

SUPERIOR COURT OF CALIFORNIA, COUNTY OF KERN

- 1215 Truxtun Ave., Bakersfield, CA 93301
- 1112 Jefferson St., Delano, CA 93215
- 325 Central Valley Hwy., Shafter, CA 93263

- 1773 Hwy. 58, Mojave, CA 93501
- 132 East Coso St., Ridgecrest, CA 93555

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar Number, and Address)	FOR COURT USE ONLY
TELEPHONE NO.: _____ FAX NUMBER: _____ E-MAIL ADDRESS: _____ ATTORNEY FOR (NAME): Self-Represented	CASE NUMBER: _____
PETITIONER: RESPONDENT: OTHER PARENT:	
<input type="checkbox"/> PETITIONER'S <input type="checkbox"/> RESPONDENT'S <input type="checkbox"/> JOINT SETTLEMENT CONFERENCE STATEMENT	
Date of Hearing: _____ Time: _____ Department: _____	

1. STATISTICAL INFORMATION:

- A. Date of Marriage or Registered Domestic Partnership: _____
- B. Date of Separation: _____ Length of Marriage or Domestic Partnership: _____ Years _____ Months
- C. Date Respondent Served: _____ or Date of Response: _____
- D. Marital/Domestic Partnership Status Terminated: Yes No If yes, date: _____
- E. Existing Kern County Department of Child Support Case: Yes No
- F. Petitioner's Age: _____ and Employment: _____
- G. Petitioner's Net Monthly Income: _____
- H. Respondent's Age: _____ and Employment: _____
- I. Respondent's Net Monthly Income: _____
- J. Minor Children:

Name	Date of Birth	Age	Primary Physical Custodian

2. DECLARATION OF DISCLOSURE

- | | | |
|-------------------------------------|--|--|
| | <u>Preliminary</u> | <u>Final</u> |
| <input type="checkbox"/> Petitioner | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Respondent | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

SETTLEMENT CONFERENCE STATEMENT

3. EXISTING COURT ORDERS (CHECK ALL APPLICABLE BOXES)

- (a) Child Custody/Visitation Accept Order Do not Accept Date Order Filed _____
- (b) Child Support Accept Order Do not Accept Date Order Filed _____
- (c) Spousal Support Accept Order Do not Accept Date Order Filed _____
- (d) Property Division Accept Order Do not Accept Date Order Filed _____

4. SETTLED and DISPUTED ISSUES

A. Child Custody and Visitation: Do the parties have an Agreement? Yes No

Describe your agreement or proposal:

B. Child Support: Do the parties have an Agreement? Yes No

Describe your agreement or proposal:

C. Division of Community Property assets

i. Residence: Do the parties have an Agreement? Yes No

Describe your agreement or proposal:

ii. Vehicles: Do the parties have an Agreement? Yes No

Describe your agreement or proposal:

iii. Retirement/Pension:

Do the parties have an Agreement?

Yes

No

Describe your agreement or proposal:

iv. Money/Investments:

Do the parties have an Agreement?

Yes

No

Describe your agreement or proposal:

v. Other Assets:

Do the parties have an Agreement?

Yes

No

If Describe your agreement or proposal:

D. Division of Community Debts

i. Credit Cards:

Do the parties have an Agreement?

Yes

No

Describe your agreement or proposal:

ii. Other Debts:

Do the parties have an Agreement?

Yes

No

Describe your agreement or proposal:

E. Separate Property:

Do the parties have an Agreement?

Yes

No

Describe your agreement or proposal:

F. Spousal/Partner Support:

Do the parties have an Agreement?

Yes

No

Describe the Agreement: If there is no Agreement, please attach the *Spousal/Partner Support Declaration – Family Code §4320 Facts* as an Attachment.

G. Other:

5. ATTACHMENTS

- Income and Expense Declaration (FL-150)
- Property Declaration (s) (FL-160)
- Spousal/Partner Support Declaration (FL-157)

DATE:

DATE:

PETITIONER (PRINT NAME)

RESPONDENT (PRINT NAME)

PETITIONER (SIGNATURE)

RESPONDENT (SIGNATURE)

PARTY WITHOUT ATTORNEY OR ATTORNEY 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.
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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: 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:
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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.)

