children**

- a. I have (specify number): XX 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.)

**\*\* WRITE THE SCHEDULE OF VISITATION THAT YOU AND THE OTHER PARENT ARE CURRENTLY FOLLOWING, IF APPLICABLE \*\***

**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:

**\*\* LIST INSURANCE INFORMATION FROM YOUR JOB - DO NOT LIST MEDI-CAL \*\***

- 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):   |                  |                      |

**LIST CHILDREN OF A DIFFERENT RELATIONSHIP WHO LIVE IN THE HOME WITH YOU**

(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):**

1. At the time of service I was at least 18 years of age and not a party to this action. I served the respondent with copies of:
- a. ☐ Family Law: *Petition—Marriage/Domestic Partnership* (form FL-100), *Summons* (form FL-110), and blank *Response—Marriage/Domestic Partnership* (form FL-120)
- or-
- b. ☐ Uniform Parentage: *Petition to Determine Parental Relationship* (form FL-200), *Summons* (form FL-210), and blank *Response to Petition to Determine Parental Relationship* (form FL-220)
- or-
- c. ☒ Custody and Support: *Petition for Custody and Support of Minor Children* (form FL-260), *Summons* (form FL-210), and blank *Response to Petition for Custody and Support of Minor Children* (form FL-270)
- and
- d. ☒ (1) ☒ Completed and blank *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA)* (form FL-105)
- (2) ☐ Completed and blank *Declaration of Disclosure* (form FL-140)
- (3) ☐ Completed and blank *Schedule of Assets and Debts* (form FL-142)
- (4) ☒ Completed and blank *Income and Expense Declaration* (form FL-150)
- (5) ☐ Completed and blank *Financial Statement (Simplified)* (form FL-155)
- (6) ☐ Completed and blank *Property Declaration* (form FL-160)
- (7) ☒ *Request for Order* (form FL-300), and blank *Responsive Declaration to Request for Order* (form FL-320)
- (8) ☐ Other (specify):

2. Address where respondent was served:

ADDRESS OF SERVICE

3. I served the respondent by the following means (*check proper boxes*):

- a. ☒ **Personal service.** I personally delivered the copies to the respondent (Code Civ. Proc., § 415.10) on (date): DATE OF PERSONAL SERVICE at (time): TIME OF PERSONAL SERVICE
- b. ☐ **Substituted service.** I left the copies with or in the presence of (name): \_\_\_\_\_ who is (specify title or relationship to respondent): \_\_\_\_\_
- (1) ☐ **(Business)** a person at least 18 years of age who was apparently in charge at the office or usual place of business of the respondent. I informed the person of the general nature of the papers.
- (2) ☐ **(Home)** a competent member of the household (at least 18 years of age) at the home of the respondent. I informed the person of the general nature of the papers.

on (*date*):

at (time):

I thereafter mailed additional copies (by first class, postage prepaid) to the respondent at the place where the copies were left (Code Civ. Proc., § 415.20b) on (date):

A **declaration of diligence** is attached, stating the actions taken to first attempt personal service.

|                                 |              |
|---------------------------------|--------------|
| PETITIONER: YOUR NAME           | CASE NUMBER: |
| RESPONDENT: OTHER PARENT'S NAME |              |

3. c. ☐ **Mail and acknowledgment service.** I mailed the copies to the respondent, addressed as shown in item 2, by first-class mail, postage prepaid, on (date): \_\_\_\_\_ from (city): \_\_\_\_\_
- (1) ☐ with two copies of the *Notice and Acknowledgment of Receipt* (form FL-117) and a postage-paid return envelope addressed to me. (**Attach completed *Notice and Acknowledgment of Receipt* (form FL-117).**) (Code Civ. Proc., § 415.30.)
- (2) ☐ to an address outside California (by registered or certified mail with return receipt requested). (**Attach signed return receipt or other evidence of actual delivery to the respondent.**) (Code Civ. Proc., §§ 415.40, 417.20.)
- d. ☐ **Other** (specify code section): \_\_\_\_\_
- ☐ Continued on Attachment 3d.

