



SUPERIOR COURT OF STANISLAUS COUNTY

www.stanct.org

(209) 530-3100

Street Address: 1100 I Street Modesto, CA 95353

Mailing Address: P.O. Box 1098 Modesto, CA 95353

Self Help Center: 800 11th Street Room #220 Modesto, CA 95353
(PROVIDING ASSISTANCE TO PARTIES REPRESENTING THEMSELVES)

Declarations of Disclosure Packet

All documents must be typed or printed legibly per Rules of Court 2.104, in blue or black ink.

This packet includes the necessary forms to Request a Default and to file Declarations of Disclosure.

Judicial Council forms, local forms, and information are available in the Clerk's Office, the Stanislaus County Law Library located at 1101 13th Street, Modesto, CA and on the following websites:

- ☛ Stanislaus County Superior Court: www.stanct.org
- ☛ Stanislaus County – Local Forms: www.stanct.org/Forms.aspx?id=3
- ☛ Judicial Council's Self Help: www.courts.ca.gov/selfhelp.htm
- ☛ Judicial Council Forms: www.courts.ca.gov/formsrules.htm
- ☛ Stanislaus County Law Library: www.stanislauslawlibrary.org
- ☛ Free Interactive Electronic Forms Program: www.icandocs.org/ca/california.html
- ☛ California's Free Website for Legal Help: www.lawhelpcalifornia.org
- ☛ Law Libraries, Websites, or Self-Help Legal Books: www.courts.ca.gov/1091.htm

REQUIRED FORMS:

- FL-140 - Declaration of Disclosure
 - **MUST BE SERVED ON OTHER PARTY; DO NOT FILE WITH THE COURT**
- FL-142 - Schedule of Assets and Debts
 - **MUST BE SERVED ON OTHER PARTY; DO NOT FILE WITH THE COURT**
- FL-150 - Income and Expense Declaration
- FL-141 - Declaration Regarding Service of Declaration of Disclosure and Income and Expense Declaration

Parties are encouraged to review and comply with Local Rules regarding Family Law proceedings. Local Rules can be located on the following Superior Court website: www.stanct.org.

Material distributed by the Superior Court Clerk's Office or Self Help Center **IS INTENDED FOR INFORMATIONAL AND EDUCATIONAL PURPOSES ONLY**. Such material is **NOT LEGAL ADVICE** and is not intended to be legal advice as to your specific case. **IT IS NOT INTENDED TO TAKE THE PLACE OF LEGAL ADVICE FROM AN ATTORNEY**. You are strongly urged to seek the advice of a licensed attorney before starting or completing your case in order to protect valuable legal rights that you may have, of which you may be unaware of. Please contact an attorney of your choice or contact the **LAWYERS REFERRAL SERVICE** of the Stanislaus County Bar Association at: (209) 571-5727 for a referral. The Clerk's Office cannot give you legal advice.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address):

TELEPHONE NO.:

YOUR NAME HERE
YOUR STREET ADDRESS HERE
YOUR CITY, STATE, and ZIP CODE HERE

IN PRO PER

COUNTY NAME HERE

SAMPLE

ATTORNEY FOR (Name):

SUPERIOR COURT OF CALIFORNIA, COUNTY OF

STREET ADDRESS:

MAILING ADDRESS:

CITY AND ZIP CODE:

BRANCH NAME:

COURT'S PHYSICAL ADDRESS HERE
COURT'S MAILING ADDRESS HERE
COURT'S CITY, STATE, and ZIP CODE HERE

PETITIONER:

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

RESPONDENT:

CHECK THIS
BOX

DECLARATION OF DISCLOSURE

☐
☐

Petitioner's

Respondent's

☐
☐

Preliminary

Final

CHECK BOTH
BOXES

CASE NUMBER:

COURT CASE NUMBER HERE

DO NOT FILE WITH THE COURT

Both the preliminary and the final declaration of disclosure must be served on the other party with certain exceptions. Neither disclosure is filed with the court. A declaration stating service was made of the final declaration of disclosure must be filed with the court (see form FL-141).

