

DECLARATION OF DISCLOSURE

Forms are available online at: www.courts.ca.gov

GENERAL INFORMATION

In a dissolution, legal separation, or nullity action, each party must disclose to the other party, information about their assets, their debts, their income, and their expenses. Petitioner's Preliminary Declaration of Disclosure must be served on the Respondent within 60 days of filing the Petition; and Respondent's Preliminary Declaration of Disclosure must be served on the Petitioner within 60 days of filing the Respondent.

The Declaration of Disclosure forms are:

- **FL-140 Declaration of Disclosure:** This form does not get filed with the court.
- **FL-160 Property Declaration:** Use this form if you have Property or Debts to disclose and divide.
- **FL-150 Income and Expense Declaration:** This form is part of your required disclosure regarding your income and expenses.
- **FL-141 Declaration Regarding Service of Declaration of Disclosure:** This form must be completed and filed after your disclosure documents have been served on the other party.

FILING AND SERVING INSTRUCTIONS

Your Declaration of Disclosure must be served on the other party by someone over the age of 18 who is not you, and a proof of service must be completed. If the disclosure documents are served by mail, your server can complete a **Proof of Service by Mail (FL-335)**. If the disclosure documents are personally served, your server can complete a **Proof of Personal Service (FL-330)**. Make sure that the completed Proof of Service gets filed with the Court, along with your completed **Declaration Regarding Service of Declaration of Disclosure (FL-141)**.

TYPES OF PROPERTY

Community Property is any property, assets and/or debts, that were acquired during the marriage. It also includes all of the earnings that either spouse earned during the marriage and everything bought with those earnings.

Separate Property is anything that you owned before you got married, anything that you were given as a gift or inherited (at any time), and anything that you have acquired after your date of separation.

Revised 01/01/2025

SUPERIOR COURT OF CALIFORNIA
COUNTY OF SUTTER

FAMILY LAW FACILITATOR
FAMILY LAW INFORMATION CENTER

530-822-3305

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

YOUR NAME
YOUR STREET ADDRESS
YOUR CITY, STATE AND ZIP CODE

TELEPHONE NO. **TELEPHONE #** FAX NO. :

E-MAIL ADDRESS:

ATTORNEY FOR (Name): **WRITE "IN PRO PER"**

SUPERIOR COURT OF CALIFORNIA, COUNTY OF **COUNTY NAME**

STREET ADDRESS: **COURT'S PHYSICAL ADDRESS**

MAILING ADDRESS:

CITY AND ZIP CODE: **COURT'S CITY, STATE AND ZIP CODE**

BRANCH NAME:

PETITIONER: **FILL THIS OUT EXACTLY AS THE INFORMATION APPEARS ON YOUR OTHER DOCUMENTS**

RESPONDENT:

OTHER PARENT/PARTY:

DECLARATION OF DISCLOSURE

Petitioner's **CHECK WHICH PARTY YOU ARE** Preliminary **CHECK WHICH DISCLOSURE YOU ARE MAKING**

Respondent's Final

CASE NUMBER: **COURT CASE NUMBER**

DO NOT FILE DECLARATIONS OF DISCLOSURE OR FINANCIAL ATTACHMENTS WITH THE COURT

In a dissolution, legal separation, or nullity action, both a preliminary and a final declaration of disclosure must be served on the other party with certain exceptions. Neither disclosure is filed with the court. Instead, a declaration stating that service of disclosure documents was completed or waived must be filed with the court (see form FL-141).

- In summary dissolution cases, each spouse or domestic partner must exchange preliminary disclosures as described in Summary Dissolution Information (form FL-810). Final disclosures are not required (see Family Code section 2109).
- In a default judgment case that is not a stipulated judgment or a judgment based on a marital settlement agreement, only the petitioner is required to complete and serve a preliminary declaration of disclosure. A final disclosure is not required of either party (see Family Code section 2110).
- Service of preliminary declarations of disclosure may not be waived by an agreement between the parties.
- Parties who agree to waive final declarations of disclosure must file their written agreement with the court (see form FL-144).

The petitioner must serve a preliminary declaration of disclosure at the same time as the Petition or within 60 days of filing the Petition. The respondent must serve a preliminary declaration of disclosure at the same time as the Response or within 60 days of filing the Response. The time periods may be extended by written agreement of the parties or by court order (see Family Code section 2104(f)).

Attached are the following **IF YOU COMPLETED A PROPERTY DECLARATION (FL-160) FOR COMMUNITY PROPERTY AND/OR SEPARATE PROPERTY, CHECK THIS BOX.**

- A completed Schedule of Assets and Debts (form FL-142) or A Property Declaration (form FL-160) for (specify):
 Community and Quasi-Community Property Separate Property. **CHECK THE BOX(ES) FOR THE TYPE OF PROPERTY YOU COMPLETED ON THE PROPERTY DECLARATION (FL-160)**
- A completed Income and Expense Declaration (form FL-150). **YOU ARE REQUIRED TO EXCHANGE THIS FORM, BUT YOU ONLY HAVE TO FILE IT WITH THE COURT IF YOU ARE ASKING FOR SUPPORT ORDERS.**
- All tax returns filed by the party in the two years before the date that the party served the disclosure documents.
- A statement of all material facts and information regarding valuation of all assets that are community property or in which the community has an interest (not a form). **IF THERE ARE NO COMMUNITY ASSETS, CHECK BOX 4 AND WRITE "NO ASSETS" IF THERE ARE ASSETS FILL OUT AN FL-160 AND WRITE THAT FORM NUMBER IN THIS SPACE**
- A statement of all material facts and information regarding obligations for which the community is liable (not a form). **IF THERE ARE NO COMMUNITY DEBTS, CHECK BOX 5 AND WRITE "NO DEBTS" IF THERE ARE DEBTS FILL OUT AN FL-160 AND WRITE THAT FORM NUMBER IN THIS SPACE**
- An accurate and complete written disclosure of any investment opportunity, business opportunity, or other income-producing opportunity presented since the date of separation that results from any investment, significant business, or other income-producing opportunity from the date of marriage to the date of separation (not a form). **IF THERE ARE NO INVESTMENT, BUSINESS, OR OTHER INCOME-PRODUCING OPPORTUNITIES SINCE THE DATE OF SEPARATION, CHECK THIS BOX AND WRITE "NO BUSINESS OPPORTUNITIES". IF THERE IS A BUSINESS OPPORTUNITY DESCRIBE IT HERE OR IN AN ATTACHMENT.**

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

Date: **DATE**

PRINT YOUR NAME

SIGN YOUR NAME

(TYPE OR PRINT NAME)

SIGNATURE

PARTY WITHOUT ATTORNEY OR ATTORNEY STATE BAR NO.: NAME: YOUR NAME FIRM NAME: STREET ADDRESS: YOUR STREET ADDRESS CITY: YOUR CITY, STATE, and ZIP CODE STATE: ZIP CODE: TELEPHONE NO.: TELEPHONE # FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF COUNTY NAME STREET ADDRESS: COURT'S PHYSICAL ADDRESS MAILING ADDRESS: CITY AND ZIP CODE: COURT'S CITY, STATE, and ZIP CODE BRANCH NAME:	
PETITIONER: FILL OUT EXACTLY AS THIS INFORMATION APPEARS ON YOUR OTHER DOCUMENTS. RESPONDENT: OTHER PARENT/PARTY:	
<input checked="" type="checkbox"/> PETITIONER'S <input type="checkbox"/> RESPONDENT'S <input type="checkbox"/> COMMUNITY AND QUASI-COMMUNITY PROPERTY DECLARATION <input type="checkbox"/> SEPARATE PROPERTY DECLARATION	CASE NUMBER: COURT CASE NUMBER

CHECK THE BOX FOR THE TYPE OF PROPERTY. IF YOU HAVE BOTH KINDS OF PROPERTY, YOU MUST DO TWO FL-160 FORMS.

See *Instructions* on page 4 for information about completing this form. For additional space, use *Continuation of Property Declaration* (form FL-161).

ITEM NO.	BRIEF DESCRIPTION	DATE ACQUIRED	GROSS FAIR MARKET VALUE	AMOUNT OF DEBT	NET FAIR MARKET VALUE	PROPOSAL FOR DIVISION Award or Confirm to:	
			C -	D =	E	F	F
			\$	\$	\$	\$	\$
1. REAL ESTATE	IN COLUMN "A", LIST EACH SPECIFIC PIECE OF PROPERTY AND / OR DEBT IN THE APPROPRIATE AREA.						
LIST EACH ADDRESS		IN THIS COLUMN, GIVE THE DATE YOU GOT THE ITEM YOU ARE LISTING	IN THIS COLUMN, GIVE THE CURRENT VALUE OF EACH ITEM LISTED	IN THIS COLUMN, GIVE THE AMOUNT STILL OWED ON EACH SPECIFIC ITEM	IN THIS COLUMN, SUBTRACT THE DEBT OWED FROM THE CURRENT VALUE	IN THESE COLUMNS, LIST THE DOLLAR AMOUNT THAT THE PETITIONER AND/OR RESPONDENT WILL GET FOR EACH ITEM LISTED.	
2. HOUSEHOLD FURNITURE, FURNISHINGS, APPLIANCES	DESCRIBE THE SPECIFIC PIECES/ ITEMS YOU NEED DISTRIBUTED						
3. JEWELRY, ANTIQUES, ART, COIN COLLECTIONS, etc.							
4. VEHICLES, BOATS, TRAILERS	LIST THE YEAR, MAKE, MODEL, VIN #, ETC.						
5. SAVINGS ACCOUNTS	LIST THE BANK NAME AND ACCOUNT #.						
6. CHECKING ACCOUNTS	LIST THE BANK NAME AND ACCOUNT #.						

USE THIS FORM ONLY IF YOU HAVE COMMUNITY OR SEPARATE PROPERTY THAT YOU WOULD LIKE THE COURT TO DIVIDE

A		B	C	-	D	=	E	F	
ITEM NO.	BRIEF DESCRIPTION	DATE ACQUIRED	GROSS FAIR MARKET VALUE		AMOUNT OF DEBT		NET FAIR MARKET VALUE	PROPOSAL FOR DIVISION Award or Confirm to: PETITIONER RESPONDENT	
7.	CREDIT UNION, OTHER DEPOSITORY ACCOUNTS		\$		\$		\$	\$	\$
THIS IS PAGE 2 OF THE PROPERTY DECLARATION. CONTINUE LISTING THE ITEMS AND APPROPRIATE MONEY AMOUNTS.									
8.	CASH								
9.	TAX REFUND								
10.	LIFE INSURANCE WITH CASH SURRENDER OR LOAN VALUE								
11.	STOCKS, BONDS, SECURED NOTES, MUTUAL FUNDS								
12.	RETIREMENT AND PENSIONS								
LIST THE ACCOUNT NAME OR TYPE AND ACCOUNT #.									
13.	PROFIT-SHARING, IRAS, DEFERRED COMPENSATION, ANNUITIES								
14.	ACCOUNTS RECEIVABLE, UNSECURED NOTES								
15.	PARTNERSHIP, OTHER BUSINESS INTERESTS								
16.	OTHER ASSETS								
17.	ASSETS FROM CONTINUATION SHEET								
TOTAL THE AMOUNTS FOR EACH COLUMN IN #18.									
18.	TOTAL ASSETS								

A	B	C	D	
ITEM NO. DEBTS— SHOW TO WHOM OWED	DATE INCURRED	TOTAL OWING	PROPOSAL FOR DIVISION Award or Confirm to: PETITIONER RESPONDENT	
19. STUDENT LOANS		\$	\$	\$
LIST THE DEBTS YOU NEED DISTRIBUTED IN THE APPROPRIATE AREA	GIVE THE DATE YOU INCURRED THE DEBT	GIVE THE AMOUNT STILL OWED ON EACH DEBT	IN THESE COLUMNS, LIST THE DOLLAR AMOUNT OF THE DEBTS THAT THE PETITIONER AND/OR RESPONDENT WILL TAKE	
20. TAXES				
21. SUPPORT ARREARAGES				
22. LOANS—UNSECURED				
23. CREDIT CARDS				
24. OTHER DEBTS				
25. OTHER DEBTS FROM CONTINUATION SHEET	TOTAL THE AMOUNTS FOR EACH COLUMN IN #26.			
26. TOTAL DEBTS				

A Continuation of Property Declaration (form FL-161) is attached and incorporated by reference.

I declare under penalty of perjury under the laws of the State of California that, to the best of my knowledge, the foregoing is a true and correct listing of assets and obligations and the amounts shown are correct.

