

Simple Modification of Support

(Child, Spousal &/or Family)

Step 1	<p>Complete the following forms in blue or black ink:</p> <p><input checked="" type="checkbox"/> FL-390 Notice of Motion and Motion for Simplified Modification of Order</p> <p><input type="checkbox"/> FL-150 Income and Expense Declaration</p> <p><i>Note: If the Department of Child Support Services (DCSS) is involved in your case, write the CSE number on form FL-390 next to your name in the name and address box at the top of the page.</i></p>
Step 2	<p>Copies: Make 3 copies of your forms, in addition to the original.</p>
<p>Step 3</p> <p>There is a filing fee, unless the fee is waived.</p> <p>It is free to file if it is about child support and DCSS is involved.</p>	<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.scsccourt.org or call 408-534-5600 for current office hours.</p> <p>If the Department of Child Support Services (DCSS) is involved in your case, ask the court clerk to keep 1 filed copy to give to DCSS for you.</p> <p><input type="checkbox"/> If you <u>are not</u> asking for a fee waiver, you will pay the filing fee and get copies back with a file-stamp. <i>Note: There is no fee for child support hearings if DCSS is involved but you may have to pay fees previously not paid before you can file again.</i></p> <p><input type="checkbox"/> If you <u>are</u> 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 may be mailed to you. Please check with the clerk who takes your forms.</p> <p><i>Please note: The Judge may deny your request for the fee waiver.</i></p>
Step 4	<p>Service: After the filed copies are returned to you:</p> <ul style="list-style-type: none"> • Keep for your records—1 filed copy • Serve 1 filed copy and blank FL-392 <i>Responsive Declaration to Motion for Simplified Modification</i> and <input type="checkbox"/> FL-150 <i>Income and Expense Declaration</i> on the other parent. "Service" means: someone, NOT you, who is at least 18 years old must hand deliver the filed copies to the other parent. You can find a "Process Server" who will do this for a fee. • Service must be completed at least 16 court days (weekends and holidays do not count) before the court hearing date. • Whoever serves must complete the <i>Proof of Personal Service</i> form (FL-330) and give it back to you. You must file the original and a copy of this form at the Clerk's Office, the clerk will keep the original and file stamp the copy and give it back to you. Keep this copy for your records. • Serve 1 filed copy by mail on the other party's attorney if he/she is being represented. "Service by mail" means: someone other than you who is at least 18 years old must mail a copy of your forms to the other party's attorney (regular mail is okay), at least 26 days ahead of the hearing. The server must then complete and sign a <i>Proof of Service by Mail</i> form FL-335. You must file the original and a copy of this form at the Clerk's Office, the clerk will keep the original and file stamp the copy and give it back to you. Keep this copy for your records.
Step 5	<p>Go to your court date.</p>

Please turn over for important information



WHEN CAN I USE THESE FORMS?

You may complete these forms if you want to request that the Judge modify (change) the amount of support you pay. These “simplified” forms are easy to use but **cannot be used** to establish support orders for the first time or to ask for other orders such as release of driver’s license, custody and/or visitation orders, etc.

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.**

ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (pursuant to FC §§ 17400, 17406) (Name, State Bar Number, and Address) : <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>	TELEPHONE NO.: <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>
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 Division	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	
NOTICE OF MOTION AND MOTION FOR SIMPLIFIED MODIFICATION OF ORDER FOR <input checked="" type="checkbox"/> CHILD SUPPORT <input type="checkbox"/> SPOUSAL SUPPORT <input type="checkbox"/> FAMILY SUPPORT	
CASE NUMBER:	

TO (name) :

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

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

2. I am requesting the court to change the amount currently payable by
☐ petitioner/plaintiff ☐ respondent/defendant ☐ other parent to the following:
 a. ☐ child support pursuant to the California child support guideline commencing (date) :
 b. ☐ spousal support of: \$ per month beginning (date) :
 c. ☐ family support of: \$ per month beginning (date) :
 or such other sums as may be appropriate pursuant to applicable guidelines.
3. I am requesting issuance of modified earnings assignment.
4. ☐ I am requesting the court to order the ☐ petitioner/plaintiff ☐ respondent/defendant ☐ other parent to provide health insurance coverage for the children as obligated by law, and to issue a Health Insurance Coverage Assignment (form FL-470).
5. (Check whichever statements are true, if any)
 a. ☐ An application for public assistance (TANF) for the children is pending in (county name) : County.
 b. ☐ The children are receiving public assistance from (county name) : County.
 c. ☐ This request is made by the governmental agency providing support enforcement services in this action.
6. This request is based on
 a. the attached completed *Financial Statement (Simplified)* (form FL-155) or *Income and Expense Declaration* (form FL-150) for the applicant.
 b. ☐ a significant change in the income of ☐ petitioner/plaintiff ☐ respondent/defendant ☐ other parent
 c. ☐ the attached guideline support calculation sheet.
 d. ☐ other (specify) :

