

PARTY WITHOUT ATTORNEY OR ATTORNEY STATE BAR NUMBER: NAME: FIRM NAME: Sally Smith STREET ADDRESS: 123 Main Street CITY: El Cajon STATE: CA ZIP CODE: 92020 TELEPHONE NO.: 555-555-5555 FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name): Self-Represented Litigant	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF San Diego STREET ADDRESS: 1100 Union Street MAILING ADDRESS: Same CITY AND ZIP CODE: San Diego, CA 92101 BRANCH NAME: Central Division	
PETITIONER: Sally Smith RESPONDENT: John Smith OTHER PARTY/PARENT/CLAIMANT:	
INCOME AND EXPENSE DECLARATION	CASE NUMBER: 25FL00000C

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: County of San Diego b. Employer's address: 330 West Broadway, San Diego, CA 92101 c. Employer's phone number: 555-555-5555 d. Occupation: Receptionist e. Date job started: 05/2012 f. If unemployed, date job ended: g. I work about 40 hours per week. h. I get paid \$ 20.00 gross (before taxes) <input type="checkbox"/> per month <input type="checkbox"/> per week <input checked="" 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): **45**
- 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): **2** Degree(s) obtained (specify):
- d. Number of years of graduate school completed (specify): **0** 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): **2020**
- b. My tax filing status is single head of household married, filing separately
 married, filing jointly with (specify name): **John Smith**
- 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): **5** (myself, spouse, and 3 kids)

- 4. **Other party's income.** I estimate the gross monthly income (before taxes) of the other party in this case at (specify): \$ **5,000.00**
 This estimate is based on (explain): **We file joint taxes and I'm aware of his income.**

(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: **01/08/25**

Sally Smith
 (TYPE OR PRINT NAME)

 (SIGNATURE OF DECLARANT)

PETITIONER: Sally Smith RESPONDENT: John Smith OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER: 25FL00000C
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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)	\$ 3,000.00	3,466.00
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	\$ 20.00	
b. Required retirement payments (not Social Security, FICA, 401(k), or IRA)	\$ 100.00	
c. Medical, hospital, dental, and other health insurance premiums (total monthly amount)	\$ 225.00	
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	\$	1,200.00
b. Stocks, bonds, and other assets I could easily sell	\$	0.00
c. All other property, <input checked="" type="checkbox"/> real and <input checked="" type="checkbox"/> personal (estimate fair market value minus the debts you owe)	\$	149,700.00

* 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: Sally Smith RESPONDENT: John Smith OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER: 25FL00000C
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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. Sammy Smith	10	Son	0.00	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b. Julie Smith	7	Daughter	0.00	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
c. Cody Smith	5	Son	0.00	<input type="checkbox"/> Yes <input checked="" 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) <input type="checkbox"/> Rent or <input checked="" type="checkbox"/> mortgage \$ <u>3,200.00</u> If mortgage: (a) average principal: \$ <u>2,400.00</u> (b) average interest: \$ <u>800.00</u> (2) Real property taxes \$ _____ (3) Homeowner's or renter's insurance (if not included above) \$ _____ (4) Maintenance and repair \$ _____	h. Laundry and cleaning \$ _____ i. Clothes \$ <u>75.00</u> j. Education \$ _____ k. Entertainment, gifts, and vacation \$ <u>100.00</u> l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.) \$ <u>500.00</u> 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) \$ <u>150.00</u> q. Other (specify): \$ _____
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b. Health-care costs not paid by insurance \$ 50.00
 c. Child care \$ 250.00
 d. Groceries and household supplies \$ 60.00
 e. Eating out \$ 100.00
 f. Utilities (gas, electric, water, trash) \$ 120.00
 g. Telephone, cell phone, and e-mail \$ 200.00

r. **TOTAL EXPENSES** (a-q) (do not add in the amounts in a(1)(a) and (b)) \$ 4,145.00

s. **Amount of expenses paid by others** \$ _____

14. Installment payments and debts not listed above

Paid to	For	Amount	Balance	Date of last payment
Kohl's	Credit Card	\$ 50.00	\$ 500.00	12/15/24
Victoria Secret's	Credit Card	\$ 50.00	\$ 300.00	12/21/24
Paypal	Loan	\$ 50.00	\$ 500.00	12/22/24
		\$	\$	
		\$	\$	
		\$	\$	

15. Attorney fees (This information 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)
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PETITIONER: Sally Smith RESPONDENT: John Smith OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER: 25FL00000C
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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): 3 children under the age of 18 with the other parent in this case.
- b. The children spend 75 percent of their time with me and 25 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):