



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)

SIMPLIFIED NOTICE OF MOTION 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 obtain a hearing to modify child support, spousal support or family support.

PRIOR TO FILING THE MOTION WITH THE COURT, YOU MUST CALL THE CALENDAR LINE TO RESERVE YOUR HEARING.

- **IF THE DEPARTMENT OF CHILD SUPPORT SERVICES (DCSS) IS INVOLVED IN YOUR CASE, PLEASE CALL 530-3100 AND SELECT THE FAMILY SUPPORT OPTIONS BETWEEN 8:00 A.M. AND 3:00 P.M.**
- **IF DCSS IS NOT INVOLVED IN YOUR CASE, PLEASE CALL 530-3107 BETWEEN 11:00 A.M. AND 3:00 P.M.**

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-390 – Notice of Motion and Motion for Simplified Modification of Order for Child, Spousal, or Family Support**
- **FL-150 – Income and Expense Declaration**

NOTES:

The other party must be served with file marked copies of all documents filed with the Court except for confidential documents (example: fee waiver). You are also required to serve the Response Packet to Notice of Motion which is attached to the back of this packet. The person who serves the other party with the forms must complete, date and sign the Proof of Service by Mail.

CHILD SUPPORT CASE REGISTRY FORM – Both parents must complete a *Child Support Case Registry Form* if the court modifies the current order. You **MUST** deliver a completed form to the Clerk's Office along with your court order **WITHIN 10 DAYS** of the date you received a copy of your court order.

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.

INFORMATION SHEET

SIMPLIFIED WAY TO CHANGE CHILD, SPOUSAL, OR FAMILY SUPPORT

New laws make it easier for a person to ask the court to raise or lower the amount paid for child, spousal, or family support.

How to Ask for a Change

1. Get copies of these forms:
 - *Notice of Motion and Motion for Simplified Modification of Order for Child, Spousal, or Family Support* (“*Notice of Motion*”) (form FL-390).
 - *Responsive Declaration to Motion for Simplified Modification for Child, Spousal, or Family Support* (form FL-392).
 - *Findings and Order After Hearing* (form FL-340) and *Child Support Information and Order Attachment* (form FL-342).
 - *Financial Statement (Simplified)* (form FL-155) or *Income and Expense Declaration* (form FL-150).

The court clerk’s office, the office of the family law facilitator, or the local child support agency can tell you where to get these forms. You can get them at the Judicial Council website: www.courtinfo.ca.gov
2. Fill out and sign the form *Notice of Motion*. **Check with your local court clerk’s office or the office of the family law facilitator to see if the forms must be typewritten.**
3. Fill out the form *Financial Statement (Simplified)*, if you are allowed to use the form. See the instructions on the back side of the form to see if you qualify; otherwise you must fill out the *Income and Expense Declaration*. You must attach copies of your most recent W-2 form(s) and three most recent paycheck stubs, to the form *Financial Statement (Simplified)* or the form *Income and Expense Declaration*.
4. You must schedule a hearing date with your court clerk’s office before filing and serving these papers. You must enter the hearing date in item 1 of the *Notice of Motion*.
5. Make at least three copies of these forms after you have completed them:
 - *Notice of Motion and Motion for Simplified Modification of Order for Child, Spousal, or Family Support* (form FL-390).
 - *Financial Statement (Simplified)* (form FL-155) or *Income and Expense Declaration* (form FL-150).
6. You must have one copy of each of the following papers served on the local child support agency **and on the other party**, if the other party is not the county:
 - Your *Notice of Motion and Motion for Simplified Modification of Order for Child, Spousal, or Family Support* (form FL-390).
 - Your *Financial Statement (Simplified)* (form FL-155) or *Income and Expense Declaration* (form FL-150).
 - A blank *Responsive Declaration to Motion for Simplified Modification of Order for Child, Spousal, or Family Support* (form FL-392).
 - A blank *Financial Statement (Simplified)* (form FL-155) or *Income and Expense Declaration* (form FL-150).
 - *Information Sheet—How to Oppose a Request to Change Child, Spousal, or Family Support* (form FL-393).

For instructions on how to serve these papers properly, see the information box on the Proof of Service, found on the reverse of the *Notice of Motion* (form FL-390). Whoever serves the papers should fill out and must sign the Proof of Service.
7. Take the original of each of the completed forms to the court clerk's office for filing. If you or your attorney have not filed any other papers in the case, you must do one or more of the following:
 - Pay a first appearance filing fee to the court clerk when you go to file these papers (you can find out what the amount of the fee is from the court clerk's office or the office of the family law facilitator); or
 - Pay a fee to file this motion with the court clerk, even if you or your attorney have already filed papers in this case; or
 - Apply for a fee waiver. For more information on how to request a waiver of the filing fees, get the form *Information Sheet on Waiver of Court Fees and Costs* (form FW-001-INFO).

