

**Response to Dissolution of Marriage, Legal Separation or Annulment
 General Overview of Process**

1	COMPLETE FORMS & MAKE COPIES	<p>Complete and file the following forms within 30 days from the date you were served with the FL-100 Petition:</p> <ul style="list-style-type: none"> • FL-120 Response • FL-311 Custody Visitation Attachment if there are minor children (staple to FL-120) • FL-105 UCCJEA if there are minor children • FL-150 Income and Expense Declaration with last 2 months of payroll stubs • FL-160 Separate Property Declaration • FL-160 Community Property Declaration with ownership papers & account statements • FL-140 Declaration of Disclosure (complete but do not file) <p>Make 2 copies of all original documents. Original is for the Court, one copy is for you and the other copy is for your spouse.</p>
2	MAIL COPY OF LEGAL FORMS & COMPLETE PROOF OF SERVICE	<p>Your spouse must receive a copy of all the completed forms listed above. Someone other than you who is 18 years or older must mail a copy of the forms to your spouse. The legal papers should be mailed to the address listed on your spouse's legal papers. The person who mailed the documents to your spouse must sign and complete an FL-335 Proof of Service by Mail.</p>
3	FILE ORIGINALS	<p>The following options exist to file your forms: <input type="checkbox"/> eFile <input type="checkbox"/> Drop box <input type="checkbox"/> Mail <input type="checkbox"/> In Person Monday through Friday, 8:30 a.m. to 12:00 p.m.</p> <p>If you eFile, the Court will email you a copy of the filed forms.</p> <p>If you use the drop box, mail or in person option, you must file the originals listed in Step 1 and Step 2 (except FL-140) with 1 copy and a self-addressed stamped envelope. If you prefer that the Court email you a copy of the filed forms, then you must file only the original forms along with a completed Electronic Consent Form so the Court may email you a filed copy of your forms.</p> <p>You must also pay the filing fee if you did not request a fee waiver.</p>
4	PARENTING CLASS	<p>If you have minor kids, you must complete the online parenting class that deals with the impact of divorce on kids. The class is free. Sign up at http://parenting.familieschange.ca.gov/.</p>
5	COMPLETE FINANCIAL DISCLOSURE & DECIDE HOW TO FINISH YOUR CASE. CHOOSE A or B	<p>A. Uncontested: Uncontested: If you and your spouse agree to everything, you may file a Stipulated Judgment or Marital Settlement Agreement. Both parties must exchange <u>Preliminary</u> Declarations of Disclosure. The <u>Final</u> Declaration of Disclosure may be waived if there are no changes to the Preliminary information.</p> <p>B. Trial: If an FL-120 Response was filed and no agreement is reached, then a trial date must be requested, and the judge will decide all the issues. Before trial, both parties must exchange <u>Preliminary</u> and <u>Final</u> Declarations of Disclosure. Before your trial date, if there are minor children, you must schedule a child custody mediation by calling (805) 706-3608.</p>
6	PREPARE YOUR FINAL JUDGMENT	<p>You will need to prepare your final judgment along with other necessary documents. When the judge signs your final judgment, your case will be finalized. See the Family Law Facilitator for detailed instructions.</p>

DEADLINE TO FILE RESPONSE: An FL-120 Response must be completed and filed within 30 days of the date the divorce documents were personally delivered to you. If you do not file a Response within 30 days, the other side may move the case forward without you. If it has been more than 30 days since you were served, you still may be able to file your Response, so long as the other side has not yet filed the FL-165 Request to Enter Default.

WHERE TO GET HELP:

Self-Help Center: To schedule a telephone appointment for a document review or to register for our Zoom webinar go to <https://calendly.com/self-help-center/> or call (805) 706-3617. Visit our website for more information at <https://www.slo.courts.ca.gov/self-help/family-law/divorce/respond-divorce-case>.

30-minute video: View [property video](#) about the mandatory financial disclosure forms that LA Superior Court produced at https://www.lacourt.org/selfhelpcourses/Dissolution_Orientation_Lesson4_Property/story.html.

Online Form Preparation: This program will ask you to answer questions. The answers you give will be used to complete the forms needed to start case. This program will allow you to print or eFile your forms. Go to [https://california.tylerhost.net/SRL/SRL/Start?legalProcessKey=Response to Divorce Separation or Nullity](https://california.tylerhost.net/SRL/SRL/Start?legalProcessKey=Response_to_Divorce_Separation_or_Nullity).

WHERE TO GET FORMS:

Internet: For free, click on the hyperlinks in these instructions or go to www.courts.ca.gov and hover over “Forms & Rules” and then click on “Find Your Court Forms” and type in the form number or name.

Court Clerk’s Office: For \$5, you may purchase a packet of blank forms.

COSTS INVOLVED: \$435 filing fee for filing the FL-120 Response. If you cannot afford to pay the filing fees, you may request a fee waiver by completing the following forms:

[FW-001](#) Request to Waive Court Fees [FW-003](#) Order on Court Fee Waiver

HELPFUL TIPS:

Petitioner & Respondent - If the other party filed an FL-100 Petition to start the case, then you will always be called the Respondent in the case and your spouse will be called the Petitioner.

The forms may be handwritten in blue or black ink.

Date of Separation is the date that in your mind you knew the marriage was over and you did something to show that you no longer wanted to be married.

Separate Property is any assets or debts that were purchased or incurred before your date of marriage or after your date of separation and will be listed on FL-160.

Community Property is any assets or debts that were purchased or incurred after your date of marriage and before your date of separation and will be listed on FL-160.

Pension Retirement Plans: A pension can be the most valuable asset acquired during the marriage or domestic partnership. There are very specific and technical rules that apply to pensions, and you should get legal advice from a lawyer to protect your pension interest. You may need additional documents including a [pension joinder](#) and Qualified Domestic Relations Order before a judge will divide the pension. A QDRO is an extremely complicated legal document and if you make a mistake, there can be harmful results.