Date: **DATE**

PRINT YOUR NAME

(TYPE OR PRINT NAME)



SIGN YOUR NAME

SIGNATURE

PARTY WITHOUT ATTORNEY OR ATTORNEY STATE BAR NUMBER: NAME: YOUR NAME FIRM NAME: STREET ADDRESS: YOUR MAILING ADDRESS CITY: YOUR TELEPHONE # STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF COUNTY NAME STREET ADDRESS: COURT'S PHYSICAL ADDRESS MAILING ADDRESS: CITY AND ZIP CODE: COURT'S CITY, STATE, and ZIP CODE BRANCH NAME:	
PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	FILL THIS OUT EXACTLY AS THE INFORMATION APPEARS ON YOUR OTHER DOCUMENTS
INCOME AND EXPENSE DECLARATION	CASE NUMBER: COURT 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: FILL OUT YOUR EMPLOYER'S INFORMATION HERE. IF YOU DO NOT HAVE A JOB, GIVE THE INFORMATION FROM YOUR LAST JOB. c. Employer's phone number: d. Occupation: e. Date job started: f. If unemployed, date job ended: g. I work about _____ hours per week. h. I get paid \$ _____ gross (before taxes) <input type="checkbox"/> per month <input type="checkbox"/> per week <input type="checkbox"/> per hour.
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(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: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, highest grade completed (specify): c. Number of years of college completed (specify): <input type="checkbox"/> Degree(s) obtained (specify): d. Number of years of graduate school completed (specify): <input type="checkbox"/> Degree(s) obtained (specify): e. I have: <input type="checkbox"/> professional/occupational license(s) (specify): <input type="checkbox"/> vocational training (specify):	FILL OUT YOUR AGE AND WHAT GRADE IN SCHOOL YOU COMPLETED. IF YOU HAVE ANY SPECIAL LICENSES, FILL OUT THAT INFORMATION AS WELL.
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3. **Tax information**

a. <input type="checkbox"/> I last filed taxes for tax year (specify year): b. My tax filing status is <input type="checkbox"/> single <input type="checkbox"/> head of household <input type="checkbox"/> married, filing separately <input type="checkbox"/> married, filing jointly with (specify name): c. I file state tax returns in <input type="checkbox"/> California <input type="checkbox"/> other (specify state): d. I claim the following number of exemptions (including myself) on my taxes (specify):	FILL OUT YOUR INFORMATION FROM THE LAST YEAR YOU FILED TAXES. REMEMBER TO NOTE HOW YOU FILED (SINGLE, ETC.), WHERE YOU FILED, (CA, ETC.) AND HOW MANY EXEMPTIONS YOU CLAIMED (1, ETC.)
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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 question number before your answer.) Number of pages attached: _____

HOW MUCH DOES THE OTHER PARTY MAKE EACH MONTH AND HOW DO YOU KNOW THIS INFORMATION? IF YOU DO NOT KNOW, EXPLAIN WHY YOU DO NOT KNOW.

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: **DATE**

PRINT YOUR NAME
(TYPE OR PRINT NAME)

▶ _____
SIGN YOUR NAME
(SIGNATURE OF DECLARANT)

PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	<div style="border: 1px solid red; padding: 2px; display: inline-block;"> FILL THIS OUT EXACTLY AS THE INFORMATION APPEARS ON YOUR OTHER DOCUMENTS </div>
CASE NUMBER:	<div style="border: 1px solid red; padding: 2px; display: inline-block;"> COURT CASE NUMBER </div>

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.)

LIST ALL OF YOUR INCOME, BEFORE TAXES, IN THIS AREA

	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):	\$	\$

IN THIS COLUMN LIST WHAT YOU RECEIVED LAST MONTH FROM EACH SOURCE

IN THIS COLUMN LIST THE AVERAGE YOU RECEIVED FROM THE LAST 12 MONTHS FROM EACH SOURCE

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):	\$	

LIST ALL OF YOUR INVESTMENT INCOME, AFTER EXPENSES AND BEFORE TAXES, IN THIS AREA

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):

IF YOU ARE SELF-EMPLOYED, COMPLETE THIS SECTION AND ATTACH A TWO YEAR PROFIT & LOSS STATEMENT/SCHEDULE C

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 YOU RECEIVED A ONE-TIME SOURCE OF INCOME, LIKE LOTTERY OR INHERITANCE, AND WRITE WHERE YOU RECEIVED THE MONEY AND THE AMOUNT

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

CHECK THIS BOX IF YOU HAVE HAD A SIGNIFICANT CHANGE IN INCOME AND STATE WHAT THAT CHANGE WAS

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").....	\$

INDICATE ANY MONTHLY DEDUCTIONS FROM YOUR PAYCHECKS FOR THE ITEMS LISTED

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).....	\$

LIST WHAT YOU HAVE IN YOUR SAVINGS AND CHECKING ACCOUNTS, ANY STOCKS, BONDS, AND/OR REAL/PERSONAL PROPERTY

* 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:	FILL THIS OUT EXACTLY AS THE INFORMATION APPEARS ON YOUR OTHER DOCUMENTS	CASE NUMBER: <div style="border: 2px solid red; padding: 2px; text-align: center; width: fit-content; margin: 0 auto;"> COURT CASE NUMBER </div>
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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.	WRITE DOWN WHO LIVES WITH YOU, THEIR AGE AND RELATION TO YOU, HOW MUCH THEY MAKE BEFORE TAXES, AND WHETHER THEY PAY ANY EXPENSES FOR THE HOME			<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

