Self-Help Center
Family Law Facilitator Office
www.slocourts.net

Superior Court of California
County of San Luis Obispo

SAMPLE FORMS
CHILD SUPPORT

7/10/17

REQUEST FOR ORDER

If you have a family law case opened, you may file a Request for Order to obtain or modify court orders.

1	COMPLETE PAPERS	☐ FL-300 Request for Order ☐ MC-025 Attachment to Judicial Council Form (optional) ☐ FL013 SLO form Statement of Venue (only if not previously filed) ☐ FL-330 Proof of Personal Service ☐ FL-320 Blank Responsive Declaration (leave blank) **If there are child custody/visitation issues you may also need:** ☐ FL-311 Child Custody and Visitation Application Attachment ☐ FL-312 Child Abduction Prevention ☐ FL-341(C) Children's Holiday Schedule ☐ FL-341(D) Additional Custody Provisions ☐ FL-341(E) Joint Legal Custody **If there are child support or spousal support issues you may also need:** ☐ FL-155 Financial Statement (Simplified) or ☐ FL-150 Income and Expense Decl. ☐ FLF Form Declaration Re: SLO Family Law Policies and Procedures Manual §2:8
2	MEDIATION IF REQUIRED	If your Request for Order is regarding child custody or visitation, then you must schedule a mediation appointment by calling (805) 226-3251. The date, time and location of your appointment should appear on item 6 of page one of the FL-300 Request for Order.
3	MAKE COPIES, FILE FORMS & GET DATE	The Court Clerk will need the original documents plus 2 copies. All originals must be 2-hole punched. When you take the originals plus the 2 copies to the Court, the clerk will give you a hearing date and time. The clerk will keep the originals and return the 2 copies to you. Bring money to pay the filing fee if you do not qualify for a fee waiver.
4	GIVE PAPERS TO OTHER PARTY	Someone who is 18 years or older must then personally deliver to the other party a copy of all the Request for Order documents in addition to a blank FL-320 Responsive Declaration. If support is an issue then the other party must also receive a completed and blank Declaration Re: SLO Family Law Policies and Procedures Manual §2:8 and FL-155 Financial Statement (Simplified) or FL-150 Income and Expense Declaration. The other party must receive these documents at least 16 court days before the hearing.
5	FILE PROOF OF SERVICE	The person who gave the documents to the other party must complete, date and sign the FL-330 Proof of Personal Service. When this form is completed you should make a copy for your records and file the original with the Court.
6	GO TO COURT	On the day of your hearing, arrive at least 15 minutes early. When the judge first calls your name, tell the judge how much time you expect your case to take. When your case is called for the hearing part, the judge may want to ask either party more questions. The court may also allow each of you to question the other side if there is a dispute over some facts, such as income.
7	PREPARE THE COURT ORDER	The judge will generally grant or deny your request at the end of your hearing. You will then need to prepare a Findings and Order After Hearing for the judge to sign. To do this, wait 10 days after your hearing, then visit the clerk's office and ask for a copy of the case summary. There will be a small charge. The Self-Help Center / Family Law Facilitator's Office will help you prepare the order.

WHERE TO GET FORMS:

☐ **Internet**: For free, you can log onto www.courts.ca.gov/forms.htm and hover over "Forms & Rules" and then click on "Browse All Forms." You can locate the forms needed by the Family Law form group and then by form number.

☐ **Court Clerk's Office**: For $5, you may go to any of the County Courthouses to purchase a packet of blank forms.

COSTS INVOLVED:

Filing Fee: $60 filing fee for the Request for Order. There is an additional fee of $25 to modify or enforce child custody or visitation orders. The court will also charge a first appearance fee of $435 if it was not previously paid or waived. There will also be a $30 fee if you want a court reporter present at your hearing. If you do not have a court reporter present at your hearing, you will not be able to request a transcript of your hearing in the future.

Fee Waiver: If you cannot afford to pay the fees mentioned above, you may obtain the forms to apply for a fee waiver on the internet at www.courts.ca.gov/forms.htm or at any of our Courthouses. The fee waiver forms are:

☐ FW-001 Application for Order on Waiver of Court Fees and Costs

☐ FW-003 Order on Application for Waiver of Court Fees and Costs

THE DECLARATION IS AN IMPORTANT PART OF YOUR PAPERWORK:

The declaration is an important part of your case. Your declaration must explain all the reasons the court should grant the orders you are requesting. Your declaration is a persuasive document that provides the judge as much detail as you can give. Remember, it is the judge's job to reach conclusions. It is your job to give the judge facts, details, dates, description of events, etc. so that the judge can consider them in making a decision. In your declaration, you must answer the question about why the judge should grant the orders you are requesting. On the day of the hearing, you may forget to tell the judge important facts. So, do your best to include in your declaration all the facts and details you want the judge to consider.