A preliminary declaration of disclosure but not a final declaration of disclosure is required in the case of a summary dissolution (see Family Code section 2109) or in a default judgment (see Family Code section 2110) provided the default is not a stipulated judgment or a judgment based upon a marriage settlement agreement.

A declaration of disclosure is required in a summary dissolution action as well as in a dissolution action.

IF THERE ARE ASSETS AND DEBTS
INVOLVED IN THE CASE, CHECK
BOX 1 AND FILL OUT A SCHEDULE
OF ASSETS AND DEBTS, FL-142

Attached are the following:

1. ☐ A completed Schedule of Assets and Debts (form FL-142).
2. ☐ A completed Income and Expense Declaration (form FL-150 (as applicable)).
3. ☐ A statement of all assets and liabilities regarding valuation of all assets that are community property or in which the community has a right.
4. ☐ A statement of all marital obligations regarding obligations for which the community is liable (not a form).
5. ☐ An accurate and complete written disclosure of any investment opportunity, business opportunity, or other income-producing opportunity presented since the date of separation that results from any investment, significant business, or other income-producing opportunity from the date of marriage to the date of separation (not a form).

IF YOU WANT A CHILD SUPPORT OR
SPOUSAL SUPPORT AMOUNT TO BE
DETERMINED BY THE COURT, FILL
OUT THE FL-150 AND CHECK THIS
BOX.

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

DATE HERE

Date:

PRINT YOUR NAME HERE.

SIGN YOUR NAME HERE

(TYPE OR PRINT NAME)

(SIGNATURE)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address):

TELEPHONE NO.: **YOUR PHONE #**

YOUR NAME
YOUR ADDRESS
CITY, STATE, ZIP CODE

ATTORNEY FOR (Name): **in pro per**

SUPERIOR COURT OF CALIFORNIA, COUNTY OF Stanislaus

PETITIONER: **PETITIONER'S NAME AS IT IS ON THE PETITION**RESPONDENT: **RESPONDENT'S NAME AS IT IS ON THE PETITION**

SCHEDULE OF ASSETS AND DEBTS

☒**Petitioner's**☐**Respondent's**

CASE NUMBER:

YOUR CASE #

— INSTRUCTIONS —

List all your known community and separate assets, including your spouse. If you contend an asset of (separate property) to indicate to whom you contend it even if they are in the possession of another person, or P (for Petitioner) or R (for Respondent) in the first column

Select the box to
describe "you"

All values should be as of the date of signing the declaration unless you specify a different valuation date with the description. For additional space, use a continuation sheet numbered to show which item is being continued.

ITEM NO.	ASSETS DESCRIPTION	SEP. PROP.	DATE ACQUIRED	CURRENT GROSS FAIR MARKET VALUE	AMOUNT OF MONEY OWED OR ENCUMBRANCE
1.	<p>REAL ESTATE (Give street addresses and attach copies of deeds with legal descriptions and latest lender's statement.)</p> <p>WRITE "NONE"</p> <p>OR</p> <p>THE ADDRESS, CITY AND STATE</p>		<p>↑</p> <p>Date Acquired</p>	<p>↑</p> <p>Fair Market Value</p>	<p>↑</p> <p>Amount of Money Owed</p>
2.	<p>HOUSEHOLD FURNITURE, FURNISHINGS, APPLIANCES (Identify.)</p> <p>MISCELLANEOUS FURNISHINGS</p> <p>OR DO AN ITEMIZED LIST LIKE THIS:</p> <p>1 KING BED, 1 COUCH, DINING ROOM TABLE</p> <p>TV, DVD PLAYER IN WIFE POSSESSION</p> <p>TOOLS, 1 QUEEN BED, TV, LINENS IN HUSBAND'S POSSESSION</p>				
3.	<p>JEWELRY, ANTIQUES, ART, COIN COLLECTIONS, etc. (Identify.)</p> <p>LIST THE VALUABLE COLLECTIBLES</p>				

OR WRITE "NONE"