	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:
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12. The following people live with me:

Name	Age	How the person is related to me (<i>ex: son</i>)	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

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)

(SIGNATURE OF DECLARANT)

PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER:
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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 <i>(specify below)</i> :	\$ _____

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\$ _____

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)*:

PARTY WITHOUT ATTORNEY OR ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT: OTHER PARENT/PARTY	
<input type="checkbox"/> PETITIONER'S <input type="checkbox"/> RESPONDENT'S <input type="checkbox"/> COMMUNITY AND QUASI-COMMUNITY PROPERTY DECLARATION <input type="checkbox"/> SEPARATE PROPERTY DECLARATION	CASE NUMBER:

See *Instructions* on page 4 for information about completing this form. For additional space, use *Continuation of Property Declaration* (form FL-161).

A	B	C	- D	= E	F	
ITEM NO.	DATE ACQUIRED	GROSS FAIR MARKET VALUE	AMOUNT OF DEBT	NET FAIR MARKET VALUE	PROPOSAL FOR DIVISION Award or Confirm to:	
					PETITIONER	RESPONDENT
1. REAL ESTATE		\$	\$	\$	\$	\$
2. HOUSEHOLD FURNITURE, FURNISHINGS, APPLIANCES						
3. JEWELRY, ANTIQUES, ART, COIN COLLECTIONS, etc.						
4. VEHICLES, BOATS, TRAILERS						
5. SAVINGS ACCOUNTS						
6. CHECKING ACCOUNTS						


A		B	C	-	D	=	E	F	
ITEM NO.	BRIEF DESCRIPTION	DATE ACQUIRED	GROSS FAIR MARKET VALUE		AMOUNT OF DEBT		NET FAIR MARKET VALUE	PROPOSAL FOR DIVISION Award or Confirm to: PETITIONER RESPONDENT	
7.	CREDIT UNION, OTHER DEPOSITORY ACCOUNTS				\$		\$	\$	\$
8.	CASH								
9.	TAX REFUND								
10.	LIFE INSURANCE WITH CASH SURRENDER OR LOAN VALUE								
11.	STOCKS, BONDS, SECURED NOTES, MUTUAL FUNDS								
12.	RETIREMENT AND PENSIONS								
13.	PROFIT-SHARING, IRAS, DEFERRED COMPENSATION, ANNUITIES								
14.	ACCOUNTS RECEIVABLE, UNSECURED NOTES								
15.	PARTNERSHIP, OTHER BUSINESS INTERESTS								
16.	OTHER ASSETS								
17.	ASSETS FROM CONTINUATION SHEET								
18.	TOTAL ASSETS								

A		B	C	D	
ITEM NO.	DEBTS - SHOW TO WHOM OWED	DATE INCURRED	TOTAL OWING	PROPOSAL FOR DIVISION	
				Award or Confirm to: PETITIONER	RESPONDENT
19.	STUDENT LOANS		\$	\$	\$
20.	TAXES				
21.	SUPPORT ARREARAGES				
22.	LOANS-UNSECURED				
23.	CREDIT CARDS				
24.	OTHER DEBTS				
25.	OTHER DEBTS FROM CONTINUATION SHEET				
26.	TOTAL DEBTS				

A Continuation of Property Declaration (form FL-161) is attached and incorporated by reference.

I declare under penalty of perjury under the laws of the State of California that, to the best of my knowledge, the foregoing is a true and correct listing of assets and obligations and the amounts shown are correct.

Date:

_____  _____
 (TYPE OR PRINT NAME) SIGNATURE

INFORMATION AND INSTRUCTIONS FOR COMPLETING FORM FL-160

Property Declaration (form FL-160) is a multipurpose form, which may be filed with the court as an attachment to a *Petition* or *Response* or served on the other party to comply with disclosure requirements in place of a *Schedule of Assets and Debts* (form FL-142). Courts may also require a party to file a *Property Declaration* as an attachment to a *Request to Enter Default* (form FL-165) or *Judgment* (form FL-180).