<p>a. Home:</p> <p>(1) <input type="checkbox"/> Rent or <input type="checkbox"/> mortgage..... \$ _____</p> <p style="margin-left: 20px;">If mortgage:</p> <p style="margin-left: 40px;">(a) average principal: \$ _____</p> <p style="margin-left: 40px;">(b) average interest: \$ _____</p> <p>(2) Real property taxes..... \$ _____</p> <p>(3) Homeowner's or renter's insurance (if not included above)..... \$ _____</p> <p>(4) Maintenance and repair..... \$ _____</p> <p>b. Health-care costs not paid by insurance..... \$ _____</p> <p>c. Child care..... \$ _____</p> <p>d. Groceries and household supplies..... \$ _____</p> <p>e. Eating out..... \$ _____</p> <p>f. Utilities (gas, electric, water, trash)..... \$ _____</p> <p>g. Telephone, cell phone, and e-mail..... \$ _____</p>	<p>h. Laundry and cleaning..... \$ _____</p> <p>i. Clothes..... \$ _____</p> <p>j. Education..... \$ _____</p> <p>k. Entertainment, gifts, and vacation..... \$ _____</p> <p>l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.)..... \$ _____</p> <p>m. Insurance (life, accident, etc.; do not include auto, home, or health insurance)..... \$ _____</p> <p>n. Savings and investments..... \$ _____</p> <p>o. Charitable contributions..... \$ _____</p> <p>p. Monthly payments listed in item 14 (itemize below in 14 and insert total here)... \$ _____</p> <p>q. Other (specify): _____ \$ _____</p> <p>r. TOTAL EXPENSES (a-q) (do not add in the amounts in a(1)(a) and (b)) \$ _____</p> <p>s. Amount of expenses paid by others \$ _____</p>
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LIST ALL OF YOUR MONTHLY EXPENSES HERE FOR THE ITEMS LISTED

ADD UP ALL OF THE EXPENSES YOU LISTED & PUT THE TOTAL HERE

WRITE HOW MUCH OF THE EXPENSES ARE PAID BY OTHERS

14. Installment payments and debts not listed above

Paid to	For	Amount	Balance	Date of last payment
LIST HERE ANY PAYMENTS YOU ARE MAKING FOR CAR LOANS, STUDENT LOANS, MORTGAGES, CREDIT CARDS, ETC., THE NAME OF THE COMPANY YOU ARE PAYING, HOW MUCH YOU PAY EACH MONTH, WHAT IS STILL OWED, AND THE DATE OF YOUR LAST PAYMENT. ADD UP ALL OF THE MONTHLY PAYMENT AMOUNTS AND PUT THE TOTAL IN ITEM #13p.				
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

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.

DO NOT SIGN ON THIS PAGE. COMPLETE SECTION ONLY IF YOU ARE ASKING FOR ATTORNEY FEES.

Date: _____

 (TYPE OR PRINT NAME OF ATTORNEY)

▶

 (SIGNATURE OF ATTORNEY)

PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER: <div style="border: 1px solid black; padding: 5px; display: inline-block; margin-top: 5px;">COURT CASE NUMBER</div>
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CHILD SUPPORT INFORMATION

(NOTE: Fill out this page only if your case involves child support.)

WRITE IN THE NUMBER OF CHILDREN UNDER 18 YOU HAVE WITH THE OTHER PARENT IN THIS CASE AND HOW MUCH TIME EACH PARENT SPENDS WITH THEM

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 A PERCENTAGE, 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:

CHECK WHETHER YOU DO OR DO NOT HAVE HEALTH INSURANCE FOR THE CHILDREN. IF YOU DO HAVE HEALTH INSURANCE, WRITE IN HOW MUCH YOU PAY, NOT HOW MUCH YOUR EMPLOYER PAYS

