You	ur name and address or attorney's name and address:	TELEPHONE NO.:	FOR COURT USE ONLY		
_					
ATT	ORNEY FOR (Name):				
SL	JPERIOR COURT OF CALIFORNIA, COUNTY OF				
	STREET ADDRESS:				
	MAILING ADDRESS:				
C	EITY AND ZIP CODE:				
	BRANCH NAME:				
	PETITIONER/PLAINTIFF:				
	RESPONDENT/DEFENDANT:				
	OTHER PARENT:				
			CASE NUMBER:		
	FINANCIAL STATEMENT (SIMPLIFIED)				
	, ,				
	NOTICE: Read page 2 to find out if you qu	alify to use this form	and how to use it.		
4		umy to doo tino form			
1.					
	<del></del> ···	dran from this relation	ahia		
	I am the parent of the following number of natural or adopted chil				
	3. a. The children from this relationship are with me this amount of time				
	·				
	c. Our arrangement for custody and visitation is (specify, using e	extra sneet ii necessar	у).		
4. My tax filing status is: single married filing jointly head of household married filing separately.					
	· • — · — · · ·		<u> </u>		
	Attach 1 This income comes from the following:				
	copy of pay  Salary/wages: Amount before taxes per me	onth			
	stubs for Retirement: Amount before taxes per mont				
	last 2 Unemployment compensation: Amount per	r month	\$		
	months here Workers' compensation: Amount per month	1	\$		
	(cross out Social security: SSI Other	Amount per month	\$		
	social Disability: Amount per month				
	security Interest income ( from bank accounts or of				
numbers)  I have no income other than as stated in this paragraph.					
6. I pay the following monthly expenses for the children in this case:					
	a. Day care or preschool to allow me to work or go to scho		\$		
	b. Health care not paid for by insurance				
	c. School, education, tuition, or other special needs of the				
	d. Travel expenses for visitation				
	<del></del>				
7.	There are (specify number) other minor childs				
0	that I pay are				
	·	,			
	a. Job-related expenses that are not paid by my employer				
	b. Required union dues				
	c. Required retirement payments (not social security, FIC.				
	d. Health insurance costs				
	e. Child support I am paying for other minor children of mi				
	f. Spousal support I am paying because of a court order f				
	g. Monthly housing costs: rent or mortgage				
	If mortgage: interest payments \$ real p				
	Information concerning my current employment my	my most recent emplo	yment:		
	Employer:				
	Address:				
	Telephone number:				
	My occupation: Date work started:				
		ss income (hefore taxe	es) before work stopped?:		
	- all main diopped in applicable).	ים וויסטווים וטיסוטוים ומאכ	e, selete trem clopped		

INICTRUCTIONIC					
(TYPE OR PRINT NAME)	(SIGNATURE OF DECLARANT) PETITIONER/PLAINTIFF RESPONDENT/DEFENDANT				
Date:					
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.					
10. My estimate of the other party's gross monthly income (before taxes) is					
10. My astimate of the other party's gross monthly income (hefore taxes) is	\$				
OTHER PARENT:					
RESPONDENT/DEFENDANT:					
PETITIONER/PLAINTIFF:	CASE NUMBER:				

## INSTRUCTIONS

**Step 1: Are you eligible to use this form?** *If your answer is YES to any of the following questions, you may NOT use this form:* 

- Are you asking for spousal support (alimony) or a change in spousal support?
- Is your spouse or former spouse asking for spousal support (alimony) or a change in spousal support?
- Are you asking the other party to pay your attorney fees?
- Is the other party asking you to pay his or her attorney fees?
- Do you receive money (income) from any source other than the following?
  - Welfare (such as TANF, GR, or GA)
  - Salary or wages
  - Disability
  - Unemployment

- Interest
- Workers' compensation
- Social security
- Retirement

Are you self-employed?

If you are eligible to use this form and choose to do so, you do not need to complete the *Income and Expense Declaration* (form FL-150). Even if you are eligible to use this form, you may choose instead to use the *Income and Expense Declaration* (form FL-150).

Step 2: Make 2 copies of each of your pay stubs for the last two months. If you received money from other than wages or salary, include copies of the pay stub received with that money.

Privacy notice: If you wish, you may cross out your social security number if it appears on the pay stub, other payment notice or your tax return

Step 3: Make 2 copies of your most recent federal income tax form.

**Step 4: Complete this form with the required information.** Type the form if possible or complete it neatly and clearly in black ink. If you need additional room, please use plain or lined paper, 8½-by-11", and staple to this form.

Step 5: Make 2 copies of each side of this completed form and any attached pages.

**Step 6: Serve a copy on the other party.** Have someone other than yourself mail to the attorney for the other party, the other party, and the local child support agency, if they are handling the case, 1 copy of this form, 1 copy of each of your stubs for the last two months, and 1 copy of your most recent federal income tax return.

**Step 7: File the original with the court.** Staple this form with 1 copy of each of your pay stubs for the last two months. Take this document and give it to the clerk of the court. Check with your local court about how to submit your return.

Step 8: Keep the remaining copies of the documents for your file.

Step 9: Take the copy of your latest federal income tax return to the court hearing.

It is very important that you attend the hearings scheduled for this case. If you do not attend a hearing, the court may make an order without considering the information you want the court to consider.