When filing a *Property Declaration* with the court, do not include private financial documents listed below.

Identify the type of declaration completed

1. Check "Community and Quasi-Community Property Declaration" on page 1 to use *Property Declaration* (form FL-160) to provide a combined list of community and quasi-community property assets and debts. Quasi-community property is property you own outside of California that would be community property if it were located in California.
2. Do not combine a separate property declaration with a community and quasi-community property declaration. Check "Separate Property Declaration" on page 1 when using *Property Declaration* to provide a list of separate property assets and debts.

Description of the Property Declaration chart

Pages 1 and 2

1. Column A is used to provide a brief description of each item of separate or community or quasi-community property.
2. Column B is used to list the date the item was acquired.
3. Column C is used to list the item's gross fair market value (an estimate of the amount of money you could get if you sold the item to another person through an advertisement).
4. Column D is used to list the amount owed on the item.
5. Column E is used to indicate the net fair market value of each item. The net fair market value is calculated by subtracting the dollar amount in column D from the amount in column C ("C minus D").
6. Column F is used to show a proposal on how to divide (or confirm) the item described in column A.

Page 3

1. Column A is used to provide a brief description of each separate or community or quasi-community property debt.
2. Column B is used to list the date the debt was acquired.
3. Column C is used to list the total amount of money owed on the debt.
4. Column D is used to show a proposal on how to divide (or confirm) the item of debt described in column A.

When using this form only as an attachment to a *Petition* or *Response*

1. Attach a *Separate Property Declaration* (form FL-160) to respond to item 9. Only columns A and F on pages 1 and 2 and columns A and D on page 3 are required.
2. Attach a *Community or Quasi-Community Declaration* (form FL-160) to respond to item 10, and complete column A on all pages.

When serving this form on the other party as an attachment to *Declaration of Disclosure* (form FL-140)

1. Complete columns A through E on pages 1 and 2, and columns A through C on page 3.
2. Copies of the following documents must be attached and served on the other party:
 - (a) *For real estate* (item 1): deeds with legal descriptions and the latest lender's statement.
 - (b) *For vehicles, boats, trailers* (item 4): the title documents.
 - (c) *For all bank accounts* (item 5, 6, 7): the latest statement.
 - (d) *For life insurance policies with cash surrender or loan value* (item 10): the latest declaration page.
 - (e) *For stocks, bonds, secured notes, mutual funds* (item 11): the certificate or latest statement.
 - (f) *For retirement and pensions* (item 12): the latest summary plan document and latest benefit statement.
 - (g) *For profit-sharing, IRAs, deferred compensation, and annuities* (item 13): the latest statement.
 - (h) *For each account receivable and unsecured note* (item 14): documentation of the account receivable or note.
 - (i) *For partnerships and other business interests* (item 15): the most current K-1 and Schedule C.
 - (j) *For other assets* (item 16): the most current statement, title document, or declaration.
 - (k) *For support arrearages* (item 21): orders and statements.
 - (l) *For credit cards and other debts* (items 23 and 24): the latest statement.
3. Do not file copies of the above private financial documents with the court.

When filing this form with the court as an attachment to *Request to Enter Default* (FL-165) or *Judgment* (FL-180)

Complete all columns on the form.

For more information about forms required to process and obtain a judgment in dissolution, legal separation, and nullity cases, see <http://www.courts.ca.gov/8218.htm>.

PARTY WITHOUT ATTORNEY OR ATTORNEY STATE BAR NO.: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT: OTHER PARENT/PARTY	
<input type="checkbox"/> PETITIONER'S <input type="checkbox"/> RESPONDENT'S <input type="checkbox"/> COMMUNITY AND QUASI-COMMUNITY PROPERTY DECLARATION <input type="checkbox"/> SEPARATE PROPERTY DECLARATION	CASE NUMBER:

See *Instructions* on page 4 for information about completing this form. For additional space, use *Continuation of Property Declaration* (form FL-161).