Your declaration may be up to 10 pages long, double-spaced using 12 point font. When writing or typing your declaration, keep in mind the judge will have to read this and refer to it at your hearing. Use descriptive headings for your paragraphs. This should tell the judge what the paragraph is about. You should start with the most important issue and the most recent event. When the judge is finished reading your declaration there should be no doubt about what you want, why you want it and why the judge should do what you want.

ATTACHING DOCUMENTS TO YOUR DECLARATION - EXHIBITS

Exhibits are documents that support something you are saying in your declaration. If you believe there are documents the judge should read, you may attach them to your declaration. You must properly describe the document in your declaration by stating what the document is, what exhibit number you have assigned it and why the document is important for the judge to consider. Your exhibit number will start with a P if you are the Petitioner and an R if you are the Respondent. If you previously filed exhibits then start with the number following your last exhibit. For example:

> Attached as Exhibit P1 is a true and correct copy of my paystubs for the last 3 months which show that my gross monthly income is $1550.

WHAT ORDERS CAN YOU REQUEST?

☐ **Legal Custody**: Legal custody deals with the parents' right to make the decisions relating to the child's health, education and welfare. One or both parents can have legal custody. If both parents are making decisions about the child it is called joint legal custody. When writing your declaration you need to explain why it is in the child's best interest for one or both parents to make these decisions. If you are trying to modify an existing order then you need to explain any substantial changes in circumstances since the date of the existing order.

☐ **Physical Custody:** Physical custody deals with the days and times that the child will spend with each parent. If the child primarily lives with one parent it is called physical custody. If you are requesting that both parents spend a substantial period of time with the child, it is called Joint Physical Custody. When writing your declaration you need to explain why your proposed physical custody request is in the child's best interest. If you are trying to modify an existing order then you need to explain any substantial changes in circumstances since the last order.

☐ **Visitation**: Visitation is the time that the child spends with the parent who does not have primary physical custody. When writing your declaration you need to explain why your proposed visitation schedule is in the child's best interest. If you are trying to modify an existing order then you need to explain any substantial changes in circumstances since the date of the existing order. There are several options to choose from, generally they are: (1) Reasonable Visitation (2) Specific Visitation Schedule (3) Supervised Visitation. Reasonable visitation does not define the days and times that each parent will have physical custody of the child. A reasonable visitation court order usually works when both parents are in agreement about the time share that each is to have with the child. A specific visitation schedule defines the days and times that each parent will have physical custody of the child. A specific visitation schedule may be necessary for parents who have a difficult time agreeing on the days and times that each parent will spend with the child. Supervised Visitation requires that a responsible adult be present during any visitation times with the child. A supervised visitation order may be necessary if there are reasonable concerns that a parent may harm the child if left alone.

☐ **Prevent Child Abduction**: If there are facts that show that the other parent may be thinking of taking the child and hiding the child from you, then you may request orders to prevent the other parent from abducting the child. When writing your declaration you need to explain what the other party has done or plans to do to take and hide the child from you.

☐ **Child Support**: Both parents are required to financially support the minor child. Child support is the amount of money that one parent pays to the other to equalize the financial responsibility. The amount of child support is arrived by inputting several numbers into a formula. The main factors that are taken into consideration are: (1) Dad's gross monthly income (2) Mom's gross monthly income and (3) Percentage of time that is spent with the child. When writing your declaration, you must address each of these factors. The judge needs to know what you are claiming each of these numbers is and also how you arrived at those numbers. Other facts that may be discussed in your declaration are: (1) the other parent's ability to earn income, (2) the number of other biological children living with you (3) the amount of child care costs per month (4) the amount of rental income received (5) the amount of property taxes and mortgage interest paid per month and (6) the amount paid per month for health insurance premiums. You may attach any supporting documentation to your declaration as exhibits. Be prepared for what the amount of child support might be. Before you file your Request for Order, the Self-Help Center / Family Law Facilitator may help you calculate the amount of child support or you may go to https://www.cse.ca.gov/ChildSupport/cse/guidelineCalculator to calculate the child support amount on your own.

☐ **Spousal Support** (formerly known as "ALIMONY"): The judge has discretion to order the payment of spousal support. The judge will consider several factors before deciding whether to award spousal support, the amount of spousal support and the length of time that spousal support will be received. Some of the factors the judge will consider when requesting temporary spousal support are:

(1) Spouse's ability to pay spousal support;
(2) Other spouse's need to receive spousal support and;
(3) Standard of living during your marriage.