4. **Person who served papers**

Name: NAME AND ADDRESS OF THE PERSON WHO SERVED THE PAPERS FOR YOU

Address:

Telephone number: SERVER'S PHONE #

This person is

- a. ☐ exempt from registration under Business and Professions Code section 22350(b).
- b. ☒ not a registered California process server.
- c. ☐ a registered California process server: ☐ an employee or ☐ an independent contractor
- (1) Registration no.: \_\_\_\_\_
- (2) County: \_\_\_\_\_
- (3) The fee for service was (specify): \$ \_\_\_\_\_

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

-or-

6. ☐ **I am a California sheriff, marshal, or constable**, and I certify that the foregoing is true and correct.

Date: DATE OF SIGNING

YOUR SERVER'S PRINTED NAME

(NAME OF PERSON WHO SERVED PAPERS)



YOUR SERVER'S SIGNATURE

(SIGNATURE OF PERSON WHO SERVED PAPERS)

- Age

 continued on Attachment 1.

- Country (if not the United States):

- 4. Child custody and visitation (parenting time).** I request the following orders:

|   | Petitioner               | Respondent               | Joint                    | Other                    |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Legal custody of children to:  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Physical custody of children to:   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Visitation (parenting time) of children with:                                | <input type="checkbox"/> | <input type="checkbox"/> |                          | <input type="checkbox"/> |
| d. If "Other" is checked above, name of the other person is ( <i>specify</i> ): |                          |                          |                          |                          |

The proposed schedule for visitation (parenting time) is as follows:

☐ See the attached form FL-311, *Child Custody and Visitation (Parenting Time) Application Attachment*.

|                                |              |
|--------------------------------|--------------|
| PETITIONER:<br><br>RESPONDENT: | CASE NUMBER: |
|--------------------------------|--------------|

4. e. ☐ I request that the child abduction prevention orders requested on form FL-312 be approved.  
 f. ☐ I request that the proposed holiday schedule set out in ☐ form FL-341(C) ☐ other be approved.  
 g. ☐ I request that additional orders regarding child custody set out in ☐ form FL-341(D) ☐ other be approved.  
 h. ☐ I request that joint legal custody orders set out in ☐ form FL-341(E) ☐ other be approved.  
 i. ☐ I request that visitation (parenting time) be supervised with the following persons, with the following restrictions:

☐ Continued on Attachment 4h.

j. ☐ Other (*specify*):

5. **Fees and cost of litigation**

- a. Attorney fees will be paid by ☐ petitioner ☐ respondent.  
 b. ☐ Each party will pay their own attorney's fees.

6. **Child support.** The court may make orders for support of the children and issue an earnings assignment without further notice to either party.

7. Other (*specify*):

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

Date:

|                      |   |                           |
|----------------------|---|---------------------------|
|                      | ▶ |                           |
| (TYPE OR PRINT NAME) |   | (SIGNATURE OF RESPONDENT) |

**NOTICE: Any party required to pay child support must pay interest on overdue amounts at the "legal rate," which is currently 10 percent.**



|  |   |
|--|---|
| PARTY WITHOUT ATTORNEY OR ATTORNEY: _____ STATE BAR NUMBER: _____<br>NAME: _____<br>FIRM NAME: _____<br>STREET ADDRESS: _____<br>CITY: _____ STATE: _____ ZIP CODE: _____<br>TELEPHONE NO.: _____ FAX NO.: _____<br>E-MAIL ADDRESS: _____<br>ATTORNEY FOR (name): IN PRO PER | <b>FOR COURT USE ONLY</b><br><br><br><b>** LEAVE THIS FORM<br/>BLANK AND SERVE IT TO<br/>THE OTHER PARTY **</b> |
| <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> Tulare<br>STREET ADDRESS: 221 S Mooney Blvd<br>MAILING ADDRESS: County Civic Center<br>CITY AND ZIP CODE: Visalia, CA 93291<br>BRANCH NAME: _____   | CASE NUMBER: _____  |
| PETITIONER: _____<br>RESPONDENT: _____<br>OTHER PARENT/PARTY: _____  |   |
| <b>RESPONSIVE DECLARATION TO REQUEST FOR ORDER</b>   |   |
| HEARING DATE: _____ TIME: _____ DEPARTMENT OR ROOM: _____  |   |

