

RESPONSE TO PETITION FOR DISSOLUTION OF MARRIAGE (NO CHILDREN)

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

GENERAL INFORMATION

The purpose of an **FL-120 *Response-Marriage*** is to provide you an opportunity to respond to a Petition for Dissolution of Marriage, Legal Separation, or Nullity. A ***Response*** allows someone to object to anything in the Petition and make requests about spousal support and property.

Along with the Petition, you will also be served with a Summons. It is important to read the STANDARD RESTRAINING ORDERS on the back of the Summons as these will apply to you once you have been served. You should also be served with a Notice of Status Conference that provides you with your first status review court date. Pay attention to this Notice of Status Conference and the court date so that you know when and where you must appear.

You have thirty (30) days from the DATE YOU WERE SERVED to respond to the Petition. If you do not respond within the thirty (30) days, the other party has the right to request a **Default Judgment** and the Court may grant everything requested in the Petition.

You will need the following:

- **FL-120** *Response-Marriage (Family Law)*
- **FL-160** *Property Declaration (if applicable)*
- **FL-140** *Declaration of Disclosure*
- **FL-141** *Declaration Regarding Service of Declaration of Disclosure*
- **FL-150** *Income and Expense Declaration*
- **FL-335** *Proof of Service by Mail*

FILING AND SERVING INSTRUCTIONS

There is a filing fee required for filing the Response. You can apply for a waiver of the court fees.

All original completed forms need to be copied 2 times and filed with the Court. Both copies will be "Endorsed Filed." One filed copy of each form is for you and the other filed copy of each form is for the other party. Have someone **OTHER THAN YOURSELF AND OVER THE AGE OF 18 YEARS OLD** serve the other party with the documents above. They can be mailed to the Petitioner's address on file with the court. Have the server complete the ***Proof of Service by Mail (FL-335)*** form and then file it with the Court.

REVISED 01/01/2025

**SUPERIOR COURT OF CALIFORNIA
COUNTY OF SUTTER**

**FAMILY LAW FACILITATOR
FAMILY LAW INFORMATION CENTER**

**530
530-822-3305**

LEGAL TERMS

- A **DIVORCE (Dissolution of Marriage)** ends your marriage. After you get divorced, you will be single and can marry again. If you get divorced, you can ask the judge for orders like spousal support, domestic violence restraining orders, division of property, and other orders.
- A **LEGAL SEPARATION** does **NOT** end a marriage. You **CANNOT** marry someone else if you are legally separated (and not divorced). A legal separation is for couples that do not want to get divorced but want to live apart and resolve their money and property issues. You can ask the judge for orders like child support, spousal support, division of property, or any other orders you could get with a divorce case.
- An **ANNULMENT (Nullity of Marriage)** is when a court says your marriage is **not** legally valid. A marriage that is incestuous or bigamous is **never** valid. Other marriages can be declared "void" because:
 - Of force, fraud, or physical or mental incapacity;
 - One of the spouses was too young to legally marry; or
 - One of the spouses was already married.

Annulments are rare. If you ask to have your marriage annulled, you will have to go to hearing with a judge.

PARTY WITHOUT ATTORNEY OR ATTORNEY NAME: YOUR NAME FIRM NAME: STREET ADDRESS: YOUR STREET ADDRESS CITY: YOUR CITY, STATE, ZIP CODE TELEPHONE NO.: TELEPHONE # E-MAIL ADDRESS: ATTORNEY FOR (name):	STATE BAR NUMBER: FOR COURT USE ONLY STATE: ZIP CODE: FAX NO.:
SUPERIOR COURT OF CALIFORNIA, COUNTY OF COUNTY NAME STREET ADDRESS: MAILING ADDRESS: COURT'S PHYSICAL ADDRESS CITY AND ZIP CODE: COURT'S CITY, STATE, ZIP CODE BRANCH NAME:	
PETITIONER: FILL THIS OUT EXACTLY AS IT APPEARS ON THE PAPERS YOU WERE SERVED WITH RESPONDENT:	
RESPONSE <input type="checkbox"/> AND REQUEST FOR <input type="checkbox"/> AMENDED <input type="checkbox"/> Dissolution (Divorce) of: <input type="checkbox"/> Marriage <input type="checkbox"/> Domestic Partnership <input type="checkbox"/> Legal Separation of: <input type="checkbox"/> Marriage <input type="checkbox"/> Domestic Partnership <input type="checkbox"/> Nullity of: <input type="checkbox"/> Marriage <input type="checkbox"/> Domestic Partnership	CHECK APPROPRIATE BOXES CASE NUMBER: COURT CASE NUMBER

1. LEGAL RELATIONSHIP (check all that apply): CHECK APPROPRIATE BOX
 - a. We are married. CHECK APPROPRIATE BOX
 - b. We are domestic partners and our domestic partnership was established in California.
 - c. We are domestic partners and our domestic partnership was NOT established in California.

2. RESIDENCE REQUIREMENTS (check all that apply): CHECK APPROPRIATE BOX
 - a. Petitioner Respondent has been a resident of this state for at least six months and of this county for at least three months immediately preceding the filing of this Petition. (For a divorce, unless you are in the legal relationship described in 1b., at least one of you must comply with this requirement.)
 - b. Our domestic partnership was established in California. Neither of us has to be a resident or have a domicile in California to dissolve our partnership here.
 - c. We are the same sex, were married in California, but currently live in a jurisdiction that does not recognize, and will not dissolve, our marriage. This Petition is filed in the county where we married.
 Petitioner lives in (specify): _____ Respondent lives in (specify): _____

3. STATISTICAL FACTS CHECK APPROPRIATE BOX
 - a. (1) Date of marriage (specify): MONTH / DAY / YEAR (2) Date of separation (specify): MONTH / DAY / YEAR OF SEPARATION
 (3) Time from date of marriage to date of separation (specify): Years Months
YEARS MARRIED MONTHS MARRIED
 - b. (1) Registration date of domestic partnership with the California Secretary of State or other state equivalent (specify below):
 (2) Date of separation (specify):
 (3) Time from date of registration of domestic partnership to date of separation (specify): Years Months

4. MINOR CHILDREN
 - a. There are no minor children.
 - b. The minor children are:

Child's name	Birthdate	Age

(1) continued on Attachment 4b. (2) a child who is not yet born.

 - c. If any children were born before the marriage or domestic partnership, the court has the authority to determine those children to be children of the marriage or domestic partnership.
 - d. If there are minor children of Petitioner and Respondent, a completed Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA) (form FL-105) must be attached.
 - e. Petitioner and Respondent signed a voluntary declaration of parentage or paternity. (Attach a copy if available.)

PETITIONER: RESPONDENT:	FILL THIS OUT EXACTLY AS IT APPEARS ON THE PAPERS YOU WERE SERVED WITH	CASE NUMBER: <div style="border: 2px solid red; padding: 2px; display: inline-block;">COURT CASE NUMBER</div>
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10. COMMUNITY AND QUASI-COMMUNITY PROPERTY

CHECK THIS BOX IF YOU DO NOT HAVE ANY COMMUNITY PROPERTY

- a. There are no such assets or debts that I know of to be divided by the court.
- b. Determine rights to community and quasi-community assets and debts. All such assets and debts are listed
 - Property Declaration (form [FL-160](#)). Attachment 10b.
 - as follows (specify):

IF YOU HAVE ANY MARITAL ASSETS AND/OR DEBTS, CHECK THESE BOXES AND COMPLETE FORM FL-160 PROPERTY DECLARATION FOR YOUR COMMUNITY PROPERTY/DEBTS.

11. OTHER REQUESTS

- a. Attorney's fees and costs payable by Petitioner Respondent
- b. Respondent's former name be restored to (specify):
- c. Other (specify):

IF YOU WOULD LIKE THE NAME YOU HAD PRIOR TO THIS MARRIAGE RESTORED, CHECK THIS BOX AND WRITE THE FULL NAME HERE.

Continued on Attachment 11c..

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

Date: DATE

(TYPE OR PRINT NAME)

PRINT YOUR NAME

▶

(SIGNATURE OF RESPONDENT)

SIGN YOUR NAME

Date: _____

(TYPE OR PRINT NAME)

▶

(SIGNATURE OF ATTORNEY FOR RESPONDENT)

FOR MORE INFORMATION: Read *Legal Steps for a Divorce or Legal Separation* (form [FL-107-INFO](#)) and visit "Families Change" at www.familieschange.ca.gov — an online guide for parents and children going through divorce or separation.

NOTICE: You may redact (black out) social security numbers from any written material filed with the court in this case other than a form used to collect child, spousal or partner support.