A	B	C	-	D	=	E	F	
ITEM NO.	DATE ACQUIRED	GROSS FAIR MARKET VALUE		AMOUNT OF DEBT		NET FAIR MARKET VALUE	PROPOSAL FOR DIVISION Award or Confirm to:	
							PETITIONER	RESPONDENT
1. REAL ESTATE		\$		\$		\$	\$	\$
2. HOUSEHOLD FURNITURE, FURNISHINGS, APPLIANCES								
3. JEWELRY, ANTIQUES, ART, COIN COLLECTIONS, etc.								
4. VEHICLES, BOATS, TRAILERS								
5. SAVINGS ACCOUNTS								
6. CHECKING ACCOUNTS								


A		B	C	-	D	=	E	F	
ITEM NO.	BRIEF DESCRIPTION	DATE ACQUIRED	GROSS FAIR MARKET VALUE		AMOUNT OF DEBT		NET FAIR MARKET VALUE	PROPOSAL FOR DIVISION Award or Confirm to: PETITIONER RESPONDENT	
7.	CREDIT UNION, OTHER DEPOSITORY ACCOUNTS				\$		\$	\$	\$
8.	CASH								
9.	TAX REFUND								
10.	LIFE INSURANCE WITH CASH SURRENDER OR LOAN VALUE								
11.	STOCKS, BONDS, SECURED NOTES, MUTUAL FUNDS								
12.	RETIREMENT AND PENSIONS								
13.	PROFIT-SHARING, IRAS, DEFERRED COMPENSATION, ANNUITIES								
14.	ACCOUNTS RECEIVABLE, UNSECURED NOTES								
15.	PARTNERSHIP, OTHER BUSINESS INTERESTS								
16.	OTHER ASSETS								
17.	ASSETS FROM CONTINUATION SHEET								
18.	TOTAL ASSETS								

A	B	C	D		
ITEM NO.	DEBTS - SHOW TO WHOM OWED	DATE INCURRED	TOTAL OWING	PROPOSAL FOR DIVISION	
				Award or Confirm to:	
			PETITIONER	RESPONDENT	
19.	STUDENT LOANS		\$	\$	\$
20.	TAXES				
21.	SUPPORT ARREARAGES				
22.	LOANS-UNSECURED				
23.	CREDIT CARDS				
24.	OTHER DEBTS				
25.	OTHER DEBTS FROM CONTINUATION SHEET				
26.	TOTAL DEBTS				

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I declare under penalty of perjury under the laws of the State of California that, to the best of my knowledge, the foregoing is a true and correct listing of assets and obligations and the amounts shown are correct.

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When filing a *Property Declaration* with the court, do not include private financial documents listed below.

Identify the type of declaration completed

1. Check "Community and Quasi-Community Property Declaration" on page 1 to use *Property Declaration* (form FL-160) to provide a combined list of community and quasi-community property assets and debts. Quasi-community property is property you own outside of California that would be community property if it were located in California.
2. Do not combine a separate property declaration with a community and quasi-community property declaration. Check "Separate Property Declaration" on page 1 when using *Property Declaration* to provide a list of separate property assets and debts.

Description of the Property Declaration chart

Pages 1 and 2

1. Column A is used to provide a brief description of each item of separate or community or quasi-community property.
2. Column B is used to list the date the item was acquired.
3. Column C is used to list the item's gross fair market value (an estimate of the amount of money you could get if you sold the item to another person through an advertisement).
4. Column D is used to list the amount owed on the item.
5. Column E is used to indicate the net fair market value of each item. The net fair market value is calculated by subtracting the dollar amount in column D from the amount in column C ("C minus D").
6. Column F is used to show a proposal on how to divide (or confirm) the item described in column A.

Page 3

1. Column A is used to provide a brief description of each separate or community or quasi-community property debt.
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3. Column C is used to list the total amount of money owed on the debt.
4. Column D is used to show a proposal on how to divide (or confirm) the item of debt described in column A.

When using this form only as an attachment to a *Petition* or *Response*

1. Attach a *Separate Property Declaration* (form FL-160) to respond to item 9. Only columns A and F on pages 1 and 2 and columns A and D on page 3 are required.
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1. Complete columns A through E on pages 1 and 2, and columns A through C on page 3.
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 - (d) *For life insurance policies with cash surrender or loan value* (item 10): the latest declaration page.
 - (e) *For stocks, bonds, secured notes, mutual funds* (item 11): the certificate or latest statement.
 - (f) *For retirement and pensions* (item 12): the latest summary plan document and latest benefit statement.
 - (g) *For profit-sharing, IRAs, deferred compensation, and annuities* (item 13): the latest statement.
 - (h) *For each account receivable and unsecured note* (item 14): documentation of the account receivable or note.
 - (i) *For partnerships and other business interests* (item 15): the most current K-1 and Schedule C.
 - (j) *For other assets* (item 16): the most current statement, title document, or declaration.
 - (k) *For support arrearages* (item 21): orders and statements.
 - (l) *For credit cards and other debts* (items 23 and 24): the latest statement.
3. Do not file copies of the above private financial documents with the court.

When filing this form with the court as an attachment to *Request to Enter Default* (FL-165) or *Judgment* (FL-180)
Complete all columns on the form.

For more information about forms required to process and obtain a judgment in dissolution, legal separation, and nullity cases, see <http://www.courts.ca.gov/8218.htm>.

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SPOUSAL OR DOMESTIC PARTNER SUPPORT DECLARATION ATTACHMENT

- Declaration for Default or Uncontested Judgment (form FL-170)
- Supporting Declaration for Attorney's Fees and Costs Attachment (form FL-158)
- Request for Order (form FL-300)
- Other (specify):

1. Spousal or domestic partner support.

- a. I am the (specify all that apply):
 - (1) petitioner respondent.
 - (2) support payee (party asking for support) support payor (party being asked to pay support).
- b. I request that the court (check all that apply)
 - (1) enter a judgment for spousal or domestic partner support for petitioner respondent.
 - (2) modify the judgment for spousal or domestic partner support for petitioner respondent.
 - (3) deny the request to modify the judgment for spousal or domestic partner support.
 - (4) terminate jurisdiction to award spousal or domestic partner support to petitioner respondent.

2. Attorney fees and costs. I request that the court (check one)

- a. order my attorney fees and costs to be paid by my spouse or domestic partner a joined party (specify):
- b. deny the request for attorney fees and costs.

SECTION 1: FACTS ABOUT BOTH PARTIES

3. Length of marriage or domestic partnership(Family Code section 4320(f))

- a. (1) Date of marriage:
- (2) Date of separation:
- (3) Time from date of marriage to date of separation:..... years months
- b. (1) Date domestic partnership was registered:
- (2) Date of separation:
- (3) Time from date of registration of the domestic partnership to date of separation: years months
- c. If applicable, total combined years and months for the marriage (a(3)) and the domestic partnership (b(3))..... years months

4. Standard of living of the marriage or domestic partnership (Family Code section 4320(a)) See Attachment 4

The standard of living established during the marriage or domestic partnership was (describe, for example, information from your income tax return, type and frequency of vacations, value of home and other real estate, value of investments, type of vehicles owned, credit card use or nonuse, ability to save for retirement):

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5. Age and health of the parties (Family Code section 4320(h))

- a. The age of the party asking for support is:
- b. The age of the party being asked to pay support is:
- c. The health condition of the party asking for support is *(describe)*: See Attachment 5c

- d. The health condition of the party being asked to pay support is *(describe)*: See Attachment 5d

6. Documented history of domestic violence (Family Code section 4320(i))

See Attachment 6

The court will consider all documented evidence of any history of domestic violence between the parties or perpetrated by either party against either party's child, including but not limited to the following:

- a. A plea of nolo contendere ("no contest").
- b. Emotional distress resulting from domestic violence against the party asking for support by the party being asked to pay support.
- c. Any history of violence against the party being asked to pay support by the party asking for support.
- d. A *Restraining Order After Hearing* (form DV-130).
- e. A finding by a court as part of a case involving divorce, separation, or a child custody proceeding, or any other proceeding in family court in which the court has found that the spouse or domestic partner committed domestic violence.
- f. Other evidence of any history of violence between the parties.

