

SAMPLES

SIMPLE CS MOD

REV. 5/2016

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

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

TELEPHONE NO.:

FOR COURT USE ONLY

YOUR NAME
YOUR ADDRESS

YOUR PHONE #

**SAMPLE
ONLY
Do not write
on this copy!**

SUPERIOR COURT OF CALIFORNIA, COUNTY OF Santa Clara

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

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

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

CASE NUMBER:
YOUR CASE NUMBER

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

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

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

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

CHECK ONE OF THE BOXES BELOW

2. I am requesting the court to change the amount currently payable by
 petitioner/plaintiff respondent/defendant other parent to the following:
a. child support pursuant to the California child support guideline commencing (date) : **DATE OF FILING**
b. spousal support of: \$ per month beginning (date) :
c. family support of: \$ per month beginning (date) :
or such other sums as may be appropriate pursuant to applicable guidelines.

3. I am requesting issuance of modified earnings assignment.

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

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

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

6. This request is based on

CHECK THE BOXES BELOW THAT APPLY

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

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

Date: **TODAY'S DATE**

PRINT YOUR NAME HERE

(TYPE OR PRINT NAME)



(SIGNATURE OF DECLARANT)

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

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: _____

LEAVE THIS WHOLE PAGE BLANK

(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)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address) :

FOR COURT USE ONLY

**YOUR NAME
YOUR ADDRESS**

TELEPHONE NO.:

E-MAIL ADDRESS (Optional) :

ATTORNEY FOR (Name): **SELF-REPRESENTED**

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

**SAMPLE
ONLY
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on this copy!**

PETITIONER/PLAINTIFF: **PETITIONER'S NAME**
 RESPONDENT/DEFENDANT: **RESPONDENT'S NAME**
 OTHER PARENT/CLAIMANT:

INCOME AND EXPENSE DECLARATION

CASE NUMBER:
YOUR 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: **THE NAME OF THE PLACE WHERE YOU WORK (OR YOUR MOST RECENT JOB)**
- b. Employer's address: **YOUR WORK ADDRESS**
- c. Employer's phone number: **YOUR WORK PHONE NUMBER**
- d. Occupation: **WHAT DO YOU DO FOR WORK?**
- e. Date job started: **WHEN DID YOU START YOUR JOB?**
- f. If unemployed, date job ended: **IF YOU ARE NOT WORKING, WHEN DID YOU STOP?**
- g. I work about # of hours _____ hours per week.
- h. I get paid \$ _____ How much do you make? gross (before taxes) per month per week per hour.

CHECK ONE

(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): HOW OLD ARE YOU?
- b. I have completed high school or the equivalent: Yes No If no, highest grade completed (specify): **WHAT SCHOOL DID YOU FINISH?**
- 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):

CHECK "YES" OR "NO" BELOW

3. Tax information

- a. I last filed taxes for tax year (specify year): _____ **WRITE THE YEAR YOU LAST FILED TAXES HERE**
- b. My tax filing status is single head of household married, filing separately married, filing jointly with (specify name): _____ **CHECK THE CORRECT BOX FOR HOW YOU FILE YOUR TAXES**
- 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): _____ **HOW MANY EXEMPTIONS DO YOU 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): _____

(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: **TODAY'S DATE**

PRINT YOUR NAME HERE _____
 (TYPE OR PRINT NAME)

SIGN YOUR NAME HERE _____
 (SIGNATURE OF DECLARANT)

PETITIONER/PLAINTIFF: PETITIONER'S NAME RESPONDENT/DEFENDANT: RESPONDENT'S NAME OTHER PARENT/CLAIMANT:	CASE NUMBER: YOUR 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)	\$IN THIS	IN THIS
b. Overtime (gross, before taxes)	\$COLUMN	COLUMN
c. Commissions or bonuses	\$LIST THE	YOU NEED
d. Public assistance (for example: TANF, SSI, GA/GR) <input type="checkbox"/> currently receiving	\$AMOUNT	TO ADD THE
e. Spousal support <input type="checkbox"/> from this marriage <input type="checkbox"/> from a different marriage	\$FOR LAST	AMOUNTS
f. Partner support <input type="checkbox"/> from this domestic partnership <input type="checkbox"/> from a different domestic partnership	\$MONTH	FROM THE
g. Pension/retirement fund payments	\$ONLY!!	LAST 12
h. Social security retirement (not SSI)	\$	MONTHS
i. Disability: <input type="checkbox"/> Social security (not SSI) <input type="checkbox"/> State disability (SDI) <input type="checkbox"/> Private insurance.	\$	FOR EACH
j. Unemployment compensation	\$	QUESTION
k. Workers' compensation	\$	AND DIVIDE
l. Other (military BAQ, royalty payments, etc.) (specify) :	\$	BY 12.

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) :	\$	

AMOUNT YOU MAKE FROM YOUR OWN BUSINESS

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) : **HOW MANY YEARS HAVE YOU BEEN IN BUSINESS?**
 Name of business (specify) : **WHAT IS THE NAME OF YOUR BUSINESS?**
 Type of business (specify) : **WHAT TYPE OF BUSINESS DO YOU OWN?**

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) : **CHECK THIS BOX IF IT APPLIES TO YOU** **AMOUNT OF \$**

9. **Change in income.** My financial situation has changed significantly over the last 12 months because (specify) :
CHECK THIS BOX IF IT APPLIES AND EXPLAIN WHAT HAS HAPPENED TO CHANGE YOUR PAY

10. **Deductions**

	Last month	
a. Required union dues	\$LIST ANY	
b. Required retirement payments (not social security, FICA, 401(k), or IRA)	\$DEDUCTIONS	
c. Medical, hospital, dental, and other health insurance premiums (total monthly amount)	\$FROM LAST	
d. Child support that I pay for children from other relationships	\$MONTH'S	
e. Spousal support that I pay by court order from a different marriage	\$PAYCHECK	
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		\$LIST MONEY
b. Stocks, bonds, and other assets I could easily sell		\$OR THINGS
c. All other property, <input type="checkbox"/> real and <input type="checkbox"/> personal (estimate fair market value minus the debts you owe)		\$YOU HAVE
		HERE.

PETITIONER/PLAINTIFF: PETITIONER'S NAME RESPONDENT/DEFENDANT: RESPONDENT'S NAME OTHER PARENT/CLAIMANT:	CASE NUMBER: YOUR 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. LIST THE PEOPLE WHO LIVE WITH YOU	AGE	HOW DO YOU KNOW THEM?	HOW MUCH MONEY DO THEY MAKE PER MONTH?	<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

DO THEY HELP PAY HOUSEHOLD EXPENSES?

13. Average monthly expenses Estimated expenses Actual expenses Proposed needs

a. Home: <ul style="list-style-type: none"> (1) <input checked="" type="checkbox"/> Rent or <input type="checkbox"/> mortgage \$ 400.00 	h. Laundry and cleaning \$ 20.00 i. Clothes \$ 50.00 j. Education \$ _____ k. Entertainment, gifts, and vacation \$ 100.00 l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.) \$ 50.00 m. Insurance (life, accident, etc.; do not include auto, home, or health insurance) \$ _____ n. Savings and investments \$ _____ o. Charitable contributions \$ _____
b. Health-care costs not paid by insurance \$ _____ c. Child care \$ 150.00 d. Groceries and household supplies \$ 250.00 e. Eating out \$ 150.00 f. Utilities (gas, electric, water, trash) \$ 150.00 g. Telephone, cell phone, and e-mail \$ 100.00	p. Monthly payments listed in item 14 (itemize below in 14 and insert total here) \$ 200.00 q. Other (specify) : \$ _____ r. TOTAL EXPENSES (a-q) (do not add in the amounts in a(1)(a) and (b)) \$ 1,620.00
s. Amount of expenses paid by others \$ _____	

THIS IS A SAMPLE OF HOW TO FILL IN THIS SECTION.

YOU WILL COMPLETE THIS SECTION WITH YOUR MONTHLY EXPENSES.

14. Installment payments and debts not listed above

Paid to	For	Amount	Balance	Date of last payment
VISA	GENERAL PURCHASES	\$ 100.00	\$ 5,000.00	1/08
MACY'S	CLOTHING	\$ 100.00	\$ 4,000.00	1/08
		\$	\$	
		\$	\$	
		\$	\$	

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

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

I confirm this fee arrangement.

Date: **DATE YOUR LAWYER SIGNS**

ONLY COMPLETE THIS SECTION IF YOU HAVE/HAD AN ATTORNEY AND WANT THE OTHER PARTY TO PAY FOR YOUR LAWYER.