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

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

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

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

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

OR

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

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

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

- ☐ (1) Name of party or attorney served:

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

(a) Address where delivered:

(a) Address where delivered:

(b) Date of delivery:

(b) Date of delivery:

(c) Time of delivery:

(c) Time of delivery:

- b. ☐ **Mail.** I deposited a copy of the *Notice of Motion and Motion for Simplified Modification of Order for Child, Spousal, or Family Support* (form FL-390) and all attachments in the United States mail, in a sealed envelope with postage fully prepaid, addressed as follows:

- ☐ (1) Name of party or attorney served:

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

(a) Address:

(a) Address:

(b) Date of mailing:

(b) Date of mailing:

(c) Time of mailing:

(c) Time of mailing:

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

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF PERSON WHO SERVED MOTION)

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

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

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

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

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

2. Age and education

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

3. Tax information

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

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

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

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

Date: _____

(TYPE OR PRINT NAME)

►

(SIGNATURE OF DECLARANT)

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

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

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

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

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

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

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

Number of years in this business (specify):

Name of business (specify):

Type of business (specify):

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

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

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

10. **Deductions**

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

11. **Assets**

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

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

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

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

13. Average monthly expenses
☐ Estimated expenses

☐ Actual expenses

☐ Proposed needs

a. Home:

 (1) ☐ Rent or ☐ mortgage\$

If mortgage:

(a) average principal:\$

(b) average interest:\$

(2) Real property taxes\$

(3) Homeowner's or renter's insurance

(if not included above)\$

(4) Maintenance and repair\$

b. Health-care costs not paid by insurance\$

c. Child care\$

d. Groceries and household supplies\$

e. Eating out\$

f. Utilities (gas, electric, water, trash)\$

g. Telephone, cell phone, and e-mail\$

h. Laundry and cleaning\$

i. Clothes\$

j. Education\$

k. Entertainment, gifts, and vacation\$

l. Auto expenses and transportation

(insurance, gas, repairs, bus, etc.)\$

m. Insurance (life, accident, etc.; do not include

auto, home, or health insurance)\$

n. Savings and investments\$

o. Charitable contributions\$

p. Monthly payments listed in item 14

(itemize below in 14 and insert total here)\$

q. Other (specify):\$

r. TOTAL EXPENSES (a-q) (do not add in the amounts in a(1)(a) and (b))\$

s. Amount of expenses paid by others\$

14. Installment payments and debts not listed above

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

15. Attorney fees (This information is required if either party is requesting attorney fees.):
a. To date, I have paid my attorney this amount for fees and costs (specify): \$

b. The source of this money was (specify):

c. I still owe the following fees and costs to my attorney (specify total owed): \$

d. My attorney's hourly rate is (specify):

I confirm this fee arrangement.

Date:

(TYPE OR PRINT NAME OF ATTORNEY)

(SIGNATURE OF ATTORNEY)

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

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

17. Children's health-care expenses

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

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

18. Additional expenses for the children in this case

Amount per month

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

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

Amount per month

For how many months?

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

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

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

PROOF OF SERVICE

**TO BE COMPLETED BY THE SERVER
(SEE INSTRUCTIONS FOR DETAILS)**

ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406) (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO.: _____ ATTORNEY FOR (Name): Self-Represented	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 Division	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	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):
3. I served copies of the following documents (specify):
Notice of Motion and Motion for Simplified Modification of Order for Child, Spousal or Family Support; and Income and Expense Declaration.
Blank Responsive Declaration to Motion for Simplified Modification of Order for Child, Spousal or Family Support; and Blank Income and Expense Declaration.
4. By personally delivering copies to the person served, as follows:
 - a. Date: _____ b. Time: _____
 - c. Address: _____
5. I am
 - a. ☒ 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):
7. ☒ 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: _____