Preliminary & Final Declaration of Disclosure: California law requires that you and your spouse give each other written information about all the income, expenses, assets, and debts that you know to exist. With this information you can divide your assets and debts equally and make reasonable decisions about support. If you leave anything out, either by mistake or on purpose, your property division may not be accepted by the court and your case may be reopened or changed.

Legal Custody is the parents’ right to make the decisions about the child’s health, education, and welfare.

Physical Custody deals with who the child will primarily live with.

Visitation is the time that the child spends with the parent who does not have physical custody.

Child Support: To use the free child support calculator go to <https://childsupport.ca.gov/guideline-calculator/>.

Update Contact Information: Parties must serve and file [MC-040](#) Notice of Change of Address or Other Contact Information to keep each other and the Court informed of their contact information.

Request for Status Conference: Parties may serve and file local form [FL014](#) Request for Status Conference or Family Centered Case Resolution Conference to request a status conference.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): Sam Sample 377 Osos Street San Luis Obispo, CA 93401 TELEPHONE NO.: (805) 555-5678 FAX NO.: : E-MAIL ADDRESS: ATTORNEY FOR (Name): Respondent in Pro Per	FOR COURT USE ONLY
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	
RESPONSE <input checked="" type="checkbox"/> AND REQUEST FOR <input type="checkbox"/> AMENDED <input checked="" type="checkbox"/> Dissolution (Divorce) of: <input checked="" type="checkbox"/> Marriage <input type="checkbox"/> Domestic Partnership <input type="checkbox"/> Legal Separation of: <input type="checkbox"/> Marriage <input type="checkbox"/> Domestic Partnership <input type="checkbox"/> Nullity of: <input type="checkbox"/> Marriage <input type="checkbox"/> Domestic Partnership	CASE NUMBER: FL101010

1. LEGAL RELATIONSHIP (check all that apply):

- a. We are married.
- b. We are domestic partners and our domestic partnership was established in California.
- c. We are domestic partners and our domestic partnership was NOT established in California.

2. RESIDENCE REQUIREMENTS (check all that apply):

- a. Petitioner Respondent has been a resident of this state for at least six months and of this county for at least three months immediately preceding the filing of this *Petition*. (For a divorce, at least one person in the legal relationship described in items 1a and 1c must comply with this requirement.)
- b. We are the same sex and were married in California but are not residents of California. Neither of us lives in a state or nation that will dissolve the marriage. This case is filed in the county in which we married.
 Petitioner's residence (state or nation): Respondent's residence (state or nation):
- c. Our domestic partnership was established in California. Neither of us has to be a resident or have a domicile in California to dissolve our partnership here.

3. STATISTICAL FACTS

- a. (1) Date of marriage (specify): **7/7/2003** (2) Date of separation (specify): **1/15/2011**
 (3) Time from date of marriage to date of separation (specify): **7** Years **6** Months
- b. (1) Registration date of domestic partnership with the California Secretary of State or other state equivalent (specify below):
 (2) Date of separation (specify):
 (3) Time from date of registration of domestic partnership to date of separation (specify): Years Months

4. MINOR CHILDREN (children born before (or born or adopted during) the marriage or domestic partnership):

- a. There are no minor children.
- b. The minor children are:

Child's name	Birthdate	Age	Sex
Chad Sample	1/2/2005	6	M
Cindy Sample	5/2/2010	1	F

- (1) continued on Attachment 4b.
- (2) a child who is not yet born.

c. If there are minor children of Petitioner and Respondent, a completed *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA)* (form FL-105) must be attached.

d. Petitioner and Respondent signed a voluntary declaration of paternity. A copy is is not attached.

Respondent requests that the court make the following orders:

5. LEGAL GROUNDS (Family Code sections 2200–2210; 2310–2312)

- a. Respondent contends that the parties never legally married or registered a domestic partnership.
- b. Respondent denies the grounds set forth in item 5 of the petition.
- c. Respondent requests
 - (1) divorce legal separation of the marriage or domestic partnership based on
 - (a) irreconcilable differences. (b) permanent legal incapacity to make decisions.
 - (2) nullity of void marriage or domestic partnership based on
 - (a) incest. (b) bigamy.
 - (3) nullity of voidable marriage or domestic partnership based on
 - (a) respondent's age at time of registration of domestic partnership or marriage. (d) fraud.
 - (b) prior existing marriage or domestic partnership. (e) force.
 - (c) unsound mind. (f) physical incapacity.

6. CHILD CUSTODY AND VISITATION (PARENTING TIME)

	Petitioner	Respondent	Joint	Other
a. Legal custody of children to.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Physical custody of children to.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Child visitation (parenting time) be granted to	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

As requested in: form FL-311 form FL-312 form FL-341(C)
 form FL-341(D) form FL-341(E) Attachment 6c(1)

- d. Determine the parentage of children born to Petitioner and Respondent before the marriage or domestic partnership.

7. CHILD SUPPORT

- a. If there are minor children born to or adopted by Petitioner and Respondent before or during this marriage or domestic partnership, the court will make orders for the support of the children upon request and submission of financial forms by the requesting party.
- b. An earnings assignment may be issued without further notice.
- c. Any party required to pay support must pay interest on overdue amounts at the "legal" rate, which is currently 10 percent.
- d. Other (specify):

8. SPOUSAL OR DOMESTIC PARTNER SUPPORT

- a. Spousal or domestic partner support payable to Petitioner Respondent
- b. Terminate (end) the court's ability to award support to Petitioner Respondent
- c. Reserve for future determination the issue of support payable to Petitioner Respondent
- d. Other (specify):

9. SEPARATE PROPERTY

- a. There are no such assets or debts that I know of to be confirmed by the court.
- b. Confirm as separate property the assets and debts in Property Declaration (form FL-160) Attachment 9b
 the following list. Item Confirm to

PETITIONER: Pat Sample RESPONDENT: Sam Sample	CASE NUMBER: FL101010
----------------------------------------------------------------	---------------------------------

10. COMMUNITY AND QUASI-COMMUNITY PROPERTY

- a. There are no such assets or debts that I know of to be divided by the court.
- b. Determine rights to community and quasi-community assets and debts. All such assets and debts are listed
 - in *Property Declaration* (form FL-160) in Attachment 10b.
 - as follows (*specify*):

11. OTHER REQUESTS

- a. Attorney's fees and costs payable by Petitioner Respondent
- b. Respondent's former name be restored to (*specify*): **Sam Smith**
- c. Other (*specify*):

Continued on Attachment 11c.

