ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address):*	***FOR COURT USE ONLY***
TELEPHONE NO.: E-MAIL ADDRESS *(Optional):* ATTORNEY FOR *(Name):*	MAIL TO: Stanislaus County Child Support P.O. Box 4189 Modesto, CA 95352-4189 DROP OFF: 251 E. Hackett Rd, Modesto CA
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STANISLAUS STREET ADDRESS: 800 11TH ST MAILING ADDRESS: 800 11TH ST CITY AND ZIP CODE: MODESTO 95354 BRANCH NAME: STANISLAUS COUNTY SUPERIOR COURT	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	
INCOME AND EXPENSE DECLARATION	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) ☐ per month ☐ per week ☐ per hour.

(If you have more than one job, attach an 8½-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: ☐ Yes ☐ No If no, highest grade completed *(specify):*
   c. Number of years of college completed *(specify):* ☐ Degree(s) obtained *(specify):*
   d. Number of years of graduate school completed *(specify):* ☐ Degree(s) obtained *(specify):*
   e. I have: ☐ professional/occupational license(s) *(specify):* ☐ vocational training *(specify):*

3. **Tax information**
   a. ☐ I last filed taxes for tax year *(specify year):*
   b. My tax filing status is ☐ single ☐ head of household ☐ married, filing separately ☐ married, filing jointly with *(specify name):*
   c. I file state tax returns in ☐ California ☐ other *(specify state):*
   d. I claim the following number of exemptions (including myself) on my taxes *(specify):*

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 8½-by-11-inch sheet of paper and write the question number before your answer.) Number of pages attached: _____

I declare under penalty of perjury under the laws of the State of California that the information contained on all pages of this form and any attachments is true and correct. By typing my name on the signature line, I agree that entry of that name is deemed to be my signature for all legal and administrative purposes.

Date: ▶ _____

(TYPE OR PRINT NAME) (SIGNATURE OF DECLARANT)

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	CASE NUMBER:

Attach copies of your pay stubs for the last two months and proof of any other income. Take a copy of your latest federal tax return to the court hearing. *(Black out your social security number on the pay stub and tax return.)*

5. **Income** *(For average monthly, add up all the income you received in each category in the last 12 months and divide the total by 12.)*

	Last month	Average monthly
a. Salary or wages (gross, before taxes)	$	
b. Overtime (gross, before taxes)	$	
c. Commissions or bonuses	$	
d. Public assistance (for example: TANF, SSI, GA/GR) or bonuses ☐ currently receiving	$	
e. Spousal support ☐ from this marriage ☐ from a different marriage	$	
f. Partner support ☐ from this domestic partnership ☐ from a different domestic partnership	$	
g. Pension/retirement fund payments	$	
h. Social security retirement (not SSI)	$	
i. Disability: ☐ Social security (not SSI) ☐ State disability (SDI) ☐ Private insurance	$	
j. Unemployment compensation	$	
k. Workers' compensation	$	
l. Other (military BAQ, royalty payments, etc.) *(specify):*	$	

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

a. Dividends/interest	$	
b. Rental property income	$	
c. Trust income	$	
d. Other *(specify):*	$	

7. **Income from self-employment, after business expenses for all businesses** $ _____ _____

I am the ☐ owner/sole proprietor ☐ business partner ☐ other *(specify):*

Number of years in this business *(specify):*

Name of business *(specify):*

Type of business *(specify):*

Attach a profit and loss statement for the last two years or a Schedule C from your last federal tax return. Black out your social security number. If you have more than one business, provide the information above for each of your businesses.

8. ☐ **Additional income.** I received one-time money (lottery winnings, inheritance, etc.) in the last 12 months *(specify source and amount):*

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

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	$
f. Partner support that I pay by court order from a different domestic partnership	$
g. Necessary job-related expenses not reimbursed by my employer *(attach explanation labeled "Question 10g")*	$

11. **Assets**

	Total
a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts	$
b. Stocks, bonds, and other assets I could easily sell	$
c. All other property, ☐ real and ☐ personal *(estimate fair market value minus the debts you owe)*	$

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	CASE NUMBER:

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.				☐ Yes ☐ No
b.				☐ Yes ☐ No
c.				☐ Yes ☐ No
d.				☐ Yes ☐ No
e.				☐ Yes ☐ No

13. **Average monthly expenses** ☐ Estimated expenses ☐ Actual expenses ☐ Proposed needs

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** $ _____

14. **Installment payments and debts not listed above**

Paid to	For	Amount	Balance	Date of last payment
		$	$	
		$	$	
		$	$	
		$	$	
		$	$	
		$	$	

15. **Attorney fees** *(This is required if either party is requesting attorney fees.):*
   a. To date, I have paid my attorney this amount for fees and costs *(specify):* $
   b. The source of this money was *(specify):*
   c. I still owe the following fees and costs to my attorney *(specify total owed):* $
   d. My attorney's hourly rate is *(specify):* $

I confirm this fee arrangement.

Date:

(TYPE OR PRINT NAME OF ATTORNEY)

(SIGNATURE OF ATTORNEY)

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	CASE NUMBER:

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.)

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 expenses for the children in this case** Amount per month
   a. Child care so I can work or get job training. . . . . $ _____
   b. Children's health care not covered by insurance . . . . . $ _____
   c. Travel expenses for visitation . . . . . $ _____
   d. Children's educational or other special needs *(specify below):*. . . . . $ _____

19. **Special hardships.** I ask the court to consider the following special financial circumstances
(attach documentation of any item listed here, including court orders): Amount per month For how many months?
   a. Extraordinary health expenses not included in 18b. . . . . $ _____ _____
   b. Major losses not covered by insurance (examples: fire, theft, other insured loss) . . . . . $ _____ _____
   c. (1) Expenses for my minor children who are from other relationships and are living with me . . . . . $ _____ _____
   (2) Names and ages of those children *(specify):*

   (3) Child support I receive for those children. . . . . $ _____

   The expenses listed in a, b, and c create an extreme financial hardship because *(explain):*

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

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