ITEM NO.	ASSETS DESCRIPTION	SEP. PROP.	DATE ACQUIRED	CURRENT GROSS FAIR MARKET VALUE	AMOUNT OF MONEY OWED OR ENCUMBRANCE
4.	VEHICLES, BOATS, TRAILERS <i>(Describe and attach copy of title document.)</i> LIST YEAR, MAKE AND MODEL OR WRITE "NONE"		<div style="border: 1px solid red; padding: 2px; display: inline-block;">Date Acquired</div>	<div style="border: 1px solid red; padding: 2px; display: inline-block;">Current gross fair market value</div>	<div style="border: 1px solid red; padding: 2px; display: inline-block;">Amount of money owed or encumbrance</div>
5.	SAVINGS ACCOUNTS <i>(Account name, account number, bank, and branch. Attach copy of latest statement.)</i> LIST YOUR JOINT ACCOUNTS LIST YOUR SEPARATE ACCOUNTS OR WRITE "NONE"				
6.	CHECKING ACCOUNTS <i>(Account name and number, bank, and branch. Attach copy of latest statement.)</i> LIST YOUR JOINT ACCOUNTS LIST YOUR SEPARATE ACCOUNTS OR WRITE "NONE"				
7.	CREDIT UNION, OTHER DEPOSIT ACCOUNTS <i>(Account name and number, bank, and branch. Attach copy of latest statement.)</i> LIST ALL CREDIT UNION SHARE ACCOUNTS OR WRITE "NONE"				
8.	CASH <i>(Give location.)</i> EXAMPLES ARE: SAFE DEPOSIT BOX SOCK DRAWER OR WRITE "NONE"				
9.	TAX REFUND WRITE "NONE" OR LIST AS "TO BE DETERMINED" IF NEEDED				
10.	LIFE INSURANCE WITH CASH SURRENDER OR LOAN VALUE <i>(Attach copy of declaration page for each policy.)</i> MUST HAVE A CASH VALUE! NON-CASH VALUE ACCOUNTS DO NOT GET LISTED HERE OR WRITE "NONE"				

ITEM NO.	ASSETS DESCRIPTION	SEP. PROP.	DATE ACQUIRED	CURRENT GROSS FAIR MARKET VALUE	AMOUNT OF MONEY OWED OR ENCUMBRANCE
11.	STOCKS, BONDS, SECURED NOTES, MUTUAL FUNDS (Give certificate number and attach copy of the certificate or copy of latest statement.) LIST ACCOUNTS OR WRITE "NONE"		↑ Date Acquired	\$ ↑ Current gross fair market value	\$ ↑ Amount of money owed or encumbrance
12.	RETIREMENT AND PENSIONS (Attach copy of latest summary plan documents and latest benefit statement.) AT LEAST LIST THE EMPLOYER'S NAME OR WRITE "NONE"				
13.	PROFIT - SHARING, ANNUITIES, IRAS, DEFERRED COMPENSATION (Attach copy of latest statement.) AT LEAST LIST THE EMPLOYER'S NAME OR WRITE "NONE"				
14.	ACCOUNTS RECEIVABLE AND UNSECURED NOTES (Attach copy of each.) LIST ALL OR WRITE "NONE"				
15.	PARTNERSHIPS AND OTHER BUSINESS INTERESTS (Attach copy of most current K-1 form and Schedule C.) LIST ALL OR WRITE "NONE"				
16.	OTHER ASSETS EXAMPLES ARE TRACTORS, LIVESTOCK, ETC. OR WRITE "NONE"				
17.	TOTAL ASSETS FROM CONTINUATION SHEET			total from # 4 - #10	
18.	TOTAL ASSETS		Total BOTH	\$	\$

