

Summary Dissolution

Step 1	<p>Read & Complete the following forms in blue or black ink:</p> <p><input checked="" type="checkbox"/> Read the Summary Dissolution Information booklet (FL-810) to learn more about Summary Dissolution and to see if you qualify for one.</p> <p><input checked="" type="checkbox"/> Complete Worksheet pages 7, 9 and 11 from the booklet</p> <p>Note: Both spouses/partners must complete the worksheets & agreement together.</p> <p><input checked="" type="checkbox"/> FL-150 Income and Expense Declaration</p> <p>Note: Each of you must complete your own FL-150.</p>
Step 2	<p>Copies: Make 1 copy of each of the Worksheets, in addition to the original. One person keeps the original (it doesn't matter which spouse/partner) and the other spouse/partner gets the copy.</p>
Step 3	<p>Copies: Make 1 copy of each of the FL-150's, in addition to the original. Then, both of you must give the copy you made to the other person and keep the original for yourselves.</p>
Step 4	<p>Complete the following forms in blue or black ink:</p> <p><input checked="" type="checkbox"/> FL-800 Joint Petition for Summary Dissolution</p> <p><input type="checkbox"/> Agreement about how to divide things you own (if applicable)</p> <p><input checked="" type="checkbox"/> FL-825 Judgment of Dissolution and Notice of Entry of Judgment</p> <p>Note: Both spouses/partners must complete these forms together.</p>
Step 5	<p>Copies: Make 2 copies, in addition to the original.</p>
Step 6	<p>File: File the original and copies in the Clerk's Office of the courthouse located at: 201 North First Street, San Jose, CA 95113</p> <p>The Clerk's Office opens at 8:30am Monday-Friday, closing times are subject to change, visit www.scscourt.org or call 408-534-5600 for current office hours.</p> <p>Turn in the original and copies of the forms along with 2 stamped envelopes (one addressed to you and the other addressed to your spouse/partner). Note: The Clerk will keep all the originals and copies of form FL-825 and the two self-addressed stamped envelopes.</p> <p><input type="checkbox"/> If you are not asking for a fee waiver, you will pay the filing fee and get copies of form FL-800 back with a file-stamp. The Clerk will mail form FL-825 to both parties in the envelopes provided.</p> <p><input type="checkbox"/> If you are asking for a fee waiver, your file-stamped copies may be returned immediately, OR you may be asked to return in up to 24 hours, OR your file stamped forms (FL-800) may be mailed to you. Please check with the clerk who takes your forms.</p>
Step 7	<p>Keep: You will each keep one filed copy of forms FL-800 and FL-825 for your records.</p>
Step 9	<p>Judgment: Your Judgment will be filed immediately however your divorce is not final until the date listed on item 1(a) of form FL-825. Once your Judgment is final:</p> <ul style="list-style-type: none"> • The agreements you made, if any, in the property agreement are binding (this means each of you own the property or debts assigned to you in the agreement form(s)). • Neither of you has any right to get money or support from the other except what you agreed to in the Judgment.

Please turn over for important information



What is a “Summary Dissolution”?

A Summary Dissolution is an easier way to get a divorce that only applies in limited cases, for example when the spouses/registered domestic partners do not own a home or do not have children together that are under 18. There are very specific criteria that you must meet to be able to get a Summary Dissolution. The Judicial Council has created a helpful booklet (FL-810) that explains who qualifies and how to apply for and finish a Summary Dissolution.

What if I’m not eligible for a Summary Dissolution?

If you’re not eligible, you can go through the standard divorce process.

How long does it take to finish my divorce?

The earliest you can be divorced is 6 months from the date you and your spouse/partner file the Summary Dissolution forms. You must submit the *Judgment of Dissolution and Notice of Entry of Judgment* form (FL-825) and self-addressed, stamped envelopes along with all of your other forms. The clerk will file the Judgment immediately however you will not be single again until the 6 months have passed. Your FL-825 will indicate the date the Judgment is final. and a copy of the *Judgment* will be mailed out in the envelopes you provided to the court when you filed all your forms.

