SAMPLES

SIMPLE CS MOD

REV. 5/2016

Use the samples to help you complete the packet of blank forms.

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*
YOUR NAME YOUR ADDRESS	YOUR PHONE #	

SAMPLE ONLY Do not write on this copy!

SUPERIOR COURT OF CALIFORNIA, COUNTY OF Santa Clara

STREET ADDRESS:	201 N. First Street, San Jose, CA 95113
MAILING ADDRESS:	191 N. First Street, San Jose, CA 95113
CITY AND ZIP CODE:	Family Division
BRANCH NAME:	

PETITIONER/PLAINTIFF: CHECK WITH STAFF-IT'S EITHER: COUNTY OF SANTA CLARA, MOM'S NAME OR DAD'S NAME

RESPONDENT/DEFENDANT: CHECK WITH STAFF-IT'S EITHER: COUNTY OF SANTA CLARA, MOM'S NAME OR DAD'S NAME

OTHER PARENT: CHECK WITH STAFF TO SEE IF APPLICABLE

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

CASE NUMBER: YOUR CASE NUMBER

TO *(name)* : PUT THE OTHER PARENT'S NAME HERE; YOU MAY ALSO NEED TO PUT "COUNTY OF SANTA CLARA/DCSS"

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

a. Date: LEAVE BLANK Time: Dept.: Room:

b. Address of court: ☐ same as noted above ☒ other *(specify)* :
WRITE IN THE ACTUAL ADDRESS WHERE THE MOTION WILL BE HEARD-IT IS THE SAME AS WHAT YOU WROTE FOR THE STREET ADDRESS IN THE CAPTION ABOVE

CHECK ONE OF THE BOXES BELOW

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)* : DATE OF FILING
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 CHECK THE BOXES BELOW THAT APPLY
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: TODAY'S DATE

PRINT YOUR NAME HERE
(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

Form Adopted for Mandatory Use
Judicial Council of California
FL-390 [Rev. January 1, 2003]
Martin Dean's Essential Forms TM

PETITIONER/PLAINTIFF: CHECK WITH STAFF-IT'S EITHER: COUNTY OF SANTA CLARA, MOM'S NAME OR DAD'S NAME RESPONDENT/DEFENDANT: CHECK WITH STAFF-IT'S EITHER: COUNTY OF SANTA CLARA, MOM'S NAME OR DAD'S NAME OTHER PARENT: CHECK WITH STAFF TO SEE IF APPLICABLE	CASE NUMBER: YOUR CASE NUMBER

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:

☐ (1) Name of party or attorney served:

(a) Address where delivered:

(b) Date of delivery:

(c) Time of delivery:

☐ (2) Name of local child support agency served:

(a) Address where delivered:

(b) Date of delivery:

(c) Time of delivery:

LEAVE THIS WHOLE PAGE BLANK

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:

☐ (1) Name of party or attorney served:

(a) Address:

(b) Date of mailing:

(c) Time of mailing:

☐ (2) Name of local child support agency served:

(a) Address:

(b) Date 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)

PARTY WITHOUT ATTORNEY OR ATTORNEY	STATE BAR NUMBER:	FOR COURT USE ONLY
NAME:		
FIRM NAME:		
STREET ADDRESS: Your Name Your Address		
CITY:	STATE: ZIP CODE:	
TELEPHONE NO.:	FAX NO.:	
E-MAIL ADDRESS:		
ATTORNEY FOR *(name)*:		

SUPERIOR COURT OF CALIFORNIA, COUNTY OF Santa Clara
STREET ADDRESS: **201 N. First Street, San Jose, CA 95113**
MAILING ADDRESS: **191 N. First Street, San Jose, CA 95113**
CITY AND ZIP CODE:
BRANCH NAME:

PETITIONER:
RESPONDENT:
OTHER PARTY/PARENT/CLAIMANT:

PETITIONER=Name of person who started this court case*
RESPONDENT=The other person's name in this case*
*IF YOU ARE OPENING THIS COURT CASE BRAND NEW, YOU ARE THE PETITIONER
*IF YOU HAVE A PREVIOUS COURT CASE TOGETHER, LOOK AT WHAT YOUR OLD PAPERS SAY
*IF YOU HAVE A PREVIOUS COURT CASE AND DON'T KNOW, ASK THE COURT STAFF

INCOME AND EXPENSE DECLARATION

CASE NUMBER:
COURT CASE NUMBER, if you have one

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

Fill in this section about your current job.

Note: If you do not have a job right now, tell the court about the last job you had and when your job ended. If you have never had a job, write "I have never had a job".

(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)*: Your age
   b. I have completed high school or the equivalent: ☐ Yes ☐ No If no, highest grade completed *(specify)*: Grade finished
   c. Number of years of college completed *(specify)*: ☐ Degree(s) obtained *(specify)*: Degree earned
   d. Number of years of graduate school completed *(specify)*: ☐ Degree(s) obtained *(specify)*: Degree earned
   e. I have: ☐ professional/occupational license(s) *(specify)*: Licenses earned
      ☐ vocational training *(specify)*: Job training completed

Tell the court about your education including any degrees or licenses you earned

3. **Tax information**
   a. ☐ I last filed taxes for tax year *(specify year)*: Most recent year you filed
   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)*: Tell the court how many exemptions your claim

Check the box that applies to you.

Where do you file state taxes?

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 quest

How much do you think the other party earns before taxes and how did you come up with that amount?
IMPORTANT: If you do not put an amount here, the court may not be able to order or modify support.

I decla
any attachments is true and correct.

Date:

Today's Date

Print your name here

(S Sign your name here

PETITIONER
RESPONDENT
OTHER PARTY/PARENT/CLAIMAN

Petitioner's Name
Respondent's Name
Other Parent/Party's Name (if applicable)

CASE NU

COURT CASE NUMBER, if you have one

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.)*

In the first column labeled "This Month"
List the amount earned last month only for each item a-l.
Example: If you made $2,000 last month in salary, you would fill in $2,000 in line a.

In the second column labeled "Average Monthly", add up the amount earned for each line over the last 12 months and divide by 12 to get the average amount earned for that line.

Example: If you earned $50,000 in salary over the last 12 months, you will divide that by 12 and the average month salary is $4,166.

5. **Income** *(F* *months*

	Last month	Average monthly
a. Salary (	$ $2,000	$4166
b. Overtim	$	
c. Commi	$	
d. Public a	$	
e. Spousa	e* $	
f. Partner	$	
g. Pensio	$	
h. Social $	$	
i. Disabili	e $	
j. Unemp	$	
k. Worker	$	
l. Other (	$	

If you receive any income from the sources listed here fill in the amount earned for "Last Monthly" in column 1 and the "Average Monthly" in column 2.

6. **Investment income** *(Attach a sch* *rty.)*
   a. Dividends/interest
   b. Rental property income
   c. Trust income
   d. Other *(specify):*

If you are self-employed: Fill in this section and attach a profit and loss statement for the past 2 years or a Schedule C from your last federal tax return.

7. **Income from**
   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):*

Are you a sole owner or are you a business partner?
How long have you been in business?
What is the name of your business?
What type of business do you own?

Attach a profit and loss statement for the **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):*

If you had any one-time earnings during the last 12 months, fill in this section.

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

If you had a major change in income over the past 12 months, explain here.

10. **Deductions**

	Last month
a. Required union dues	$
b. Required retirement p	$
c. Medical, hospital, den	$
d. Child support that I pay for children from other relationships	$
e. Spousal support that I pay by court order from a different marriage ☐ 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")*	$

Fill in this section if you had money deducted from last month's paycheck for any of the items below.

11. **Assets**

	Total
a. Cash and unts	$
b. Stocks, bonds, and other assets I could easily sell	$
c. All other property, ☐ real and ☐ personal *(estimate fair market value minus the debts you owe)*	$

Fill in this section if you have any of the assets listed here.

* 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:

Petitioner's Name
Respondent's Name
Other Parent/Party's Name (if applicable)

CASE NUMBER:

COURT CASE NUMBER, if you have one

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 hous
a.				☐
b.				☐
c.				☐
d.				☐
e.				☐

List anyone who lives with you here, including children, roommates, family etc.

Age

Relationship to each person

How much money does each person earn?

Do any of the people listed help pay household expenses?

13. **Average m**

Check one

☐ Estimated expenses ☐ Actual expenses ☐ Proposed needs

Fill in this section with your own numbers, this is just an example.

a. Home:
(1) ☒ Rent or ☐ mortgage ..... $ 400.00
If mortgage:
(a) average principal: $ NONE
(b) average interest: $ NONE
(2) Real property taxes ..... $ NONE
(3) Homeowner's or renter's insurance (if not included above) ..... $ 30.00
(4) Maintenance and repair ..... $ NONE
b. Health-care costs not paid by insurance ..... $ NONE
c. Child care ..... $ 500.00
d. Groceries and household supplies ..... $ 300.00
e. Eating out ..... $ 100.00
f. Utilities (gas, electric, water, trash) ..... $ 150.00
g. Telephone, cell phone, and e-mail ..... $ 80.00

..... $ 20.00
..... $ 50.00
..... $ NONE
..... $ 100.00
l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.) ..... $ 60.00
m. Insurance (life, accident, etc.; do not include auto, home, or health insurance) $ 50.00
n. Savings and investments ..... $ 40.00
o. Charitable contributions ..... $ NONE
p. Monthly payments listed in item 14 *(itemize below in 14 and insert total here)* $ 155.00
q. Other *(specify):* ..... $

r. **TOTAL EXPENSES** (a-q) *(do not add in the amounts in a(1)(a) and (b))* $ 2,035.00

s. **Amount of expenses paid by others** $ 400.00

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

Paid to	For	Amount	Balance	Date of last payment
Visa	General Purchases	$ 100.00	$ 3,000.00	6/2018
Kohl's	Clothing	$ 55.00	$ 1,000.00	5/2018
		$	$	
		$	$	
		$	$	
		$	$	

15. **Attorney fees** *(This information is required if either party is requesting attorney fees.)*
a. To date, I
b. The source
c. I still owe t
d. My attorne

Only complete this section if you had an attorney and want the other party to pay for your attorney.

I confirm this fee ar

Date: Date your ATTORNEY signs form

Your ATTORNEY prints his/her name here
(TYPE OR PRINT NAME OF ATTORNEY)

Your ATTORNEY signs his/her name here
(SIGNATURE OF ATTORNEY)

PETITIONER: Petitioner's Name
RESPONDENT: Respondent's Name
OTHER PARTY/PARENT/CLAIMANT: Other Parent/Party's Name (if applicable)

CASE NUMBER: COURT CASE NUMBER, if you have one

CHILD SUPPORT INFORMATION

Only fill out this page if you have children with the other person in this case.

16. **Number of children**
    a. I have *(specify number):* children — How many children you have together?
    b. The children spend percent of their time with me and percent of their time with the other parent *(If you're not s*

Fill in the percent of time the child(ren) spend with each parent. If you are unsure of the percentages, describe your schedule here.

For example: The children live with me and are with the other parent every 1st and 3rd weekend from Friday at 6pm to Sunday at 6pm.

17. **Children's health care expenses**
    a. ☐ I do ☐ I do not have health insurance for the children through my job. — Check one
    b. Name of insurance company:
    c. Address of insurance company:

If you checked "I do", fill in the name and address of your insurance company and how much it costs.

    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 *(sp*	$

Fill in items a-d if applicable

Fill in items a-c and describe the hardship below, if applicable

19. **Special hardships.** I
    (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):*

Write any information here that you want the court to know regarding child support in this case.

ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400,17406 *(Name, State Bar number, and address):*	*FOR COURT USE ONLY*
YOUR NAME YOUR ADDRESS TELEPHONE NO.: FAX NO.: ATTORNEY FOR *(Name):* SELF-REPRESENTED	**SAMPLE ONLY Do not write on this copy!**
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA STREET ADDRESS: 201 N. First Street, San Jose, CA 95113 MAILING ADDRESS: 191 N. First Street, San Jose, CA 95113 CITY AND ZIP CODE: Family Division BRANCH NAME:	
PETITIONER/PLAINTIFF: PETITIONER'S NAME RESPONDENT/DEFENDANT: RESPONDENT'S NAME OTHER PARENT/PARTY: OTHER PARENT'S NAME, IF APPLICABLE	CASE NUMBER: YOUR COURT CASE NUMBER *(If applicable, provide):* HEARING DATE: HEARING TIME: DEPT.:
PROOF OF PERSONAL SERVICE	

1. I am at least 18 years old, not a party to this action, and not a protected person listed in any of the orders.
2. Person served *(name):* OTHER PARENT'S NAME
3. I served copies of the following documents *(specify):*

   FILED COPY OF: NOTICE OF MOTION AND MOTION FOR SIMPLIFIED MODIFICATION OF ORDER FOR CHILD SUPPORT, SPOUSAL OR FAMILY SUPPORT; FINANCIAL STATEMENT (SIMPLIFIED)
   BLANK: RESPONSIVE DECLARATION TO MOTION AND MOTION FOR SIMPLIFIED MODIFICATION OF ORDER FOR CHILD SUPPORT, SPOUSAL OR FAMILY SUPPORT;
4. By personally delivering copies to the person served, as follows:
   a. Date: b. Time:
   c. Address:

   THE PERSON WHO HANDS THE OTHER PARTY A FILED COPY OF YOUR FORMS WILL COMPLETE THIS SECTION WITH THE DATE, TIME AND ADDRESS WHERE SERVICE TOOK PLACE.
5. I am
   a. [X] not a registered California process server.
   b. [ ] a registered California process server.
   c. [ ] an employee or independent contractor of a registered California process server.
   d. [ ] exempt from registration under Business & Profession Code section 22350(b).
   e. [ ] a California sheriff or marshal.
6. My name, address, and telephone number, and, if applicable, county of registration and number *(specify):*

   THE SERVER WILL WRITE HIS/HER NAME, ADDRESS AND TELEPHONE NUMBER HERE.
7. [X] I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
8. [ ] I am a California sheriff or marshal and I certify that the foregoing is true and correct.

Date: DATE SERVER SIGNS THIS FORM

SERVER WILL PRINT HIS/HER NAME HERE

(TYPE OR PRINT NAME OF PERSON WHO SERVED THE PAPERS)

SERVER WILL SIGN HIS/HER NAME HERE

(SIGNATURE OF PERSON WHO SERVED THE PAPERS)

Form Approved for Optional Use
Judicial Council of California
FL-330 [Rev. January 1, 2012]

Code of Civil Procedure, § 1011
www.courts.ca.gov