

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name and Address):</i>   ATTORNEY FOR (Name)	TELEPHONE NO.:	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF CONTRA COSTA</b> STREET ADDRESS: <b>725 COURT STREET</b> MAILING ADDRESS: <b>P.O. BOX 911</b> CITY AND ZIP CODE: <b>MARTINEZ, CA 94553</b> BRANCH NAME:		
PETITIONER/PLAINTIFF:  RESPONDENT/DEFENDANT:		
<b>INCOME AND EXPENSE DECLARATION</b>		CASE NUMBER:

**Step 1**  
**Attachments to**  
**this summary**

I have completed  Income  Expense  Child Support Information forms.  
*(If child support is not an issue, do not complete the Child Support Information Form. If your only income is AFDC, do not complete the Income Information Form.)*

**Step 2**  
**Answer all**  
**questions that**  
**apply to you**

1. Are you receiving or have you applied for or do you intend to apply for welfare or AFDC?  
 Receiving  Applied for  Intend to apply for  No
2. What is your date of birth *(month/day/year)*? \_\_\_\_\_
3. What is your occupation? \_\_\_\_\_
4. Highest year of education completed: \_\_\_\_\_
5. Are you currently employed?  Yes  No
  - a. If yes: (1) Where do you work? *(name and address)* \_\_\_\_\_  
 \_\_\_\_\_  
 (2) When did you start work there *(month/year)*? \_\_\_\_\_
  - b. If no: (1) When did you last work *(month/year)*? \_\_\_\_\_  
 (2) What were your gross monthly earnings? \_\_\_\_\_
6. What is the total number of minor children you are legally obligated to support? \_\_\_\_\_

**Step 3**  
**Monthly income**  
**information**

7. Net monthly disposable income *(from line 16a of Income Information)*: \_\_\_\_\_ \$
8. Current net monthly disposable income *(if different from line 7, explain below or on Attachment 8)*: \_\_\_\_\_ \$

**Step 4**  
**Expense**  
**information**

9. Total monthly expenses from line 2q of Expense Information: \_\_\_\_\_ \$ \_\_\_\_\_
10. Amount of these expenses paid by others: \_\_\_\_\_ \$ \_\_\_\_\_

**Step 5** **Other**  
**party's income**

11. My estimate of the other party's gross monthly income is: \_\_\_\_\_ \$ \_\_\_\_\_

**Step 6**  
**Date and**  
**sign this form**

I declare under penalty of perjury under the laws of the State of California that the foregoing and the attached information forms are true and correct.

Date:



\_\_\_\_\_  
 (TYPE OR PRINT NAME)

\_\_\_\_\_  
 (SIGNATURE OF DECLARANT)

Petitioner  Respondent

Page one of \_\_\_\_\_

PETITIONER/PLAINTIFF RESPONDENT/DEFENDANT: INCOME INFORMATION OF (name):	CASE NUMBER:
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1. Total gross salary or wages, including commissions, bonuses, and overtime paid during the last 12 months: 1. \$ \_\_\_\_\_
2. All other money received during the last 12 months **except welfare, AFDC, SSI, spousal support from this marriage, or any child support.** *Specify sources below:*

_____ <i>Include pensions, social security, disability, unemployment, military basic allowance for quarters (BAQ), spousal support from a different marriage, dividends, interest or royalty, trust income, and annuities. Include income from a business, rental properties, and reimbursement of job-related expenses.</i>	2a.	\$ _____
_____ <i>Include income from a business, rental properties, and reimbursement of job-related expenses.</i>	2b.	\$ _____
_____ ► <i>Prepare and attach a schedule showing gross receipts less cash expenses for each business or rental property.</i>	2c.	\$ _____
_____	2d.	\$ _____
3. Add lines 1 through 2d \_\_\_\_\_ 3. \$ \_\_\_\_\_  
 Divide line 3 by 12 and place result on line 4a.

	Average last 12 months:	Last month:
4. Gross income _____	4a. \$ _____	4b. \$ _____
5. State income tax _____	5a. \$ _____	5b. \$ _____
6. Federal income tax _____	6a. \$ _____	6b. \$ _____
7. Social Security and Hospital Tax ("FICA" and "MEDI") or self-employment tax, or the amount used to secure retirement or disability benefits _____	7a. \$ _____	7b. \$ _____
8. Health insurance for you and any children you are required to support _____	8a. \$ _____	8b. \$ _____
9. State disability insurance _____	9a. \$ _____	9b. \$ _____
10. Mandatory union dues _____	10a. \$ _____	10b. \$ _____
11. Mandatory retirement and pension fund contributions <i>Do not include any deduction claimed in item 7.</i> _____	11a. \$ _____	11b. \$ _____
12. Court-ordered child support, court-ordered spousal support, and voluntarily paid child support in an amount not more than the guideline amount, <b>actually being paid for a relationship other than that involved in this proceeding:</b> _____	12a. \$ _____	12b. \$ _____
13. Necessary job-related expenses ( <i>attach explanation</i> ) _____	13a. \$ _____	13b. \$ _____
14. Hardship deduction (Line 4d on Child Support Information Form) _____	14a. \$ _____	14b. \$ _____
15. Add lines 5 through 14 _____ <b>Total monthly deductions:</b>	15a. \$ _____	15b. \$ _____
16. Subtract line 15 from 4 _____ <b>Net monthly disposable income:</b>	16a. \$ _____	16b. \$ _____

17. AFDC, welfare, spousal support from this marriage, and child support from other relationships received each month: \_\_\_\_\_ 17. \$ \_\_\_\_\_
18. Cash and checking accounts: \_\_\_\_\_ 18. \$ \_\_\_\_\_
19. Savings, credit union, certificates of deposit, and money market accounts: \_\_\_\_\_ 19. \$ \_\_\_\_\_
20. Stock, bonds, and other liquid assets: \_\_\_\_\_ 20. \$ \_\_\_\_\_
21. All other property, real or personal (*specify below*): \_\_\_\_\_ 21. \$ \_\_\_\_\_

► **Attach a copy of your three most recent pay stubs.**

PETITIONER/PLAINTIFF RESPONDENT/DEFENDANT: EXPENSE INFORMATION OF (name):	CASE NUMBER:
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1. a. List all persons living in your home whose expenses are included below and their income: <input type="checkbox"/> Continued on Attachment 1a.	<u>name</u> 1. 2. 3. 4.	<u>age</u>	<u>relationship</u>	<u>gross monthly income</u>
b. List all other persons living in your home and their income: <input type="checkbox"/> Continued on Attachment 1b.	1. 2. 3. 4.			

2. MONTHLY EXPENSES

<p>a. Residence payments</p> <p>(1) <input type="checkbox"/> Rent or <input type="checkbox"/> mortgage _____ \$ _____</p> <p>(2) If mortgage, include:          Average principle _____ \$ _____           Average interest _____ \$ _____          Impound for real property taxes Impound _____ \$ _____          for home- owner's insurance _____ \$ _____</p> <p>(3) Real property taxes (if not included in item (2)) _____ \$ _____</p> <p>(4) Homeowner's or renter's insurance (if not included in item (2)) _____ \$ _____</p> <p>(5) Maintenance _____ \$ _____</p> <p>b. Unreimbursed medical and dental expenses _____ \$ _____</p> <p>c. Child care _____ \$ _____</p> <p>d. Children's education _____ \$ _____</p>	<p>e. Food at home and household supplies. _____ \$ _____</p> <p>f. Food eating out _____ \$ _____</p> <p>g. Utilities _____ \$ _____</p> <p>h. Telephone _____ \$ _____</p> <p>i. Laundry and cleaning _____ \$ _____</p> <p>j. Clothing _____ \$ _____</p> <p>k. Insurance (life, accident, etc. Do not include auto, home, or health insurance) _____ \$ _____</p> <p>l. Education (specify): _____ \$ _____</p> <p>m. Entertainment _____ \$ _____</p> <p>n. Transportation and auto expenses (insurance, gas, oil, repair) _____ \$ _____</p> <p>o. Installment payments (insert total and itemize below in item 3) _____ \$ _____</p> <p>p. Other (specify): _____ \$ _____</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">         q. TOTAL EXPENSES (a-p) _____ \$ _____          (do not include amounts in a(2))       </div>
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3. ITEMIZATION OF INSTALLMENT PAYMENTS OR OTHER DEBTS  Continued on Attachment 3.

CREDITOR'S NAME	PAYMENT FOR	MONTHLY PAYMENT	BALANCE	DATE LAST PAYMENT MADE

4. ATTORNEY FEES

a. To date I have paid my attorney for fees and costs: \$  The source of this money was:

b. I owe to date the following fees and costs over the amount paid:

c. My arrangement for attorney fees and costs is:

*I confirm this information and fee arrangement.*

\_\_\_\_\_  
 (SIGNATURE OF ATTORNEY)

\_\_\_\_\_  
 (TYPE OR PRINT NAME OF ATTORNEY)

PETITIONER/PLAINTIFF RESPONDENT/DEFENDANT: CHILD SUPPORT INFORMATION OF (name):	CASE NUMBER:
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**THIS PAGE MUST BE COMPLETED IF CHILD SUPPORT IS AN ISSUE.**

1. Health insurance for my children  is  is not available through my employer.

a. Monthly cost paid by me or on my behalf for the children *only* is: \$ \_\_\_\_\_  
*Do not include the amount paid or payable by your employer.*

b. Name of carrier:  
 c. Address of carrier:

d. Policy or group policy number:

2. Approximate percentage of time each parent has primary physical responsibility for the children:

Mother \_\_\_\_\_ %    Father \_\_\_\_\_ %

3.  The court is requested to order the following as additional child support:

a.  Child care costs related to employment or to reasonably necessary education or training for employment skills

(1) Monthly amount currently paid by mother: \$ \_\_\_\_\_  
 (2) Monthly amount currently paid by father: \$ \_\_\_\_\_

b.  Uninsured health care costs for the children (*for each cost state the purpose for which the cost was incurred and the estimated monthly, yearly, or lump sum amount paid by each parent*):

c.  Educational or other special needs of the children (*for each cost state the purpose for which the cost was incurred and the estimated monthly, yearly, or lump sum amount paid by each parent*):

d.  Travel expenses for visitation  
 (1) Monthly amount currently paid by mother: \$ \_\_\_\_\_  
 (2) Monthly amount currently paid by father: \$ \_\_\_\_\_

4.  The court is requested to allow the deductions identified below, which are justifiable expenses that have caused an extreme financial hardship.

	Amount paid per month	How many months will you need to make these payments
a. <input type="checkbox"/> Extraordinary health care expenses ( <i>specify and attach any supporting documents</i> ):	\$ _____	_____
b. <input type="checkbox"/> Uninsured catastrophic losses ( <i>specify and attach supporting documents</i> ):	\$ _____	_____
c. <input type="checkbox"/> Minimum basic living expenses of dependent minor children from other marriages or relationships who live with you ( <i>specify names and ages of these children</i> ):	\$ _____	_____

d. Total hardship deductions requested (*add lines a-c*): \$ \_\_\_\_\_