

SUPERIOR COURT OF CALIFORNIA
COUNTY OF KERN

TRIAL BRIEF

Dissolution/Legal Separation/Nullity

Trial or hearing briefs are subject to **CRC Rule 5.394**. The “Trial Brief” is your **brief** statement on contested issues and **relevant** facts and law.

1. COMPLETE THE FORMS. (Type or print, blue or black ink only. Writing must be legible.)
2. DATE, PRINT NAME AND SIGN ALL FORMS BEFORE SERVING.
3. MAKE COPIES OF EACH FORM. Make two (2) copies of each form, front and back pages.
4. SERVE YOUR DOCUMENTS/COMPLETE PROOF OF SERVICE. Have a copy of the Trial Brief “served” on the other party/attorney by mail or personal service. (To “SERVE” means that someone other than you, who is over the age of 18, and not a party or witness to the action delivered (served) a copy of the filed endorsed papers to the other party/attorney.) The Trial Brief **must** be served on the parties and filed with the court a minimum of **5 court days before** the trial, or by the date designated by the judicial officer. Once service has been performed, the server then completes the PROOF OF SERVICE BY MAIL (Form FL-335) or PROOF OF PERSONAL SERVICE (Form FL-330), and attaches the form to the original Trial Brief prior to filing- forms available on-line at www.courts.ca.gov/forms.
5. FILE TRIAL BRIEF: Take the original and one copy of the Trial Brief to the Family Law Department for filing (*with the proof of service attached*). The clerk will keep the original and return the file stamped copy to you for your records.

NOTICE

PERSONNEL OF THE CLERKS OFFICE OF THE SUPERIOR
COURT ARE NOT ALLOWED BY LAW TO GIVE LEGAL ADVICE
OR ASSIST IN THE PREPARATION OF ANY FORMS.

PURSUANT TO CA RULE OF COURT 2.200, A PARTY WHOSE ADDRESS CHANGES WHILE AN ACTION IS PENDING MUST SERVE ON ALL PARTIES AND FILE A WRITTEN NOTICE OF CHANGE OF ADDRESS WITH THE COURT- Ask the clerk for Notice of Change of Address and Other Contact Information form

1 _____
(First and last name)

2 _____
(Address)

3 _____
(City, State, Zip)

4 _____
(Phone Number)

In Pro Per

SUPERIOR COURT OF CALIFORNIA
COUNTY OF KERN

9 In Re the Matter of:) Case No: _____

10 Petitioner:) Petitioner's/ Respondent's
_____) TRIAL BRIEF

11 Vs.) Date of Trial: _____

12 Respondent:) Time: _____

13 _____) Division: _____

14 PETITIONER/ RESPONDENT submits the following Trial Brief:

15 1. **STATISTICAL FACTS:**

16 A. Date of Marriage: _____

17 B. Date of Separation: _____

18 C. Period between Marriage and Separation: _____ years; _____ months.

19 D. Minor Child(ren) and Date of Birth:

20 _____ / _____ / _____

21 _____ / _____ / _____

22 _____ / _____ / _____

23 _____ / _____ / _____

24 _____ / _____ / _____

1 2. **SUMMARY OF THE CASE:** _____

2 _____

3 _____

4 _____

5 _____

6 3. **ISSUES TO BE RESOLVED AT TRIAL:**

7 A. **CHILD CUSTODY/VISITATION:** I REQUEST A CHILD CUSTODY AND/OR

8 VISITATION JUDGMENT AS FOLLOWS: _____

9 _____

10 _____

11 _____

12 _____

13 B. **CHILD SUPPORT:** I REQUEST A CHILD SUPPORT JUDGMENT AS

14 FOLLOWS: _____

15 _____

16 _____

17 _____

18 C. **SPOUSAL SUPPORT:** I REQUEST A SPOUSAL SUPPORT JUDGMENT AS

19 FOLLOWS: _____

20 _____

21 _____

22 _____

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

D. **COMMUNITY PROPERTY/DEBT**: I REQUEST A COMMUNITY PROPERTY/DEBT

JUDGMENT AS FOLLOWS: _____

E. **OTHER ISSUES**: I REQUEST A JUDGMENT ON OTHER ISSUES AS FOLLOWS:

1) _____

2) _____

///

///

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

4. ATTACHMENTS:

- Exhibit List**
- Income and Expense Declaration, Form FL-150**
- Witness List, Form FL-321**
- Spousal or Partner Support Declaration Attachment FL-157**
- Declaration**
- Other:** _____

Dated: _____

Respectfully submitted: _____

- PETITIONER
- RESPONDENT

1 CASE NAME: _____

2 CASE NO: _____

3 **EXHIBIT LIST**

4 ATTACHMENT TO: Request for Order Responsive Declaration

5 DV Related Filing Trial Brief Other: _____

6 **PETITIONER** **RESPONDENT** **OTHER PARENT**

7 (Description) (Number for Petitioner/Letter for Respondent)

8 _____ ...Exhibit _____

9 _____ ...Exhibit _____

10 _____ ...Exhibit _____

11 _____ ...Exhibit _____

12 _____ ...Exhibit _____

13 _____ ...Exhibit _____

14 _____ ...Exhibit _____

15 _____ ...Exhibit _____

16 _____ ...Exhibit _____

17 _____ ...Exhibit _____

18 _____ ...Exhibit _____

19 _____ ...Exhibit _____

20 _____ ...Exhibit _____

21 _____ ...Exhibit _____

22 _____ ...Exhibit _____

23 _____ ...Exhibit _____

24 _____

25 _____

EXHIBIT LIST

PARTY WITHOUT ATTORNEY OR ATTORNEY STATE BAR NUMBER: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT: OTHER PARTY/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) <input type="checkbox"/> per month <input type="checkbox"/> per week <input type="checkbox"/> per hour.
--	--

(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: 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 8 1/2-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.