Attach to this form copies of the documents that you want the court to consider. Label them "Attachment 6."

7. Documented evidence of criminal conviction (Family Code section 4320(m))

a. **Felony conviction of the party asking for support**

The party being asked to pay support requests that the court find that the party asking for support is prohibited by law from receiving support (including medical, life, or other insurance benefits or payments) under Family Code section 4324.5 because:

- (1) The party asking for support was convicted of a violent sexual felony or domestic violence felony against the party being asked to pay support within five years after the conviction (and any time served in custody, on probation or on parole); and
- (2) The petition for divorce was filed within five years after the spouse's or domestic partner's conviction (and any time served in custody or on parole).

b. **Misdemeanor conviction of the party asking for support**

See Attachment 7b

(1) There is a rebuttable presumption that the party asking for support is prohibited from receiving support from the party being asked to pay support under Family Code section 4325 because:

- (A) The party asking for support was either convicted of a domestic violence misdemeanor against the party being asked to pay support in this case or convicted of a misdemeanor against the other party that resulted in a term of probation under Penal Code section 1203.097); and
- (B) The conviction was entered by the court within five years before the petition for divorce was filed (or the conviction was entered at any time during the divorce case).

(2) Based on a preponderance of the evidence,

- (A) The party being asked to pay support asks the court to find that the presumption has not been rebutted.
- (B) The party asking for support asks the court to find that the presumption has been rebutted.

Attach to this form a declaration and documents that you want the court to consider. Label them "Attachment 7b"

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SECTION 2: FACTS ABOUT THE PARTY ASKING FOR SUPPORT

8. Earning capacity (Family Code section 4320(a)(1))

a. The marketable skills (training, job skills, and work history) of the party asking for support (*describe*): See Attachment 8a

b. The current job market for the job skills of the party asking for support is (*specify*): See Attachment 8b

c. The time and expenses required for the party asking for support to acquire the appropriate education and training to develop the skills for the job market described in (b) (*specify*): See Attachment 8c

d. The possible need for retraining or education to acquire other, more marketable skills or employment (*specify*): See Attachment 8d

e. Indicate the extent to which the party asking for support is able to earn enough money to maintain the standard of living established during the marriage or domestic partnership.

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9. **Earning capacity** (Family Code section 4320(a)(2)) See Attachment 9

- a. The party asking for support has has not had periods of unemployment because of the time needed to attend to domestic duties. *(Complete (b) if there were periods of unemployment.)*
- b. Specify the extent to which the present or future earning capacity of the party asking for support is impaired by periods of unemployment to devote time to domestic duties during the marriage or domestic partnership.

10. **Contributions to the education and training of the party being asked to pay support** See Attachment 10

- a. The party asking for support did did not contribute to the education, training, career position, or license of the party being asked to pay support *(If the party asking for support did contribute, complete item b below.)*
- b. Specify the extent to which the party asking for support contributed to the education, training, career position, or license of the party being asked to pay support.

11. **Care for children** (Family Code section 4320(g)) See Attachment 11

- a. The party asking for support has has not had periods of unemployment to care for the children of the marriage or domestic partnership. *(Complete (b) if there were periods of unemployment.)*
- b. The party asking for support is is not able to be gainfully employed without unduly interfering with the interests of the children in the care of the party asking for support *(specify):*

12. **Needs of the party asking for support** (Family Code section 4320(d)) See Attachment 12

Specify the needs of the party asking for support based on the standard of living established during the marriage or domestic partnership, as described in question 4.