When writing your declaration, you must address each of these factors. The judge needs to know what you think your spouse's income is and how you arrived at that number. In addition, your declaration must give details that describe your standard of living during the marriage which may include the number and kinds of vacations you took together, the kind of home you lived in, the kind of cars you owned, etc.

Other factors that you may include in your declaration are the following:
(1) Length of marriage;
(2) Age and health of each spouse;
(3) How much income each spouse can earn on their own;
(4) What the expenses of each spouse are;
(5) The history of the way the couple handled money during the marriage;
(6) Whether having a job would make it too hard to take care of the children;
(7) Whether one spouse helped the other get an education, training, career, or professional license;
(8) Whether there was domestic violence in the marriage or domestic partnership and;
(9) Whether one spouse's career was affected by unemployment, or by taking care of the children or home.

☐ **Attorney's Fees and Costs**: You may request that the other party pay for your attorney's fees and costs. The judge has discretion to grant or deny this request. When writing your declaration, you must establish in sufficient detail that the other party has the financial ability to pay your attorney's fees and costs.

☐ **Property Restraint**: You may request that the other party be prohibited from cashing out 401K's, checking accounts, savings accounts, etc. When writing your declaration, you must describe why this order is necessary.

☐ **Property Control**: You may request an order giving you permission to use a car or live in the house. Your declaration must describe why this order is necessary.

☐ **Other Relief**: You may request any other relief not already covered. For example, you may request to (1) set aside default (2) change venue (3) reimbursement of half of uninsured health care expenses. Your declaration must describe why this order is necessary.

PARTY WITHOUT ATTORNEY OR ATTORNEY: STATE BAR NO.:	FOR COURT USE ONLY
NAME: Pat Sample FIRM NAME: STREET ADDRESS: 1234 Main Street CITY: San Luis Obispo STATE: CA ZIP CODE: 93401 TELEPHONE NO.: (805) 555-1234 FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name): Petitioner in Pro Per	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF San Luis Obispo STREET ADDRESS: 1035 Palm Street, Room 385 MAILING ADDRESS: CITY AND ZIP CODE: San Luis Obispo, CA 93408 BRANCH NAME:	
PETITIONER: Pat Sample RESPONDENT: Sam Sample OTHER PARENT/PARTY:	
REQUEST FOR ORDER ☐ CHANGE ☐ TEMPORARY EMERGENCY ORDERS ☐ Child Custody ☐ Visitation (Parenting Time) ☐ Spousal or Partner Support ☒ Child Support ☐ Domestic Violence Order ☐ Attorney's Fees and Costs ☐ Property Control ☐ Other (specify):	CASE NUMBER: FL070572

NOTICE OF HEARING

1. TO (name(s)): Sam Sample
   ☐ Petitioner ☒ Respondent ☐ Other Parent/Party ☐ Other (specify):

2. **A COURT HEARING WILL BE HELD AS FOLLOWS:**

   a. Date: Time: ☐ Dept.: ☐ Room:

   b. Address of court ☒ same as noted above ☐ other (specify):

3. **WARNING to the person served with the *Request for Order:*** The court may make the requested orders without you if you do not file a *Responsive Declaration to Request for Order* (form FL-320), serve a copy on the other parties at least nine court days before the hearing (unless the court has ordered a shorter period of time), and appear at the hearing. *(See form FL-320-INFO for more information.)*

(Forms FL-300-INFO and DV-400-INFO provide information about completing this form.)

COURT ORDER
(FOR COURT USE ONLY)

It is ordered that:

4. ☐ Time ☐ for service ☐ until the hearing is shortened. Service must be on or before *(date):*
5. ☐ A *Responsive Declaration to Request for Order* (form FL-320) must be served on or before *(date):*
6. ☐ The parties must attend an appointment for child custody mediation or child custody recommending counseling as follows *(specify date, time, and location):*
7. ☐ The orders in *Temporary Emergency (Ex Parte) Orders* (form FL-305) apply to this proceeding and must be personally served with all documents filed with this *Request for Order.*
8. ☐ Other *(specify):*

Date:

JUDICIAL OFFICER

PETITIONER: **Pat Sample** RESPONDENT: **Sam Sample** OTHER PARENT/PARTY:	CASE NUMBER: **FL070572**

REQUEST FOR ORDER

Note: Place a mark ☒ in front of the box that applies to your case or to your request. If you need more space, mark the box for "Attachment." For example, mark "Attachment 2a" to indicate that the list of children's names and birth dates continues on a paper attached to this form. Then, on a sheet of paper, list each attachment number followed by your request. At the top of the paper, write your name, case number, and "FL-300" as a title. (You may use *Attached Declaration* (form MC-031) for this purpose.)