If you use this method to modify support, you may hire an attorney to represent you in court, or you may represent yourself. If you hire an attorney, you will have to pay the cost. The court will not provide you with a free attorney.

If the county is the other party, and if one of the parties is receiving welfare benefits, or if one of the parties has asked the local child support agency to enforce support, a representative from the local child support agency will be present at the hearing.

REMEMBER: The local child support agency does not represent any individual in this lawsuit, including the child, the child's mother, or the child's father.

Agreeing to Support Before the Hearing

A court hearing may not be necessary to modify the current support order, if you are able to reach an agreement with the other party. Note that if an agreement is reached with the other party, you must prepare an order and submit it to the court for the judge's signature and file the order with the court clerk's office. If one of the parties is receiving welfare benefits or the local child support agency is enforcing the support order, the local child support agency must sign the agreement before it is filed with the court.

Hearing

Even if neither the local child support agency nor the other party has filed a response to your *Notice of Motion*, the judge may still require a hearing. Make sure you bring with you a copy of your *Notice of Motion* (form FL-390), *Financial Statement (Simplified)* (form FL-155) or *Income and Expense Declaration* (form FL-150), your most recent federal and state income tax returns and W-2 form(s), and three most recent paycheck stubs. The other party has a right to see your financial information, and you have the right to see the other party's financial information.

Court Order

Once the judge makes a decision, you may be required to prepare the form *Findings and Order After Hearing* (form FL-340) with the *Child Support Information and Order Attachment* (form FL-342). If the support order has changed, you may be required to prepare a modified *Income Withholding for Support* (FL-195). You will not have to prepare these documents if the local child support agency is involved. If you have prepared these documents yourself, you must make sure that they are signed by the judge. Check with the court clerk's office or the office of the family law facilitator for the proper procedure. After the *Income Withholding for Support* (FL-195) is signed by the judge and filed, it must be served on the noncustodial parent's employer, on the other party, and on the local child support agency if the local child support agency is involved in the case.

This is the form number

ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (pursuant to FC §§ 17400, 17406) (Name, State Bar Number, and Address):

TELEPHONE NO.:

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

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/PLAINTIFF:
RESPONDENT/DEFENDANT:
OTHER PARENT:

FILL THIS OUT EXACTLY AS IT APPEARS ON YOUR OTHER DOCUMENTS

NOTICE OF MOTION AND MOTION FOR SIMPLIFIED MODIFICATION OF ORDER FOR CHILD SUPPORT SPOUSAL SUPPORT FAMILY SUPPORT

CASE NO.:

COURT CASE NUMBER HERE

TO (name):

1. A hearing on this motion for the _____ Dept. of Child Support Services

Write in the name of the other party and Dept. of Child Support Services

Check the box for what you want to ask the court to modify.

a. Date: _____ Time: _____ Dept.: _____ Room: _____

b. Address of court: same as noted above other (specify):

Write in:
1. The date you reserve with the clerks' office
2. 8:30 a.m.
3. Dept. 16

2. I am requesting the court to change the amount currently paid by petitioner/plaintiff respondent/defendant other parent to the following:

a. child support pursuant to the California child support guideline commencing (date):
b. spousal support of: \$ 0.00 per month beginning (date):
c. family support of: \$ 0.00 per month beginning (date):
or such other sums as may be appropriate pursuant to applicable guidelines.

Check this box and write in 801 - 11th Street, Modesto, CA

3. I am requesting issuance of modified earnings assignment.

4. I am requesting the court to order the _____ other parent to provide health insurance coverage for the _____ Assignment (form FL-470).

5. (Check whichever statements are true, if any)

a. An application for public assistance (TANF) is pending for the child.
b. The children are receiving public assistance.
c. This request is made by the governmental agency providing support enforcement services in this action.

6. This request is based on

a. the attached completed *Financial Statement (Simplified)* (form FL-155) or *Income and Expense Declaration* (form FL-150) for the applicant.
b. a significant change in the income of petitioner/plaintiff respondent/defendant other parent
c. the attached guideline support calculation sheet.
d. other (specify):

Check only those boxes that apply in your case for Items 2, 4, 5 and 6. You will also need to complete a Financial Statement or Income and Expense Declaration.