13. **Assets and debts** (Family Code section 4320(e)) See Attachment 13

- a. The assets, including separate property, of the party asking for support are *(specify):*

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b. The debts, including separate property, of the party asking for support are *(specify)*:

14. **Tax consequences** (Family Code section 4320(j))

See Attachment 14

The immediate and specific tax consequences for the party asking for support are *(specify)*:

15. **Goal to become self-supporting** (Family Code section 4320(l))

See Attachment 15

Notice: When ordering spousal or domestic partner support in a judgment, the court may advise (warn) the party asking for support to make reasonable efforts to become self-supporting within a reasonable period of time, considering all the factors in Family Code section 4320. The court may decide that this warning (often called a "Gavron" warning) is not appropriate if the case involves a marriage or domestic partnership of long duration (about 10 years or longer). Generally, failure to become self-supporting after the court gives the warning can result in an order to reduce the amount of the support award.

a. This is is not a marriage or domestic partnership of long duration (ten years or more).

b. The party asking for support is is not self-supporting *(If not, specify below what steps, if any, the party asking for support will take to become self-supporting within a reasonable period of time)*:

c. Other *(specify below)*:

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SECTION 3: FACTS ABOUT THE PARTY BEING ASKED TO PAY SUPPORT

16. **Ability to pay support / earning capacity** (Family Code sections 4320(a) and (c)) See Attachment 16
- a. The earned income of the party being asked to pay support is *(specify)*: unknown
 - b. The unearned income of the party being asked to pay support is *(specify)*: unknown
 - c. This party does does not have the ability to earn enough money to maintain the standard of living described in 4 for both spouses or domestic partners. *(If not, explain why below.)*

d. Based on the above responses, this party is is not able to pay spousal or domestic partner support.

17. **Needs of the party being asked to pay support** (Family Code section 4320(d)) See Attachment 17
- Specify the needs of the party being asked to pay support based on the standard of living established during the marriage or domestic partnership, as described in question 4.

18. **Assets and debts** (Family Code section 4320(e)) See Attachment 18
- a. The assets, including separate property, of the party being asked to pay support are *(specify)*:

- b. The debts, including separate property, of the party being asked to pay support are *(specify)*:

19. **Tax consequences** (Family Code section 4320(j)) See Attachment 19
- The immediate and specific tax consequences for the party being asked to pay support *(specify)*:

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SECTION 4: BALANCE OF HARDSHIPS AND OTHER FACTORS

20. **Balance of hardships** (Family Code section 4320(k)) See Attachment 20
 Describe below any special financial difficulties to the party if ordered to pay support compared to the hardship to the party who is asking for support. *(For example, consider the ability of a party to pay support versus the need of the other party to receive financial support).*

21. Indicate below other factors, if any, that the court should consider that are just and equitable in ordering See Attachment 21
 spousal or domestic partner.(Family Code section 4320(n))

Number of pages attached: _____

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): 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:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	CASE NUMBER: <i>(If applicable, provide):</i>
PROOF OF SERVICE BY MAIL	HEARING DATE: HEARING TIME: DEPT.:

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)

ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406) <i>(Name, State Bar number, and address)</i> TELEPHONE NO.: _____ FAX NO.: _____ 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 PERSONAL SERVICE	

1. I am at least 18 years old, not a party to this action, and not a protected person listed in any of the orders.
2. Person served *(name)*:
3. I served copies of the following documents *(specify)*:

4. By personally delivering copies to the person served, as follows:
 - a. Date: _____ b. Time: _____
 - c. Address: _____

5. I am
 - a. not a registered California process server.
 - b. a registered California process server.
 - c. an employee or independent contractor of a registered California process server.
 - d. exempt from registration under Business & Profession Code section 22350(b).
 - e. a California sheriff or marshal.

6. My name, address, and telephone number, and, if applicable, county of registration and number *(specify)*:

7. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
8. I am a California sheriff or marshal and I certify that the foregoing is true and correct.

Date: _____

(TYPE OR PRINT NAME OF PERSON WHO SERVED THE PAPERS)

(SIGNATURE OF PERSON WHO SERVED THE PAPERS)