Read *Information Sheet: Responsive Declaration to Request for Order (form FL-320-INFO)* for more information about this form.

1. ☐ **RESTRAINING ORDER INFORMATION**
  - a. ☐ No domestic violence restraining/protective orders are now in effect between the parties in this case.
  - b. ☐ I agree that one or more domestic violence restraining/protective orders are now in effect between the parties in this case.
  
2. ☐ **CHILD CUSTODY**  
☐ **VISITATION (PARENTING TIME)**
  - a. ☐ I consent to the order requested for child custody (legal and physical custody)
  - b. ☐ I consent to the order requested for visitation (parenting time).
  - c. ☐ I do not consent to the order requested for ☐ child custody ☐ visitation (parenting time)  
☐ but I consent to the following order: \_\_\_\_\_
  
3. ☐ **CHILD SUPPORT**
  - a. I have completed and filed a current *Income and Expense Declaration (form FL-150)* or, if eligible, a current *Financial Statement (Simplified) (form FL-155)* to support my responsive declaration.
  - b. ☐ I consent to the order requested.
  - c. ☐ I consent to guideline support.
  - d. ☐ I do not consent to the order requested ☐ but I consent to the following order: \_\_\_\_\_
  
4. ☐ **SPOUSAL OR DOMESTIC PARTNER SUPPORT**
  - a. I have completed and filed a current *Income and Expense Declaration (form FL-150)* to support my responsive declaration.
  - b. ☐ I consent to the order requested.
  - c. ☐ I do not consent to the order requested ☐ but I consent to the following order: \_\_\_\_\_

|   |              |
|---|--------------|
| PETITIONER:<br>RESPONDENT:<br>OTHER PARENT/PARTY: | CASE NUMBER: |
|---|--------------|

5. ☐ **PROPERTY CONTROL**
- a. ☐ I consent to the order requested.
- b. ☐ I do not consent to the order requested      ☐ but I consent to the following order:
- 
6. ☐ **ATTORNEY'S FEES AND COSTS**
- a. I have completed and filed a current *Income and Expense Declaration* (form FL-150) to support my responsive declaration.
- b. I have completed and filed with this form a *Supporting Declaration for Attorney's Fees and Costs Attachment* (form FL-158) or a declaration that addresses the factors covered in that form.
- c. ☐ I consent to the order requested.
- d. ☐ I do not consent to the order requested      ☐ but I consent to the following order:
- 
7. ☐ **OTHER ORDERS REQUESTED**
- a. ☐ I consent to the order requested.
- b. ☐ I do not consent to the order requested      ☐ but I consent to the following order:
- 
8. ☐ **TIME FOR SERVICE / TIME UNTIL HEARING**
- a. ☐ I consent to the order requested.
- b. ☐ I do not consent to the order requested      ☐ but I consent to the following order:
- 
9. ☐ **FACTS TO SUPPORT** my responsive declaration are listed below. The facts that I write and attach to this form cannot be longer than 10 pages, unless the court gives me permission. ☐ Attachment 9.

I declare under penalty of perjury under the laws of the State of California that the information provided in this form and all attachments is true and correct.

