

INCOME AND EXPENSE DECLARATION FL-150

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

GENERAL INFORMATION

The Income and Expense Declaration must be completed if either party is requesting spousal support, child support, or family support. Answer every question. Indicate with zero or not applicable if the question doesn't apply to you.

FILING AND SERVING INSTRUCTIONS

You must complete the Income and Expense Declaration, Form FL-150. You must attach copies of your pay stubs for the last two months. Make two copies of the form and your attachments. Take the original and copies to the clerk's office to be filed. Keep a copy and have someone, other than yourself, serve a copy of the completed Income and Expense Declaration on the other party in your case. Once served, have your server complete a Proof of Service and file it with the court.

Revised 01/01/2025

**SUPERIOR COURT OF CALIFORNIA
COUNTY OF SUTTER**

**FAMILY LAW FACILITATOR
FAMILY LAW INFORMATION CENTER**

530-822-3305

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: 2px solid red; padding: 5px; display: inline-block;"> FILL THIS OUT EXACTLY AS THE INFORMATION APPEARS ON YOUR OTHER DOCUMENTS </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.)

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;"> 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:	CASE NUMBER: <div style="border: 1px solid black; padding: 5px; display: inline-block; margin-top: 5px;">COURT CASE NUMBER</div>
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FILL THIS OUT EXACTLY AS THE INFORMATION APPEARS ON YOUR OTHER DOCUMENTS

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> : | | _____ |
| (3) Child support I receive for those children..... | \$ | _____ |

WRITE DOWN ANY EXTREME HARDSHIPS YOU HAVE IN THIS AREA. WRITE DOWN THE AMOUNT AND FOR HOW MANY MONTHS.

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)*: