

SHORT TITLE
Smith v. Smith

CASE NUMBER

DECLARATION REGARDING CHILD SUPPORT FACTORS

I, Sally Smith, declare under penalty of perjury under the laws of the State of California as follows:

1. **Party Information:** I am the custodial non-custodial parent in this case.
2. **Number of Children:** I have 2 minor child(ren) with the other party.
3. **Timeshare:** My timeshare with my child(ren) is 80 %. The other parent's timeshare is 20 %.
4. **Filing Status:** My tax filing status is: S- HH- 3 MFJ- MFS-
5. **Wages and Salary:** My average gross monthly income is \$ 2,470.00. I earn \$ 15.00 per hour and I work an average of 38 hours per week. **(monthly earnings = hourly × hours per week × 52 ÷ 12)**
6. **Self-Employment Income:** I am self-employed and I earn an average of \$ 0.00 adjusted gross per month.
7. **Other Taxable Income:** Disability - \$ per month. Unemployment - \$ per month.
 Other (specify) - \$ per month.
8. **New Spouse Income:** \$ gross per month. Not applicable.
9. **Health Insurance:** \$ 0.00 per month. **Union Dues:** \$ 0.00 per month.
10. **Other Child Support Paid:** I pay \$ 240.00 per month child support for children of another relationship that do not live with me. (Supporting evidence attached.)
11. **Hardship Deduction(s) Requested:** I request a hardship deduction for 0 minor children not of this relationship that live with me and whom I support. (Supporting evidence attached.)
12. **Other Parent's Income:**
 The other parent works and based upon information and belief earns \$ 3,000.00 gross per month. His/her tax filing status is S-1 . OR
 The other parent does not work but has the ability to work and earn \$ gross per month. I request that the court impute income to him/her.
13. **Other Parent's New Spouse's Income:** \$ 2,000.00 gross per month. Not applicable.
14. **Child Support Add-Ons:**
 Child Care - I request 50% of the total monthly child care expenses be paid by the other party.
 I request \$ per month child care expenses be paid by the other party.
 Unreimbursed Health Care Expenses - I request 50% of the total expenses be paid by the other party.
15. **Other Facts:**
Write anything else here that you want the judge to know. Attach extra pages if needed.

Date: Date of signing

Signature