

SAMPLES

SUMMARY DISSOLUTION

Rev. 4/29/25

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

<p>PARTY WITHOUT ATTORNEY OR ATTORNEY: STATE BAR NO:</p> <p>NAME: Name and Address of Petitioner 1</p> <p>FIRM NAME:</p> <p>STREET ADDRESS:</p> <p>CITY:</p> <p>TELEPHONE NO.:</p> <p>EMAIL ADDRESS:</p> <p>ATTORNEY FOR (name):</p> <p>SUPERIOR COURT OF CALIFORNIA, COUNTY OF Santa Clara</p> <p>STREET ADDRESS: 201 N. First Street</p> <p>MAILING ADDRESS: 191 N. First Street</p> <p>CITY AND ZIP CODE: San Jose, Ca 95113</p> <p>BRANCH NAME: Family Justice Center Courthouse</p> <p>MARRIAGE OR DOMESTIC PARTNERSHIP OF</p> <p>PETITIONER 1: <input type="text" value="Petitioner 1's Name"/></p> <p>PETITIONER 2: <input type="text" value="Petitioner 2's Name"/></p> <p>JOINT PETITION FOR SUMMARY DISSOLUTION</p> <p><input type="checkbox"/> MARRIAGE <input type="checkbox"/> DOMESTIC PARTNERSHIP</p>	<p><i>FOR COURT USE ONLY</i></p> <p>SAMPLE ONLY</p> <p>Do not write on this copy!</p>
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NOTE: It does not matter who is listed as Petitioner 1 or Petitioner 2.

Check all that apply.

Leave Blank

- We petition for a summary dissolution of marriage, registration of domestic partnership, or both, if the following conditions exist on the date this petition is filed with the court:**
1. We have read and understand the Summary Dissolution of Marriage or Domestic Partnership.
 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 a pending or existing legal obligation to support another person who is not a child of either of us.
 8. Except for the property described in item 12a, we have no community or joint property, and we have no community or joint debts.
 9. The value of our community or joint property, including cars, is less than \$50,000.
 10. Neither of us has a net worth of more than \$50,000.
 11. We have each signed a declaration under penalty of perjury that we have disclosed all our income and expenses during the marriage or domestic partnership.
 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) **Note: You must complete worksheets included in this packet.**
 - (2) Declaration of Estimated Net Worth (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.

Read statements 6 through 11, ask staff if you are not sure whether you qualify based on these statements.

one of you lives. It purchase.) domestic including cars, is less than \$50,000. Neither of us has a net worth of more than \$50,000. We have each signed a declaration under penalty of perjury that we have disclosed all our income and expenses during the marriage or domestic partnership.

PETITIONER 1: Petitioner 1's Name	CASE NUMBER: Leave Blank
PETITIONER 2: Petitioner 2's Name	

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](#)).

Check the box that applies.

14. Irreconcilable differences have caused the irremediable breakdown of our marriage and/or domestic partnership, and each of us wishes to have the court end our marriage and/or domestic partnership and put our appearing before a judge.

15. a. ☐ Petitioner 1
- b. ☐ Petitioner 2

Check here if either Petitioner wants to restore his/her former name. Then write in the former name here.

16. We each give up our right to our former name on 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

22. Mailing address of Petitioner 2

Name and mailing address of
Petitioner 1.

City: _____
State: _____
Zip Code: _____

Name and mailing address of
Petitioner 2.

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: Today's Date

Signature of Petitioner 1

(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: Today's Date

Signature of Petitioner 2

(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): <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> YOUR NAME YOUR ADDRESS TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____ </div>	FOR COURT USE ONLY <div style="border: 1px solid black; padding: 20px; font-size: 1.5em; font-weight: bold;"> SAMPLE ONLY Do not write on this copy! </div>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Santa Clara STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	<div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> ASK STAFF TO STAMP CORRECT COURTHOUSE ADDRESS HERE. </div>
MARRIAGE OR DOMESTIC PARTNERSHIP PETITIONER 1: _____ PETITIONER 2: _____	<div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> PETITIONER 1'S NAME PETITIONER 2'S NAME </div> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> NOTE: NAMES SHOULD MATCH PETITION </div>
JUDGMENT OF DISSOLUTION AND NOTICE OF ENTRY OF JUDGMENT <input type="checkbox"/> MARRIAGE <input type="checkbox"/> DOMESTIC PARTNERSHIP	CASE NUMBER: _____ <div style="border: 1px solid black; padding: 5px; text-align: center; font-weight: bold;"> LEAVE BLANK </div>

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.