What if I change my mind about the divorce before the Judgment is final?

Either party in a Summary Dissolution can stop the divorce by filing a *Notice of Revocation of Joint Petition for Summary Dissolution* form (FL-830) before the six month waiting period has passed. If that happens, form FL-825 will be stamped indicating it was revoked and a standard divorce case may be filed by the party still wanting to be divorced. If this happens, the amount of time you waited from the date the Summary Dissolution was filed until the date of revocation can be applied to your new case. For example, if a revocation was filed 4 months after the Summary Dissolution was filed, your 6 month waiting period on the new divorce Petition.

HOW CAN I GET HELP?

Here are some ways to get help:

- Go to <http://www.calbar.ca.gov/Public>, then click on “Lawyer Referral services” to hire or consult with a private attorney.
- For free legal advice and information, see our “Do-It-Yourself Resources” flyer. Go to www.scscourt.org, click on “Self-Help” then “Self-Help Flyers”.
- The Self Help Center/Family Law Facilitator – See our information flyer:
 - Contact us: Go to www.scscourt.org then click “**Contact the Self Help Center**”. Walk-in assistance is limited to emergencies so contact us remotely first.
 - Obtain Forms: Go to www.scscourt.org then click “**Complete Forms at Home**”
 - Form Review: Email your forms as a PDF file to SHCDocReview@scscourt.org.
 - Note: We cannot help people who have attorneys.

Superior Court, County of Santa Clara
Self Help Center/Family Law Facilitator’s Office
 201 N. First Street, San Jose, CA 95113
 408-882-2926

**THESE ARE THE DOCUMENTS
YOU HAVE TO COMPLETE,
COPY, FILE AND SERVE.**

PARTY WITHOUT ATTORNEY OR ATTORNEY:		STATE BAR NO.:	FOR COURT USE ONLY
NAME:			
FIRM NAME:			
STREET ADDRESS:			
CITY:		STATE:	ZIP CODE:
TELEPHONE NO.:		FAX NO.:	
EMAIL ADDRESS:			
ATTORNEY FOR (name):			
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Santa Clara STREET ADDRESS: 201 N. First Street MAILING ADDRESS: 191 N. First Street CITY AND ZIP CODE: San Jose, Ca 95113 BRANCH NAME: Family Justice Center Courthouse			
MARRIAGE OR DOMESTIC PARTNERSHIP OF PETITIONER 1: PETITIONER 2:			
JOINT PETITION FOR SUMMARY DISSOLUTION <input type="checkbox"/> MARRIAGE <input type="checkbox"/> DOMESTIC PARTNERSHIP			CASE NUMBER:

We petition for a summary dissolution of marriage, registered domestic partnership, or both and declare that all the following conditions exist on the date this petition is filed with the court:

1. We have read and understand the *Summary Dissolution Information* booklet (form FL-810).
2. a. We were married on (date):
b. We registered as domestic partners on (date):
3. We separated on (date):
4. Less than five years have passed between the date of our marriage and/or registration of our domestic partnership and the date of our separation.
5. a. One of us has lived in California for at least six months and in the county of filing for at least the three months preceding the date of filing. Or we are only asking to end a domestic partnership registered in California.
b. We are the same sex and were married in California but are not residents of California. Neither of us lives in a place that will allow us to divorce. We are filing this case in the county in which we married.
6. There are no minor children who were born of our relationship before or during our marriage or domestic partnership or adopted by us during our marriage or domestic partnership. Neither one of us, to our knowledge, is pregnant.
7. Neither of us has an interest in any real property anywhere. (**You may have a lease for a residence in which one of you lives. It must terminate within a year from the date of filing this petition. The lease must not include an option to purchase.**)
8. Except for obligations with respect to cars, on obligations incurred by either or both of us during our marriage or domestic partnership, we owe no more than \$7,000.
9. The total fair market value of community property assets, not including what we owe on those assets and not including cars, is less than \$57,000.
10. Neither of us has separate property assets, not including what we owe on those assets and not including cars, in excess of \$57,000.
11. We each have filled out and given the other an *Income and Expense Declaration* (form [FL-150](#)).
12. We have complied with the preliminary disclosure requirements as follows:
 - a. We each have disclosed information about the value and division of our property by filling out and giving each other copies of the documents listed in (1) or (2) below (specify):
 - (1) The worksheets on pages 7, 9, and 11 of the *Summary Dissolution Information* booklet (form [FL-810](#)).
 - (2) A *Declaration of Disclosure* (form [FL-140](#)), a *Schedule of Assets and Debts* (form [FL-142](#)), or *Property Declaration* (form [FL-160](#)), and all attachments to these forms.
 - b. We have told each other in writing about any investment, business, or other income-producing opportunities that came up after we were separated based on investments made or work done during the marriage or domestic partnership and before our separation.
 - c. We have exchanged all tax returns each of us has filed within the two years before disclosing the information described in 12a.

PETITIONER 1:	CASE NUMBER:
PETITIONER 2:	

13. (Check whichever statement is true.)

- a. We have no community assets or liabilities.
- b. We have signed an agreement listing and dividing all our community assets and liabilities and have signed all the papers necessary to carry out our agreement. A copy of our agreement is attached to the *Judgment of Dissolution and Notice of Entry of Judgment* (form [FL-825](#)).

14. Irreconcilable differences have caused the irremediable breakdown of our marriage and/or domestic partnership, and each of us wishes to have the court dissolve our marriage and/or domestic partnership without our appearing before a judge.

15. a. Petitioner 1 desires to have a former name restored. That name is (*specify*):
 b. Petitioner 2 desires to have a former name restored. That name is (*specify*):

16. We each give up our rights to appeal and to move for a new trial after the effective date of our *Judgment of Dissolution*.

17. **Each of us forever gives up any right to spousal or domestic partner support from the other.**

18. We each agree to keep the court and each other informed of any change of mailing address or phone number occurring within six months from the filing of this joint petition using the *Notice of Change of Address or Other Contact Information* (form MC-040).

19. We are submitting the original and three copies of the proposed *Judgment of Dissolution and Notice of Entry of Judgment* (form [FL-825](#)) and two stamped envelopes together with this petition. One envelope is addressed to Petitioner 1 and the other to Petitioner 2.

20. We agree that this matter may be determined by a commissioner sitting as a temporary judge.

21. **Mailing address of Petitioner 1**

Name:
Address:

City:
State:
Zip Code:

22. **Mailing address of Petitioner 2**

Name:
Address:

City:
State:
Zip Code:

23. Number of pages attached: _____

I declare under penalty of perjury under the laws of the State of California that the foregoing and all attached documents are true and correct.

Date:



(SIGNATURE OF PETITIONER 1)

I declare under penalty of perjury under the laws of the State of California that the foregoing and all attached documents are true and correct.

Date:



(SIGNATURE OF PETITIONER 2)

NOTICES

Your marriage and/or domestic partnership will end six months from the date of filing this joint petition. Both petitioners will receive a stamped copy from the court of the *Judgment of Dissolution and Notice of Entry of Judgment* (form [FL-825](#)) stating the effective date of your dissolution. Until the effective date specified on form [FL-825](#) for the dissolution of your marriage and/or domestic partnership, either one of you can stop this joint petition by filing a *Notice of Revocation of Petition for Summary Dissolution* (form [FL-830](#)). If you stop this joint petition, you will STILL be married or in a domestic partnership.

