

# SAMPLES

**SUMMARY DISSOLUTION**

Rev. 10/8/2019

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



PARTY WITHOUT ATTORNEY OR ATTORNEY: STATE BAR NO:  
 NAME: **Name and Address of Petitioner 1**  
 FIRM NAME:  
 STREET ADDRESS:  
 CITY:  
 TELEPHONE NO.:  
 E-MAIL ADDRESS:  
 ATTORNEY FOR (Name):

**NOTE: It does not matter who is listed as Petitioner 1 or Petitioner 2.**

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

**SUPERIOR COURT OF CALIFORNIA, COUNTY OF**  
 STREET ADDRESS:  
 MAILING ADDRESS:  
 CITY AND ZIP CODE:  
 BRANCH NAME:

**MARRIAGE OR PARTNERSHIP OF**  
 PETITIONER 1:  
 PETITIONER 2:

**JOINT PETITION FOR SUMMARY DISSOLUTION**  
 MARRIAGE  DOMESTIC PARTNERSHIP

CASE NUMBER:

**We petition for a summary dissolution of marriage, registered domestic partnership, or domestic partnership if 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.  
 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 the county of filing 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 dependent child (including a child for whom you live.)

8. Except for the vehicle, we do not own any real property, and we do not own any domestic partnership property.

9. The total net community property, including vehicles, is less than \$40,000.

10. Neither of us has a net worth of more than \$45,000.

11. We each have filled out and given the other an *Income and Expense Declaration* (form [FL-160](#)).

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 *Income and Expense Declaration* (form [FL-160](#)), and all attachments to these forms.  
 (2)  A *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.

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

**Note: You must complete worksheets included in this packet.**

PETITIONER 1: Name of Petitioner 1 PETITIONER 2: Name of Petitioner 2	CASE NUMBER:
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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 immediate breakdown of our marriage and/or domestic partnership, and each of us wishes to have the court determine our rights and obligations.

Check here if either Petitioner 1 or 2 wants to restore his/her former name. Then write in the former name here.

15. a.  Petitioner 1 desires to restore his/her former name. (Specify name and date of our *Judgment of Dissolution*.)
- b.  Petitioner 2 desires to restore his/her former name. (Specify name and date of our *Judgment of Dissolution*.)

16. We each give up our right to our former name.
17. Each of us forever give up our right to our former name.

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: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Name and mailing address of Petitioner 1.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Name and mailing address of Petitioner 2.

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.

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

Date: Today's Date

Signature of Petitioner 1

Signature of Petitioner 2

(SIGNATURE OF PETITIONER 1)

(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* (from 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): <p style="text-align: center; font-size: 1.2em; margin: 0;">YOUR NAME</p> <p style="text-align: center; font-size: 1.2em; margin: 0;">YOUR ADDRESS</p> <p>TELEPHONE NO.: _____ FAX NO. (Optional): _____</p> <p>E-MAIL ADDRESS (Optional): _____</p> <p>ATTORNEY FOR (Name): _____</p>	<p><i>FOR COURT USE ONLY</i></p> <p style="font-size: 2em; font-weight: bold; margin: 0;">SAMPLE ONLY</p> <p style="font-size: 1.5em; font-weight: bold; margin: 0;">Do not write on this copy!</p>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> Santa Clara STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
<b>MARRIAGE OR DOMESTIC PARTNERSHIP OF</b> PETITIONER 1: _____ PETITIONER 2: _____	NOTE: NAMES SHOULD MATCH PETITION
<b>JUDGMENT OF DISSOLUTION AND NOTICE OF ENTRY OF JUDGMENT</b> <input type="checkbox"/> MARRIAGE <input type="checkbox"/> DOMESTIC PARTNERSHIP	CASE NUMBER: <div style="border: 1px solid black; padding: 5px; display: inline-block;">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
- was entered on (date): \_\_\_\_\_

CHECK ONE

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: <span style="border: 1px solid black; padding: 2px 10px;">PETITIONER 1'S NAME</span>	CASE NUMBER:
PETITIONER 2: <span style="border: 1px solid black; padding: 2px 10px;">PETITIONER 2'S NAME</span>	<span style="border: 1px solid black; padding: 2px 10px; display: inline-block;">LEAVE BLANK</span>

**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: Pat PETITIONER 2: Chris	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/partner** cannot be more than \$43,000. The total fair market value of the **separate property of the other spouse/partner** cannot be more than \$43,000. 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, Pat and Chris, who are married. (When you fill out your worksheet, use your information.)*