COMPLETE ITEM 1b OR 1c IF PETITIONER 1 OR 2 WANTS TO RETURN TO HIS/HER FORMER NAME.

 Date:

LEAVE BLANK

LEAVE BLANK

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

CHECK ONE

was entered on (date): _____

 Date:

LEAVE BLANK

Clerk, by _____

LEAVE BLANK

, 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:	PETITIONER 1'S NAME	CASE NUMBER:
PETITIONER 2:	PETITIONER 2'S NAME	LEAVE BLANK

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): LEAVE BLANK

California,

on (date):

Date: LEAVE BLANK

Clerk, by LEAVE BLANK, Deputy

ADDRESS OF PETITIONER 1

PETITIONER 1'S NAME
PETITIONER 1'S ADDRESS

ADDRESS OF PETITIONER 2

PETITIONER 2'S NAME
PETITIONER 2'S ADDRESS

PETITIONER 1: Sam PETITIONER 2: Alex	CASE NUMBER:
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VI. SAMPLE 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.

Note: The information on this form is for an imaginary couple, Sam and Alex, who are married. (When you fill out your worksheet, use your own information.)

A. Bank accounts, credit union accounts, retirement funds, cash value of insurance policies, etc.				Sam's Property— Fair Market Value	Alex's Property— Fair Market Value
Item					
Credit union savings—Sam (before marriage)				\$420.00	
Savings bonds—Alex (bought before marriage)					\$250.00
Retirement plan—Sam (before marriage and after separation)				\$1,500.00	
Retirement plan—Alex (before marriage and after separation)					\$1,300.00
B. Items owned outright					
Item					
Clothes—Sam (bought before marriage)				\$350.00	
Stocks—Sam (birthday present from father)				\$375.00	
Furniture—Sam (owned before marriage)				\$460.00	
Camera—Alex (owned before marriage)					\$229.00
Smartwatch—Alex (bought after separation)					\$142.00
Clothes—Alex (bought after separation)					\$250.00
C. Items being bought on credit					
Item	Fair Market Value	Minus Amount Owed	= Net Fair Market Value		
Television—Sam (after separation)	\$400.00	\$350.00	\$50.00	\$50.00	
Clothes—Sam (after separation)	\$220.00	\$170.00	\$50.00	\$50.00	
GRAND TOTALS: Sam and Alex SEPARATE PROPERTY				\$3,205.00	\$2,171.00

PETITIONER 1: Sam PETITIONER 2: Alex	CASE NUMBER:
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VI. SAMPLE WORKSHEET FOR DETERMINING VALUE AND DIVISION OF COMMUNITY PROPERTY

Note: The information on this form is for an imaginary couple, Sam and Alex, who are married. (When you fill out your worksheet, use your own information.)

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		Sam Receives	Alex Receives		
	Home Savings Credit Union savings account	\$150.00		\$150.00			
	Life insurance (cash value)	\$250.00		\$250.00			
	Retirement Plan—Sam	\$600.00		\$600.00			
	Retirement Plan—Alex	\$500.00			\$500.00		
	Home Savings Credit Union checking account	\$180.00			\$180.00		
Subtotal A		\$1,680.00		\$1,000.00		\$680.00	
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		Sam Receives	Alex Receives		
	Furniture & furnishings—Sam's apartment	\$775.00		\$775.00			
	Furniture & furnishings—Alex's apartment	\$300.00			\$300.00		
	Terriers season tickets	\$285.00			\$285.00		
	Savings bonds	\$200.00		\$200.00			
	Jewelry—Sam	\$200.00		\$200.00			
	Pet parrot and cage	\$40.00			\$40.00		
Subtotal B		\$1,800.00		\$1,175.00		\$625.00	
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	Sam Receives	Alex Receives
	Home entertainment system	\$305.00	\$150.00		\$155.00		\$155.00
	Television	\$400.00	\$100.00		\$300.00		\$300.00
	Golf clubs	\$350.00	\$50.00		\$300.00		\$300.00
Subtotal C					\$755.00	\$0.00	\$755.00
Grand total value of community property = A + B + C					\$4,235.00	\$2,175.00	\$2,060.00

