

# Instructions for filing a Summary Dissolution

## Forms Needed: (\* Mandatory Forms)

- [Joint Petition for Summary Dissolution \(FL-800\) \\*](#)
- [Judgment of Dissolution and Notice of Entry of Judgment \(FL-825\) \\*](#)
- [Notice of Revocation of Joint Petition for Summary Dissolution \(FL-830\)](#)

## Summary Dissolution

To qualify for a summary dissolution of your domestic partnership you must meet ALL of the following requirements:

- Have been married for less than 5 years
- Have no children together born or adopted before or during the marriage or expecting
- Do **not** own any part of land or buildings
- Do **not** owe more than \$7,000 for debts acquired since the date you got married
- Have less than \$57,000 worth of property acquired during the marriage
- Do not have separate property worth more than \$57,000;
- Agree that neither spouse will ever get spousal support; AND
- Have signed an agreement that divides your property (including your cars) and debts.

You can find more information on Summary Dissolution at <https://www.courts.ca.gov/selfhelp-summarydissolution.htm>

<b>1</b>	<b>Complete all Forms</b>	Complete all the documents and both parties need to sign.
<b>2</b>	<b>File with the Court</b>	<p><b><u>In-Person:</u></b> Go to the Clerk's Office window. You will need the following:</p> <ul style="list-style-type: none"> <li>• The original and at least a copy (max 2 copies)</li> </ul> <p><b><u>Drop box or Mail:</u></b> Use the drop off box or mail your forms to the court listed on your forms. Include the following:</p> <ul style="list-style-type: none"> <li>• The original and at least a copy (max 2 copies)</li> <li>• An envelope addressed to yourself with sufficient postage affixed.</li> </ul> <p><b><u>Online:</u></b> Submit your forms online through eSubmit Portal. Follow the instructions below:</p> <ul style="list-style-type: none"> <li>• Electronically sign your documents at all signature lines in the document.</li> <li>• Watch video tutorials to prepare your documents at: <a href="https://youtu.be/DfnvZRUdMVg">https://youtu.be/DfnvZRUdMVg</a></li> <li>• Read instructions and eSubmit documents at: <a href="https://riverside.courts.ca.gov/forms-filing/esubmit">https://riverside.courts.ca.gov/forms-filing/esubmit</a></li> <li>• An eSubmit transaction fee applies</li> </ul> <p><i>The filing fee or <a href="#">fee waiver</a><sup>(1)</sup> will be required at the time of submission. Once the court files the documents, the copies will be returned to you in the same way they were filed.</i></p>
<p>You will need to follow up with the court to finalize your divorce. You are not divorced until a <a href="#">Judgment</a> has been filed.</p>		

**DISCLAIMER:** Our Self-Help Center staff is not your private attorney and does not represent any party. There is NO attorney-client relationship and staff are unable to provide legal advice based on your individual facts. The Self-Help Center staff may provide information and services to the other party in the case. Further, communications between you and Self-Help Center staff is NOT Confidential. You should consult with your own attorney if you want personalized advice or strategy, to have a confidential conversation, or to be represented by an attorney in court.

(1) [https://riverside.courts.ca.gov/SelfHelp/FamiliesChildren/FIPackets/feewaiver\\_packet.pdf](https://riverside.courts.ca.gov/SelfHelp/FamiliesChildren/FIPackets/feewaiver_packet.pdf) (2) <https://www.courts.ca.gov/documents/fl825.pdf>

Superior Court of California  
County of Riverside  
Summary Dissolution

**Your Information:**

Name (First, Middle, Last): \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

**Other Party's Information:**

Name (First, Middle, Last): \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

**Date of Marriage:**

\_\_\_\_\_ or \_\_\_\_\_  
MM/DD/YYYY MM/DD/YYYY

**Date of Domestic Partnership:**

**Date of Separation:**

\_\_\_\_\_  
MM/DD/YYYY

**Type of Case**

Dissolution     Domestic Partnership

**Where is your case filed?**

PARTY WITHOUT ATTORNEY OR ATTORNEY:     TELEPHONE NO.: EMAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE	
MARRIAGE OR DOMESTIC PARTNERSHIP OF PETITIONER 1: PETITIONER 2:	
<b>JOINT PETITION FOR SUMMARY DISSOLUTION</b> <input type="checkbox"/> MARRIAGE <input type="checkbox"/> DOMESTIC PARTNERSHIP	CASE NUMBER:

**We petition for a summary dissolution of marriage, registered domestic partnership, or both** and declare that all the following conditions exist on the date this petition is filed with the court:

1. We have read and understand the *Summary Dissolution Information* booklet (form FL-810).
2. a.  We were married on (date):  
 b.  We registered as domestic partners on (date):
3.  We separated on (date):
4. Less than five years have passed between the date of our marriage and/or registration of our domestic partnership and the date of our separation.
5. a.  One of us has lived in California for at least six months and in the county of filing for at least the three months preceding the date of filing. Or we are only asking to end a domestic partnership registered in California.  
 b.  We are the same sex and were married in California but are not residents of California. Neither of us lives in a place that will allow us to divorce. We are filing this case in the county in which we married.
6. There are no minor children who were born of our relationship before or during our marriage or domestic partnership or adopted by us during our marriage or domestic partnership. Neither one of us, to our knowledge, is pregnant.
7. Neither of us has an interest in any real property anywhere. **(You may have a lease for a residence in which one of you lives. It must terminate within a year from the date of filing this petition. The lease must not include an option to purchase.)**
8. Except for obligations with respect to cars, on obligations incurred by either or both of us during our marriage or domestic partnership, we owe no more than \$7,000.
9. The total fair market value of community property assets, not including what we owe on those assets and not including cars, is less than \$57,000.
10. Neither of us has separate property assets, not including what we owe on those assets and not including cars, in excess of \$57,000.
11. We each have filled out and given the other an *Income and Expense Declaration* (form FL-150).
12. We have complied with the preliminary disclosure requirements as follows:
  - a. We each have disclosed information about the value and division of our property by filling out and giving each other copies of the documents listed in (1) or (2) below (specify):
    - (1)  The worksheets on pages 7, 9, and 11 of the *Summary Dissolution Information* booklet (form FL-810).
    - (2)  A *Declaration of Disclosure* (form FL-140), a *Schedule of Assets and Debts* (form FL-142), or *Property Declaration* (form FL-160), and all attachments to these forms.
  - b. We have told each other in writing about any investment, business, or other income-producing opportunities that came up after we were separated based on investments made or work done during the marriage or domestic partnership and before our separation.
  - c. We have exchanged all tax returns each of us has filed within the two years before disclosing the information described in 12a.

PETITIONER 1: PETITIONER 2:	CASE NUMBER:
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13. (Check whichever statement is true.)

- a.  We have no community assets or liabilities.
- b.  We have signed an agreement listing and dividing all our community assets and liabilities and have signed all the papers necessary to carry out our agreement. A copy of our agreement is attached to the *Judgment of Dissolution and Notice of Entry of Judgment* (form FL-825).

14. Irreconcilable differences have caused the irremediable breakdown of our marriage and/or domestic partnership, and each of us wishes to have the court dissolve our marriage and/or domestic partnership without our appearing before a judge.

- 15. a.  Petitioner 1 desires to have a former name restored. That name is (specify):
- b.  Petitioner 2 desires to have a former name restored. That name is (specify):

16. We each give up our rights to appeal and to move for a new trial after the effective date of our *Judgment of Dissolution*.

17. Each of us forever gives up any right to spousal or domestic partner support from the other.

18. We each agree to keep the court and each other informed of any change of mailing address or phone number occurring within six months from the filing of this joint petition using the *Notice of Change of Address or Other Contact Information* (form MC-040).

19. We are submitting the original and three copies of the proposed *Judgment of Dissolution and Notice of Entry of Judgment* (form FL-825) and two stamped envelopes together with this petition. One envelope is addressed to Petitioner 1 and the other to Petitioner 2.

20. We agree that this matter may be determined by a commissioner sitting as a temporary judge.

21. Mailing address of Petitioner 1

22. Mailing address of Petitioner 2

Name:  
Address:

Name:  
Address:

City:  
State:  
Zip Code:

City:  
State:  
Zip Code:

23. Number of pages attached: \_\_\_\_\_

I declare under penalty of perjury under the laws of the State of California that the foregoing and all attached documents are true and correct.

I declare under penalty of perjury under the laws of the State of California that the foregoing and all attached documents are true and correct.

Date:

Date:

▶ \_\_\_\_\_

(SIGNATURE OF PETITIONER 1)

▶ \_\_\_\_\_

(SIGNATURE OF PETITIONER 2)

**NOTICES**

**Your marriage and/or domestic partnership will end six months from the date of filing this joint petition. Both petitioners will receive a stamped copy from the court of the *Judgment of Dissolution and Notice of Entry of Judgment* (form FL-825) stating the effective date of your dissolution. Until the effective date specified on form FL-825 for the dissolution of your marriage and/or domestic partnership, either one of you can stop this joint petition by filing a *Notice of Revocation of Petition for Summary Dissolution* (form FL-830). If you stop this joint petition, you will STILL be married or in a domestic partnership.**

Dissolution may automatically cancel the rights of a spouse or domestic partner under the other spouse's or domestic partner's will, trust, retirement plan, power of attorney, pay-on-death bank account, transfer-on-death vehicle registration, survivorship rights to any property owned in joint tenancy, and any other similar instrument. It does not automatically cancel the rights of a spouse or domestic partner as beneficiary of the other spouse's or domestic partner's life insurance policy. You should review these matters, as well as any credit card accounts, other credit accounts, insurance policies, and credit reports to determine whether they should be changed or whether you should take any other actions. However, some changes may require the agreement of your spouse or domestic partner or a court order. (See Fam. Code, §§ 231–235.)

PARTY WITHOUT ATTORNEY OR ATTORNEY (Name, State Bar number, and address):  <hr/> TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): <b>Self-Represented</b>	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE</b>	
<b>MARRIAGE OR DOMESTIC PARTNERSHIP OF</b> PETITIONER 1:  PETITIONER 2:	
<b>JUDGMENT OF DISSOLUTION AND NOTICE OF ENTRY OF JUDGMENT</b> <input type="checkbox"/> MARRIAGE <input type="checkbox"/> DOMESTIC PARTNERSHIP	CASE NUMBER:

Use this form ONLY if the *Joint Petition for Summary Dissolution* (form FL-800) was filed after January 1, 2011. If the *Joint Petition for Summary Dissolution* was filed before January 1, 2011, use *Request for Judgment, Judgment of Dissolution, and Notice of Entry of Judgment* (form FL-820) instead.

**1. THE COURT ORDERS**

- a. A judgment of dissolution of marriage and/or domestic partnership will be entered, and the parties are restored to the status of single persons, effective (date):
  - b.  The former name of Petitioner 1 is restored (specify):
  - c.  The former name of Petitioner 2 is restored (specify):
- Both petitioners must comply with any agreement attached to this judgment.

Date: \_\_\_\_\_

\_\_\_\_\_  
JUDICIAL OFFICER

**NOTICE:** Dissolution may automatically cancel the rights of a spouse or domestic partner under the other spouse or domestic partner's will, trust, retirement benefit plan, power of attorney, pay-on-death bank account, transfer-on-death vehicle registration, survivorship rights to any property owned in joint tenancy, and any other similar instrument. It does not automatically cancel the rights of a spouse or domestic partner as beneficiary of the other spouse's or domestic partner's life insurance policy. You should review these matters, as well as any credit cards, other credit accounts, insurance policies, retirement benefit plans, and credit reports to determine whether they should be changed or whether you should take any other actions.

**NOTICE OF ENTRY OF JUDGMENT**

2. You are notified that a judgment of dissolution of
- a.  marriage
  - b.  domestic partnership
- was entered on (date):

Date: \_\_\_\_\_ Clerk, by \_\_\_\_\_, Deputy

The date the judgment of dissolution is entered is NOT the date your divorce or termination of your domestic partnership is final. For the effective date of the dissolution of your marriage and/or domestic partnership, see the date in item 1a.

PETITIONER 1:	CASE NUMBER:
PETITIONER 2:	

**CLERK'S CERTIFICATE OF MAILING**

I certify that I am not a party to this cause and that a true copy of the *Judgment of Dissolution* and *Notice of Entry of Judgment* was mailed first class, postage fully prepaid, in a sealed envelope addressed as shown below, and that the notice was mailed

at (*place*): California,

on (*date*):

Date: Clerk, by \_\_\_\_\_, Deputy

ADDRESS OF PETITIONER 1

ADDRESS OF PETITIONER 2

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PETITIONER 1:  PETITIONER 2:	CASE NUMBER:
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**VI= WORKSHEET FOR DETERMINING VALUE AND  
DIVISION OF COMMUNITY PROPERTY**

This side of the sheet will help you determine whether you are **eligible** to use the summary dissolution procedure. The grand total value of your community property cannot be more than \$43,000.

This side of the sheet will help you decide on a fair division of your property. It will help you prepare your property settlement agreement.

A. Bank accounts, credit union accounts, retirement funds, cash value of insurance policies, etc.					
	Item		Amount	PETITIONER 1 Receives	PETITIONER 2 Receives
			<b>Subtotal A</b>		
B. Items you own outright (for example, stocks and bonds, sports gear, furniture, household items, tools, interests in businesses, jewelry; do not include cars)					
			Fair Market Value	PETITIONER 1 Receives	PETITIONER 2 Receives
			<b>Subtotal B</b>		
C. Items you are buying on credit (for example, stereo equipment, appliances, furniture, tools; do not include cars)					
	Item	Fair Market Value	Minus Amount Owed =	Net Fair Market Value	PETITIONER 1 Receives
					PETITIONER 2 Receives
			<b>Subtotal C</b>		
<b>Grand total value of community property = A + B + C</b>					



PARTY WITHOUT ATTORNEY OR ATTORNEY     TELEPHONE NO.: E-MAIL ADDRESS: ATTORNEY FOR (name): <b>Self-Represented</b>	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE</b>	
PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	
<b>INCOME AND EXPENSE DECLARATION</b>	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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**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 expense for the children in this case**

	Amount per month
a. Childcare 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)*:**

PARTY WITHOUT ATTORNEY OR ATTORNEY     TELEPHONE NO.: E-MAIL ADDRESS: ATTORNEY FOR (name): <b>Self-Represented</b>	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE</b>	
PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	
<b>INCOME AND EXPENSE DECLARATION</b>	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) <input type="checkbox"/> per month <input type="checkbox"/> per week <input 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): \_\_\_\_\_
- 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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**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 expense for the children in this case**

	Amount per month
a. Childcare 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)*:**