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

(SIGNATURE OF PERSON WHO SERVED THE PAPERS)

RESPONSIVE FORMS

LEAVE BLANK

**TO BE ATTACHED TO THE OTHER
PARTY'S COPY FOR SERVICE**

ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406) (Name, state bar number, and address) :		TELEPHONE AND FAX NOS.:	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 Division			
PETITIONER/PLAINTIFF:			
RESPONDENT/DEFENDANT:			
OTHER PARENT:			
RESPONSIVE DECLARATION TO MOTION FOR SIMPLIFIED MODIFICATION OF ORDER FOR CHILD, SPOUSAL, OR FAMILY SUPPORT			
HEARING DATE:	TIME:	DEPT., ROOM, OR DIVISION:	CASE NUMBER:

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

NOTICE TO BOTH PARENTS

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

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

Date:



(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

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

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

Service is made in one of the following ways:

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

OR

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

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

1. At the time of service I was at least 18 years of age and not a party to the legal action.
2. I served a copy of the foregoing *Responsive Declaration* as follows (check either a. or b. below for each person served) :

- a. ☐ **Personal service.** I personally delivered a copy of the *Responsive Declaration to Motion for Simplified Modification of Order for Child, Spousal, or Family Support* as follows:

- ☐ (1) Name of party or attorney served: ☐ (2) Name of local child support agency served:

(a) Address where delivered:

(a) Address where delivered:

(b) Date of delivery:

(b) Date of delivery:

(c) Time of delivery:

(c) Time of delivery:

- b. ☐ **Mail.** I deposited a copy of the *Responsive Declaration to Motion for Simplified Modification of Order for Child, Spousal, or Family Support* in the United States mail, in a sealed envelope with postage fully prepaid, addressed as follows:

- ☐ (1) Name of party or attorney served: ☐ (2) Name of local child support agency served:

(a) Address:

(a) Address:

(b) Date of mailing:

(b) Date of mailing:

(c) Time of mailing:

(c) Time of mailing:

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

Date:



(TYPE OR PRINT NAME)

(SIGNATURE OF PERSON WHO SERVED RESPONSIVE DECLARATION)

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

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

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

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

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

2. Age and education

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

3. Tax information

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

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

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

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

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

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

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

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

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

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

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

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

Number of years in this business (specify):

Name of business (specify):

Type of business (specify):

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

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

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

10. **Deductions**

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

11. **Assets**

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

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

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

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

13. Average monthly expenses
☐ Estimated expenses

☐ Actual expenses

☐ Proposed needs

a. Home:

 (1) ☐ Rent or ☐ mortgage\$

If mortgage:

(a) average principal:\$

(b) average interest:\$

(2) Real property taxes\$

(3) Homeowner's or renter's insurance

(if not included above)\$

(4) Maintenance and repair\$

b. Health-care costs not paid by insurance\$

c. Child care\$

d. Groceries and household supplies\$

e. Eating out\$

f. Utilities (gas, electric, water, trash)\$

g. Telephone, cell phone, and e-mail\$

h. Laundry and cleaning\$

i. Clothes\$

j. Education\$

k. Entertainment, gifts, and vacation\$

l. Auto expenses and transportation

(insurance, gas, repairs, bus, etc.)\$

m. Insurance (life, accident, etc.; do not include

auto, home, or health insurance)\$

n. Savings and investments\$

o. Charitable contributions\$

p. Monthly payments listed in item 14

(itemize below in 14 and insert total here)\$

q. Other (specify):\$

r. TOTAL EXPENSES (a-q) (do not add in the amounts in a(1)(a) and (b))\$

s. Amount of expenses paid by others\$

14. Installment payments and debts not listed above

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

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

a. To date, I have paid my attorney this amount for fees and costs (specify): \$

b. The source of this money was (specify):

c. I still owe the following fees and costs to my attorney (specify total owed): \$

d. My attorney's hourly rate is (specify):

I confirm this fee arrangement.

Date:

(TYPE OR PRINT NAME OF ATTORNEY)

(SIGNATURE OF ATTORNEY)

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

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

17. Children's health-care expenses

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

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

18. Additional expenses for the children in this case

Amount per month

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

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

Amount per month

For how many months?

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

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

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