NOTICE—CANCELLATION OF RIGHTS: Dissolution or legal separation may automatically cancel the rights of a domestic partner or spouse under the other domestic partner's or spouse's will, trust, retirement plan, power of attorney, pay-on-death bank account, survivorship rights to any property owned in joint tenancy, and any other similar thing. It does not automatically cancel the right of a domestic partner or spouse as beneficiary of the other partner's or spouse's life insurance policy. You should review these matters, as well as any credit cards, other credit accounts, insurance policies, retirement plans, and credit reports, to determine whether they should be changed or whether you should take any other actions. Some changes may require the agreement of your partner or spouse or a court order.

The original response must be filed in the court with proof of service of a copy on Petitioner.

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 type="checkbox"/> PETITIONER'S <input checked="" 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).

A	B	C	D	E	F	
ITEM NO.	DATE ACQUIRED	GROSS FAIR MARKET VALUE	AMOUNT OF DEBT	NET FAIR MARKET VALUE	PROPOSAL FOR DIVISION Award or Confirm to: PETITIONER RESPONDENT	
1. REAL ESTATE 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

INFORMATION AND INSTRUCTIONS FOR COMPLETING FORM FL-160

Property Declaration (form FL-160) is a multipurpose form, which may be filed with the court as an attachment to a *Petition or Response* or served on the other party to comply with disclosure requirements in place of a *Schedule of Assets and Debts* (form FL-142). Courts may also require a party to file a *Property Declaration* as an attachment to a *Request to Enter Default* (form FL-165) or *Judgment* (form FL-180).

When filing a *Property Declaration* with the court, do not include private financial documents listed below.

Identify the type of declaration completed

1. Check "Community and Quasi-Community Property Declaration" on page 1 to use *Property Declaration* (form FL-160) to provide a combined list of community and quasi-community property assets and debts. Quasi-community property is property you own outside of California that would be community property if it were located in California.
2. Do not combine a separate property declaration with a community and quasi-community property declaration. Check "Separate Property Declaration" on page 1 when using *Property Declaration* to provide a list of separate property assets and debts.

Description of the Property Declaration chart

Pages 1 and 2

1. Column A is used to provide a brief description of each item of separate or community or quasi-community property.
2. Column B is used to list the date the item was acquired.
3. Column C is used to list the item's gross fair market value (an estimate of the amount of money you could get if you sold the item to another person through an advertisement).
4. Column D is used to list the amount owed on the item.
5. Column E is used to indicate the net fair market value of each item. The net fair market value is calculated by subtracting the dollar amount in column D from the amount in column C ("C minus D").
6. Column F is used to show a proposal on how to divide (or confirm) the item described in column A.

Page 3

1. Column A is used to provide a brief description of each separate or community or quasi-community property debt.
2. Column B is used to list the date the debt was acquired.
3. Column C is used to list the total amount of money owed on the debt.
4. Column D is used to show a proposal on how to divide (or confirm) the item of debt described in column A.

When using this form only as an attachment to a *Petition or Response*

1. Attach a *Separate Property Declaration* (form FL-160) to respond to item 9. Only columns A and F on pages 1 and 2 and columns A and D on page 3 are required.
2. Attach a *Community or Quasi-Community Declaration* (form FL-160) to respond to item 10, and complete column A on all pages.

When serving this form on the other party as an attachment to *Declaration of Disclosure* (form FL-140)

1. Complete columns A through E on pages 1 and 2, and columns A through C on page 3.
2. Copies of the following documents must be attached and served on the other party:
 - (a) *For real estate* (item 1): deeds with legal descriptions and the latest lender's statement.
 - (b) *For vehicles, boats, trailers* (item 4): the title documents.
 - (c) *For all bank accounts* (item 5, 6, 7): the latest statement.
 - (d) *For life insurance policies with cash surrender or loan value* (item 10): the latest declaration page.
 - (e) *For stocks, bonds, secured notes, mutual funds* (item 11): the certificate or latest statement.
 - (f) *For retirement and pensions* (item 12): the latest summary plan document and latest benefit statement.
 - (g) *For profit-sharing, IRAs, deferred compensation, and annuities* (item 13): the latest statement.
 - (h) *For each account receivable and unsecured note* (item 14): documentation of the account receivable or note.
 - (i) *For partnerships and other business interests* (item 15): the most current K-1 and Schedule C.
 - (j) *For other assets* (item 16): the most current statement, title document, or declaration.
 - (k) *For support arrearages* (item 21): orders and statements.
 - (l) *For credit cards and other debts* (items 23 and 24): the latest statement.
3. Do not file copies of the above private financial documents with the court.

