

Instrucciones para presentar una disolución sumaria

Formularios necesarios: (* Formularios obligatorios)

- [Joint Petition for Summary Dissolution \(FL-800\)](#) * (Petición conjunta para la disolución sumaria)
- [Judgment of Dissolution and Notice of Entry of Judgment \(FL-825\)](#) * (Fallo de disolución y Aviso de publicación de fallo)
- [Notice of Revocation of Joint Petition for Summary Dissolution \(FL-830\)](#) (Aviso de revocación de Petición para la disolución sumaria)

Disolución sumaria

Para calificar para una disolución sumaria de su pareja doméstica, debe cumplir TODOS los siguientes requisitos:

- Han estado casados por menos de 5 años
- No tener hijos en común nacidos o adoptados antes o durante el matrimonio o esperando
- **No es** propietario de ninguna parte de terrenos o edificios
- **No debe** más de \$7,000 por deudas adquiridas desde la fecha en que se casó
- Tener menos de \$57,000 en bienes adquiridos durante el matrimonio
- No tener propiedad separada valorizada a más de \$57,000;
- Estar de acuerdo en que ninguno de los cónyuges obtendrá jamás manutención conyugal; Y
- Haber firmado un acuerdo que divide su propiedad (incluyendo sus autos) y deudas.

Puede encontrar más información sobre la disolución sumaria en:

<https://www.courts.ca.gov/1032.htm?rdeLocaleAttr=es>

1	Complete todos los formularios	Complete todos los documentos y ambas partes deben firmar.
2	Presente sus documentos ante la corte	<p><u>En Persona:</u> Vaya a la ventanilla de la oficina del secretario. Necesitará lo siguiente:</p> <ul style="list-style-type: none"> • El original y al menos una copia (máximo de 2 copias) <p><u>Buzón de entrega “Drop Box” o por Correo:</u> Utilice el buzón de entrega disponible o envíe sus formularios por correo a la corte que aparece en sus formularios. Incluya lo siguiente:</p> <ul style="list-style-type: none"> • El original y al menos una copia (máximo de 2 copias) • Un sobre dirigido a usted mismo con suficiente franqueo. <p><u>En línea:</u> Envíe sus formularios en línea a través del portal eSubmit. Sigue las instrucciones a continuación:</p> <ul style="list-style-type: none"> • Firme electrónicamente sus documentos en todas las líneas de firma del documento. • Vea tutoriales en video para preparar sus documentos en: https://youtu.be/DfnvZRuDMVg • Lea las instrucciones y envíe los documentos electrónicamente en: https://riverside.courts.ca.gov/forms-filing/esubmit • Se aplica una cuota de transacción de eSubmit <p><i>La cuota de presentación o la exención de cuotas⁽²⁾ se requerirán en el momento de la presentación de sus documentos. Una vez que la corte archive los documentos, las copias le serán devueltas de la misma forma en que fueron archivadas.</i></p>
<p>Deberá hacer seguimiento con la corte para finalizar su divorcio. No está divorciado hasta que se haya presentado un fallo.</p>		

Tribunal Superior de California, Condado de Riverside

Disolución Sumaria

Sus datos:

Nombre (Nombre, Segundo Nombre, Apellido): _____

Calle y número: _____

Ciudad, Estado, Cód. Postal: _____

Teléfono (de la casa o móvil): _____

Other Party's Information:

Nombre (Nombre, Segundo Nombre, Apellido): _____

Calle y número: _____

Ciudad, Estado, Cód. Postal: _____

Teléfono (de la casa o móvil): _____

Fecha de matrimonio:

MM/DD/AAAA

o

Fecha de Pareja de hecho:

MM/DD/AAAA

Date of Separation:

MM/DD/AAAA

Tipo de caso:

Divorcio Pareja de hecho

¿En qué corte va a presentar su caso?

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:	
JOINT PETITION FOR SUMMARY DISSOLUTION <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:

 City:
 State:
 Zip Code:

Name:
 Address:

 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): Self-Represented	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE	
MARRIAGE OR DOMESTIC PARTNERSHIP OF PETITIONER 1: PETITIONER 2:	
JUDGMENT OF DISSOLUTION AND NOTICE OF ENTRY OF JUDGMENT <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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ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO.: TELEPHONE NO.: E-MAIL ADDRESS: ATTORNEY FOR (Name): Self-Represented	STATE BAR NO.: FAX NO.:	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE		
MARRIAGE OR DOMESTIC PARTNERSHIP OF Petitioner 1 Petitioner 2		
NOTICE OF REVOCATION OF JOINT PETITION FOR SUMMARY DISSOLUTION		CASE NUMBER:

Notice is given that the undersigned terminates the summary dissolution proceedings and revokes the *Joint Petition for Summary Dissolution* (form FL-800) filed on (date):

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)

Complete this notice. Submit the original and two copies to the court clerk's office. If the effective date of the judgment has not yet occurred, the clerk will notify you that this notice of revocation has been filed by completing the certificate below.