PETITIONER 1: Sam	CASE NUMBER:
PETITIONER 2: Alex	

VI. SAMPLE WORKSHEET FOR DETERMINING COMMUNITY OBLIGATIONS AND THEIR DIVISION

Note: The information on this form is for an imaginary couple, Sam and Alex, who are married. (When you fill out your worksheet, use your own information and make sure you indicate if you are married, in a domestic partnership, or both.)

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**.

Item	Amount Owed	Sam Will Pay	Alex Will Pay
Audio equipment	\$150.00		\$150.00
Television	\$100.00		\$100.00
Golf clubs	\$50.00		\$50.00
Dr. R.C. Himple	\$74.00		\$74.00
Richardson Drug Store	\$32.00		\$32.00
College loan	\$500.00		\$500.00
Cogwell's charge account	\$275.00	\$275.00	
Mister Charge account	\$68.00		\$68.00
Green's Furniture	\$123.00	\$123.00	
Dr. S. Roberts	\$37.00	\$37.00	
Sam's parents	\$150.00	\$150.00	
TOTAL	\$1,559.00	\$585.00	\$974.00

**Sam's Share
of Community
Obligations**

**Alex's Share
of Community
Obligations**

PARTY WITHOUT ATTORNEY OR ATTORNEY NAME: Your Name FIRM NAME: STREET ADDRESS: Your Address CITY: TELEPHONE NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	STATE BAR NUMBER: STATE: ZIP CODE: FAX NO.:
FOR COURT USE ONLY	
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: Family Justice Center	
PETITIONER: Name of person who started this court case* RESPONDENT: The other person's name in this case* <small>*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</small> OTHER PARTY/PARENT/CLAIMANT:	
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, tell the court about the last job you had and when your job ended.)

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".

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

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

gross (before taxes) ☐ per month ☐ per week ☐ per hour.

(If you have more than one job, attach an 8 1/2-by-11-inch sheet of paper for each job. Write "Question 1 - Other Jobs" at the top.)

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

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

3. Tax information

- a. ☐ I last filed taxes for tax year (specify year): Most recent year you filed taxes
 b. My tax filing status is ☐ single ☐ head of household ☐ married, filing separately ☐ married, filing jointly with (specify name): Check the box that applies to you.
 c. I file state tax returns in ☐ California ☐ other (specify state): Where do you file state taxes?

Tell the court how many exemptions your claim

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):

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 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: Today's Date

Print your name here

(TYPE OR PRINT NAME)

Sign your name here

(SIGNATURE OF DECLARANT)

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
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Attach copies of your pay stubs to this return to:

ne. Take a copy of your latest federal tax return.)

5. **Income** 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 first column labeled "This Month"
- 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.

Last 12 months	Last month	Average monthly
	\$2,000	\$4166
a. Salary	\$	
b. Overhead	\$	
c. Commission	\$	
d. Profit	\$	
e. Spousal support	\$	
f. Partnership	\$	
g. Pension	\$	
h. Social Security	\$	
i. Disability	\$	
j. Unemployment	\$	
k. Workers' compensation	\$	
l. Other	\$	

6. **Investment income** (Attach a statement if you receive any income from the sources listed here.)
a. Dividends/interest
b. Rental property income
c. Trust income
d. 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.

7. **Income from self-employment** 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.

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 past 2 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.

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?

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 | \$ |
| c. Medical, hospital | \$ |
| 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") | \$ |
- Fill in this section if you had money deducted from last month's paycheck for any of the items below.