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

18. Additional expense for the children in this case

- | | Amount per month | |
|---|------------------|--|
| a. Childcare so I can work or get job training..... | \$ _____ | |
| b. Children's health care not covered by insurance..... | \$ _____ | |
| c. Travel expenses for visitation..... | \$ _____ | |
| d. Children's educational or other special needs <i>(specify below)</i> | \$ _____ | |

WRITE IN ANY OTHER EXPENSES YOU PAY FOR THE CHILDREN

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

- | | Amount per month | For how many months? |
|--|------------------|----------------------|
| a. Extraordinary health expenses not included in 18b..... | \$ _____ | _____ |
| b. Major losses not covered by insurance <i>(examples: fire, theft, other insured loss)</i> | \$ _____ | _____ |
| c. (1) Expenses for my minor children who are from other relationships and are living with me..... | \$ _____ | _____ |
| (2) Names and ages of those children <i>(specify)</i> : | | |

WRITE DOWN ANY EXTREME HARDSHIPS YOU HAVE IN THIS AREA. WRITE DOWN THE AMOUNT AND 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)*:

EXPLAIN WHY THESE EXPENSES CREATE AN EXTREME FINANCIAL HARDSHIP.

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

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

YOUR NAME
YOUR STREET ADDRESS
YOUR CITY, STATE AND ZIP CODE

TELEPHONE NO.: **TELEPHONE #** FAX NO.:

E-MAIL ADDRESS:
 ATTORNEY FOR (Name): **WRITE "IN PRO PER"**

SUPERIOR COURT OF CALIFORNIA, COUNTY OF **COUNTY NAME**

STREET ADDRESS: **COURT'S PHYSICAL ADDRESS**
 MAILING ADDRESS:
 CITY AND ZIP CODE: **COURT'S CITY, STATE AND ZIP CODE**
 BRANCH NAME:

PETITIONER:
 RESPONDENT:
 OTHER PARENT/PARTY: **FILL THIS OUT EXACTLY AS THE INFORMATION APPEARS ON YOUR OTHER DOCUMENTS**

DECLARATION REGARDING SERVICE OF DECLARATION OF DISCLOSURE AND PRELIMINARY OR FINAL INCOME AND EXPENSE DECLARATION

Petitioner's **CHECK WHICH PARTY YOU ARE** Preliminary **CHECK THE BOXES DESCRIBING WHO YOU ARE AND WHAT YOU ARE SERVING**
 Respondent's Final

CASE NUMBER: **COURT CASE NUMBER**

- I am the attorney for petitioner respondent in this matter.
- Petitioner's Respondent's Preliminary Declaration of Disclosure (form FL-140), current* Income and Expense Declaration (form FL-150), completed Schedule of Assets and Debts (form FL-142) or Community and Separate Property Declarations (form FL-160) with appropriate attachments, all tax returns filed by the party in the two years before service of the preliminary disclosures, and all other required information under Family Code section 2104 were served on:
 - the other party the other party's attorney by personal service mail
 - Other (specify):
 on (date): **DATE SERVED** **CHECK THE APPROPRIATE BOX**
- Petitioner's Respondent's Final Declaration of Disclosure (form FL-140), current* Income and Expense Declaration (form FL-150), completed Schedule of Assets and Debts (form FL-142) or Community or Separate Property Declarations (form FL-160) with attachments, and the material facts and information required by Family Code section 2105 were served on:
 - the other party other party's attorney by personal service mail
 - Other (specify):
 on (date): **IF YOU ARE WAIVING THE FINAL DECLARATION OF DISCLOSURE, CHECK THESE BOXES AND COMPLETE FL-144.**
- Service of Petitioner's Respondent's preliminary final declaration of disclosure current income and expense declaration has been waived as follows:
 - The parties agreed to waive final declaration of disclosure requirements under Family Code section 2105(d.) (Form FL-144 may be used for this purpose.) The waiver was filed on (date): is being filed at the same time as this form.
 - The party has failed to comply with disclosure requirements, and the court has granted the request for voluntary waiver of receipt under Family Code section 2107 on (date):
 - This is a default proceeding that does not include a stipulated judgment or settlement agreement. Petitioner waives final disclosure requirements under Family Code section 2110.

*Current is defined as completed within the past three months providing no facts have changed. (Cal. Rules of Court, rule 5.260.)

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

Date: **DATE**

PRINT YOUR NAME

SIGN YOUR NAME

(TYPE OR PRINT NAME)

SIGNATURE

NOTE: File this document with the court.
 Do not file a copy of the Preliminary or Final Declaration of Disclosure or any attachments to either declaration of disclosure with this document.