Dissolution may automatically cancel the rights of a spouse or domestic partner under the other spouse's or domestic partner's will, trust, retirement plan, power of attorney, pay-on-death bank account, transfer-on-death vehicle registration, survivorship rights to any property owned in joint tenancy, and any other similar instrument. It does not automatically cancel the rights of a spouse or domestic partner as beneficiary of the other spouse's or domestic partner's life insurance policy. You should review these matters, as well as any credit card accounts, other credit accounts, insurance policies, and credit reports to determine whether they should be changed or whether you should take any other actions. However, some changes may require the agreement of your spouse or domestic partner or a court order. (See Fam. Code, §§ 231–235.)

PARTY WITHOUT ATTORNEY OR ATTORNEY (Name, State Bar number, and address): _____		FOR COURT USE ONLY
<p>TELEPHONE NO.: FAX NO. (Optional):</p> <p>E-MAIL ADDRESS (Optional):</p> <p>ATTORNEY FOR (Name):</p>		
<p>SUPERIOR COURT OF CALIFORNIA, COUNTY OF Santa Clara</p> <p>STREET ADDRESS:</p> <p>MAILING ADDRESS:</p> <p>CITY AND ZIP CODE:</p> <p>BRANCH NAME:</p>		
<p>MARRIAGE OR DOMESTIC PARTNERSHIP OF</p> <p>PETITIONER 1:</p> <p>PETITIONER 2:</p>		
<p>JUDGMENT OF DISSOLUTION AND NOTICE OF ENTRY OF JUDGMENT</p> <p><input type="checkbox"/> MARRIAGE <input type="checkbox"/> DOMESTIC PARTNERSHIP</p>		CASE NUMBER:

Use this form ONLY if the *Joint Petition for Summary Dissolution* (form FL-800) was filed after January 1, 2011. If the *Joint Petition for Summary Dissolution* was filed before January 1, 2011, use *Request for Judgment, Judgment of Dissolution, and Notice of Entry of Judgment* (form FL-820) instead.

1. THE COURT ORDERS

a. A judgment of dissolution of marriage and/or domestic partnership will be entered, and the parties are restored to the status of single persons, effective (date):

b. The former name of Petitioner 1 is restored (specify): _____

c. The former name of Petitioner 2 is restored (specify): _____

Both petitioners must comply with any agreement attached to this judgment.

Date: _____

JUDICIAL OFFICER

NOTICE: Dissolution may automatically cancel the rights of a spouse or domestic partner under the other spouse or domestic partner's will, trust, retirement benefit plan, power of attorney, pay-on-death bank account, transfer-on-death vehicle registration, survivorship rights to any property owned in joint tenancy, and any other similar instrument. It does not automatically cancel the rights of a spouse or domestic partner as beneficiary of the other spouse's or domestic partner's life insurance policy. You should review these matters, as well as any credit cards, other credit accounts, insurance policies, retirement benefit plans, and credit reports to determine whether they should be changed or whether you should take any other actions.

NOTICE OF ENTRY OF JUDGMENT

2. You are notified that a judgment of dissolution of

- a. marriage
- b. domestic partnership

was entered on (date):

Date: _____ Clerk, by _____, Deputy _____

The date the judgment of dissolution is entered is NOT the date your divorce or termination of your domestic partnership is final. For the effective date of the dissolution of your marriage and/or domestic partnership, see the date in item 1a.

PETITIONER 1:	CASE NUMBER:
PETITIONER 2:	

CLERK'S CERTIFICATE OF MAILING

I certify that I am not a party to this cause and that a true copy of the *Judgment of Dissolution* and *Notice of Entry of Judgment* was mailed first class, postage fully prepaid, in a sealed envelope addressed as shown below, and that the notice was mailed

at (place): California,

on (date):

Date: Clerk, by _____, Deputy

ADDRESS OF PETITIONER 1

<input type="text"/>		<input type="text"/>	<input type="text"/>
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ADDRESS OF PETITIONER 2

<input type="text"/>		<input type="text"/>	<input type="text"/>
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1. Complete the next 3 forms together.
2. Make a copy.
3. One person will keep the originals (it doesn't matter which spouse/partner)
4. The other spouse/partner will keep a copy.