Name and address of Petitioner 1 _____ _____	Name and address of Petitioner 2 _____ _____
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CLERK'S CERTIFICATE OF MAILING (For court use only)

I certify that I am not a party to this cause and that a copy of the foregoing was mailed first class, postage fully prepaid, in a sealed envelope as shown above, and that the mailing of the foregoing and execution of this certificate occurred at

(place): _____ California, on _____
 Date: _____ Clerk, by _____, Deputy

NOTICE

If the clerk's certificate of mailing above has been dated and signed by the clerk, this summary dissolution case is ended. You are still married and/or domestic partners. If you still want to get divorced, you will have to file a regular divorce case using the *Petition—Marriage/Domestic Partnership* (form FL-100).

PETITIONER 1:	CASE NUMBER:
PETITIONER 2:	

VI. WORKSHEET FOR DETERMINING VALUE OF SEPARATE PROPERTY

This worksheet will help you determine whether you are eligible to use the summary dissolution procedure. The total fair market value of the **separate property of one spouse/partner** cannot be more than \$43,000. The total fair market value of the **separate property of the other spouse/partner** cannot be more than \$43,000. Separate property is anything that either of you owned or earned before you got married or registered your domestic partnership, anything you earned or bought after your separation, and anything that was given to just one of you as a gift during your marriage or domestic partnership. Do not include cars.

A. Bank accounts, credit union accounts, retirement funds, cash value of insurance policies, etc.					
Item					
B. Items owned outright					
Item					
C. Items being bought on credit					
Item	Fair Market Value	Minus What's Owed =			
GRAND TOTALS: PETITIONER 1'S AND PETITIONER 2'S SEPARATE PROPERTY					

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		
Subtotal A							
B. Items you own outright (for example, stocks and bonds, sports gear, furniture, household items, tools, interests in businesses, jewelry; do not include cars)							
	Item	Fair Market Value		PETITIONER 1 Receives	PETITIONER 2 Receives		
Subtotal 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
Subtotal C							
Grand total value of community property = A + B + C							

PETITIONER 1: PETITIONER 2:	CASE NUMBER:
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VI= WORKSHEET FOR DETERMINING COMMUNITY OBLIGATIONS AND THEIR DIVISION

This side of the worksheet will help you determine whether you are **eligible** to use the summary dissolution procedure. The total amount of your community obligations (debts) cannot be more than \$6,000. Do not include car loans. Be sure you include any other debts you took on while you were living together as spouses or domestic partners. List the amount you owe on the items from your **Worksheet for Determining Value and Division of Community Property**. Then add all other debts and bills, including loans, charge accounts, medical bills, and taxes you owe.

This side of the worksheet will help you decide on a fair way to divide up your community obligations. You will use this information in preparing a **property settlement agreement**.

	Amount Owed	Petitioner 1 Will Pay	Petitioner 2 Will Pay
TOTAL			

Petitioner 1 Share of Community Obligations	Petitioner 2 Share of Community Obligations
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PARTY WITHOUT ATTORNEY OR ATTORNEY TELEPHONE NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE	
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:

12. The following people live with me:

Table with 5 columns: Name, Age, How the person is related to me (ex: son), That person's gross monthly income, Pays some of the household expenses? (Yes/No)

13. Average monthly expenses

Estimated expenses Actual expenses Proposed needs

Expenses list: Home, Health-care costs, Child care, Groceries, Eating out, Utilities, Telephone, Laundry and cleaning, Clothes, Education, Entertainment, Auto expenses, Insurance, Savings, Charitable contributions, Monthly payments, Other, TOTAL EXPENSES, Amount of expenses paid by others

14. Installment payments and debts not listed above

Table with 5 columns: Paid to, For, Amount, Balance, Date of last payment

15. Attorney fees (This information is required if either party is requesting attorney fees):

Attorney fees details: To date, source of money, amount owed, hourly rate

I confirm this fee arrangement.

Date:

(TYPE OR PRINT NAME OF ATTORNEY)

(SIGNATURE OF ATTORNEY)

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):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE	
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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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)*: