## INCOME AND EXPENSE DECLARATION

### 1. Employment
(Give information on your current job or, if you're unemployed, your most recent job.)

<table>
<thead>
<tr>
<th>a. Employer:</th>
<th>b. Employer's address:</th>
<th>c. Employer's phone number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>d. Occupation:</td>
<td>e. Date job started:</td>
<td>f. If unemployed, date job ended:</td>
</tr>
<tr>
<td>g. I work about hours per week.</td>
<td>h. I get paid $ gross (before taxes) per month per week per hour.</td>
<td></td>
</tr>
</tbody>
</table>

(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):  
   - Yes  
   - No  
   - I no, highest grade completed (specify):  
   - Degree(s) obtained (specify):  
   - Degree earned  
   - Number of years of college completed (specify):  
   - Degree(s) obtained (specify):  
   - Degree earned  
   - Number of years of graduate school completed (specify):  
   - Degree(s) obtained (specify):  
   - Degree earned  
   - I have: professional/occupational license(s) (specify):  
   - Vocational training (specify):  
   - Job training completed  
   - YES  
   - NO  
   - I filed state tax returns in (specify):  
   -  
   - California  
   - Other (specify state):  
   - on my taxes (specify):  
   - Where do you file state taxes?  

### 3. Tax information
a. I last filed taxes for tax year (specify year):  
   - Most recent year you filed taxes  
   - Married, filing jointly with (specify name):  
   - Single  
   - Head of household  
   - Married, filing separately  

### 4. Other party's income.
I estimate the gross monthly income (before taxes) of the other party in this case at (specify): $  

How much do you think the other party earns before taxes and how did you come up with that amount?  

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:** Today's Date  

Print your name here  

Sign your name here
In the first column labeled "This Month" list the amount earned last month only for each item a-l.

Example: If you made $2,000 last month in salary, you would fill in $2,000 in line a.

In the second column labeled "Average Monthly", add up the amount earned for each line over the last 12 months and divide by 12 to get the average amount earned for that line.

Example: If you earned $50,000 in salary over the last 12 months, you will divide that by 12 and the average monthly salary is $4,166.

5. Income and expenses

a. Salary
b. Overtime (gross, before taxes)
c. Commissions or bonuses
 d. Non-business income (specify):
 e. Child support
 f. Partner support from this domestic partnership
 g. Spousal support from this domestic partnership
 h. Pension/retirement fund payments
 i. Social Security retirement
 j. Unemployment compensation
 k. Other (specify):
 l. Other (military allowances, royalty payments)

6. Investment income

a. Dividends/interest
b. Rental property income
c. Trust income
d. Other income (specify):

7. Income (continued)

If you receive any income from the sources listed here, fill in the amount earned for "Last Monthly" in column 1 and the "Average Monthly" in column 2.

If you are self-employed: Fill in this section and attach a profit and loss statement for the past 2 years or a Schedule C from your last federal tax return.

8. Additional income

If you had any one-time earnings during the last 12 months, fill in this section.

9. Change in income

My financial situation has changed significantly over the last 12 months because (specify):

If you had a major change in income over the past 12 months, explain here.

10. Deductions

Fill in this section if you had money deducted from last month's paycheck for any of the items below.

a. Required union dues
b. Required retirement contributions
c. Medical, hospital, and dental insurance
 d. Child support that I pay for children from other relationships
 e. Spousal support that I pay by court order from a different marriage
 f. Partner support that I pay by court order from a different domestic partnership
 g. Necessary job-related expenses not reimbursed by my employer

11. Assets

Fill in this section if you have any of the assets listed here.

a. Cash and checking accounts
b. Stocks, bonds, and other assets I could easily sell
c. All other property, real and 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.
12. The following people live with me:

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Relationship to each person</th>
<th>How the person is related to me (ex: son)</th>
<th>That person's gross monthly income</th>
<th>Pays some of the household expenses?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>a.</td>
</tr>
</tbody>
</table>

13. Average monthly expenses

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Home:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(1) Rent or mortgage</td>
<td>$400.00</td>
</tr>
<tr>
<td></td>
<td>(a) average principal:</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>(b) average interest:</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>(2) Real property taxes</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>(if not included above)</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>(4) Maintenance and repair</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>b. Health-care costs not paid by insurance</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>c. Child care</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>d. Groceries and household supplies</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>e. Eating out</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>f. Utilities (gas, electric, water, trash)</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>g. Telephone, cell phone, and e-mail</td>
<td>$</td>
</tr>
</tbody>
</table>

14. Installment payments and debts not listed above

<table>
<thead>
<tr>
<th>Paid to</th>
<th>For</th>
<th>Amount</th>
<th>Balance</th>
<th>Date of last payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visa</td>
<td>General Purchases</td>
<td>$100.00</td>
<td>$3,000.00</td>
<td>6/2018</td>
</tr>
<tr>
<td>Kohl's</td>
<td>Clothing</td>
<td>$55.00</td>
<td>$1,000.00</td>
<td>5/2018</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

15. Attorney

Only complete this section if you had an attorney and want the other party to pay for your attorney.

a. To date
b. The amount
  c. I still owe
  d. My attorney

I confirm this form

Date:

Dare your ATTORNEY signs form

Your ATTORNEY prints his/her name here

Your ATTORNEY signs his/her name here

(TYPE OR PRINT NAME) (SIGNATURE OF DECLARANT)
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 *(If you're unsure of the percentages, describe your parenting schedule here.)*

For example: The children live with me and are with the other parent every 1st and 3rd weekend from Friday at 6pm to Sunday at 6pm.

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**
   - 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):* ...........................................

   *(Specify how much per month and for how many months.)*

19. **Special hardships.** I ask the court to consider the following special financial circumstances *(attach documentation of any item listed here, including court orders).*
   - 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):**

   Write any information here that you want the court to know regarding child support in this case.