11. **Assets** Fill in this section if you have any of the assets listed here.
- | | Total |
|---|-------|
| a. Cash, checking, and savings 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:	Petitioner's Name Respondent's Name Other Parent/Party's Name (if applicable)	COURT CASE NUMBER, if you have one
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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 income	Pays some of the household expenses?
a. 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 monthly expenses. Check one ☒ Estimated expenses ☐ Actual expenses ☐ Proposed needs

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

a. Home: <ul style="list-style-type: none"> (1) <input checked="" type="checkbox"/> Rent or <input type="checkbox"/> mortgage \$ 400.00 If mortgage: <ul style="list-style-type: none"> (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 	i. Entertainment, gifts, and vacation \$ 20.00 j. Auto expenses and transportation (insurance, gas, repairs, bus, etc.) \$ 50.00 k. Insurance (life, accident, etc.; do not include auto, home, or health insurance) \$ NONE l. Savings and investments \$ 100.00 m. Charitable contributions \$ 60.00 n. Monthly payments listed in item 14 (itemize below in 14 and insert total here) \$ 50.00 o. Other (specify): \$ 40.00 p. TOTAL EXPENSES (a-q) (do not add in the amounts in a(1)(a) and (b)) \$ 2,035.00 q. Amount of expenses paid by others \$ 155.00 r. Amount of expenses paid by others \$ 400.00
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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. Only complete this section if you had an attorney and want the other party to pay for your attorney.

I confirm this fee

Date: Dare your ATTORNEY signs form

Your ATTORNEY prints his/her name here

(TYPE OR PRINT NAME)

Your ATTORNEY signs his/her name here

(SIGNATURE OF DECLARANT)

PETITIONER:	Petitioner's Name	FILE NUMBER:
RESPONDENT:	Respondent's Name	COURT CASE NUMBER, if you have one
OTHER PARTY/PARENT/CLAIMANT:	Other Parent/Party's Name (if applicable)	

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):

How many children you have together?

b. The child
(If you're

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. Check one to me for the children through my job.

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

Fill in items a-d if applicable

\$ _____
\$ _____
\$ _____
\$ _____

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

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

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):

Amount per month

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):

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

Marriage of: *Husband's Name and Wife Names*

Case Number: _____

Attachment 10 (b) to Joint Petition for Summary Dissolution

Sample Property Agreement

I. Preliminary Statement

We are *Husband's Name* , hereafter called Husband, and *Wife's Name* hereafter called Wife. We were married on *date you were married* and *separated on date you separated from one another*. Because irreconcilable differences have caused the permanent breakdown of our marriage, we have made this agreement together to settle once and for all what we owe each other and what we can expect from each other. Each of us states here that nothing has been held back, that we have honestly included everything we could think of in listing the money and goods that we own; each of us states here that we believe the other one has been open and honest in writing up this agreement. And each of us agrees to sign and exchange any papers that might be needed to complete this agreement.

Each of us also understands that even after a Joint Petition for Summary Dissolution is filed, this entire agreement will be cancelled if either of us revokes the Dissolution Proceeding.

II. Division of Community Property

We divide our community property as follows:

1. Husband transfers to Wife as her sole and separate property:

(List items given to Wife such as jewelry, furniture, accounts, vehicles, stocks, bonds, policies and plans etc.)

2. Wife transfers to Husband as his sole and separate property:

(List items given to Husband such as jewelry, furniture, accounts, vehicles, stocks, bonds, policies and plans etc.)

III. Division of Community Debts

1. Husband shall pay the following debts and will not at any time hold Wife responsible for them:

(List all debts Husband will pay.)

2. Wife shall pay the following debts and will not at any time hold Husband responsible for them:

(List all debts Wife will pay.)

IV. Waiver of Spousal Support

Each of us waives any claim for spousal support now and for all time.

V. Dated: *Husband will sign here*
(Husband will print name here)

Dated: *Wife will sign here*
(Wife will print name here)

**SIGN WITH A
NOTARY**