1. ☐ RESTRAINING ORDER INFORMATION
   One or more domestic violence restraining/protective orders are now in effect between *(specify):*
   ☐ Petitioner ☐ Respondent ☐ Other Parent/Party *(Attach a copy of the orders if you have one.)*
   The orders are from the following court or courts *(specify county and state):*
   a. ☐ Criminal: County/state *(specify):* Case No. *(if known)*:
   b. ☐ Family: County/state *(specify):* Case No. *(if known)*:
   c. ☐ Juvenile: County/state *(specify):* Case No. *(if known)*:
   d. ☐ Other: County/state *(specify):* Case No. *(if known)*:

2. ☐ CHILD CUSTODY ☐ I request temporary emergency orders
   ☐ VISITATION (PARENTING TIME)
   a. I request that the court make orders about the following children *(specify):*

Child's Name	Date of Birth	☐ Legal Custody to *(person who decides: health, education, etc):*	☐ Physical Custody to *(person with whom child lives):*

☐ Attachment 2a.

   b. ☐ The orders I request for ☐ child custody ☐ visitation (parenting time) are:
      (1) ☐ Specified in the attached forms:
      ☐ Form FL-305 ☐ Form FL-311 ☐ Form FL-312 ☐ Form FL-341(C)
      ☐ Form FL-341(D) ☐ Form FL-341(E) ☐ Other *(specify):*
      (2) ☐ As follows *(specify):* ☐ Attachment 2b.

   c. The orders that I request are in the best interest of the children because *(specify):* ☐ Attachment 2c.

   d. ☐ This is a change from the current order for ☐ child custody ☐ visitation (parenting time).
      (1) ☐ The order for legal or physical custody was filed on *(date)*: . The court ordered *(specify):*
      (2) ☐ The visitation (parenting time) order was filed on *(date)*: . The court ordered *(specify):*

☐ Attachment 2d.

PETITIONER: Pat Sample RESPONDENT: Sam Sample OTHER PARENT/PARTY:	CASE NUMBER: FL070572

3. [X] CHILD SUPPORT
(Note: An earnings assignment may be issued. See *Income Withholding for Support* (form FL-195))
a. I request that the court order child support as follows:

Child's name and age	[X] I request support for each child based on the child support guideline.	[ ] Monthly amount ($) requested (if not by guideline)
Chad Sample	8	
Madison Sample	6	

[ ] Attachment 3a.

b. [ ] I want to change a current court order for child support filed on *(date):*
The court ordered child support as follows *(specify):*

c. I have completed and filed with this *Request for Order* a current *Income and Expense Declaration* (form FL-150) or I filed a current *Financial Statement (Simplified)* (form FL-155) because I meet the requirements to file form FL-155.

d. The court should make or change the support orders because *(specify)*: [ ] Attachment 3d.
The Respondent and I separated on January 1, 2016, and he has not helped me financially to care for our children. The Respondent works full-time at Mindbody and spends alternating weekends with our children.

4. [ ] SPOUSAL OR DOMESTIC PARTNER SUPPORT
(Note: An *Earnings Assignment Order For Spousal or Partner Support* (form FL-435) may be issued.)
a. [ ] Amount requested *(monthly)*: $
b. [ ] I want the court to [ ] change [ ] end the current support order filed on *(date):*
The court ordered $ per month for support.
c. [ ] This request is to modify (change) spousal or partner support after entry of a judgment.
I have completed and attached *Spousal or Partner Support Declaration Attachment* (form FL-157) or a declaration that addresses the same factors covered in form FL-157.
d. I have completed and filed a current *Income and Expense Declaration* (form FL-150) in support of my request.
e. The court should make, change, or end the support orders because *(specify):* [ ] Attachment 4e.

5. [ ] PROPERTY CONTROL [ ] I request temporary emergency orders
a. The [ ] petitioner [ ] respondent [ ] other parent/party be given exclusive temporary use, possession, and control of the following property that we [ ] own or are buying [ ] lease or rent *(specify):*

b. The [ ] petitioner [ ] respondent [ ] other parent/party be ordered to make the following payments on debts and liens coming due while the order is in effect:

Pay to: _____ For: _____ Amount: $ _____ Due date: _____
Pay to: _____ For: _____ Amount: $ _____ Due date: _____
Pay to: _____ For: _____ Amount: $ _____ Due date: _____
Pay to: _____ For: _____ Amount: $ _____ Due date: _____

c. [ ] This is a change from the current order for property control filed on *(date):*
d. Specify in Attachment 5d the reasons why the court should make or change the property control orders.