ITEM NO.	DEBTS—SHOW TO WHOM OWED	SEP. PROP.	TOTAL OWING	DATE INCURRED
19.	STUDENT LOANS (Give details.) LIST ALL FOR EACH PERSON'S EDUCATION LIKE: SALLIE MAE FOR HUSBAND'S COLLEGE OR WRITE "NONE"		\$	
20.	TAXES (Give details.) LIST OUTSTANDING TAX BILLS OR BILLS THAT NEED TO BE DIVIDED EXAMPLE: 2007 IRS TAXES OR WRITE "NONE"		Total owing	Date incurred
21.	SUPPORT ARREARAGES (Attach copies of orders and statements.) PAST DUE SUPPORT FROM THIS RELATIONSHIP OR FROM ANOTHER RELATIONSHIP OR WRITE "NONE"			
22.	LOANS—UNSECURED (Give bank name and loan number and attach copy of latest statement.) LIKE CONSOLIDATION LOANS OR WRITE "NONE"			
23.	CREDIT CARDS (Give creditor's name and address and the account number. Attach copy of latest statement.) LIST ALL CARDS (MISHT WANT TO SAY WHICH ARE JOINT AND WHICH ARE SEPARATE), LIKE WAMU MASTERCARD IN HUSBAND'S NAME CAPITAL ONE VISA HELD JOINTLY SEARS IN WIFE'S NAME OR WRITE "NONE"			
24.	OTHER DEBTS (Specify): ANYTHING THAT DOES NOT FALL IN THE PRIOR PAGES CAN BE ADDED HERE, LIKE: DR SMITH DDS FOR CHILD'S ORTHODONTICS OR WRITE "NONE"			
25.	TOTAL DEBTS FROM CONTINUATION SHEET			
26.	TOTAL DEBTS		\$	
27.	<input type="checkbox"/> (Specify number): _____ pages are attached as continuation sheets.			

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

Date: **TODAY'S DATE**

YOUR PRINTED NAME _____
(TYPE OR PRINT NAME)



(SIGNATURE OF DECLARANT)

SIGN HERE

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

- a. Employer:
- b. Employer's address:
- c. Employer's phone number:
- d. Occupation:
- e. Date job started:
- f. If unemployed, date job ended:
- g. I work about _____ hours per week.
- h. I get paid \$ _____ gross (before taxes) per month per week per hour.
- FILL OUT YOUR EMPLOYER'S INFORMATION HERE.
IF YOU DO NOT HAVE A JOB, GIVE THE INFORMATION
FROM YOUR LAST JOB.

(If you have more than one job, attach an additional form for each job. Write "Question 1—Other Jobs" at the top of each additional form.) **FILL OUT YOUR AGE AND WHAT GRADE IN SCHOOL YOU COMPLETED. IF YOU HAVE** the information as above for your other

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 8½-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: **DATE** **PRINT**

SIGN

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	FILL THIS OUT EXACTLY AS THE INFORMATION APPEARS ON YOUR OTHER DOCUMENTS	CASE NUMBER: COURT CASE NUMBER HERE
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Attach copies of your pay stubs for the last 12 months (Black out your name and address.) **YOU MUST ATTACH YOUR LAST TWO PAY STUBS. REMEMBER TO CROSS OUT YOUR SOCIAL SECURITY NUMBER.** Copy of your latest federal tax return to the court hearing. (m.)

5. **Income** (For average monthly, add up all income from all sources 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 receive	_____	_____
e. Spousal support <input type="checkbox"/> from this marriage <input type="checkbox"/> from a different marriage	_____	_____
f. Partner support <input type="checkbox"/> from this domestic partnership <input type="checkbox"/> from a different domestic partnership	_____	_____
g. Pension/retirement fund payments	\$ _____	_____
h. Social security retirement (not SSI)	\$ _____	_____
i. Disability: <input type="checkbox"/> Social security (not SSI) <input type="checkbox"/> State disability (SDI) <input type="checkbox"/> Private disability	_____	_____
j. Unemployment compensation	_____	_____
k. Workers' compensation	_____	_____
l. Other (military BAQ, royalty payments, etc.) (specify):	\$ _____	_____

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

IN THIS COLUMN YOU WILL LIST WHAT YOU RECEIVED LAST MONTH FOR EACH SOURCE

IN THIS COLUMN YOU WILL LIST THE AVERAGE YOU RECEIVED FROM THE LAST 12 MONTHS FOR EACH SOURCE

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

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

YOU MUST LIST ALL OF YOUR INVESTMENT INCOME, BEFORE TAXES, IN THIS AREA

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

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

Number of years in this business (specify): _____

Name of business (specify): _____

Type of business (specify): _____

IF YOU ARE SELF-EMPLOYED

Attach a profit and loss statement for the last 12 months. If you have more than one business, attach a separate statement for each business.