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 NAME

SIGNATURE

(TYPE OR PRINT NAME) (SIGNATURE OF DECLARANT)

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

PROOF OF SERVICE

The *Notice of Motion and Motion* must be served on the other party. If the action was brought by the local child support agency, the local child support agency is enforcing the order, or the children are receiving TANF, the *Notice of Motion and Motion* must also be served on the local child support agency of the county where the action is filed. Service of the motion on the local child support agency and other party may be made by anyone at least 18 years EXCEPT you.

(1) Personally delivered to the party.

(2) Mailing it, post paid, to the party's last known address of the other party.

THIS SIDE OF THE FORM IS TO BE COMPLETED BY THE PERSON WHO SERVES THE DOCUMENTS BY MAIL. IT MUST BE SOMEONE OTHER THAN YOU OVER THE AGE OF EIGHTEEN

Anyone at least 18 years of age EXCEPT A PARTY in this action may personally serve or mail the motion. Be sure whoever served the motion fills out and signs this proof of service. The *Notice of Motion and Motion* cannot be filed with the court until the local child support agency and the other party (or attorney) are served and this proof of service is properly completed. If this motion is brought after judgment has been entered in the case, service must be made on the party and not the attorney for the party.

1. At the time of service I was at least 18 years of age and not a party to the legal action.
2. I served a copy of the foregoing *Notice of Motion and Motion* as follows (check either a. or b. below for each person served):
 - a. **Personal service.** I personally delivered a copy of the *Notice of Motion and Motion for Simplified Modification of Order for Child, Spousal, or Family Support* and all attachments as follows:

<input type="checkbox"/> (1) Name of party or attorney served:	<input type="checkbox"/> (2) Name of local child support agency served:
(a) Address where delivered:	(a) Address where delivered:

(b) Date of delivery:	(b) Date of delivery:
(c) Time of delivery:	(c) Time of delivery:

- b. **Mail.** I deposited a copy of the *Notice of Motion and Motion for Simplified Modification of Order for Child, Spousal, or Family Support* (form FL-360) and all attachments in the United States mail, in a sealed envelope with postage fully prepaid, addressed as follows:

<input type="checkbox"/> (1) Name of party or attorney served:	<input type="checkbox"/> (2) Name of local child support agency served:
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CHECK THIS BOX AND WRITE IN THE OTHER PARTY'S NAME, ADDRESS AND DATE AND TIME SERVED. IF YOU DO NOT KNOW THE ADDRESS, WRITE: C/O DCSS, P. O. BOX 4189, MODESTO, CA 95352-4189

WRITE IN: DEPT. OF CHILD SUPPORT SERVICE, P. O. BOX 4189, MODESTO, CA 95352-4189, ALONG WITH THE DATE AND TIME IT WAS MAILED.

(b) Date of mailing:	(b) Date of mailing:
(c) Time of mailing:	(c) Time of mailing:

I declare under DATE HERE under the laws of the State of California that the foregoing is true and correct.

Date: _____

SERVER'S PRINTED NAME	SERVER'S SIGNATURE
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ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):		This is the Form Number
YOUR NAME HERE YOUR STREET ADDRESS HERE YOUR CITY, STATE, and ZIP CODE HERE TELEPHONE NO.: E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):		
IN PRO PER		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF		SAMPLE
STREET ADDRESS:		
COUNTY NAME HERE		
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/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:		COURT CASE NUMBER HERE
FILL THIS OUT EXACTLY AS THE INFORMATION APPEARS ON YOUR OTHER DOCUMENTS		
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.

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 page for each job. Write "Question 1—Other Jobs" at the beginning of the page.) Provide the same information as above for your other jobs.

FILL OUT YOUR AGE AND WHAT GRADE IN SCHOOL YOU COMPLETED. IF YOU HAVE ANY SPECIAL LICENSES, FILL OUT THAT INFORMATION AS WELL.

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:

(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. (Black out your name and address.)

5. **Income** (For average monthly, add up all income from 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 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

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 RECEIVE THE MONEY AND HOW MUCH YOU RECEIVED

9. **Change in income.** My financial situation changed significantly 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 and list 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 and <input type="checkbox"/> personal property (specify and list market value minus the debts you owe).....	\$ _____

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: _____ COURT CASE NUMBER HERE
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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: <ul style="list-style-type: none"> (1) <input type="checkbox"/> Rent or <input type="checkbox"/> mortgage... \$ _____ <li style="padding-left: 20px;">If mortgage: <li style="padding-left: 40px;">(a) average principal: \$ _____ <li style="padding-left: 40px;">(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. 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. 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
		\$	\$	
<div style="border: 1px solid red; padding: 5px; color: red;">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</div>				
		\$	\$	

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

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

I confirm this fee arrangement.

Date: _____

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

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

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

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

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

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

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 OR GOVERNMENTAL AGENCY (pursuant to FC §§ 17400, 17406) (Name, State Bar Number, and Address): 	TELEPHONE NO.:	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STANISLAUS STREET ADDRESS: 1100 I Street MAILING ADDRESS: PO Box 1098 CITY AND ZIP CODE: Modesto, CA 95353-1098 BRANCH NAME:		Related case #:
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:		
NOTICE OF MOTION AND MOTION FOR SIMPLIFIED MODIFICATION OF ORDER FOR <input type="checkbox"/> CHILD SUPPORT <input type="checkbox"/> SPOUSAL SUPPORT <input type="checkbox"/> FAMILY SUPPORT		

TO (name):

1. A hearing on this motion for the relief requested below will be held as follows:

a. Date:	Time:	Dept.:	Room:
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b. Address of court: same as noted above other (specify):

[] 800 11TH STREET MODESTO, CA 95353

[] 801 11TH STREET MODESTO, CA 95353 (Only for Department of Child Support Hearings Scheduled in Dept #16)

2. I am requesting the court to change the amount currently payable by

petitioner/plaintiff respondent/defendant other parent to the following:

a. child support pursuant to the California child support guideline commencing (date):

b. spousal support of: \$ per month beginning (date):

c. family support of: \$ per month beginning (date):

or such other sums as may be appropriate pursuant to applicable guidelines.

3. I am requesting issuance of modified earnings assignment.

4. I am requesting the court to order the petitioner/plaintiff respondent/defendant other parent to provide health insurance coverage for the children as obligated by law, and to issue a Health Insurance Coverage Assignment (form FL-470).

5. (Check whichever statements are true, if any)

a. An application for public assistance (TANF) for the children is pending in (county name): County.

b. The children are receiving public assistance from (county name): County.

c. This request is made by the governmental agency providing support enforcement services in this action.

6. This request is based on

a. the attached completed Financial Statement (Simplified) (form FL-155) or Income and Expense Declaration (form FL-150) for the applicant.

b. a significant change in the income of petitioner/plaintiff respondent/defendant other parent

c. the attached guideline support calculation sheet.

d. 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 DECLARANT)

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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PROOF OF SERVICE

The *Notice of Motion and Motion* must be served on the other party. If the action was brought by the local child support agency, the local child support agency is enforcing the order, or the children are receiving TANF, the *Notice of Motion and Motion* must also be served on the local child support agency of the county where the action is filed. Service of the motion on the local child support agency and other party may be made by anyone at least 18 years EXCEPT you. Service is made in one of the following ways:

(1) Personally delivering it to the office of the local child support agency and to the other party.

OR

(2) Mailing it, postage prepaid, to the office of the local child support agency, and to the last known address of the other party.

Anyone at least 18 years of age EXCEPT A PARTY in this action may personally serve or mail the motion. Be sure whoever served the motion fills out and signs this proof of service. The *Notice of Motion and Motion* cannot be filed with the court until the local child support agency and the other party (or attorney) are served and this proof of service is properly completed. If this motion is brought after judgment has been entered in the case, service must be made on the party and not the attorney for the party.

1. At the time of service I was at least 18 years of age and not a party to the legal action.
2. I served a copy of the foregoing *Notice of Motion and Motion* as follows (check either a. or b. below for each person served):
 - a. **Personal service.** I personally delivered a copy of the *Notice of Motion and Motion for Simplified Modification of Order for Child, Spousal, or Family Support* and all attachments as follows:

<input type="checkbox"/> (1) Name of party or attorney served:	<input type="checkbox"/> (2) Name of local child support agency served:
(a) Address where delivered:	(a) Address where delivered:
(b) Date of delivery:	(b) Date of delivery:
(c) Time of delivery:	(c) Time of delivery:
 - b. **Mail.** I deposited a copy of the *Notice of Motion and Motion for Simplified Modification of Order for Child, Spousal, or Family Support* (form FL-390) and all attachments in the United States mail, in a sealed envelope with postage fully prepaid, addressed as follows:

<input type="checkbox"/> (1) Name of party or attorney served:	<input type="checkbox"/> (2) Name of local child support agency served:
(a) Address:	(a) Address:
(b) Date of mailing:	(b) Date of mailing:
(c) Time of mailing:	(c) Time of mailing:

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

Date: _____

 (TYPE OR PRINT NAME)

 (SIGNATURE OF PERSON WHO SERVED MOTION)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): NAME : ADDRESS : TELEPHONE NO. : E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): <u>IN PRO PER</u>	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STANISLAUS STREET ADDRESS: 1100 I Street MAILING ADDRESS: PO Box 1098 CITY AND ZIP CODE: Modesto, CA 95353-1098 BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	
INCOME AND EXPENSE DECLARATION	CASE NUMBER:

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

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

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

(If you have more than one job, attach an 8½-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 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:

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

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

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

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

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

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

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

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

Number of years in this business (specify):

Name of business (specify):

Type of business (specify):

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

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

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

10. **Deductions**

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

11. **Assets**

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

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

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

13. Average monthly expenses Estimated expenses Actual expenses Proposed needs

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

14. Installment payments and debts not listed above

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

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

I confirm this fee arrangement.

Date: _____
 NAME : _____
(TYPE OR PRINT NAME OF ATTORNEY)

(SIGNATURE OF ATTORNEY)

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

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

16. Number of children

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

17. Children's health-care expenses

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

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

18. Additional expenses for the children in this case

Amount per month

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

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

	Amount per month	For how many months?
a. Extraordinary health expenses not included in 18b	\$ _____	_____
b. Major losses not covered by insurance (examples: fire, theft, other insured loss)	\$ _____	_____
c. (1) Expenses for my minor children who are from other relationships and are living with me	\$ _____	_____
(2) Names and ages of those children <i>(specify)</i> :		
 (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)*:



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)

RESPONSE TO SIMPLIFIED NOTICE OF MOTION 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 respond to a Notice of Motion.

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-392 - Responsive Declaration to Motion for Simplified Modification of Order for Child, Spousal, or Family Support
- FL-150 - Income and Expense Declaration
- FL-335 - Proof of Service by Mail

NOTES:

You are required to serve the Responsive Declaration to Notice of Motion on all parties involved in this case. The person who serves the other parties with the forms must complete, date and sign the Proof of Service by Mail.

CHILD SUPPORT CASE REGISTRY FORM – Both parents must complete a *Child Support Case Registry Form* if the court modifies the current order. You **MUST** deliver a completed form to the Clerk's Office along with your court order **WITHIN 10 DAYS** of the date you received a copy of your court order.

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.

INFORMATION SHEET

HOW TO OPPOSE A REQUEST TO CHANGE CHILD, SPOUSAL, OR FAMILY SUPPORT

What to Do

1. If you receive a *Notice of Motion and Motion for Simplified Modification of Order for Child, Spousal, or Family Support* (“*Notice of Motion*”) (form FL-390) from the other party or the local child support agency, you have one of two choices:
 - Agree with the proposed changes; or
 - File a response and go to the hearing.

2. You do not need to wait to go to court before modifying the support. If you agree with the changes sought (see item 2 on the front of the *Notice of Motion*), or if you agree that the order should be changed in some way, contact the party that served you so that an agreement should be reached. If an agreement is reached with the other party, an order must be prepared and submitted to the court for the judge’s signature and filed with the court clerk’s office. If one of the parties is receiving welfare benefits or the local child support agency is enforcing the support order, the local child support agency must sign the agreement before it is filed with the court. If you are able to reach an agreement with the other party and the order is filed with the court clerk’s office, you do not need to appear at the hearing. The hearing will simply be taken off calendar.

- NOTICE: Unless you know the hearing has been taken off calendar, you should go to the hearing as scheduled to protect your rights. You might consider calling the court the day before the hearing to see if the hearing is still on calendar.**

3. If you do not agree with the proposed changes, you must do the following:
 - Complete the *Responsive Declaration to Motion for Simplified Modification of Order for Child, Spousal, or Family Support* (“*Response to Motion*”) (form FL-392). If a blank *Response to Motion* was not given to you when you received the *Notice of Motion*, the court clerk’s office, the office of the family law facilitator, or the local child support agency can tell you where one can be found. Or you can get one from the Judicial Council’s website: www.courtinfo.ca.gov. **NOTICE: Check with your local court clerk’s office or the office of the family law facilitator to see if the forms must be typewritten. Make at least three copies of the completed form.**
 - Fill out the form *Financial Statement (Simplified)* (form FL-155), if you are allowed to use the form. See the instructions on the back side of the form to see if you qualify; otherwise, you must fill out the form *Income and Expense Declaration* (form FL-150). You must attach copies of your most recent W-2 form(s) and three most recent paycheck stubs to the form *Financial Statement (Simplified)* (form FL-155) or the form *Income and Expense Declaration* (form FL-150). Make at least three copies of the completed form.

4. You must have one copy of each of the following papers served on the local child support agency **and on the other party**, if the other party is not the local child support agency:
 - Your *Responsive Declaration to Motion* (form FL-392).
 - Your *Financial Statement (Simplified)* (form FL-155) or *Income and Expense Declaration* (form FL-150).

For instructions on how to serve these papers properly, see the information box on the Proof of Service, found on the reverse of the *Response to Motion* (form FL-392). Whoever serves the papers should fill out and must sign the Proof of Service. **NOTICE: Consult with the office of the family law facilitator or the local court rules to see if there are any other documents you will need to have served on the local child support agency and on the other party.**

5. Take the original of each of the completed forms to the court clerk's office for filing. If you or your attorney have not filed any other papers in the case, you must do one of two things:
- Pay a first appearance filing fee to the court clerk when you go to file these papers (you can find out what the amount of the fee is from the court clerk's office or the office of the family law facilitator); or
 - Apply for a fee waiver. For more information on how to request a waiver of the filing fees, get the form *Information Sheet on Waiver of Court Fees and Costs* (form FW-001-INFO).

NOTICE: The existing support order remains in effect and payments must be made according to its terms until a new order is made.

Using an Attorney

If you use this method to modify support, you may hire an attorney to represent you in court, or you may represent yourself. If you hire an attorney, you will have to pay the cost. The court will not provide you with a free attorney.

If the county is the other party, and if one of the parties is receiving welfare benefits, or if one of the parties has asked the local child support agency to enforce support, a representative from the local child support agency will be present at the hearing.

REMEMBER: The local child support agency does not represent any individual in this lawsuit, including the child, the child's mother, and the child's father.

Hearing

Make sure you bring with you a copy of your *Response to Motion* (form FL-392), *Financial Statement (Simplified)* (form FL-155) or *Income and Expense Declaration* (form FL-150), your most recent federal and state income tax returns and W-2 form(s), and three most recent pay check stubs. The other party has a right to see your financial information, and you have the right to see the other party's financial information.

Court Order

Whether you win or lose, once the judge makes a decision, you may be required to prepare the form *Findings and Order After Hearing* (form FL-340) and *Child Support Information and Order Attachment* (form FL-342). If the support order has changed, you may also be required to prepare a modified *Income Withholding for Support* (form FL-195). Usually, the party bringing the motion is supposed to prepare these papers. If that party does not, you must be ready to do it. You will not have to prepare these documents if the local child support agency is involved.

If you have prepared these documents yourself, you must make sure that they are signed by the judge. Check with the court clerk's office or the office of the family law facilitator for the proper procedure. After the *Income Withholding for Support* (form FL-195) is signed by the judge and filed, it must be served on the noncustodial parent's employer, on the other party, and on the local child support agency if it is involved in the case.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):		This is the Form Number
YOUR NAME HERE YOUR STREET ADDRESS HERE YOUR CITY, STATE, and ZIP CODE HERE TELEPHONE NO.: E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		SAMPLE
COUNTY NAME HERE COURT'S PHYSICAL ADDRESS HERE COURT'S MAILING ADDRESS HERE COURT'S CITY, STATE, and ZIP CODE HERE		
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:		CASE NUMBER
INCOME AND EXPENSE DECLARATION		
		COURT CASE NUMBER HERE

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.

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 page for each job. Write "Question 1—Other Jobs" at the top of each page.) Provide the same information as above for your other jobs.

FILL OUT YOUR AGE AND WHAT GRADE IN SCHOOL YOU COMPLETED. IF YOU HAVE ANY SPECIAL LICENSES, FILL OUT THAT INFORMATION AS WELL.

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:
(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. (Black out your name and address.)

5. **Income** (For average monthly, add up all income from 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 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

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 RECEIVE THE MONEY AND HOW MUCH YOU RECEIVED

9. **Change in income.** My financial situation changed significantly 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 vision insurance (specify 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 and <input type="checkbox"/> personal property (specify and state market value minus the debts you owe).....	\$ _____

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: _____ COURT CASE NUMBER HERE
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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: <ul style="list-style-type: none"> (1) <input type="checkbox"/> Rent or <input type="checkbox"/> mortgage... \$ _____ <li style="margin-left: 20px;">If mortgage: <li style="margin-left: 40px;">(a) average principal: \$ _____ <li style="margin-left: 40px;">(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. 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. Amount of expenses paid by others \$ _____
---	---

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
		\$	\$	
<div style="border: 1px solid red; padding: 5px; color: red;">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</div>				
		\$	\$	

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

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

I confirm this fee arrangement.