	Pat's Property - Fair Market Value	Chris's Property - Fair Market Value	
<b>A. Bank accounts, credit union accounts, retirement funds, cash value of insurance policies, etc.</b>			
<b>Item</b>			
Credit union savings—Pat (before marriage)	420		
Savings bonds—Chris (bought before marriage)		250	
Pension plan benefits—Pat (before marriage and after separation)	1500		
Pension plan benefits—Chris (before marriage and after separation)		1300	
<b>B. Items owned outright</b>			
<b>Item</b>			
Clothes—Pat (bought before marriage)	350		
Stocks—Pat (birthday present from father)	375		
Furniture—Pat (owned before marriage)	460		
Camera—Chris (owned before marriage)		229	
Wristwatch—Chris (bought after separation)		142	
Clothes—Chris (bought after separation)		250	
<b>C. Items being bought on credit</b>			
<b>Item</b>	<b>Fair Market Value</b>	<b>Minus What's Owed =</b>	
TV set—Pat (after separation)	400	350	50
Clothes—Pat (after separation)	220	170	50
<b>GRAND TOTALS: Pat and Chris SEPARATE PROPERTY</b>			3205
			2171





PETITIONER 1: Pat	CASE NUMBER:
PETITIONER 2: Chris	

**VI. SAMPLE WORKSHEET FOR DETERMINING VALUE AND  
DIVISION OF COMMUNITY PROPERTY**

*Note: The information on this form is for an imaginary couple, Pat and Chris, who are married. (When you fill out your worksheet, use your 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 \$43,000.

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.					
	Amount			Pat Receives	Chris Receives
Savings account	150			150	
Life insurance (cash value)	250			250	
Pension plan—Pat	600			600	
Pension plan—Chris	500				500
Checking account	180				180
<b>Subtotal A</b>	1680			1000	680
B. Items you own outright (for example, stocks and bonds, sports gear, furniture, household items, tools, interests in businesses, jewelry; do not include cars)					
	Fair Market Value			Pat Receives	Chris Receives
Furniture & furnishings— Pat's apartment	775			775	
Furniture & furnishings—Chris's apartment	300				300
Terriers season tickets	285				285
Savings bonds	200			200	
Jewelry—Pat	200			200	
Pet parrot and cage	40				40
<b>Subtotal B</b>	1800			1175	625
C. Items you are buying on credit (for example, stereo equipment, appliances, furniture, tools; do not include cars)					
	Fair Market Value	Minus Amount Owed	=	Net Fair Market Value	
					Pat Receives
Stereo set	305	150		155	155
Color television	400	100		300	300
Golf clubs	350	50		300	300
<b>Grand total value of community property = A + B + C</b>	<b>Subtotal C</b>			755	0
				4235	2175
					2060



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

*Note: The information on this form is for an imaginary couple, Pat and Chris, who are married. (When you fill out your worksheet, use your 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 \$6,000. 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**.

	Amount Owed	Pat Will Pay	Chris Will Pay
Stereo set	150		150
Color TV	100		100
Golf clubs	50		50
Dr. R. C. Himple	74		74
Sam's Drugs	32		32
College loan	500		500
Cogwell's charge account	275	275	
Mister Charge account	68		68
Green's Furniture	123	123	
Dr. Irving Roberts	37	37	
Pat's parents	150	150	
<b>TOTAL</b>	1559	585	974

**Pat's Share of Community Obligations**      **Chris's Share of Community Obligations**



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

FOR COURT USE ONLY

YOUR NAME  
YOUR ADDRESS

NOTE: EACH PARTY MUST COMPLETE FORM FL-150 AND GIVE A COPY OF IT TO THE OTHER PARTY.

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

TELEPHONE NO.:

E-MAIL ADDRESS (Optional) :

ATTORNEY FOR (Name): SELF-REPRESENTED

**SUPERIOR COURT OF CALIFORNIA, COUNTY OF Santa Clara**

STREET ADDRESS:

MAILING ADDRESS:

CITY AND ZIP CODE:

BRANCH NAME: **Family**

ASK STAFF TO STAMP CORRECT COURTHOUSE ADDRESS HERE.

**Petitioner 1:** PETITIONER 1'S NAME

**Petitioner 2:** PETITIONER 2'S NAME

THE NAMES SHOULD MATCH THE PETITION.

**INCOME AND EXPENSE DECLARATION**

CASE NUMBER: LEAVE BLANK

**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 \_\_\_\_\_ hour.
- h. I get paid \$ \_\_\_\_\_

COMPLETE THIS SECTION WITH INFORMATION ABOUT YOUR CURRENT JOB OR IF YOU ARE UNEMPLOYED, USE THE INFORMATION ABOUT THE LAST JOB YOU HAD. NOTE: THIS SECTION WILL ONLY BE BLANK IF YOU HAVE NEVER HAD A JOB.

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

**2. Age and education**

- a. My age is (specify): YOUR AGE
- b. I have completed high school or the equivalent:  Yes  No If no, highest grade completed (specify):
- 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):

ANSWER THE QUESTIONS BELOW ABOUT YOUR EDUCATIONAL BACKGROUND.

**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):

WHAT YEAR DID YOU LAST FILE YOUR TAXES?

WHAT WAS YOUR FILING STATUS?

WHERE DID YOU FILE STATE TAXES?