NOTE: These do NOT get turned into the court.

PETITIONER 1:	CASE NUMBER:
PETITIONER 2:	

VI. WORKSHEET FOR DETERMINING VALUE OF SEPARATE PROPERTY

This worksheet will help you determine whether you are eligible to use the summary dissolution procedure. The total fair market value of the **separate property of one spouse/domestic partner** cannot be more than \$57,000. The total fair market value of the **separate property of the other spouse/domestic partner** cannot be more than \$57,000. Separate property is anything that either of you owned or earned before you got married or registered your domestic partnership, anything you earned or bought after your separation, and anything that was given to just one of you as a gift during your marriage or domestic partnership. Do not include cars.

PETITIONER 1:	CASE NUMBER:
PETITIONER 2:	

VI. WORKSHEET FOR DETERMINING VALUE AND DIVISION OF COMMUNITY PROPERTY

This side of the sheet will help you determine whether you are **eligible** to use the summary dissolution procedure. The grand total value of your community property cannot be more than \$57,000.

This side of the sheet will help you decide on a fair division of your property. It will help you prepare your property settlement agreement.

A. Bank accounts, credit union accounts, retirement funds, cash value of insurance policies, etc.

Item	Amount	PETITIONER 1 Receives	PETITIONER 2 Receives
Subtotal A			

B. Items you own outright (for example, stocks and bonds, sports gear, furniture, household items, tools, interests in businesses, jewelry; do not include cars)

Item	Fair Market Value	PETITIONER 1 Receives	PETITIONER 2 Receives
Subtotal B			

C. Items you are buying on credit (for example audio equipment, appliances, furniture, tools; do not include cars)

Item	Fair Market Value	Minus Amount Owed	=	Net Fair Market Value	PETITIONER 1 Receives	PETITIONER 2 Receives
Subtotal C						

Grand total value of community property = A + B + C

PETITIONER 1: PETITIONER 2:	CASE NUMBER:
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VI. WORKSHEET FOR DETERMINING COMMUNITY OBLIGATIONS AND THEIR DIVISION

This side of the worksheet will help you determine whether you are **eligible** to use the summary dissolution procedure. The total amount of your community obligations (debts) cannot be more than \$7,000. Do not include car loans. Be sure you include any other debts you took on while you were living together as spouses or domestic partners. List the amount you owe on the items from your **Worksheet for Determining Value and Division of Community Property**. Then add all other debts and bills, including loans, charge accounts, medical bills, and taxes you owe.

This side of the worksheet will help you decide on a fair way to divide up your community obligations. You will use this information in preparing a **property settlement agreement**.

Petitioner 1 Share of Community Obligations

Petitioner 2 Share of Community Obligations

Instructions for Petitioner 1:

1. Fill in this form.
2. Make a copy.
3. Give the copy to Petitioner 2.
4. Keep the original. Do NOT file this form with the court.

PARTY WITHOUT ATTORNEY OR ATTORNEY		STATE BAR NUMBER:	<i>FOR COURT USE ONLY</i>
NAME:	FIRM NAME:	STATE: ZIP CODE:	
STREET ADDRESS:	CITY: STATE: ZIP CODE:		
TELEPHONE NO.:	FAX NO.:		
E-MAIL ADDRESS:			
ATTORNEY FOR (name):			
SUPERIOR COURT OF CALIFORNIA, COUNTY OF			
STREET ADDRESS:			
MAILING ADDRESS:			
CITY AND ZIP CODE:			
BRANCH NAME:			
PETITIONER:			
RESPONDENT:			
OTHER PARTY/PARENT/CLAIMANT:			
INCOME AND EXPENSE DECLARATION			CASE NUMBER:

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

Attach copies of your pay stubs for last two months (black out Social Security numbers).	a. Employer:
	b. Employer's address:
	c. Employer's phone number:
	d. Occupation:
	e. Date job started:
	f. If unemployed, date job ended:
	g. I work about _____ hours per week.
h. I get paid \$ _____ gross (before taxes) <input type="checkbox"/> per month <input type="checkbox"/> per week <input type="checkbox"/> per hour.	