Essential Forms

PETITIONER: **Pat Sample** RESPONDENT: **Sam Sample** OTHER PARENT/PARTY:	CASE NUMBER: **FL070572**

6. ☐ ATTORNEY'S FEES AND COSTS
   I request attorney's fees and costs, which total *(specify amount):* $. I filed the following to support my request:
   a. A current *Income and Expense Declaration* (form FL-150).
   b. A *Request for Attorney's Fees and Costs Attachment* (form FL-319) or a declaration that addresses the factors covered in that form.
   c. A *Supporting Declaration for Attorney's Fees and Costs Attachment* (form FL-158) or a declaration that addresses the factors covered in that form.

7. ☐ DOMESTIC VIOLENCE ORDER

   - Do not use this form to ask for domestic violence restraining orders! Read form DV-505-INFO, *How Do I Ask for a Temporary Restraining Order,* for forms and information you need to ask for domestic violence restraining orders.
   - Read form DV-400-INFO, *How to Change or End a Domestic Violence Restraining Order* for more information.

   a. The *Restraining Order After Hearing* (form DV-130) was filed on *(date):*
   b. I request that the court ☐ change ☐ end the personal conduct, stay-away, move-out orders, or other protective orders made in *Restraining Order After Hearing* (form DV-130). (*If you want to change the orders, complete 7c.)*
   c. ☐ I request that the court make the following changes to the restraining orders *(specify):* ☐ Attachment 7c.
   d. I want the court to change or end the orders because (*specify*): ☐ Attachment 7d.

8. ☐ OTHER ORDERS REQUESTED *(specify):* ☐ Attachment 8.

9. ☐ TIME FOR SERVICE / TIME UNTIL HEARING I urgently need:
   a. ☐ To serve the *Request for Order* no less than (*number):* court days before the hearing.
   b. ☐ The hearing date and service of the *Request for Order* to be sooner.
   c. I need the order because *(specify):* ☐ Attachment 9c.

10. ☒ FACTS TO SUPPORT the orders I request are listed below. The facts that I write in support and attach to this request cannot be longer than 10 pages, unless the court gives me permission. ☒ Attachment 10.

I declare under penalty of perjury under the laws of the State of California that the information provided in this form and all attachments is true and correct.

Date: **7/12/2016**

Pat Sample (TYPE OR PRINT NAME)

▶ *Pat Sample* (SIGNATURE OF APPLICANT)

Requests for Accommodations
Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least five days before the proceeding. Contact the clerk's office or go to *www.courts.ca.gov/forms* for *Request for Accommodations by Persons With Disabilities and Response* (form MC-410). (Civ. Code, § 54.8.)

Case Name: Case Number:

I declare that I am the ☐ Petitioner ☐ Respondent in this matter and if I were called to court and were sworn under oath, I would testify to the truth of the facts contained in this declaration as follows:

CHILD SUPPORT REQUEST:

1. ☐ I do not have a child support order and I am requesting a child support order at this time.

2. ☐ I have a child support order and I am requesting that it be changed because ☐ my income has changed ☐ the other party's income has changed ☐ the amount of time with the child(ren) has changed ☐ other: _____

_____.

TOTAL CHILD SUPPORT AWARD

Guideline Child Support:

3. I am requesting guideline child support to be awarded for my ____ child(ren) allocated in the manner provided by law ☐ in the amount of $_____ per month.

Additional Child Care Costs:

4. ☐ I am requesting additional support, in the amount of $_____ be awarded pursuant to Family Code Section 4062 for child care costs related to my employment. The child care costs ☐ do not vary ☐ do vary each month. I am requesting the additional support based upon the following: _____

_____.

5. ☐ I am requesting that the opposing party be responsible to pay 50% of all future child care expenses for the children as they are incurred and such child care costs shall be paid within 15 days of being notified of the amount due. On information and belief, the court is authorized to order the opposing party to assume a percentage of these future expenses.

Additional Reasonable Health Care Costs:

6. I am requesting that the opposing party be responsible to pay 50% of all future reasonable uninsured health care costs for the children as they are incurred and such health care costs shall be paid within 15 days of being notified of the amount due. On information and belief, the court is authorized to order the opposing party to assume a percentage of these future expenses.

7. ☐ The total amount of child support I am requesting is $____.