8. ☐ **Additional income.** I received one-time income from _____ (specify source and amount): _____

CHECK THIS BOX IF YOU RECEIVED A ONE-TIME SOURCE OF INCOME, LIKE LOTTERY OR INHERITANCE, AND WRITE WHERE YOU RECEIVED THE MONEY AND HOW MUCH YOU RECEIVED

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

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

10. **Deductions**

	Last month
a. Required union dues	\$ _____
b. Required retirement payments (not social security, FICA, 401(k), or IRA)	\$ _____
c. Medical, hospital, dental, and other health insurance (specify monthly amount)	\$ _____
d. Child support that I pay for child(ren)	\$ _____
e. Spousal support that I pay by court order from a different marriage	\$ _____
f. Partner support that I pay by court order from a different domestic partnership	\$ _____
g. Necessary job-related expenses not reimbursed by my employer (attach explanation labeled "Question 10g")	\$ _____

WRITE IN ANY DEDUCTIONS YOU PAID LAST MONTH FOR THE ITEMS LISTED

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 estate (specify)	\$ _____

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

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	CASE NUMBER: <div style="border: 1px solid black; padding: 5px; display: inline-block; width: 80%;">COURT CASE NUMBER HERE</div>
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12. The following people live with me:

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

WRITE DOWN WHO LIVE WITH YOU, THEIR AGE AND RELATION TO YOU, HOW MUCH THEY MAKE BEFORE TAXES, AND WHETHER THEY PAY ANY EXPENSES FOR THE HOME

13. Average monthly expenses

☐ Estimated expenses ☐ Actual expenses ☐ Proposed needs

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

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

WRITE HOW MUCH OF
THE EXPENSES ARE
PAID BY OTHERS

14. Installment payments and debts not listed

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

LIST HERE ANY PAYMENTS YOU ARE MAKING FOR CAR LOANS, STUDENT
LOANS, MORTGAGES, CREDIT CARDS, ETC., THE NAME OF THE COMPANY
YOU ARE PAYING, HOW MUCH YOU PAY EACH MONTH, WHAT IS STILL
OWED, AND THE DATE OF YOUR LAST PAYMENT

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

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

I confirm this fee arrangement.

Date:

(TYPE OR PRINT NAME OF ATTORNEY)

(SIGNATURE OF ATTORNEY)

PETITIONER/PLAINTIFF:	FILL THIS OUT EXACTLY AS THE INFORMATION APPEARS ON YOUR OTHER DOCUMENTS	CASE NUMBER:
RESPONDENT/DEFENDANT:		COURT CASE NUMBER HERE
OTHER PARENT/CLAIMANT:		

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.)

FILL OUT THIS PAGE ONLY IF YOU ARE PAYING CHILD SUPPORT

WRITE IN THE NUMBER OF CHILDREN UNDER 18 YOU ARE/WILL BE PAYING CHILD SUPPORT FOR AND HOW MUCH TIME EACH PARENT SPENDS WITH THEM

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: _____

CHECK WHETHER YOU DO OR DO NOT HAVE HEALTH INSURANCE FOR THE CHILDREN. IF YOU DO HAVE HEALTH INSURANCE, WRITE IN HOW MUCH YOU PAY, NOT HOW MUCH YOUR EMPLOYER PAYS

- 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): \$ _____

WRITE IN ANY OTHER EXPENSES YOU PAY FOR THE CHILDREN

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): _____

WRITE DOWN ANY EXTREME HARDSHIPS YOU HAVE IN THIS AREA. WRITE DOWN THE AMOUNT AND FOR HOW MANY MONTHS.