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

2. Age and education

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

3. Tax information

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

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

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

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

Date: _____



(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

Page 1 of 4

PETITIONER:	CASE NUMBER:
RESPONDENT:	
OTHER PARTY/PARENT/CLAIMANT:	

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

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

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

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

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

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

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

Number of years in this business (specify):

Name of business (specify):

Type of business (specify):

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

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

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

10. **Deductions**

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

11. **Assets**

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

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

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

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

13. Average monthly expenses Estimated expenses Actual expenses Proposed needs

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

14. Installment payments and debts not listed above

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

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

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

I confirm this fee arrangement.

Date: _____

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

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

16. Number of children

a. I have (specify number): children under the age of 18 with the other parent in this case.

b. The children spend percent of their time with me and percent of their time with the other parent.

(If you're not sure about percentage or it has not been agreed on, please describe your parenting schedule here.)

17. Children's health-care expenses

a. I do I do not have health insurance available to me for the children through my job.

b. Name of insurance company:

c. Address of insurance company:

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

18. Additional expense for the children in this case

a. Childcare 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 (<i>examples: fire, theft, other insured loss</i>).....	\$	
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.....	\$	

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

Instructions for Petitioner 2:

1. Fill in this form.
2. Make a copy.
3. Give the copy to Petitioner 1.
4. Keep the original. Do NOT file this form with the court.

PARTY WITHOUT ATTORNEY OR ATTORNEY		STATE BAR NUMBER:	<i>FOR COURT USE ONLY</i>
NAME:	FIRM NAME:	STATE: ZIP CODE:	
STREET ADDRESS:	CITY: STATE: ZIP CODE:		
TELEPHONE NO.:	FAX NO.:		
E-MAIL ADDRESS:			
ATTORNEY FOR (name):			
SUPERIOR COURT OF CALIFORNIA, COUNTY OF			
STREET ADDRESS:			
MAILING ADDRESS:			
CITY AND ZIP CODE:			
BRANCH NAME:			
PETITIONER:			
RESPONDENT:			
OTHER PARTY/PARENT/CLAIMANT:			
INCOME AND EXPENSE DECLARATION			CASE NUMBER:

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

Attach copies of your pay stubs for last two months (black out Social Security numbers).	a. Employer:
	b. Employer's address:
	c. Employer's phone number:
	d. Occupation:
	e. Date job started:
	f. If unemployed, date job ended:
	g. I work about _____ hours per week.
h. I get paid \$ _____ gross (before taxes) <input type="checkbox"/> per month <input type="checkbox"/> per week <input type="checkbox"/> per hour.	

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

2. Age and education

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

3. Tax information

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

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

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

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

Date: _____



(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

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

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

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

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

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

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

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

Number of years in this business (specify):

Name of business (specify):

Type of business (specify):

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

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

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

10. **Deductions**

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

11. **Assets**

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

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

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

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

13. Average monthly expenses Estimated expenses Actual expenses Proposed needs

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

14. Installment payments and debts not listed above

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

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

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

I confirm this fee arrangement.

Date: _____

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

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

16. Number of children

a. I have (specify number): children under the age of 18 with the other parent in this case.

b. The children spend percent of their time with me and percent of their time with the other parent.
(If you're not sure about percentage or it has not been agreed on, please describe your parenting schedule here.)

17. Children's health-care expenses

a. I do I do not have health insurance available to me for the children through my job.

b. Name of insurance company:

c. Address of insurance company:

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

18. Additional expense for the children in this case

a. Childcare 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 (<i>examples: fire, theft, other insured loss</i>).....	\$	
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.....	\$	

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