

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): TELEPHONE NO.: ATTORNEY FOR (Name)	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
IN RE THE MATTER OF:	
FINANCIAL RESPONSIBILITY DECLARATION	CASE NUMBER

Step 1 Attachments to this summary I have completed Income (page 2) Expense (page 3) Child Support (page 4) Information forms. (If child support is not an issue, do not complete Page 4. If your only income *is TANF*, do not complete Page 2.)

- Step 2 Answer all questions that apply to you**
1. Are you receiving or have you applied for or do you intend to apply for welfare or TANF? Receiving Applied for Intend to apply for No
 2. What is your date of birth (*month/day/year*)?
 3. What is your occupation?
 4. Highest year of education completed:
 5. Are you currently employed? Yes No
 - a. If yes: (1) Where do you work? (name *and address*):
 - (2) When did you start work there (*month/year*)?
 - b. If no: (1) When did you last work (*month/year*)?
 - (2) What were your gross monthly earnings?
 6. What is the total number of minor children you are legally obligated to support?

Step 3 Income Monthly information 7. Net monthly disposable income (from line 16a of Page 2): \$

8. Current net monthly disposable income (if *different* from line 7, explain below or on Attachment 8): \$

Step 4 Expense Information 9. Total monthly expenses from line 2q of Page 3: \$ _____
 10. Amount of these expenses paid by others: \$ _____

Step 5 Other party's Income 11. My estimate of the other party's gross monthly income is: \$ _____

Step 6 Date and sign this form I declare under penalty of perjury under the laws of the State of California that the foregoing and the attached information forms are true and correct.

Date: _____

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

Petitioner

Respondent

IN RE THE MATTER OF:

CASE NUMBER:

INCOME INFORMATION OF

- 1. Total gross salary or wages, including commissions, bonuses, and overtime paid during the last 12 months: 1. \$ _____
- 2. All other money received during the last 12 months **except welfare, TANF,** Specify sources below:
 - SSI, spousal support from this marriage, or any child support.** _____ 2a. \$ _____
 Include *pensions*, social security, disability, unemployment, military basic allowance for quarters (BAQ), spousal support from a *different marriage, dividends*, interest *or* royalty, trust income, *and annuities*. _____ 2b. \$ _____
 Include income from a business, rental properties, *and reimbursement of job-related* expenses _____ 2c. \$ _____
 - Prepare and* attach a schedule *showing gross* receipts less cash expenses for each *business* or rental *property* _____ 2d. \$ _____
- 3. Add lines 1 through 2d..... 3 \$ _____
 Divide line 3 by 12 and place result online 4a.

	Average last 12 months	Last month:
4. Gross income	4a. \$ _____	4b. \$ _____
5. State income tax	5a. \$ _____	5b. \$ _____
6. Federal income tax	6a. \$ _____	6b. \$ _____
7. Social Security and Hospital Tax ('FICA' and "MEDI" or self-employment tax, or the amount used to secure retirement or disability benefits.....	7a. \$ _____	7b. \$ _____
8. Health insurance for you and any children you are required to support ..	8a. \$ _____	8b. \$ _____
9. State disability insurance	9a. \$ _____	9b. \$ _____
10. Mandatory union dues.....	10a. \$ _____	10b. \$ _____
11. Mandatory retirement and pension fund contributions	11a. \$ _____	11b. \$ _____
Do not include any <i>deduction</i> claimed in item 7.		
12. Court-ordered child support, court-ordered spousal support, and voluntarily paid child support in an amount not more than the guideline amount, actually being paid for a relationship other than that involved in this proceeding:	12a. \$ _____	12b. \$ _____
	13a. \$ _____	13b. \$ _____
14 Hardship deduction (Line 4d on Page 4)	14a. \$ _____	14b. \$ _____
15. Add lines 5 through 14..... Total monthly deductions:	15a. \$ _____	15b. \$ _____
16. Subtract line 15 from line 4. Net monthly disposable income:	16a. \$ _____	16b. \$ _____

- 17. TANF, welfare, spousal support from this marriage, and child support from other relationships each month: 17. \$ _____
- 18. Cash and checking accounts: 18. \$ _____
- 19. Savings, credit union, certificates of deposit, and money market accounts: 19. \$ _____
- 20. Stocks, bonds, and other liquid assets: 20. \$ _____
- 21. All other property, real or personal (*specify below*): 21. \$ _____

Attach a copy of your three most recent pay stubs.

