

SUPERIOR COURT OF CALIFORNIA, COUNTY OF KERN

1215 Truxtun Ave., Bakersfield, Ca. 93301
 1112 Jefferson St., Delano, Ca. 93215

1773 Hwy. 58, Mojave, Ca. 9351
 132 East Coso St., Ridgecrest, Ca. 93555
 325 Central Valley Hwy., Shafter, Ca. 93263

Attorney or Party without Attorney (Name, State Bar No., and Address, Telephone No.)	FOR COURT USE ONLY
E-MAIL ADDRESS: _____ FAX NUMBER: _____	
ATTORNEY FOR: (Name): Self-Represented	
Petitioner/Plaintiff: Respondent/Defendant: Other parent:	
<input type="checkbox"/> PETITIONER <input type="checkbox"/> RESPONENT'S <input type="checkbox"/> SETTLEMENT CONFERENCE STATEMENT <input type="checkbox"/> TRIAL BRIEF	
Date of Hearing/Trial: _____ Time: _____ Div. _____	CASE NUMBER: _____

PETITION FOR CUSTODY and SUPPORT **PATERNITY**

1. MEET AND CONFER STATEMENT:

A. Date of Conference: _____

B. In Person Yes No or by Telephone: Yes No

C. Place: _____

D. Issues Settled: None Are as follows:

i. _____

E. Issues to be Litigated: None Are as follows:

i. _____

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2. STATISTICAL INFORMATION:

A. Date Petition filed: _____

B. Date Respondent was served: _____ or Date Response filed: _____

C. Existing Department of Child Support Case: Yes No

D. Petitioner's Age: _____ and Employment: _____

E. Petitioner's Net Monthly Income: _____

F. Respondent's Age: _____ and Employment: _____

G. Respondent's Net Monthly Income: _____

H. Minor Children:

Name	Date of Birth	Age	Sex	Primary Physical Custodian

3. EXISTING COURT ORDERS:

A. Child Custody and Visitation

Date of Order _____ Accept Do Not Accept

B. Child Support

Date of Order _____ Accept Do Not Accept

C. Other Orders

_____ Accept Do Not Accept

Describe other orders: _____

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4. SETTLED and DISPUTED ISSUES

A. Child Custody and Visitation

Do the parties have Agreement?

Yes No

If the parties do not have an Agreement, describe your proposal:

B. Child Support

Do the parties have Agreement?

Yes No

If the parties do not have an Agreement, describe your proposal:

C. Other Orders

Do the parties have Agreement?

Yes No

If the parties do not have an Agreement, describe your proposal:

If a party's Income and Expense Declaration is more than three months old, or if there have been significant changes since filing the last Income and Expense Declaration, a new Income and Expense Declaration must be prepared and filed with this document.

5. Attachments

- Attachment No. ____: Income and Expense Declaration (FL-150) PETITIONER
- Attachment No. ____: Income and Expense Declaration (FL-150) RESPONDENT
- Attachment No. ____: Mediation Agreement
- Attachment No. ____: List of Witness (Use only if this is a Trial Brief)
- Attachment No. ____: List of Exhibits (Use only if this is a Trial Brief)
- OTHER: ____ : _____

Date: _____

Date: _____

Petitioner print name

Respondent print name

Petitioner Signature

Respondent Signature

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) per month per week 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:
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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 (ex: son)	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)*:

PLAINTIFF/PETITIONER:	CASE NUMBER:
DEFENDANT/RESPONDENT:	

DECLARATION

(This form must be attached to another form or court paper before it can be filed in court.)

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)

- Attorney for
- Plaintiff
- Petitioner
- Defendant
- Respondent
- 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: _____	
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

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

EXHIBIT: _____

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> 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)