BASIS FOR THE CHILD SUPPORT AWARD REQUESTED

My Income:

8. My gross monthly income is $_____. I determined this amount based on the following:_____

_____.

My Tax Filing Status and Dependents:

9. My tax filing status is a. ☐ Head of Household b. ☐ Single c. ☐ Married Filing ☐ Jointly ☐ Separately ☐ with the other party ☐ with my new spouse. The number of exemptions I am

claiming is _____ which includes ☐ me ☐ other (specify):

_____.

Other Party's Income:

10. The other party's gross monthly income is $_____.

I determined this amount based on the following: _____

_____.

Other Party's Tax Filing Status and Dependents:

11. The filing status I have assigned to the other party is

a. ☐ Head of Household b. ☐ Single c. ☐ Married Filing

☐ Jointly ☐ Separately ☐ with me ☐ with their new spouse.

The number of exemptions I have calculated is _____ based

on the fact that _____

_____.

Visitation Percentage:

12. I calculated the child visitation percentage for all the

children who are the subject of this action to be equal to ____%

based on actual visitation over the last _____ months. During

this period, the time spent with the minor child(ren) is as

follows: _____

_____.

Other Factors:

13. ☐ **New Spouse Income:** ☐ I ☐ the other party am/is married

to another person. The following is their gross monthly income,

$_____.

14. ☐ **Child Support Paid for Children of Other Relationship:** ☐ I am ordered to pay $_____ ☐ the other party is ordered to pay $_____ child support per month for children of another relationship in case number _____. ☐ Attached as Exhibit ___ is a true and correct copy of ☐ the child support order ☐ other (specify)_____.

15. ☐ **Property Tax:** ☐ I pay $____ ☐ the other party pays $____ per month for property taxes. ☐ Attached as Exhibit ____ is a true and correct copy of the annual property tax statement.

16. ☐ **Mortgage Interest:** ☐ I pay $_____ ☐ the other party pays $_____ per month for mortgage interest. ☐ Attached as Exhibit ____ is a true and correct copy of the loan statement.

17. ☐ **Required Union Dues:** ☐ I pay $_____ ☐ the other party pays $_____ per month for required union dues.

18. ☐ **Health Insurance Premiums:** ☐ I pay $_____ ☐ the other party pays $_____ per month for health insurance premiums.

19. ☐ **Retirement:** ☐ I pay $_____ per month for ☐ mandatory ☐ voluntary retirement. ☐ The other party pays $_____ per month for ☐ mandatory ☐ voluntary retirement.

20. ☐ **Necessary Job-related Expenses:** I am request a hardship deduction for the following necessary job-related expenses: ____

_____

_____.

21. ☐ **Financial Hardship**: I am requesting a hardship deduction for my ___ other child(ren) that live(s) with me that I care for.

22. ☐ **Extraordinary health expenses**: I am financially responsible for the payment of the following extraordinary health expenses: _____

_____.

I pay $___ per month toward the current total balance of $_____.

23. ☐ I calculated the amount of child support using the California Guideline Calculator at www.childsup.ca.gov. I have attached the printout for the Court's reference as Exhibit ____.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Dated:_____ _____

Self-Represented Litigant

_____

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ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY
Pat Sample 1234 Main Street San Luis Obispo, CA 93401 TELEPHONE NO.: (805) 555-1234 E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): Petitioner in Pro Per	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF San Luis Obispo STREET ADDRESS: 1035 Palm Street, Room 385 MAILING ADDRESS: CITY AND ZIP CODE: San Luis Obispo, CA 93408 BRANCH NAME:	
PETITIONER/PLAINTIFF: Pat Sample RESPONDENT/DEFENDANT: Sam Sample OTHER PARENT/CLAIMANT:	
INCOME AND EXPENSE DECLARATION	CASE NUMBER: FL070572

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: Costco
b. Employer's address: 572 Higuera Street, San Luis Obispo, CA
c. Employer's phone number: (805) 297-5555
d. Occupation: Clerk
e. Date job started: February 2014
f. If unemployed, date job ended:
g. I work about 40 hours per week.
h. I get paid $ 18 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)*: 33
   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)*: 2014
   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)*: $ 5,000
   This estimate is based on *(explain)*: He told met that he was earning $60,000 per year, which is just a little more than he was earning at the time we were separated.

(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: 07/12/16

Pat Sample
(TYPE OR PRINT NAME)

▶ Pat Sample
(SIGNATURE OF DECLARANT)

PETITIONER/PLAINTIFF: Pat Sample RESPONDENT/DEFENDANT: Sam Sample OTHER PARENT/CLAIMANT:	CASE NUMBER: FL070572

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)	$ 3,010	3,010
b. Overtime (gross, before taxes)	$	
c. Commissions or bonuses	$	
d. Public assistance (for example: TANF, SSI, GA/GR) ☐ currently receiving	$	
e. Spousal support ☐ from this marriage ☐ from a different marriage	$	
f. Partner support ☐ from this domestic partnership ☐ from a different domestic partnership	$	
g. Pension/retirement fund payments	$	
h. Social security retirement (not SSI)	$	
i. Disability: ☐ Social security (not SSI) ☐ State disability (SDI) ☐ Private insurance.	$	
j. Unemployment compensation	$	
k. Workers' compensation	$	
l. Other (military BAQ, royalty payments, etc.) *(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	$
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, ☐ real and ☐ personal *(estimate fair market value minus the debts you owe)*	$

Martin Dean's ESSENTIAL FORMS™

PETITIONER/PLAINTIFF: Pat Sample RESPONDENT/DEFENDANT: Sam Sample OTHER PARENT/CLAIMANT:	CASE NUMBER: FL070572

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. Chad Sample	8	Son		☐ Yes ☒ No
b. Madison Sample	6	Daughter		☐ Yes ☒ No
c.				☐ Yes ☐ No
d.				☐ Yes ☐ No
e.				☐ Yes ☐ No

13. **Average monthly expenses** ☐ Estimated expenses ☒ Actual expenses ☐ Proposed needs

a. Home:
(1) ☒ Rent or ☐ mortgage $ 1,700
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 $ 600

d. Groceries and household supplies $

e. Eating out $

f. Utilities (gas, electric, water, trash) $ 150

g. Telephone, cell phone, and e-mail $ 150

h. Laundry and cleaning $

i. Clothes $

j. Education $

k. Entertainment, gifts, and vacation $

l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.) $ 250

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)* $ 0

q. Other *(specify)* : $

r. **TOTAL EXPENSES** (a-q) *(do not add in the amounts in a(1)(a) and (b))* $ 2,850

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 OF ATTORNEY) ▶ (SIGNATURE OF ATTORNEY)

Martin Dean's ESSENTIAL FORMS™

PETITIONER/PLAINTIFF: Pat Sample RESPONDENT/DEFENDANT: Sam Sample OTHER PARENT/CLAIMANT:	CASE NUMBER: FL070572

CHILD SUPPORT INFORMATION

(NOTE: Fill out this page only if your case involves child support.)

16. **Number of children**
    a. I have *(specify number)*: 2 children under the age of 18 with the other parent in this case.
    b. The children spend 90 percent of their time with me and 10 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 ..... $ 600
    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)*:

Martin Dean's ESSENTIAL FORMS™

DECLARATION PURSUANT TO SAN LUIS OBISPO SUPERIOR COURT FAMILY LAW POLICIES AND PROCEDURES

INSTRUCTIONS

You will need to complete a Declaration Pursuant to San Luis Obispo Superior Court Family Law Policies and Procedures Manual §2:8 and give the other party the required documents if:

- ► You are filing a Request for Order regarding Child Support
- ► You are filing a Request for Order regarding Spousal Support
- ► You are filing a Request for Order regarding Attorney's Fees
- ► You are responding to a Request for Order regarding Child Support, Spousal Support or Attorney's Fees (where the other side has produced a Declaration)

We have provided you with the Declaration form. As you can see, you will need to fill in the blanks, and produce copies of the listed documents. If you do not have some of the required documents, then use the form to fill in the blanks to explain why you do not have the missing documents. In any event, you should produce the documents that are available to you.

The Declaration should be filed with the Court but not the financial documents. If you are the person who filed the Request for Order, then you will need to have a copy of your Declaration and documents delivered to the other party along with your Request for Order documents and a copy of Rule 2:8 of the Family Law Policies and Procedures Manual. If you are the person who is responding to a Request for Order, then you will need to have a copy of your Declaration and documents delivered by mail to the other party along with your Responsive Declaration documents.

Note that if the other side did not serve a Declaration or documents (or if the documents they produced are minimal), then you can tell the judge at the time of your hearing and/or state it in your Responsive Declaration. You can also tell the judge that you would like to have a continuance and an order that the other side produce their Declaration and documents prior to the date of the next hearing. The judge will decide whether to grant or deny your request for a continuance and order. This may allow you the opportunity to review their documents before the time of the next hearing.

Self Represented Litigant

SUPERIOR COURT OF CALIFORNIA

COUNTY OF SAN LUIS OBISPO

, PETITIONER, AND , RESPONDENT.	Case No.: DECLARATION PURSUANT TO SAN LUIS OBISPO COUNTY FAMILY LAW POLICIES AND PROCEDURES MANUAL § 2:8

1. I, _____, declare that I have provided the following information/documents to the other party, pursuant to the San Luis Obispo County Family Law Policies and Procedures Manual §2:8.

A. A copy of San Luis Obispo County Family Law Policies and Procedures Manual § Rule 2:8.

B. My pay stubs and verification of income from the past six (6) months (except as follows: _____).

C. The last two years' income tax returns (except as follows: _____ _____).

Name: _____ Case Number: _____

D. All of my bank account and deposit account statements from the past 12 months (except the following statements_____ which I cannot locate after searching through all my records and which I cannot obtain from the bank before the hearing because _____).

E. All of the 1099, W-2 and K-1's I received in the last two years (except as follows: _____).

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Dated: _____

_____

Signature of Self- Represented Litigant

_____

Name of Self-Represented Litigant

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Excerpt from San Luis Obispo Superior Court Family Law Policies and Procedures:

2:8 PLEADINGS AND TIME LIMITATIONS

2:8.1 Statement of Purpose

Orders to Show Cause are major events in the lives of family law litigants. Orders to Show Cause consume a large amount of time and money and frequently cause high levels of anxiety and anger. The court's goal is to provide a cost-effective way to resolve disputes that minimizes anxiety and hostility. The following rules require the parties to exchange basic financial information that provides the basis for a settlement without expensive court intervention. If any party fails to obey these rules, he or she will normally be required to pay sanctions and the attorney's fees occasioned by a failure to comply or by the need to continue the hearing.

2:8.2 Service of Documents

In addition to serving the pleadings on the other party as required by California Law and Rules of court, any party requesting or opposing child support, spousal support, family support, or attorney's fees and costs, or seeking to modify an existing support order, must serve with the pleading copies of the following documents and be prepared to lodge proof of service with the courtroom clerk on the day of hearing.

1. The moving and responding parties must exchange:
   a. A copy of all payroll statements and/or evidence of all self-employment income received for last 180 days;
   b. A copy of the last two individual federal income tax returns, including all schedules;
   c. A copy of an income and expense statement and a profit and loss statement covering the preceding twelve months for any business operated by the party;
   d. A copy of each statement issued by any financial or banking institution for any business or personal account maintained by the parties during the preceding 12 months;
   e. A copy of each 1099, W-2 and K-1 received by the parties during the preceding two years.

2. If the party is employed by a subchapter S corporation, or a corporation wherein he or she is at least a 25% shareholder, then the party must additionally provide:
   a. Copies of the two most current corporate federal income tax returns, including all schedules and attachments and;
   b. Copies of all corporate bank statements for the preceding 12 months;
   c. Copies of the most recent Profit and Loss and/or Balance Sheet statements for the corporation.

3. The moving party must serve a copy of this rule on any unrepresented party.

4. Each party must take whatever steps are necessary to secure the documents listed above. Non-compliance and/or bad faith delays are not an option and will normally be sanctioned. If the documents are not immediately available, the party who cannot comply must prepare, serve and file a declaration of why the documents cannot be produced, what efforts are being made to obtain them, when they will be available and the identify and location of the individual who has the documents.

ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406) (Name, State Bar number, and address):	FOR COURT USE ONLY
Pat Sample 1234 Main Street San Luis Obispo, CA 93401 TELEPHONE NO.: (805) 555-1234 FAX NO.: ATTORNEY FOR (Name): Petitioner in Pro Per	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF San Luis Obispo STREET ADDRESS: 1035 Palm Street, Room 385 MAILING ADDRESS: CITY AND ZIP CODE: San Luis Obispo, CA 93408 BRANCH NAME:	
PETITIONER/PLAINTIFF: Pat Sample RESPONDENT/DEFENDANT: Sam Sample OTHER PARENT/PARTY:	CASE NUMBER: FL070572 (If applicable, provide): 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): Sam Sample
3. I served copies of the following documents (specify):
   Request for Order, completed and blank Income and Expense Declaration, completed and blank Declaration Re: SLO Family Law Policies and Procedures Manual §2:8 and blank Responsive Declaration
4. By personally delivering copies to the person served, as follows:
   a. Date: 7/13/2016 b. Time: 9:00am
   c. Address: Sam Sample
   2020 Lincoln Drive
   San Luis Obispo, CA 93401
5. I am
   a. [X] 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):
   Julie Friend
   989 Field St.
   San Luis Obispo, CA 93401
   (805) 555-7777
7. [X] 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: 7/13/16

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

Julie Friend
(SIGNATURE OF PERSON WHO SERVED THE PAPERS)