		1 E-130
PARTY WITHOUT ATTORNEY OR ATTORNEY	STATE BAR NUMBER:	FOR COURT USE ONLY
NAME:		
FIRM NAME:		
STREET ADDRESS:		
CITY:	STATE: ZIP CODE:	
TELEPHONE NO.:	FAX NO.:	
E-MAIL ADDRESS: ATTORNEY FOR (name):		
	COUNTY OF	
SUPERIOR COURT OF CALIFORNIA STREET ADDRESS:	, COUNTY OF	
MAILING ADDRESS:		
CITY AND ZIP CODE:		
BRANCH NAME:		
PETITIONEI	 R:	
RESPONDEN		
OTHER PARTY/PARENT/CLAIMAN		
OTTER FARTT/FARENT/CEANVIAN	1.	
INCOME AN	D EXPENSE DECLARATION	CASE NUMBER:
	n on your current job or, if you're unemployed, your i	most recent job.)
Attach copies a. Employer:		
of your pay b. Employer's add		
stubs for last c. Employer's ph	one number:	
two months d. Occupation:		
(black out e. Date job starte		
0	, date job ended:	
Security g. I work about numbers).	hours per week.	
7 11. 1 get paid ψ	gross (before taxes) per month	
(If you have more than one job, a jobs. Write "Question 1—Other.	attach an 8 1/2-by-11-inch sheet of paper and list Jobs" at the top.)	the same information as above for your other
2. Age and education		
a. My age is (specify):		
b. I have completed high scho	ool or the equivalent: Yes No I	If no, highest grade completed (specify):
c. Number of years of college		otained (specify):
d. Number of years of graduat		Degree(s) obtained (specify):
	al/occupational license(s) (specify):	Degree(s) obtained (specify).
	training (specify):	
3. Tax information		
	ax year (specify year):	
b. My tax filing status is	single head of household m	narried, filing separately
married, filing jointly v	with (specify name):	
c. I file state tax returns in	California other (specify state):	
d. I claim the following numbe	r of exemptions (including myself) on my taxes (spe	cify):
4 Other party's income Lesting	ate the gross monthly income (before taxes) of the c	other party in this case at (specify): \$
This estimate is based on (exp.		and party in this base at (speeny).
	ver any questions on this form, attach an 8 1/2-by swer.) Number of pages attached:	y-11-inch sheet of paper and write the
I declare under penalty of perjury using attachments is true and correct	under the laws of the State of California that the info	rmation contained on all pages of this form and
Date:		
	•	
(TYPE OR PRINT N		(SIGNATURE OF DECLARANT)

FL-150

	PETITIONER:	CASE NUMBER:	
	RESPONDENT:		
OTH	IER PARTY/PARENT/CLAIMANT:		
	ch copies of your pay stubs for the last two months and proof of any other incoments in the court hearing. (Black out your Social Security number on the pay stub a		federal tax
	ncome (For average monthly, add up all the income you received in each category in tond divide the total by 12.)	he last 12 months Last month	Average
а	Salary or wages (gross, before taxes)	\$	monuny
b			
С		\$	
d	. Public assistance (for example: TANF, SSI, GA/GR)	•	
е			
f.			_
g	·		
h			-
i.	Disability: Social Security (not SSI) State disability (SDI)		
J.	Unemployment compensation.		
k l.		\$	-
ι.	Other (military allowances, royalty payments) (specify).	Ψ	
6. I r	nvestment income (Attach a schedule showing gross receipts less cash expenses for	each piece of property.)	
а	. Dividends/interest		
b	. Rental property income	\$	
С			_
d	. Other (specify):	\$	
N N T	am the owner/sole proprietor business partner other (specify): lame of business (specify): lype of business (specify): ttach a profit and loss statement for the last two years or a Schedule C from you	ır last federal tax return. Black	
8. [ocial Security number. If you have more than one business, provide the informa Additional income. I received one-time money (lottery winnings, inheritance, etc. amount): 	-	
9. [Change in income. My financial situation has changed significantly over the last	12 months because (specify):	
	eductions		Last month
а	Required union dues		
b			
С		nt)\$	
d			· ———
e	. Spousal support that I pay by court order from a different marriage federally t	ax deductible* \$	·
f.			
g	. Necessary job-related expenses not reimbursed by my employer (attach explanation	Trabeled Question rog)	· -
11. A	ssets		Total
а	Cash and checking accounts, savings, credit union, money market, and other deposes. Stocks, bonds, and other assets I could easily sell	it accounts\$	·
b	Stocks, bonds, and other assets I could easily sell	9	i
С	All other property, real and personal (estimate fair market valu	e minus the debts you owe)\$	
	ck the box if the spousal support order or judgment was executed by the parties and the court be ains the spousal support payments as taxable income to the recipient and tax deductible to the p		rdered change