INCOME INFORMATION

IN RE THE MATTER OF:

CASE NUMBER:

EXPENSE INFORMATION OF (name):

a. List all persons living in your home whose expenses are included below and their income: Continued on Attachment 1 a.	<u>name</u>	<u>age</u>	<u>relationship</u>	<u>gross monthly income</u>
	1.			
	2.			
	3.			
	4.			
b. List all other persons living in your home and their income: Continued on Attachment 1 b.	1.			
	2.			
	3.			

2. MONTHLY EXPENSES

- a. Residence payments
 - (1) Rent or mortgage \$ _____
 - (2) If mortgage, include:
 - Average principal\$ _____
 - Average interest\$ _____
 - Impound for real property taxes\$ _____
 - Impound for home-owner's insurance\$ _____
 - (3) Real property taxes (if not included in item (2)).....\$ _____
 - (4) Homeowner's or renters insurance (if not included in item (2))\$ _____
 - (5) Maintenance \$ _____
- b. Unreimbursed medical and dental expenses\$ _____
- c. Child care.....\$ _____
- d. Children's education\$ _____
- e. Food at home and household supplies.....\$ _____
- f. Food eating out\$ _____
- g. Utilities \$ _____
- h. Telephone \$ _____
- i. Laundry and cleaning \$ _____
- j. Clothing\$ _____
- k. Insurance (life, accident, etc. Do not include auto, home, or health insurance).....\$ _____
- l. Education (specify): \$ _____
- m. Entertainment\$ _____
- n. Transportation and auto expenses (insurance, gas, oil, repair)\$ _____
- o. Installment payments (insert total and itemize below in item 3)\$ _____
- p. Other (specify):\$ _____

q. TOTAL EXPENSES (a-p)\$ _____ (do not include amounts in a(2))

3. ITEMIZATION OF INSTALLMENT PAYMENTS OR OTHER DEBTS Continued on Attachment 3.

CREDITOR'S NAME	PAYMENT FOR	MONTHLY PAYMENT	BALANCE	DATE LAST PAYMENT MADE

4. ATTORNEY FEES

- a. To date I have paid my attorney for fees and costs: \$ _____ The source of this money was:
- b. I owe to date the following fees and costs over the amount paid:
- c. My arrangement for attorney fees and costs is:

I confirm this information and fee arrangement.

(SIGNATURE OF ATTORNEY)

(TYPE OR PRINT NAME OF ATTORNEY)

IN RE THE MATTER OF:

CASE

CHILD SUPPORT INFORMATION OF (name):

THIS PAGE MUST BE COMPLETED IF CHILD SUPPORT IS AN ISSUE.

1. Health insurance for my children is is not available through my employer.

- a. Monthly cost paid by me or on my behalf for the children *only* is: \$ _____
Do not include the amount paid *or* payable by *your* employer.
- b. Name of carrier:
- c. Address of carrier:

d. Policy or group policy number:

2. Approximate percentage of time each parent has primary physical responsibility for the children:

Mother % Father %

3. The court is requested to order the following as additional child support:

a. Child care costs related to employment or to reasonably necessary education or training for employment skills

(1) Monthly amount currently paid by mother: \$

(2) Monthly amount currently paid by father: \$

b. Uninsured health care costs for the children (*for each cost state the purpose for which the cost was incurred and the estimated monthly, yearly, or lump sum amount paid by each parent*):

c. Educational or other special needs of the children (*for each cost state the purpose for which the cost was incurred and the estimated monthly, yearly, or lump sum amount paid by each parent*):

d. Travel expense for visitation

(1) Monthly amount currently paid by mother: \$

(2) Monthly amount currently paid by father: \$

4. The court is requested to allow the deductions identified below, which are justifiable expenses that have caused an extreme financial hardship.

	Amount paid Per month	How many months will you need to make these payments
a. <input type="checkbox"/> Extraordinary health care expenses (<i>specify and attach any supporting documents</i>):	\$ _____	_____
b. <input type="checkbox"/> Uninsured catastrophic losses (<i>specify and attach supporting documents</i>):	\$ _____	_____
c. <input type="checkbox"/> Minimum basic living expenses of dependent minor children from other marriages or relationships who live with you (<i>specify names and ages of these children</i>):	\$ _____	_____
d. <input type="checkbox"/> Total hardship deductions requested (<i>add lines a-c</i>):	\$ _____	_____