When filing this form with the court as an attachment to *Request to Enter Default* (FL-165) or *Judgment* (FL-180)

Complete all columns on the form.

For more information about forms required to process and obtain a judgment in dissolution, legal separation, and nullity cases, see <http://www.courts.ca.gov/8218.htm>.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	
YOUR NAME YOUR STREET ADDRESS YOUR CITY, STATE, and ZIP CODE TELEPHONE #	
TELEPHONE NO.:	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: RESPONDENT: FILL THIS OUT EXACTLY AS THE INFORMATION APPEARS ON YOUR OTHER DOCUMENTS OTHER PARENT/PARTY:	
DECLARATION REGARDING SERVICE OF DECLARATION OF DISCLOSURE AND INCOME AND EXPENSE DECLARATION <input type="checkbox"/> Petitioner's <input checked="" type="checkbox"/> Preliminary <input checked="" type="checkbox"/> Respondent's <input type="checkbox"/> 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):
- 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.

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: 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.	FILL OUT YOUR EMPLOYER'S INFORMATION HERE. IF YOU DO NOT HAVE A JOB, GIVE THE INFORMATION FROM YOUR LAST JOB.
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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: 2px solid red; padding: 5px; display: inline-block;"> FILL THIS OUT EXACTLY AS THE INFORMATION APPEARS ON YOUR OTHER DOCUMENTS </div>
CASE NUMBER:	<div style="border: 2px solid red; padding: 5px; 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:	<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; width: 80%;"> 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.				<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

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

13. Average monthly expenses: Estimated expenses Actual expenses Proposed needs

LIST ALL OF YOUR MONTHLY EXPENSES HERE FOR THE ITEMS LISTED

- 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 \$ _____

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:	<div style="border: 2px solid red; padding: 5px; display: inline-block;"> FILL THIS OUT EXACTLY AS THE INFORMATION APPEARS ON YOUR OTHER DOCUMENTS </div>
CASE NUMBER:	
<div style="border: 2px solid red; padding: 5px; display: inline-block;"> COURT CASE NUMBER </div>	

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.)

IF YOU DO NOT HAVE ANY CHILDREN UNDER THE AGE OF 18 WITH THE OTHER PARTY IN THIS CASE, YOU DO NOT NEED TO COMPLETE PAGE 4.

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 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 (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):

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): <div style="border: 1px solid red; padding: 5px; margin: 5px 0;"> YOUR NAME YOUR STREET ADDRESS YOUR CITY, STATE, ZIP </div> TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF COUNTY NAME STREET ADDRESS: _____ MAILING ADDRESS: COURT'S PHYSICAL ADDRESS CITY AND ZIP CODE: COURT'S CITY, STATE, ZIP CODE BRANCH NAME: _____	
PETITIONER/PLAINTIFF: _____ RESPONDENT/DEFENDANT: _____ OTHER PARENT/PARTY: _____	CASE NUMBER: CASE NUMBER <i>(if applicable, provide):</i> HEARING DATE: _____ HEARING TIME: _____ DEPT.: _____
PROOF OF SERVICE BY MAIL	

NOTICE: To serve temporary restraining orders you must use personal service (see form FL-330).

1. I am at least 18 years of age, not a party to this action, and I am a resident of or employed in the county where the mailing took place.

2. My residence or business address is:

**SERVER'S STREET ADDRESS
SERVER'S CITY, STATE, ZIP**

3. I served a copy of the following documents (specify):

WRITE IN THE NAME AND FORM NUMBER OF THE DOCUMENT YOU ARE HAVING SERVED.

by enclosing them in an envelope AND

CHECK THE APPROPRIATE BOX

- a. depositing the sealed envelope with the United States Postal Service with the postage fully prepaid.
- b. placing the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.

4. The envelope was addressed and mailed as follows:

- a. Name of person served: **OTHER PARTY'S NAME**
- b. Address: **ADDRESS WHERE THE DOCUMENTS WERE MAILED**
- c. Date mailed: **DATE MAILED**
- d. Place of mailing (city and state): **CITY AND STATE WHERE MAILED**

5. I served a request to modify a child custody, visitation, or child support judgment or permanent order which included an address verification declaration. (Declaration Regarding Address Verification—Postjudgment Request to Modify a Child Custody, Visitation, or Child Support Order (form FL-334) may be used for this purpose.)

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

Date: **DATE**

PRINT SERVER'S NAME

SIGNATURE OF SERVER

(TYPE OR PRINT NAME)

(SIGNATURE OF PERSON COMPLETING THIS FORM)