YOUR LAWYER PRINTS THEIR NAME HERE _____
(TYPE OR PRINT NAME OF ATTORNEY)

YOUR LAWYER SIGNS THEIR NAME HERE _____
(SIGNATURE OF ATTORNEY)

PETITIONER/PLAINTIFF: PETITIONER'S NAME	CASE NUMBER:
RESPONDENT/DEFENDANT: RESPONDENT'S NAME	YOUR CASE NUMBER
OTHER PARENT/CLAIMANT:	

ONLY FILL OUT THIS PAGE IF YOU HAVE CHILDREN

CHILD SUPPORT INFORMATION

(NOTE: Fill out this page only if your case involves child support.)
 FILL IN THE # OF CHILDREN YOU AND YOUR SPOUSE HAVE TOGETHER AND THE PERCENTAGE OF TIME SPENT WITH EACH PARENT.

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.)
- IF YOU DO NOT KNOW THE EXACT PERCENTAGE YOU AND THE OTHER PARENT SPEND WITH THE CHILD, DESCRIBE YOUR PARENTING SCHEDULE HERE. FOR EXAMPLE: THE CHILDREN LIVE WITH ME AND ARE WITH THE OTHER PARENT EVERY 1ST AND 3RD WEEKEND FROM FRIDAY AT 6PM UNTIL SUNDAY AT 6PM.**

17. **Children's health-care expenses** **CHECK ONE**

- a. I do I do not have health insurance available to me for the children through my job.
- b. Name of insurance company: **WHAT IS YOUR INSURANCE COMPANY'S NAME?**
- c. Address of insurance company: **WHAT IS THE ADDRESS OF YOUR INSURANCE COMPANY?**

HOW MUCH DO YOU PAY?

- 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) : \$ _____

FILL IN AMOUNTS IF THEY APPLY TO YOUR CASE.

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) : **NAMES OF CHILDREN FROM DIFFERENT RELATIONSHIPS AGES WHO LIVE WITH YOU.**

FILL IN AMOUNT IF IT APPLIES TO YOU.

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

The expenses listed in a, b and c create an extreme financial hardship because (explain) :

EXPLAIN WHY THE EXPENSES LISTED ABOVE MAKE THINGS DIFFICULT FOR YOU.

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

PUT ANY INFORMATION HERE THAT YOU WANT THE COURT TO KNOW REGARDING CHILD SUPPORT IN THIS CASE.

ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400,17406 (Name, State Bar number, and address):

YOUR NAME
YOUR ADDRESS

TELEPHONE NO.:

FAX NO.:

ATTORNEY FOR (Name): SELF-REPRESENTED

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA

STREET ADDRESS: 201 N. First Street, San Jose, CA 95113
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CITY AND ZIP CODE: Family Division
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PETITIONER/PLAINTIFF: PETITIONER'S NAME

CASE NUMBER:

YOUR COURT CASE NUMBER

RESPONDENT/DEFENDANT: RESPONDENT'S NAME

(If applicable, provide):

OTHER PARENT/PARTY: OTHER PARENT'S NAME, IF APPLICABLE

HEARING DATE:

HEARING TIME:

DEPT.:

PROOF OF PERSONAL SERVICE

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

FILED COPY OF: NOTICE OF MOTION AND MOTION FOR SIMPLIFIED MODIFICATION OF ORDER FOR CHILD SUPPORT, SPOUSAL OR FAMILY SUPPORT; FINANCIAL STATEMENT (SIMPLIFIED)
BLANK: RESPONSIVE DECLARATION TO MOTION AND MOTION FOR SIMPLIFIED MODIFICATION OF ORDER FOR CHILD SUPPORT, SPOUSAL OR FAMILY SUPPORT;

4. By personally delivering copies to the person served, as follows:

- a. Date: ←
- b. Time: →
- c. Address: ←

THE PERSON WHO HANDS THE OTHER PARTY A FILED COPY OF YOUR FORMS WILL COMPLETE THIS SECTION WITH THE DATE, TIME AND ADDRESS WHERE SERVICE TOOK PLACE.

5. I am

- a. not a registered California process server.
- b. a registered California process server.
- c. an employee or independent contractor of a registered California process server.
- d. exempt from registration under Business & Profession Code section 22350(b).
- e. a California sheriff or marshal.

6. My name, address, and telephone number, and, if applicable, county of registration and number (specify):

THE SERVER WILL WRITE HIS/HER NAME, ADDRESS AND TELEPHONE NUMBER HERE.

7. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
8. I am a California sheriff or marshal and I certify that the foregoing is true and correct.

Date: DATE SERVER SIGNS THIS FORM

SERVER WILL PRINT HIS/HER NAME HERE

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

SERVER WILL SIGN HIS/HER NAME HERE

(SIGNATURE OF PERSON WHO SERVED THE PAPERS)