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):

HOW MUCH DO YOU THINK THE OTHER PARTY MAKES PER MONTH? HOW DO YOU KNOW?

(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

(TYPE OR PRINT NAME)

SIGN YOUR NAME

(SIGNATURE OF DECLARANT)

<b>Petitioner 1:</b> PETITIONER 1'S NAME <b>Petitioner 2:</b> PETITIONER 2'S NAME	CASE NUMBER: <div style="border: 1px solid black; padding: 5px; text-align: center;">LEAVE BLANK</div>
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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) <span style="border: 1px solid black; padding: 2px;">IN THE FIRST COLUMN FILL IN THE AMOUNT YOU MADE LAST MONTH.</span>	\$	\$
b. Overtime (gross, before taxes) <span style="border: 1px solid black; padding: 2px;">IN THE SECOND COLUMN FILL IN THE AVERAGE AMOUNT YOU MADE OVER THE PAST 12 MONTHS.</span>	\$	\$
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	\$	\$
f. Partner support <input type="checkbox"/> from this domestic partnership	\$	\$
g. Pension/retirement fund payments	\$	\$
h. Social security retirement (not SSI)	\$	\$
i. Disability: <input type="checkbox"/> Social security (not private insurance)	\$	\$
j. Unemployment compensation	\$	\$
k. Workers' compensation	\$	\$
l. Other (military BAQ, royalty payments, etc.) (specify) :	\$	\$

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

a. Dividends/interest	\$	
b. Rental property in <span style="border: 1px solid black; padding: 2px;">IF YOU HAVE ANY INVESTMENT INCOME COMPLETE THIS SECTION.</span>	\$	
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 \_\_\_\_\_

Name of business IF YOU ARE SELF-EMPLOYED, COMPLETE THIS SECTION.

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) : CHECK BOX 8 IF YOU RECEIVED ANY ONE-TIME INCOME IN THE LAST 12 MONTHS.

9.  **Change in income.** My financial situation has changed significantly over the last 12 months because (specify) : CHECK BOX 9 IF YOUR FINANCIAL SITUATION HAS CHANGED AND DESCRIBE WHAT CHANGED.

10. **Deductions**

	Last month	
a. Required union dues	\$	
b. Required retirement payments (not social security, FICA, 401(k), or IRA)	\$	
c. Medical, <span style="border: 1px solid black; padding: 2px;">IF YOU ARE EMPLOYED, COMPLETE THIS SECTION ABOUT YOUR PAYROLL DEDUCTIONS.</span>	\$	
d. Child support	\$	
e. Spousal support	\$	
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, money market, and deposit accounts <span style="border: 1px solid black; padding: 2px;">COMPLETE THIS SECTION ABOUT ANY OTHER ASSETS YOU OWN.</span>	\$	\$
b. Stocks, bonds, and other assets	\$	\$
c. All other property, <input type="checkbox"/> real and <input type="checkbox"/> personal (estimate fair market value minus the debts you owe)	\$	\$

<b>PETITIONER 1:</b>	PETITIONER 1'S NAME	CASE NUMBER: LEAVE BLANK
<b>PETITIONER 2:</b>	PETITIONER 2'S NAME	

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. <b>LIST THE PEOPLE WHO LIVE WITH YOU</b>	<b>AGE</b>	<b>HOW DO YOU KNOW THEM?</b>	<b>HOW MUCH MONEY DO THEY MAKE PER MONTH?</b>	<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:
  - (1)  Rent or  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 ..... \$ \_\_\_\_\_
- 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
<b>VISA</b>	<b>GENERAL PURCHASES</b>	\$ <b>100.00</b>	\$ <b>5,000.00</b>	<b>1/08</b>
<b>MACY'S</b>	<b>CLOTHING</b>	\$ <b>100.00</b>	\$ <b>4,000.00</b>	<b>1/08</b>
		\$	\$	
		\$	\$	
		\$	\$	

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) : \$

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

I confirm this fee arrangement.

Date: **DATE YOUR LAWYER SIGNS**

**YOUR LAWYER PRINTS THEIR NAME HERE** \_\_\_\_\_  
(TYPE OR PRINT NAME OF ATTORNEY)

► **YOUR LAWYER SIGNS THEIR NAME HERE** \_\_\_\_\_  
(SIGNATURE OF ATTORNEY)

<b>Petitioner 1:</b> PETITIONER 1'S NAME	CASE NUMBER:	LEAVE BLANK
<b>Petitioner 2:</b> PETITIONER 2'S NAME		

**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.

LEAVE BLANK

NOTE: IF YOU HAVE MINOR CHILDREN WITH THE OTHER PERSON, YOU CANNOT USE THE SUMMARY DISSOLUTION FORMS. ASK STAFF FOR HELPING FILING A REGULAR DISSOLUTION CASE.

**17.**

- 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) :**



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)*

*****
<b>SIGN WITH A NOTARY</b>
*****