Date: _____

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

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

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

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

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 OR GOVERNMENTAL AGENCY <i>(under Family Code, §§ 17400, 17406) (Name, state bar number, and address):</i>	TELEPHONE AND FAX NOS.:	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STANISLAUS		
STREET ADDRESS: 1100 I Street MAILING ADDRESS: PO Box 1098 CITY AND ZIP CODE: Modesto, CA 95353-1098 BRANCH NAME:		
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:		
RESPONSIVE DECLARATION TO MOTION FOR SIMPLIFIED MODIFICATION OF ORDER FOR CHILD, SPOUSAL, OR FAMILY SUPPORT		
HEARING DATE:	TIME:	DEPT., ROOM, OR DIVISION:
		CASE NUMBER:

1. I consent to the request contained in the *Notice of Motion and Motion for Simplified Modification of Order for Child, Spousal, or Family Support* (form FL-390).
2. I object to the request contained in the *Notice of Motion and Motion for Simplified Modification of Order for Child, Spousal, or Family Support* (form FL-390) for the following reasons (*check one or more*):
 - a. My income is incorrectly stated.
 - b. The other parent's income is incorrectly stated.
 - c. I am entitled to the hardship deductions as shown in my attached *Financial Statement (Simplified)* (form FL-155) or my *Income and Expense Declaration* (form FL-150).
 - d. The other parent is not entitled to hardship deductions as claimed.
 - e. The amount of support is not computed correctly.
 - f. OTHER (*specify*):
3. I have attached the following:
 - a. A completed copy of my *Financial Statement (Simplified)* (form FL-155) or my *Income and Expense Declaration* (form FL-150).
 - b. A guideline support calculation sheet.
 - c. OTHER (*specify*):

NOTICE TO BOTH PARENTS

You must bring copies of your three most recent pay stubs and your two most recent federal and state tax returns (whether individual or joint) to the hearing.

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)

PETITIONER/PLAINTIFF:	CASE NUMBER:
RESPONDENT/DEFENDANT:	
OTHER PARENT:	

PROOF OF SERVICE

This *Responsive Declaration* must be served on the other party. If the action was brought by the local child support agency, the local child support agency is enforcing the order, or the child is receiving TANF, the *Responsive Declaration* must also be served on the local child support agency of the county where the action is filed. Service of the *Responsive Declaration* on the local child support agency and other party may be made by anyone at least 18 years of age EXCEPT you.

Service is made in one of the following ways:

(1) Personally delivering it to the office of the local child support agency and to the other party.

OR

(2) Mailing it, postage prepaid, to the office of the local child support agency and to the other party.

Anyone at least 18 years of age EXCEPT A PARTY to this action may personally serve or mail the *Responsive Declaration*. Be sure whoever served the declaration fills out and signs this proof of service. The *Responsive Declaration* cannot be filed with the court until the local child support agency and the other party are served and this proof of service is properly completed.

1. At the time of service I was at least 18 years of age and not a party to the legal action.
2. I served a copy of the foregoing *Responsive Declaration* as follows (check either a. or b. below for each person served):
 - a. **Personal service.** I personally delivered a copy of the *Responsive Declaration to Motion for Simplified Modification of Order for Child, Spousal, or Family Support* as follows:

<input type="checkbox"/> (1) Name of party or attorney served:	<input type="checkbox"/> (2) Name of local child support agency served:
 (a) Address where delivered:	 (a) Address where delivered:
 (b) Date of delivery:	 (b) Date of delivery:
 (c) Time of delivery:	 (c) Time of delivery:
 - b. **Mail.** I deposited a copy of the *Responsive Declaration to Motion for Simplified Modification of Order for Child, Spousal, or Family Support* in the United States mail, in a sealed envelope with postage fully prepaid, addressed as follows:

<input type="checkbox"/> (1) Name of party or attorney served:	<input type="checkbox"/> (2) Name of local child support agency served:
 (a) Address:	 (a) Address:
 (b) Date of mailing:	 (b) Date of mailing:
 (c) Time of mailing:	 (c) Time of mailing:

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

Date:

(TYPE OR PRINT NAME)		(SIGNATURE OF PERSON WHO SERVED RESPONSIVE DECLARATION)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): NAME : ADDRESS : TELEPHONE NO. : E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): <u>IN PRO PER</u>	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STANISLAUS STREET ADDRESS: 1100 I Street MAILING ADDRESS: PO Box 1098 CITY AND ZIP CODE: Modesto, CA 95353-1098 BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	
INCOME AND EXPENSE DECLARATION	CASE NUMBER:

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

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

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

(If you have more than one job, attach an 8½-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 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:

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

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

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

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

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

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

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

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

Number of years in this business (specify):

Name of business (specify):

Type of business (specify):

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

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

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

10. **Deductions**

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

11. **Assets**

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

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

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

13. Average monthly expenses Estimated expenses Actual expenses Proposed needs

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

14. Installment payments and debts not listed above

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

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

I confirm this fee arrangement.

