EAMILACORESS (Oxerent): ATTORNEY FOR Alberts  SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MARIAG A	ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY			
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ATTORNEY FOR NAMES SUPERIOR COURT OF CALIFORNIA, COUNTY OF SITECT ADDRESS: MARING ADDRESS: CITY AND FOR CODE: BRANCH MANDE: BRANCH MANDE: PETITIONER/PLAINTIFE: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:  INCOME AND EXPENSE DECLARATION  1. Employment (Give information on your current job or, if you're unemployed, your most recent job.) a. Employer: b. Employer's address: of your pay stubs for last two months (black out social social social you have more than one job strated: social you have more than one job, attach an 8½-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 graduate school completed (specify): d. Number of years of olege completed (specify): d. Number of years of graduate school completed (specify): e. I have: professional (compational license(s) (specify): b. My tax filing status is single head of household married, filing separately married, filing status is single head of household married, filing separately married, filing piontly with (specify name): c. If its 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 8½-by-11-inch sheet of paper and write the question number before your answer.) Number of pages attached:  Ledelare 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.	TELEPHONE NO.:				
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MALINA ORDERSS: CITY AND TRE CODE: BRANCH MANE: PETITIONER/PLANTIFE: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:  INCOME AND EXPENSE DECLARATION  1. Employment (Give information on your current job or, if you're unemployed, your most recent job.) a. Employers Capployer's phone number: Charle to be employed, date job ended: Charle to be employed, date job ended: Charle to be employed, date job ended: Social Soci	E-MAIL ADDRESS (Optional):				
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CASE NUMBER:  PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT:  INCOME AND EXPENSE DECLARATION  1. Employment (Give information on your current job or, if you're unemployed, your most recent job.)  a. Employer: b. Employer's address: c. Employer's phone number: d. Occupation: (black out coclusted by the provided by the pr					
BRANCH NAME:  PETITIONER PLAINTIFF: RESPONDENT/DEFENDAT:  OTHER PARENT/CLAIMANT:  INCOME AND EXPENSE DECLARATION  CASE NUMBER:  Attach copies of your pay a subsoft last two months (black cut e. Date job started: social					
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RESPONDENT/IDEFENDANT: OTHER PARENT/ICLAIMANT:  INCOME AND EXPENSE DECLARATION  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).  b. Employer's phone number:  d. Occupation: (black out e. Date job started:					
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Attach copies of your pay stubs for last two months (black out social security numbers).  Attach opies (black out social security numbers).  (If you have more than one job, attach an 8½-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):  d. Number of years of graduate school completed (specify):  e. I have: professional/occupational license(s) (specify):  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):  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.	INCOME AND EXPENSE DECLARATION	CASE NUMBER:			
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any attachments is true and correct.  Date:		inch sheet of paper and write the			
		tion contained on all pages of this form and			
	Date:				

FL-150 CASE NUMBER: PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT: 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.) Income (For average monthly, add up all the income you received in each category in the last 12 months Average and divide the total by 12.) Last month monthly d. Public assistance (for example: TANF, SSI, GA/GR) currently receiving ......\$\_ from this marriage from a different marriage ......s from this domestic partnership from a different domestic partnership \$\_\_\_ Partner support L f. Disability: Social security (not SSI) State disability (SDI) Private insurance . \$\_ Workers' compensation ..... Investment income (Attach a schedule showing gross receipts less cash expenses for each piece of property.) a. Dividends/interest.....\$\_ b. Rental property income .....\$\_ Trust income.....\$\_\_\_ 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 b. Required retirement payments (not social security, FICA, 401(k), or IRA)................................... d. Child support that I pay for children from other relationships......\$ 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") . . . . . \$ –

c. All other property, L

\_\_\_ real and \_

11. Assets

personal (estimate fair market value minus the debts you owe) . . . . \$

	PETITIONER/PLAINTIFF: SPONDENT/DEFENDANT: THER PARENT/CLAIMANT:			CAS	E NUMBER:	FL-150	
2.	The following people live with me:						
	Name	Age	How the person is related to me? (ex: son)	That person monthly inco		ays some of the ousehold expenses?	
	a. b. c. d. e.				] 	Yes No	
	Average monthly expenses	Estimat			Propos		
ć	a. Home:		: 01.11		-	\$	
	(1) Rent or mortga	ge \$				\$	
	(a) average principal: \$		•	k. Entertainment, gifts, and vacation \$			
	(b) average interest: \$	I. Auto ex					
	(2) Real property taxes	\$	(insura	nce, gas, repa	airs, bus, etc.) .	\$	
	(3) Homeowner's or renter's insura		inaluda		ent, etc.; do no	t .nce) \$	
	(if not included above)		n Saving			\$	
	(4) Maintenance and repair	•	 o. Charita			\$	
	<ul><li>b. Health-care costs not paid by insurance.</li><li>c. Child care</li></ul>		p. Monthly		sted in item 14	haral C	
			Oth and			here) \$ \$	
	• •						
e. Eating out\$  f. Utilities (gas, electric, water, trash) \$			r. TOTAL	r. <b>TOTAL EXPENSES</b> (a–q) (do not add in the amounts in a(1)(a) and (b))			
'	g. Telephone, cell phone, and e-mail.					\$	
			S. Amou	nt of expense	es paid by oth	ers \$	
4. 	Installment payments and debts not Paid to	For		nount	Balance	Date of last payment	
	1 aid to	1 01	\$	iourit	\$	Date of last payment	
			\$		\$		
			\$		\$		
			\$		\$		
			\$		\$		
			\$		\$		

- - 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	arran	aemen	t.
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Date:	
	(TYPE OF PRINT NAME OF ATTORNEY)

			FL-15
	PETITIONER/PLAINTIFF:	CASE NUMBER:	
	ESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:		
	THER FARENT/CLAIMANT.		
	CHILD SUPPORT INFORMATIO		
	(NOTE: Fill out this page only if your case invol-	ves child support.)	
16.	a. I have (specify number): children under the age of 18 with the other	rcent of their time with th	•
17.	Children's health-care expenses  a. I do I do not have health insurance available to me for the b. Name of insurance company:  c. Address of insurance company:	the children through my	job.
	d. The monthly cost for the <b>children's</b> health insurance is or would be (special (Do not include the amount your employer pays.)	ify): \$	
18.	Additional expenses for the children in this case	Amount per month	
	a. Child care so I can work or get job training	\$	
	b. Children's health care not covered by insurance	\$	
	c. Travel expenses for visitation	\$	
	d. Children's educational or other special needs (specify below):	\$	
19.	Special hardships. I ask the court to consider the following special financial of (attach documentation of any item listed here, including court orders):  a. Extraordinary health expenses not included in 18b.  b. Major losses not covered by insurance (examples: fire, theft, other insured loss)  c. (1) Expenses for my minor children who are from other relationships and are living with me	sircumstances Amount per month \$ \$ \$	For how many months?
	(2) Names and ages of those children (specify):  (3) Child support I receive for those children		

20. Other information I want the court to know concerning support in my case (specify):