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

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

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

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> YOUR NAME YOUR ADDRESS CITY, STATE, ZIP CODE </div> TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STANISLAUS STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	<div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> PRELIMINARY is to be completed in the beginning of your action & is REQUIRED. </div> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> FINAL is NOT required although may be waived mutually by both parties. </div>
PETITIONER: _____ RESPONDENT: _____	CASE NUMBER: _____
DECLARATION REGARDING SERVICE OF DECLARATION DISCLOSURE AND INCOME AND EXPENSE DECLARATION <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Select the box for "You" <input type="checkbox"/> Petitioner's <input type="checkbox"/> Respondent's </div> <div style="width: 45%;"> <input type="checkbox"/> Preliminary <input type="checkbox"/> Final </div> </div>	

1. I am the ☐ attorney for ☐ petitioner ☐ respondent in this matter.
2. ☐ Petitioner's ☐ respondent's **Preliminary Declaration of Disclosure** (form FL-140) and current* *Income and Expense Declaration* (form FL-150) were served on ☐ attorney for ☐ the other party by: ☐ personal service ☐ mail ☐ other (specify): _____ on (date): _____
3. ☐ Petitioner's ☐ respondent's **Final Declaration of Disclosure** (form FL-140) and current *Income and Expense Declaration* (form FL-150) were served on ☐ attorney for ☐ the other party by: ☐ personal service ☐ mail ☐ other (specify): _____ on (date): _____
4. ☐ Service of ☐ petitioner's ☐ respondent's ☐ preliminary ☐ final declaration of disclosure ☐ current income and expense declaration has been waived as follows:
- a. ☐ The parties agreed to waive final declaration of disclosure requirements under Family Code section 2105(d). The waiver was filed on (date): _____
- b. ☐ The party has failed to comply with disclosure requirements and the court granted the request for voluntary waiver of receipt under Family Code section 2107 on (date): _____
- c. ☐ This is a default proceeding. Petitioner waives the final declaration disclosure requirements under Family Code section 2110.

* "Current" is defined as completed within the past three months providing no facts have changed. (Cal. Rules of Court, rule 5.128.)

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

Date: _____

PRINT YOUR NAME

(TYPE OR PRINT NAME)



SIGN HERE

(SIGNATURE)

NOTE: File this document with the court.

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

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO.: _____ E-MAIL ADDRESS: _____ ATTORNEY FOR (Name): _____	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	
<div style="text-align: center;">DECLARATION OF DISCLOSURE</div> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Petitioner's <input type="checkbox"/> Respondent's </div> <div> <input type="checkbox"/> Preliminary <input type="checkbox"/> Final </div> </div>	CASE NUMBER:

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

In a dissolution, legal separation, or nullity action, both a preliminary and a final declaration of disclosure must be served on the other party with certain exceptions. Neither disclosure is filed with the court. Instead, a declaration stating that service of disclosure documents was completed or waived must be filed with the court (see form FL-141).

- *In summary dissolution cases, each spouse or domestic partner must exchange preliminary disclosures as described in Summary Dissolution Information (form FL-810). Final disclosures are not required (see Family Code section 2109).*
- *In a default judgment case that is not a stipulated judgment or a judgment based on a marital settlement agreement, only the petitioner is required to complete and serve a preliminary declaration of disclosure. A final disclosure is not required of either party (see Family Code section 2110).*
- *Service of preliminary declarations of disclosure may not be waived by an agreement between the parties.*
- *Parties who agree to waive final declarations of disclosure must file their written agreement with the court (see form FL-144).*

The petitioner must serve a preliminary declaration of disclosure at the same time as the Petition or within 60 days of filing the Petition. The respondent must serve a preliminary declaration of disclosure at the same time as the Response or within 60 days of filing the Response. The time periods may be extended by written agreement of the parties or by court order (see Family Code section 2104(f)).

Attached are the following:

1. ☐ A completed *Schedule of Assets and Debts* (form FL-142) or ☐ A *Property Declaration* (form FL-160) for (specify):
☐ Community and Quasi-Community Property ☐ Separate Property.
2. ☐ A completed *Income and Expense Declaration* (form FL-150).
3. ☐ All tax returns filed by the party in the two years before the date that the party served the disclosure documents.
4. ☐ A statement of all material facts and information regarding valuation of all assets that are community property or in which the community has an interest (*not a form*).
5. ☐ A statement of all material facts and information regarding obligations for which the community is liable (*not a form*).
6. ☐ An accurate and complete written disclosure of any investment opportunity, business opportunity, or other income-producing opportunity presented since the date of separation that results from any investment, significant business, or other income-producing opportunity from the date of marriage to the date of separation (*not a form*).

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

Date: _____

(TYPE OR PRINT NAME)



SIGNATURE

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address):

TELEPHONE NO.:

ATTORNEY FOR (Name):

SUPERIOR COURT OF CALIFORNIA, COUNTY OF STANISLAUS

PETITIONER:

RESPONDENT:

SCHEDULE OF ASSETS AND DEBTS

☐

Petitioner's

☐

Respondent's

CASE NUMBER:

— INSTRUCTIONS —

List all your known community and separate assets or debts. Include assets even if they are in the possession of another person, including your spouse. If you contend an asset or debt is separate, put P (for Petitioner) or R (for Respondent) in the first column (separate property) to indicate to whom you contend it belongs.

All values should be as of the date of signing the declaration unless you specify a different valuation date with the description. For additional space, use a continuation sheet numbered to show which item is being continued.

ITEM NO.	ASSETS DESCRIPTION	SEP. PROP.	DATE ACQUIRED	CURRENT GROSS FAIR MARKET VALUE	AMOUNT OF MONEY OWED OR ENCUMBRANCE
1.	REAL ESTATE <i>(Give street addresses and attach copies of deeds with legal descriptions and latest lender's statement.)</i>			\$	\$
2.	HOUSEHOLD FURNITURE, FURNISHINGS, APPLIANCES <i>(Identify.)</i>				
3.	JEWELRY, ANTIQUES, ART, COIN COLLECTIONS, etc. <i>(Identify.)</i>				

ITEM NO.	ASSETS DESCRIPTION	SEP. PROP.	DATE ACQUIRED	CURRENT GROSS FAIR MARKET VALUE	AMOUNT OF MONEY OWED OR ENCUMBRANCE
4.	VEHICLES, BOATS, TRAILERS <i>(Describe and attach copy of title document.)</i>			\$	\$
5.	SAVINGS ACCOUNTS <i>(Account name, account number, bank, and branch. Attach copy of latest statement.)</i>				
6.	CHECKING ACCOUNTS <i>(Account name and number, bank, and branch. Attach copy of latest statement.)</i>				
7.	CREDIT UNION, OTHER DEPOSIT ACCOUNTS <i>(Account name and number, bank, and branch. Attach copy of latest statement.)</i>				
8.	CASH <i>(Give location.)</i>				
9.	TAX REFUND				
10.	LIFE INSURANCE WITH CASH SURRENDER OR LOAN VALUE <i>(Attach copy of declaration page for each policy.)</i>				

ITEM NO.	ASSETS DESCRIPTION	SEP. PROP.	DATE ACQUIRED	CURRENT GROSS FAIR MARKET VALUE	AMOUNT OF MONEY OWED OR ENCUMBRANCE
11.	STOCKS, BONDS, SECURED NOTES, MUTUAL FUNDS <i>(Give certificate number and attach copy of the certificate or copy of latest statement.)</i>			\$	\$
12.	RETIREMENT AND PENSIONS <i>(Attach copy of latest summary plan documents and latest benefit statement.)</i>				
13.	PROFIT - SHARING, ANNUITIES, IRAS, DEFERRED COMPENSATION <i>(Attach copy of latest statement.)</i>				
14.	ACCOUNTS RECEIVABLE AND UNSECURED NOTES <i>(Attach copy of each.)</i>				
15.	PARTNERSHIPS AND OTHER BUSINESS INTERESTS <i>(Attach copy of most current K-1 form and Schedule C.)</i>				
16.	OTHER ASSETS				
17.	TOTAL ASSETS FROM CONTINUATION SHEET				
18.	TOTAL ASSETS			\$	\$

ITEM NO.	DEBTS—SHOW TO WHOM OWED	SEP. PROP.	TOTAL OWING	DATE INCURRED
19.	STUDENT LOANS <i>(Give details.)</i>		\$	
20.	TAXES <i>(Give details.)</i>			
21.	SUPPORT ARREARAGES <i>(Attach copies of orders and statements.)</i>			
22.	LOANS—UNSECURED <i>(Give bank name and loan number and attach copy of latest statement.)</i>			
23.	CREDIT CARDS <i>(Give creditor's name and address and the account number. Attach copy of latest statement.)</i>			
24.	OTHER DEBTS <i>(Specify):</i>			
25.	TOTAL DEBTS FROM CONTINUATION SHEET			
26.	TOTAL DEBTS		\$	

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

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

Date:

(TYPE OR PRINT NAME)

 _____
(SIGNATURE OF DECLARANT)

PARTY WITHOUT ATTORNEY OR ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STANISLAUS STREET ADDRESS: 1100 I STREET MAILING ADDRESS: P.O. BOX 1098 CITY AND ZIP CODE: MODESTO, CA 95353 BRANCH NAME:	
PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	
INCOME AND EXPENSE DECLARATION	CASE NUMBER:

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

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

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

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

2. Age and education

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

3. Tax information

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

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

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

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

Date: _____

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

Page 1 of 4

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

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

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

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

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

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

I am the ☐ 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)	\$

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

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

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

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

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

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

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

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

I confirm this fee arrangement.

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER:
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CHILD SUPPORT INFORMATION**(NOTE: Fill out this page only if your case involves child support.)****16. Number of children**

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

17. Children's health-care expenses

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

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

18. Additional expenses for the children in this case

Amount per month

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

19. Special hardships. I ask the court to consider the following special financial circumstances*(attach documentation of any item listed here, including court orders) :*

Amount per month

For how many months?

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

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

The expenses listed in a, b and c create an extreme financial hardship because *(explain)*:**20. Other information I want the court to know concerning support in my case *(specify)*:**

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): 	
TELEPHONE NO.: E-MAIL ADDRESS: ATTORNEY FOR (Name):	FAX NO.:
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	
DECLARATION REGARDING SERVICE OF DECLARATION OF DISCLOSURE AND INCOME AND EXPENSE DECLARATION <input type="checkbox"/> Petitioner's <input type="checkbox"/> Preliminary <input type="checkbox"/> Respondent's <input type="checkbox"/> Final	CASE NUMBER:

1. I am the ☐ attorney for ☐ petitioner ☐ respondent in this matter.

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

3. ☐ Petitioner's ☐ Respondent's *Final Declaration of Disclosure* (form FL-140), current* *Income and Expense Declaration* (form FL-150), completed *Schedule of Assets and Debts* (form FL-142) or *Community and Separate Property Declarations* (form FL-160) with attachments, and the material facts and information required by Family Code section 2105 were served on:
☐ the other party ☐ other party's attorney by ☐ personal service ☐ mail
☐ Other (specify):
 on (date):

4. ☐ Service of ☐ Petitioner's ☐ Respondent's ☐ preliminary ☐ final declaration of disclosure
☐ current income and expense declaration has been waived as follows:
 - a. ☐ The parties agreed to waive final declaration of disclosure requirements under Family Code section 2105(d.)
 (Form FL-144 may be used for this purpose.) The waiver ☐ was filed on (date):
☐ is being filed at the same time as this form.
 - b. ☐ The party has failed to comply with disclosure requirements, and the court has granted the request for voluntary waiver of receipt under Family Code section 2107 on (date):
 - c. ☐ This is a default proceeding that does not include a stipulated judgment or settlement agreement. Petitioner waives final disclosure requirements under Family Code section 2110.

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

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

Date:

 (TYPE OR PRINT NAME)



 SIGNATURE

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