Date: _____
 NAME : _____
(TYPE OR PRINT NAME OF ATTORNEY)

(SIGNATURE OF ATTORNEY)

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

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

16. Number of children

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

17. Children's health-care expenses

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

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

18. Additional expenses for the children in this case

Amount per month

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

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

	Amount per month	For how many months?
a. Extraordinary health expenses not included in 18b	\$ _____	_____
b. Major losses not covered by insurance (examples: fire, theft, other insured loss)	\$ _____	_____
c. (1) Expenses for my minor children who are from other relationships and are living with me	\$ _____	_____
(2) Names and ages of those children <i>(specify)</i> :		
 (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): <hr/> <p style="text-align: center;">TELEPHONE NO.: _____ FAX NO. (Optional): _____</p> E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STANISLAUS STREET ADDRESS: 1100 I Street MAILING ADDRESS: PO Box 1098 CITY AND ZIP CODE: Modesto, CA 95353 BRANCH NAME: _____	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	CASE NUMBER: (If applicable, provide): HEARING DATE: HEARING TIME: DEPT.:
PROOF OF SERVICE BY MAIL	

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

1. I am at least 18 years of age, not a party to this action, and I am a resident of or employed in the county where the mailing took place.
2. My residence or business address is:

3. I served a copy of the following documents (specify):

by enclosing them in an envelope AND

- a. **depositing** the sealed envelope with the United States Postal Service with the postage fully prepaid.
 - b. **placing** the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.
4. The envelope was addressed and mailed as follows:
 - a. Name of person served:
 - b. Address:

 - c. Date mailed:
 - d. Place of mailing (city and state):
 5. I served a request to modify a child custody, visitation, or child support judgment or permanent order which included an address verification declaration. (Declaration Regarding Address Verification—Postjudgment Request to Modify a Child Custody, Visitation, or Child Support Order (form FL-334) may be used for this purpose.)
 6. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____



(SIGNATURE OF PERSON COMPLETING THIS FORM)

(TYPE OR PRINT NAME)

INFORMATION SHEET FOR PROOF OF SERVICE BY MAIL

Use these instructions to complete the *Proof of Service by Mail* (form FL-335).

A person at least 18 years of age or older must serve the documents. There are two ways to serve documents: (1) personal delivery and (2) by mail. See the *Proof of Personal Service* (form FL-330) if the documents are being personally served. The person who serves the documents must complete a proof of service form for the documents being served. **You cannot serve documents if you are a party to the action.**

INSTRUCTIONS FOR THE PERSON WHO SERVES THE DOCUMENTS (TYPE OR PRINT IN BLACK INK)

You must complete a proof of service for each package of documents you serve. For example, if you serve the respondent and the other parent, you must complete two proofs of service; one for the respondent and one for the other parent.

Complete the top section of the proof of service forms as follows:

First box, left side: In this box print the name, address, and phone number of the person for whom you are serving the documents.

Second box, left side: Print the name of the county in which the legal action is filed and the court's address in this box. Use the same address for the court that is on the documents you are serving.

Third box, left side: Print the names of the petitioner/plaintiff, respondent/defendant, and other parent in this box. Use the same names listed on the documents you are serving.

First box, top of form, right side: Leave this box blank for the court's use.

Second box, right side: Print the case number in this box. This number is also stated on the documents you are serving.

Third box, right side: Print the hearing date, time, and department. Use the same information that is on the documents you are serving.

You cannot serve a temporary restraining order by mail. You must serve those documents by personal service.

1. You are stating that you are at least 18 years old and that you are not a party to this action. You are also stating that you either live in or are employed in the county where the mailing took place.
2. Print your home or business address.
3. List the name of each document that you mailed (the exact names are listed on the bottoms of the forms).
 - a. Check this box if you put the documents in the regular U.S. mail.
 - b. Check this box if you put the documents in the mail at your place of employment.
4.
 - a. Print the name you put on the envelope containing the documents.
 - b. Print the address you put on the envelope containing the documents.
 - c. Print the date that you put the envelope containing the documents in the mail.
 - d. Print the city and state you were in when you mailed the envelope containing the documents.
5. Check this box if you are serving an address verification form (required for service by mail of a postjudgment request to change a child custody, visitation, or child support order).
6. You are stating under penalty of perjury that the information you have provided is true and correct.

Print your name, fill in the date, and sign the form.

If you need additional assistance with this form, contact the family law facilitator in your county.