Date:

|                      |  |                          |
|----------------------|--|--------------------------|
| (TYPE OR PRINT NAME) |  | (SIGNATURE OF DECLARANT) |
|----------------------|--|--------------------------|

|  |   |
|--|---|
| PARTY WITHOUT ATTORNEY OR ATTORNEY<br>NAME:<br>FIRM NAME:<br>STREET ADDRESS:<br>CITY: STATE: ZIP CODE:<br>TELEPHONE NO.: FAX NO.:<br>E-MAIL ADDRESS:<br>ATTORNEY FOR (name): IN PRO PER    | <b>FOR COURT USE ONLY</b><br><br><b>** LEAVE THIS FORM BLANK AND SERVE IT TO THE OTHER PARTY **</b> |
| <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF Tulare</b><br>STREET ADDRESS: 221 S Mooney Blvd<br>MAILING ADDRESS: County Civic Center<br>CITY AND ZIP CODE: Visalia, CA 93291<br>BRANCH NAME: |   |
| PETITIONER: YOUR NAME<br>RESPONDENT: OTHER PARENT'S NAME<br>OTHER PARTY/PARENT/CLAIMANT:   |   |
| <b>INCOME AND EXPENSE DECLARATION</b>  | 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:<br>b. Employer's address:<br>c. Employer's phone number:<br>d. Occupation:<br>e. Date job started:<br>f. If unemployed, date job ended:<br>g. I work about _____ hours per week.<br>h. I get paid \$ _____ gross (before taxes) <input type="checkbox"/> per month <input type="checkbox"/> per week <input type="checkbox"/> per hour. |
|--|--|

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

**2. Age and education**

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

**3. Tax information**

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

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

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

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

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

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

|  |              |
|--|--------------|
| PETITIONER: YOUR NAME<br>RESPONDENT: OTHER PARENT'S NAME<br>OTHER PARTY/PARENT/CLAIMANT: | CASE NUMBER: |
|--|--------------|

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

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

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

6. **Investment income** (Attach a schedule showing gross receipts less cash expenses for each piece of property.)

|                                 |          |       |
|---------------------------------|----------|-------|
| a. Dividends/interest .....     | \$ ..... | ..... |
| b. Rental property income ..... | \$ ..... | ..... |
| c. Trust income .....           | \$ ..... | ..... |
| d. Other (specify): .....       | \$ ..... | ..... |

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

I am the ☐ owner/sole proprietor ☐ business partner ☐ other (specify):

Number of years in this business (specify):

Name of business (specify):

Type of business (specify):

**Attach a profit and loss statement for the last two years or a Schedule C from your last federal tax return. Black out your Social Security number. If you have more than one business, provide the information above for each of your businesses.**

8. ☐ **Additional income.** I received one-time money (lottery winnings, inheritance, etc.) in the last 12 months (specify source and amount):

9. ☐ **Change in income.** My financial situation has changed significantly over the last 12 months because (specify):

10. **Deductions**

|   | Last month |
|---|------------|
| a. Required union dues .....  | \$ .....   |
| b. Required retirement payments (not Social Security, FICA, 401(k), or IRA) .....   | \$ .....   |
| c. Medical, hospital, dental, and other health insurance premiums (total monthly amount) .....                                  | \$ .....   |
| d. Child support that I pay for children from other relationships .....   | \$ .....   |
| e. Spousal support that I pay by court order from a different marriage <input type="checkbox"/> federally tax deductible* ..... | \$ .....   |
| f. Partner support that I pay by court order from a different domestic partnership .....  | \$ .....   |
| g. Necessary job-related expenses not reimbursed by my employer (attach explanation labeled "Question 10g") .....               | \$ .....   |

11. **Assets**

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

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

|  |
|--|
| <b>r. TOTAL EXPENSES (a-q) (do not add in the amounts in a(1)(a) and (b))</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.):**

- 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: YOUR NAME<br>RESPONDENT: OTHER PARENT'S NAME<br>OTHER PARTY/PARENT/CLAIMANT: | CASE NUMBER: |
|--|--------------|

**CHILD SUPPORT INFORMATION****(NOTE: Fill out this page only if your case involves child support.)****16. Number of children**

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

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

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

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

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

Amount per month

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