Date: _____

 (TYPE OR PRINT NAME) ▶ _____
 (SIGNATURE OF DECLARANT)

PETITIONER: RESPONDENT: OTHER PARTY/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) <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):	\$ _____	_____

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 <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")	\$ _____

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)	\$ _____

* 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:	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)*:

PETITIONER/PLAINTIFF:	CASE NUMBER:
RESPONDENT/DEFENDANT:	
OTHER PARTY:	

3. Facts in support of request.

b. **Family Code section 4320(a)(2)**

Provide any facts that indicate the supported party's earning ability is, or is not, lower than it might be if he or she had not had periods of unemployment because of the time needed to attend to domestic duties (*explain*):

c. **Family Code section 4320(b)**

Provide any facts that indicate that the supported party contributed to the education, training, career position, or license of the supporting party.

d. **Family Code section 4320(c)**

(1) The supporting party does does not have the ability to pay spousal or domestic partner support.

(2) The supporting party's current gross income from employment or self-employment is (*specify*):

(3) The supporting party's current income from investments, retirement, other sources is (*specify*):

(4) The supporting party's current assets and their values and balances are (*specify*):

(5) The supporting party's standard of living is (*describe, for example, type and frequency of vacations, value of home and other real estate, value of investments, type of vehicles owned, credit card use or nonuse*):

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARTY:	CASE NUMBER:
--	--------------

3. Facts in support of request.

e. **Family Code section 4320(d)**

The supported party does does not need support to maintain the standard of living we enjoyed during the marriage or domestic partnership.

f. **Family Code section 4320(e)**

(1) The supported party's assets and obligations, including separate property, are *(list values and balances)*:

(2) The supporting party's assets and obligations, including separate property, are *(list values and balances)*:

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARTY:	CASE NUMBER:
--	--------------

3. Facts in support of request.

g. **Family Code section 4320(f)**

Length of marriage or domestic partnership (*specify*):

h. **Family Code section 4320(g)**

Provide any facts indicating whether or not the supported party is able to work without unduly interfering with the interests of the children in his or her care (*describe*):

i. **Family Code section 4320(h)**

(1) Petitioner's age is (*specify*):

Respondent's age is (*specify*):

(2) Petitioner's current health condition is (*describe*):

(3) Respondent's current health condition is (*describe*):

j. **Additional factors (Family Code sections 4320(i)–(n))**

The court will also consider the following factors before making a judgment for spousal or domestic partner support:

- (1) Any documented evidence of domestic violence between the parties as defined in Family Code section 6211.
- (2) The immediate and specific tax consequences for each party;
- (3) The balance of the hardships on each party;
- (4) The criminal conviction of an abusive spouse in reducing or eliminating support in accordance with Family Code section 4325;
- (5) The goal that the supported party will be self-supporting within a reasonable period of time; and
- (6) Any other factors the court determines are just and equitable.

Describe below any additional information that will assist the court in considering the above factors:

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar number, and address):</i> TELEPHONE NO.: _____ FAX NO. <i>(Optional):</i> _____ E-MAIL ADDRESS <i>(Optional):</i> _____ ATTORNEY FOR <i>(Name):</i> _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	
WITNESS LIST	CASE NUMBER(S):

Attachment to Request for Order (FL-300) Responsive Declaration (FL-320) Other *(specify):*

Petitioner Respondent Other intends to call the following witnesses to testify at the time of hearing or trial scheduled on *(date)*:

Name	Subject and Brief Description of Testimony

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): <hr/> TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	
DECLARATION	CASE NUMBER:

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

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

- | | | | |
|---------------------------------------|---|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Attorney for | <input type="checkbox"/> Plaintiff | <input type="checkbox"/> Petitioner | <input type="checkbox"/> Defendant |
| <input type="checkbox"/> Respondent | <input type="checkbox"/> Other (Specify): | | |

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar number, and address):</i> TELEPHONE NO.: _____ FAX NO. <i>(Optional):</i> _____ E-MAIL ADDRESS <i>(Optional):</i> _____ ATTORNEY FOR <i>(Name):</i> _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	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:

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

by enclosing them in an envelope AND

- 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:
 - b. Address:

 - c. Date mailed:
 - d. Place of mailing *(city and state)*:
 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:

_____ _____

(TYPE OR PRINT NAME)

(SIGNATURE OF PERSON COMPLETING THIS FORM)