	PETITIONER:			C	ASE NUMBER:	
	RESPONDENT:					
OTHER PART	Y/PARENT/CLAIMANT:					
12. The followin	ng people live with me:					
Name		Age	How the person is related to me (ex: son)	That perso		Pays some of the household expenses?
a.		+ -	Tolated to me (ex. con)	THOTHING III	onic .	Yes No
b.						Yes No
c.						Yes No
d.						Yes No
e.						Yes No
13. Average mo	onthly expenses	Estimated	expenses Actual	expenses	Propos	sed needs
a. Home:			h. Lau	ndry and clea	ning	\$
(1)	Rent or mortga	age	i. Clo	thes		\$
	rtgage:					\$
	verage principal: \$					on \$
	verage interest: \$				nd transportation	
	property taxes		•	_	repairs, bus, et ccident, etc.; do	C.)\$
	eowner's or renter's insurar t included above))\$
(4) Main	tenance and repair		n. Sav	ings and inve	stments	\$
	are costs not paid by insura			aritable contrib	outions	\$
	e		·		s listed in item	
	s and household supplies		(ner		14 and insert t	total here)\$
				er (specify):		\$
		r. TOTAL EXPENSES (a-q) (do not add in the amounts in a(1)(a) and (b))				
	ne, cell phone, and e-mail		*			φ
g e.epe	.o, oo. po.o, aa oa		s. Am	ount of expe	nses paid by	others
1/ Installment	payments and debts not	isted abov	10			
Paid to	payments and debts not	For		Amount	Balance	Date of last payment
		0.		\$	\$	Date of fact payment
				,		
				\$	\$	
				\$	\$	
				\$	\$	
		1		\$	\$	
				*		
					\$	
15. Attorney fee	es (This information is requ	ired if eithe	er party is requesting attor	\$	\$	
-	es (This information is requ			\$ ney fees):	\$	
a. To date,		s amount fo		\$ ney fees):	\$	
a. To date,b. The sourc. I still owe	I have paid my attorney this ce of this money was (spec the following fees and cos	s amount fo cify): ts to my at	or fees and costs (specify)	\$ ney fees):	\$	
a. To date,b. The sourc. I still owe	I have paid my attorney this ce of this money was (spec	s amount fo cify): ts to my at	or fees and costs (specify)	\$ ney fees):	\$	
a. To date,b. The sourc. I still owe	I have paid my attorney this ce of this money was (spece the following fees and cos- ney's hourly rate is (specify)	s amount fo cify): ts to my at	or fees and costs (specify)	\$ ney fees):	\$	
a. To date,b. The sourc. I still owed. My attorn	I have paid my attorney this ce of this money was (spece the following fees and cos- ney's hourly rate is (specify)	s amount fo cify): ts to my at	or fees and costs (specify)	\$ ney fees):	\$	
a. To date,b. The sourc. I still owed. My attorn	I have paid my attorney this ce of this money was (spece the following fees and cos- ney's hourly rate is (specify)	s amount fo cify): ts to my at	or fees and costs (specify)	\$ ney fees):	\$	

	. = .00
PETITIONER:	CASE NUMBER:
RESPONDENT:	
OTHER PARTY/PARENT/CLAIMANT:	

OTHER FART IN ARENT/OLANIANT.		
CHILD SUPPORT INFORMATI (NOTE: Fill out this page only if your case invo		
16. Number of children		
		with the other parent.
 17. Children's health-care expenses a.	he children through my job	
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 mo	anth
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 (specify below):	\$ \$ \$ \$ \$	
 19. Special hardships. I ask the court to consider the following special financial circ (attach documentation of any item listed here, including court orders): a. Extraordinary health expenses not included in 18b	cumstances Amount per month \$ \$ \$	For how many months?
(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):	