12. I HAVE READ THE RESTRAINING ORDERS ON THE BACK OF THE SUMMONS, AND I UNDERSTAND THAT THEY APPLY TO ME WHEN THIS PETITION IS FILED.

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

Date: **3/10/2011**

Sam Sample _____
(TYPE OR PRINT NAME)

▶ *Sam Sample* _____
(SIGNATURE OF RESPONDENT)

Date: _____

(TYPE OR PRINT NAME)

▶ _____
(SIGNATURE OF ATTORNEY FOR RESPONDENT)

NOTICE: You may redact (black out) social security numbers from any written material filed with the court in this case other than a form used to collect child, spousal or partner support.

NOTICE—CANCELLATION OF RIGHTS: Dissolution or legal separation may automatically cancel the rights of a domestic partner or spouse under the other domestic partner's or spouse's will, trust, retirement plan, power of attorney, pay-on-death bank account, survivorship rights to any property owned in joint tenancy, and any other similar thing. It does not automatically cancel the right of a domestic partner or spouse as beneficiary of the other partner's or spouse's life insurance policy. You should review these matters, as well as any credit cards, other credit accounts, insurance policies, retirement plans, and credit reports, to determine whether they should be changed or whether you should take any other actions. Some changes may require the agreement of your partner or spouse or a court order.

PETITIONER/PLAINTIFF: Pat Sample	CASE NUMBER: FL101010
RESPONDENT/DEFENDANT: Sam Sample	

CHILD CUSTODY AND VISITATION APPLICATION ATTACHMENT

TO Petition, Response, Application for Order or Responsive Declaration Other (specify):
 To be ordered now and effective until the hearing

1. Custody. Custody of the minor children of the parties is requested as follows:

<u>Child's Name</u>	<u>Date of Birth</u>	<u>Legal Custody to</u> <small>(person who makes decisions about health, education, etc.)</small>	<u>Physical Custody to</u> <small>(person with whom the child lives)</small>
Chad Sample	1/2/05	Pat Sample	Pat Sample
Cindy Sample	5/2/10	Pat Sample	Pat Sample

2. Visitation.

- a. Reasonable right of visitation to the party without physical custody(not appropriate in cases involving domestic violence)
- b. See the attached _____ -page document dated (specify date):
- c. The parties will go to mediation at (specify location):
- d. No visitation
- e. Visitation for the petitioner respondent will be as follows:

(1) Weekends starting (date):

(The first weekend of the month is the first weekend with a Saturday.)

1st 2nd 3rd 4th 5th weekend of the month

from **Friday** _____ at **5:00** _____ a.m. p.m.
(day of week) (time)

to **Monday** _____ at **8:00** _____ a.m. p.m.
(day of week) (time)

(a) The parents will alternate the fifth weekends, with the petitioner respondent having the initial fifth weekend, which starts (date):

(b) The petitioner will have fifth weekends in odd even months.

(2) Alternate weekends starting (date) :

The petitioner respondent will have the children with him or her during the period

from _____ at _____ a.m. p.m.
(day of week) (time)

to _____ at _____ a.m. p.m.
(day of week) (time)

(3) Weekdays starting (date) :

The petitioner respondent will have the children with him or her during the period

from **Wednesday** _____ at **3:30** _____ a.m. p.m.
(day of week) (time)

to **Thursday** _____ at **8:00** _____ a.m. p.m.
(day of week) (time)

(4) Other (specify days and times as well as any additional restrictions):

See Attachment 2e(4).

PETITIONER: Pat Sample	CASE NUMBER: FL101010
RESPONDENT: Sam Sample	

3. **Supervised visitation.**

I request that (name) : _____ have supervised visitation with the minor children according to the schedule set out on page 1 and that the visits be supervised by (name) : _____ who is a professional nonprofessional supervisor. The supervisor's phone number is (specify) :

I request that the costs of supervision be paid as follows: petitioner: _____ percent; respondent: _____ percent.

If item 3 is checked, you must attach a declaration that shows why unsupervised visitation would be bad for your children. The judge is required to consider supervised visitation if one parent is alleging domestic violence and is protected by a restraining order.

4. **Transportation for visitation and place of exchange.**

- a. Transportation to the visits will be provided by (name) : **Pat Sample**
- b. Transportation from the visits will be provided by (name) : **Sam Sample**
- c. Drop-off of the children will be at (address) :
- d. Pick-up of the children will be at (address) :
- e. The children will be driven only by a licensed and insured driver. The car or truck must have legal child restraint devices.
- f. During the exchanges, the parent driving the children will wait in the car and the other parent will wait in his or her home while the children go between the car and the home.
- g. Other (specify) :

5. **Travel with children.** The petitioner respondent other (name) : _____ must have written permission from the other parent or a court order to take the children out of
- a. the state of California.
 - b. the following counties (specify) :
 - c. other places (specify) :

6. **Child abduction prevention.** There is a risk that one of the parents will take the children out of California without the other parent's permission. I request the orders set out on attached form FL-312.

7. **Children's holiday schedule.** I request the holiday and visitation schedule set out on the attached form FL-341(C) other (specify):

8. **Additional custody provisions.** I request the additional orders regarding custody set out on the attached form FL-341(D) other (specify):

9. **Joint legal custody provisions.** I request joint legal custody and want the additional orders set out on the attached form FL-341(E) other (specify):

10. **Other.** I request the following additional orders (specify) :

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):
Sam Sample
377 Osos Street
San Luis Obispo, CA 93401
 TELEPHONE NO.: **(805) 555-5678** FAX NO.:
 E-MAIL ADDRESS:
 ATTORNEY FOR (Name): **Respondent 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

PETITIONER'S RESPONDENT'S
 COMMUNITY AND QUASI-COMMUNITY PROPERTY DECLARATION
 SEPARATE PROPERTY DECLARATION

CASE NUMBER:
FL101010

See *Instructions* on page 4 for information about completing this form. For additional space, use *Continuation of Property Declaration* (form FL-161).

A		B	C	D	E	F	
ITEM NO.	BRIEF DESCRIPTION	DATE ACQUIRED	GROSS FAIR MARKET VALUE	AMOUNT OF DEBT	NET FAIR MARKET VALUE	PROPOSAL FOR DIVISION Award or Confirm to: PETITIONER RESPONDENT	
1.	REAL ESTATE		\$	\$	\$	\$	\$
2.	HOUSEHOLD FURNITURE, FURNISHINGS, APPLIANCES						
3.	JEWELRY, ANTIQUES, ART, COIN COLLECTIONS, etc.						
4.	VEHICLES, BOATS, TRAILERS 2000 Ford Mustang 1999 Toyota 4Runner	1/12/00 2/1/99	3,000 2,500	0 0	3,000 2,500	3,000 0	0 2,500
5.	SAVINGS ACCOUNTS						
6.	CHECKING ACCOUNTS						

A		B	C	-	D	=	E	F	
ITEM NO.	BRIEF DESCRIPTION	DATE ACQUIRED	GROSS FAIR MARKET VALUE		AMOUNT OF DEBT		NET FAIR MARKET VALUE	PROPOSAL FOR DIVISION Award or Confirm to: PETITIONER RESPONDENT	
7.	CREDIT UNION, OTHER DEPOSITORY ACCOUNTS				\$		\$	\$	\$
8.	CASH								
9.	TAX REFUND								
10.	LIFE INSURANCE WITH CASH SURRENDER OR LOAN VALUE								
11.	STOCKS, BONDS, SECURED NOTES, MUTUAL FUNDS								
12.	RETIREMENT AND PENSIONS								
13.	PROFIT-SHARING, IRAS, DEFERRED COMPENSATION, ANNUITIES								
14.	ACCOUNTS RECEIVABLE, UNSECURED NOTES								
15.	PARTNERSHIP, OTHER BUSINESS INTERESTS								
16.	OTHER ASSETS								
17.	ASSETS FROM CONTINUATION SHEET								
18.	TOTAL ASSETS		5,500		0		5,500	3,000	2,500

A		B	C	D	
ITEM NO.	DEBTS - SHOW TO WHOM OWED	DATE INCURRED	TOTAL OWING	PROPOSAL FOR DIVISION	
				Award or Confirm to: PETITIONER	RESPONDENT
19.	STUDENT LOANS		\$	\$	\$
20.	TAXES				
21.	SUPPORT ARREARAGES				
22.	LOANS-UNSECURED				
23.	CREDIT CARDS				
24.	OTHER DEBTS				
25.	OTHER DEBTS FROM CONTINUATION SHEET				
26.	TOTAL DEBTS		0	0	0

A Continuation of Property Declaration (form FL-161) is attached and incorporated by reference.

I declare under penalty of perjury under the laws of the State of California that, to the best of my knowledge, the foregoing is a true and correct listing of assets and obligations and the amounts shown are correct.

Date: **3/4/2011**

Sam Sample

(TYPE OR PRINT NAME)

▶ *Sam Sample*

SIGNATURE

INFORMATION AND INSTRUCTIONS FOR COMPLETING FORM FL-160

Property Declaration (form FL-160) is a multipurpose form, which may be filed with the court as an attachment to a *Petition* or *Response* or served on the other party to comply with disclosure requirements in place of a *Schedule of Assets and Debts* (form FL-142). Courts may also require a party to file a *Property Declaration* as an attachment to a *Request to Enter Default* (form FL-165) or *Judgment* (form FL-180).

When filing a *Property Declaration* with the court, do not include private financial documents listed below.

Identify the type of declaration completed

1. Check "Community and Quasi-Community Property Declaration" on page 1 to use *Property Declaration* (form FL-160) to provide a combined list of community and quasi-community property assets and debts. Quasi-community property is property you own outside of California that would be community property if it were located in California.
2. Do not combine a separate property declaration with a community and quasi-community property declaration. Check "Separate Property Declaration" on page 1 when using *Property Declaration* to provide a list of separate property assets and debts.

Description of the Property Declaration chart

Pages 1 and 2

1. Column A is used to provide a brief description of each item of separate or community or quasi-community property.
2. Column B is used to list the date the item was acquired.
3. Column C is used to list the item's gross fair market value (an estimate of the amount of money you could get if you sold the item to another person through an advertisement).
4. Column D is used to list the amount owed on the item.
5. Column E is used to indicate the net fair market value of each item. The net fair market value is calculated by subtracting the dollar amount in column D from the amount in column C ("C minus D").
6. Column F is used to show a proposal on how to divide (or confirm) the item described in column A.

Page 3

1. Column A is used to provide a brief description of each separate or community or quasi-community property debt.
2. Column B is used to list the date the debt was acquired.
3. Column C is used to list the total amount of money owed on the debt.
4. Column D is used to show a proposal on how to divide (or confirm) the item of debt described in column A.

When using this form only as an attachment to a *Petition* or *Response*

1. Attach a *Separate Property Declaration* to respond to item 4. Only columns A and F on pages 1 and 2, and columns A and D on page 3 are required.
2. Attach a *Community or Quasi-Community Declaration* to respond to item 5, and complete column A on all pages.

When serving this form on the other party as an attachment to *Declaration of Disclosure* (form FL-140)

1. Complete Columns A through E on pages 1 and 2, and Columns A through C on page 3.
2. Copies of the following documents must be attached and served on the other party:
 - (a) *For real estate* (item 1): deeds with legal descriptions and the latest lender's statement.
 - (b) *For vehicles, boats, trailers* (item 4): the title documents.
 - (c) *For all bank accounts* (item 5, 6, 7): the latest statement.
 - (d) *For life insurance policies with cash surrender or loan value* (item 10): the latest declaration page.
 - (e) *For stocks, bonds, secured notes, mutual funds* (item 11): the certificate or latest statement.
 - (f) *For retirement and pensions* (item 12): the latest summary plan document and latest benefit statement.
 - (g) *For profit-sharing, IRAs, deferred compensation, and annuities* (item 13): the latest statement.
 - (h) *For each account receivable and unsecured note* (item 14): documentation of the account receivable or note.
 - (i) *For partnerships and other business interests* (item 15): the most current K-1 and Schedule C.
 - (j) *For other assets* (item 16): the most current statement, title document, or declaration.
 - (k) *For support arrearages* (item 21): orders and statements.
 - (l) *For credit cards and other debts* (items 23 and 24): the latest statement.
3. Do not file copies of the above private financial documents with the court.

When filing this form with the court as an attachment to *Request to Enter Default* (FL-165) or *Judgment* (FL-180)

Complete all columns on the form.

For more information about forms required to process and obtain a judgment in dissolution, legal separation, and nullity cases, see <http://www.courts.ca.gov/selfhelp-divorcesteps.htm>.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):
Sam Sample

377 Osos Street
San Luis Obispo, CA 93401
 TELEPHONE NO.: **(805) 555-5678** FAX NO.:

E-MAIL ADDRESS:
 ATTORNEY FOR (Name): **Respondent 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

PETITIONER'S RESPONDENT'S
 COMMUNITY AND QUASI-COMMUNITY PROPERTY DECLARATION
 SEPARATE PROPERTY DECLARATION

CASE NUMBER:
FL101010

See *Instructions* on page 4 for information about completing this form. For additional space, use *Continuation of Property Declaration* (form FL-161).

A		B	C	D	E	F	
ITEM NO.	BRIEF DESCRIPTION	DATE ACQUIRED	GROSS FAIR MARKET VALUE	AMOUNT OF DEBT	NET FAIR MARKET VALUE	PROPOSAL FOR DIVISION Award or Confirm to: PETITIONER RESPONDENT	
1.	REAL ESTATE 1234 Main St. San Luis Obispo, CA	7/30/03	\$ 475,000	\$ 468,000	\$ 7,000	\$ 3,500	\$ 3,500
2.	HOUSEHOLD FURNITURE, FURNISHINGS, APPLIANCES Living Room Furniture	8/1/03	150	0	150	150	0
	Television	5/7/07	50	0	50	50	0
	Washer & Dryer	2/1/10	200	0	200	200	0
3.	JEWELRY, ANTIQUES, ART, COIN COLLECTIONS, etc.						
4.	VEHICLES, BOATS, TRAILERS 2008 Honda Accord	4/15/10	15,280	11,880	3,400	3,400	0
	2007 Ford F150	7/1/07	10,065	4,500	5,565	0	5,565
5.	SAVINGS ACCOUNTS Bank of America	7/30/03	3,000	0	3,000	2,300	700
6.	CHECKING ACCOUNTS Bank of America	7/30/03	100	0	100	100	0

A		B	C	-	D	=	E	F	
ITEM NO.	BRIEF DESCRIPTION	DATE ACQUIRED	GROSS FAIR MARKET VALUE		AMOUNT OF DEBT		NET FAIR MARKET VALUE	PROPOSAL FOR DIVISION Award or Confirm to: PETITIONER RESPONDENT	
7.	CREDIT UNION, OTHER DEPOSITORY ACCOUNTS				\$		\$	\$	\$
8.	CASH								
9.	TAX REFUND								
10.	LIFE INSURANCE WITH CASH SURRENDER OR LOAN VALUE								
11.	STOCKS, BONDS, SECURED NOTES, MUTUAL FUNDS								
12.	RETIREMENT AND PENSIONS								
	CalPERS	5/1/05	12,000		0		12,000	6,000	6,000
	401K	8/1/03	50,000		0		50,000	25,000	25,000
13.	PROFIT-SHARING, IRAS, DEFERRED COMPENSATION, ANNUITIES								
14.	ACCOUNTS RECEIVABLE, UNSECURED NOTES								
15.	PARTNERSHIP, OTHER BUSINESS INTERESTS								
16.	OTHER ASSETS								
17.	ASSETS FROM CONTINUATION SHEET								
18.	TOTAL ASSETS		565,845		484,380		81,465	40,700	40,765

A		B	C	D	
ITEM NO.	DEBTS - SHOW TO WHOM OWED	DATE INCURRED	TOTAL OWING	PROPOSAL FOR DIVISION Award or Confirm to:	
				PETITIONER	RESPONDENT
19.	STUDENT LOANS		\$	\$	\$
20.	TAXES				
21.	SUPPORT ARREARAGES				
22.	LOANS-UNSECURED				
23.	CREDIT CARDS				
	Target	6/1/2010	1,200	1,200	0
	Bank of America Visa	5/1/2005	5,000	0	5,000
	Sears	7/1/2010	2,800	2,800	0
	Master Card	8/15/2009	1,000	1,000	0
24.	OTHER DEBTS				
25.	OTHER DEBTS FROM CONTINUATION SHEET				
26.	TOTAL DEBTS		10,000	5,000	5,000

A Continuation of Property Declaration (form FL-161) is attached and incorporated by reference.

I declare under penalty of perjury under the laws of the State of California that, to the best of my knowledge, the foregoing is a true and correct listing of assets and obligations and the amounts shown are correct.

Date: **3/4/2011**

Sam Sample

(TYPE OR PRINT NAME)

▶ *Sam Sample*

SIGNATURE

INFORMATION AND INSTRUCTIONS FOR COMPLETING FORM FL-160

Property Declaration (form FL-160) is a multipurpose form, which may be filed with the court as an attachment to a *Petition* or *Response* or served on the other party to comply with disclosure requirements in place of a *Schedule of Assets and Debts* (form FL-142). Courts may also require a party to file a *Property Declaration* as an attachment to a *Request to Enter Default* (form FL-165) or *Judgment* (form FL-180).

When filing a *Property Declaration* with the court, do not include private financial documents listed below.

Identify the type of declaration completed

1. Check "Community and Quasi-Community Property Declaration" on page 1 to use *Property Declaration* (form FL-160) to provide a combined list of community and quasi-community property assets and debts. Quasi-community property is property you own outside of California that would be community property if it were located in California.
2. Do not combine a separate property declaration with a community and quasi-community property declaration. Check "Separate Property Declaration" on page 1 when using *Property Declaration* to provide a list of separate property assets and debts.

Description of the Property Declaration chart

Pages 1 and 2

1. Column A is used to provide a brief description of each item of separate or community or quasi-community property.
2. Column B is used to list the date the item was acquired.
3. Column C is used to list the item's gross fair market value (an estimate of the amount of money you could get if you sold the item to another person through an advertisement).
4. Column D is used to list the amount owed on the item.
5. Column E is used to indicate the net fair market value of each item. The net fair market value is calculated by subtracting the dollar amount in column D from the amount in column C ("C minus D").
6. Column F is used to show a proposal on how to divide (or confirm) the item described in column A.

Page 3

1. Column A is used to provide a brief description of each separate or community or quasi-community property debt.
2. Column B is used to list the date the debt was acquired.
3. Column C is used to list the total amount of money owed on the debt.
4. Column D is used to show a proposal on how to divide (or confirm) the item of debt described in column A.

When using this form only as an attachment to a *Petition* or *Response*

1. Attach a *Separate Property Declaration* to respond to item 4. Only columns A and F on pages 1 and 2, and columns A and D on page 3 are required.
2. Attach a *Community or Quasi-Community Declaration* to respond to item 5, and complete column A on all pages.

When serving this form on the other party as an attachment to *Declaration of Disclosure* (form FL-140)

1. Complete Columns A through E on pages 1 and 2, and Columns A through C on page 3.
2. Copies of the following documents must be attached and served on the other party:
 - (a) *For real estate* (item 1): deeds with legal descriptions and the latest lender's statement.
 - (b) *For vehicles, boats, trailers* (item 4): the title documents.
 - (c) *For all bank accounts* (item 5, 6, 7): the latest statement.
 - (d) *For life insurance policies with cash surrender or loan value* (item 10): the latest declaration page.
 - (e) *For stocks, bonds, secured notes, mutual funds* (item 11): the certificate or latest statement.
 - (f) *For retirement and pensions* (item 12): the latest summary plan document and latest benefit statement.
 - (g) *For profit-sharing, IRAs, deferred compensation, and annuities* (item 13): the latest statement.
 - (h) *For each account receivable and unsecured note* (item 14): documentation of the account receivable or note.
 - (i) *For partnerships and other business interests* (item 15): the most current K-1 and Schedule C.
 - (j) *For other assets* (item 16): the most current statement, title document, or declaration.
 - (k) *For support arrearages* (item 21): orders and statements.
 - (l) *For credit cards and other debts* (items 23 and 24): the latest statement.
3. Do not file copies of the above private financial documents with the court.

When filing this form with the court as an attachment to *Request to Enter Default* (FL-165) or *Judgment* (FL-180)
Complete all columns on the form.

For more information about forms required to process and obtain a judgment in dissolution, legal separation, and nullity cases, see <http://www.courts.ca.gov/selfhelp-divorcesteps.htm>.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): Sam Sample 377 Osos Street San Luis Obispo, CA 93401 TELEPHONE NO.: (805) 555-5678 FAX NO. (Optional): () - E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): Respondent in Pro Per	FOR COURT USE ONLY
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:	
(This section applies only to family law cases.)	
PETITIONER: Pat Sample RESPONDENT: Sam Sample OTHER PARTY:	
(This section applies only to guardianship cases.)	
GUARDIANSHIP OF (Name): _____ Minor	CASE NUMBER: FL101010
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)	

1. I am a party to this proceeding to determine custody of a child.
2. My present address and the present address of each child residing with me is confidential under Family Code section 3429 as I have indicated in item 3.
3. There are (specify number): **2** minor children who are subject to this proceeding, as follows:
 (Insert the information requested below. The residence information must be given for the last FIVE years.)

a. Child's name Chad Sample		Place of birth San Luis Obispo, CA	Date of birth 1/2/2005	Sex Male
Period of residence 1/15/11 to present	Address 1234 Main St, San Luis Obispo, CA <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) Pat Sample 1234 Main Street, SLO, CA <input type="checkbox"/> Confidential		Relationship Mother
Period of residence 1/15/05 to 1/15/11	Child's residence (City, State) 377 Osos Street, SLO	Person child lived with (name and complete current address) Pat Sample 1234 Main Street, SLO, CA Sam Sample 377 Osos, SLO, CA		Relationship Mother and Father
Period of residence _____ to _____	Child's residence (City, State)	Person child lived with (name and complete current address)		Relationship
Period of residence _____ to _____	Child's residence (City, State)	Person child lived with (name and complete current address)		Relationship
b. Child's name Cindy Sample <input checked="" type="checkbox"/> Residence information is the same as given above for child a. (If NOT the same, provide the information below.)		Place of birth San Luis Obispo, CA	Date of birth 5/2/2010	Sex Female
Period of residence _____ to present	Address <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) <input type="checkbox"/> Confidential		Relationship
Period of residence _____ to _____	Child's residence (City, State)	Person child lived with (name and complete current address)		Relationship
Period of residence _____ to _____	Child's residence (City, State)	Person child lived with (name and complete current address)		Relationship
Period of residence _____ to _____	Child's residence (City, State)	Person child lived with (name and complete current address)		Relationship

- c. Additional residence information for a child listed in item a or b is continued on attachment 3c.
- d. Additional children are listed on form FL-105(A)/GC-120(A). (Provide all requested information for additional children.)

SHORT TITLE: Sample and Sample	CASE NUMBER: FL101010
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4. Do you have information about, or have you participated as a party or as a witness or in some other capacity in, another court case or custody or visitation proceeding, in California or elsewhere, concerning a child subject to this proceeding?

Yes No (If yes, attach a copy of the orders (if you have one) and provide the following information):

Proceeding	Case number	Court (name, state, location)	Court order or judgment (date)	Name of each child	Your connection to the case	Case status
a. <input type="checkbox"/> Family						
b. <input type="checkbox"/> Guardianship						
c. <input type="checkbox"/> Other						

Proceeding	Case Number	Court (name, state, location)
d. <input type="checkbox"/> Juvenile Delinquency/ Juvenile Dependency		
e. <input type="checkbox"/> Adoption		

5. One or more domestic violence restraining/protective orders are now in effect. (Attach a copy of the orders if you have one and provide the following information):

Court	County	State	Case number (if known)	Orders expire (date)
a. <input type="checkbox"/> Criminal				
b. <input type="checkbox"/> Family				
c. <input type="checkbox"/> Juvenile Delinquency/ Juvenile Dependency				
d. <input type="checkbox"/> Other				

6. Do you know of any person who is not a party to this proceeding who has physical custody or claims to have custody of or visitation rights with any child in this case? Yes No (If yes, provide the following information):

a. Name and address of person <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights <hr/> Name of each child	b. Name and address of person <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights <hr/> Name of each child	c. Name and address of person <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Claims visitation rights <hr/> Name of each child
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

Date: **3/10/11**

Sam Sample _____ **Sam Sample** _____
 (TYPE OR PRINT NAME) (SIGNATURE OF DECLARANT)

7. Number of pages attached: _____

NOTICE TO DECLARANT: You have a continuing duty to inform this court if you obtain any information about a custody proceeding in a California court or any other court concerning a child subject to this proceeding.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): Sam Sample 377 Osos St. San Luis Obispo, CA 93401 TELEPHONE NO.: (805) 555-5678 E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): Respondent in Pro Per	FOR COURT USE ONLY
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: FL101010

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: French Hospital b. Employer's address: 1911 Johnson Avenue c. Employer's phone number: (805) 555-9999 d. Occupation: Technician e. Date job started: Feburary 2005 f. If unemployed, date job ended: g. I work about 40 hours per week. h. I get paid \$ 7,000 gross (before taxes) <input checked="" 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): **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): **4** 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): **2010**
- 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): \$ **3,010**
 This estimate is based on (explain): **I base this information by her Income and Expense Declaration that she served on me.**

(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: **3/10/11**

Sam Sample _____ **Sam Sample** _____
 (TYPE OR PRINT NAME) (SIGNATURE OF DECLARANT)

PETITIONER/PLAINTIFF: Pat Sample	CASE NUMBER: FL101010
RESPONDENT/DEFENDANT: Sam Sample	
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.)

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)	\$ 7,000	7,000
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	\$	
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 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	\$ 60
b. Required retirement payments (not social security, FICA, 401(k), or IRA)	\$
c. Medical, hospital, dental, and other health insurance premiums (total monthly amount)	\$ 150
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	\$ 3,100
b. Stocks, bonds, and other assets I could easily sell	\$
c. All other property, <input checked="" type="checkbox"/> real and <input checked="" type="checkbox"/> personal (estimate fair market value minus the debts you owe)	\$ 72,165



PETITIONER/PLAINTIFF: Pat Sample RESPONDENT/DEFENDANT: Sam Sample OTHER PARENT/CLAIMANT:	CASE NUMBER: FL101010
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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.				<input type="checkbox"/> Yes <input type="checkbox"/> No
b.				<input type="checkbox"/> Yes <input type="checkbox"/> No
c.				<input type="checkbox"/> Yes <input type="checkbox"/> No
d.				<input type="checkbox"/> Yes <input type="checkbox"/> No
e.				<input type="checkbox"/> Yes <input type="checkbox"/> No

13. Average monthly expenses Estimated expenses Actual expenses Proposed needs

a. Home:

(1) Rent or mortgage\$ 2,200

 If mortgage:

 (a) average principal: \$ 150

 (b) average interest: \$ 1,800

(2) Real property taxes\$ 300

(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\$ 300

d. Groceries and household supplies\$ 200

e. Eating out\$ _____

f. Utilities (gas, electric, water, trash)\$ 140

g. Telephone, cell phone, and e-mail\$ 100

h. Laundry and cleaning\$ _____

i. Clothes\$ _____

j. Education\$ _____

k. Entertainment, gifts, and vacation\$ _____

l. Auto expenses and transportation
 (insurance, gas, repairs, bus, etc.)\$ 225

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) \$ 275

q. Other (specify) :\$ _____

r. TOTAL EXPENSES (a-q) (do not add in \$ 3,740
 the amounts in a(1)(a) and (b))

s. Amount of expenses paid by others \$ _____

14. Installment payments and debts not listed above

Paid to	For	Amount	Balance	Date of last payment
Target	Living Expenses	\$ 50	\$ 1,200	3/1/11
Bank of America Visa	Washer and Dryer	\$ 100	\$ 5,000	3/1/11
Sears	Clothes	\$ 25	\$ 400	3/1/11
Master Card	Vacation	\$ 100	\$ 1,000	3/1/11
		\$	\$	
		\$	\$	

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)

PETITIONER/PLAINTIFF: Pat Sample RESPONDENT/DEFENDANT: Sam Sample OTHER PARENT/CLAIMANT:	CASE NUMBER: FL101010
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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): **2** children under the age of 18 with the other parent in this case.
- b. The children spend **10** percent of their time with me and **90** 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: **Blue Cross**
- c. Address of insurance company:
401 Skyline Drive
Evermore, NH 87421
- 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	\$ <u>300</u>
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) :

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar number, and address</i>): Sam Sample 377 Osos Street San Luis Obispo, CA 93401 TELEPHONE NO.: (805) 555-5678 FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (<i>Name</i>): Respondent 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:	
DECLARATION OF DISCLOSURE <input type="checkbox"/> Petitioner's <input checked="" type="checkbox"/> Respondent's	<input checked="" type="checkbox"/> Preliminary <input type="checkbox"/> Final CASE NUMBER: FL101010

DO NOT FILE DECLARATIONS OF DISCLOSURE OR FINANCIAL ATTACHMENTS WITH THE COURT

In a dissolution, legal separation, or nullity action, both a preliminary and a final declaration of disclosure must be served on the other party with certain exceptions. Neither disclosure is filed with the court. Instead, a declaration stating that service of disclosure documents was completed or waived must be filed with the court (see form FL-141).

- *In summary dissolution cases, each spouse or domestic partner must exchange preliminary disclosures as described in Summary Dissolution Information (form FL-810). Final disclosures are not required (see Family Code section 2109).*
- *In a default judgment case that is not a stipulated judgment or a judgment based on a marital settlement agreement, only the petitioner is required to complete and serve a preliminary declaration of disclosure. A final disclosure is not required of either party (see Family Code section 2110).*
- *Service of preliminary declarations of disclosure may not be waived by an agreement between the parties.*
- *Parties who agree to waive final declarations of disclosure must file their written agreement with the court (see form FL-144).*

The petitioner must serve a preliminary declaration of disclosure at the same time as the Petition or within 60 days of filing the Petition. The respondent must serve a preliminary declaration of disclosure at the same time as the Response or within 60 days of filing the Response. The time periods may be extended by written agreement of the parties or by court order (see Family Code section 2104(f)).

Attached are the following:

1. A completed *Schedule of Assets and Debts* (form FL-142) or A *Property Declaration* (form FL-160) for (specify):
 Community and Quasi-Community Property Separate Property.
2. A completed *Income and Expense Declaration* (form FL-150).
3. All tax returns filed by the party in the two years before the date that the party served the disclosure documents.
4. A statement of all material facts and information regarding valuation of all assets that are community property or in which the community has an interest (*not a form*).
5. A statement of all material facts and information regarding obligations for which the community is liable (*not a form*).
6. An accurate and complete written disclosure of any investment opportunity, business opportunity, or other income-producing opportunity presented since the date of separation that results from any investment, significant business, or other income-producing opportunity from the date of marriage to the date of separation (*not a form*).

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

Date: **3/10/2011**

Sam Sample

▶ *Sam Sample*

(TYPE OR PRINT NAME)

SIGNATURE

Page 1 of 1

FW-001 Request to Waive Court Fees

If you are getting public benefits, are a low-income person, or do not have enough income to pay for household's basic needs and your court fees, you may use this form to ask the court to waive all or part of your court fees. The court may order you to answer questions about your finances. If the court waives the fees, you may still have to pay later if:

- You cannot give the court proof of your eligibility,
- Your financial situation improves during this case, or
- You settle your civil case for **\$10,000** or more. The trial court that waives your fees will have a lien on any such settlement in the amount of the waived fees and costs. The court may also charge you any collection costs.

CONFIDENTIAL

Clerk stamps date here when form is filed.

Fill in court name and street address:

Superior Court of California, County of San Luis Obispo
 1035 Palm Street, Room 385
 San Luis Obispo, CA 93408

Fill in case number and name:

Case Number:
FL101010

Case Name:
Sample and Sample

1 Your Information (person asking the court to waive the fees):
 Name: Sam Sample
 Street or mailing address: 377 Osos St.
 City: San Luis Obispo State: CA Zip: 93401
 Phone number: (805) 555-5678

2 Your Job, if you have one (job title): Cook
 Name of employer: French Hospital
 Employer's address: 1911 Johnson Avenue, San Luis Obispo, CA 93401

3 Your Lawyer, if you have one (name, firm or affiliation, address, phone number, and State Bar number):

a. The lawyer has agreed to advance all or a portion of your fees or costs (check one): Yes No

b. (If yes, your lawyer must sign here) Lawyer's signature: _____
 If your lawyer is not providing legal-aid type services based on your low income, you may have to go to a hearing to explain why you are asking the court to waive the fees.

4 What court's fees or costs are you asking to be waived?

Superior Court (See Information Sheet on Waiver of Superior Court Fees and Costs (form FW-001-INFO).)

Supreme Court, Court of Appeal, or Appellate Division of Superior Court (See Information Sheet on Waiver of Appellate Court Fees (form APP-015/FW-015-INFO).)

5 Why are you asking the court to waive your court fees?

a. I receive (check all that apply): Medi-Cal Food Stamps SSI SSP County Relief/General Assistance IHSS (In-Home Supportive Services) CalWORKS or Tribal TANF (Tribal Temporary Assistance for Needy Families) CAPI (Cash Assistance Program for Aged, Blind and Disabled)

b. My gross monthly household income (before deductions for taxes) is less than the amount listed below. (If you check 5b you must fill out 7, 8 and 9 on page 2 of this form.)

Family Size	Family Income	Family Size	Family Income	Family Size	Family Income	If more than 6 people at home, add \$422.92 for each extra person.
1	\$1,215.83	3	\$2,061.46	5	\$2,907.30	
2	\$1,638.55	4	\$2,484.38	6	\$3,330.21	

c. I do not have enough income to pay for my household's basic needs and the court fees. I ask the court to (check one): waive all court fees waive some of the court fees let me make payments over time (Explain): _____ (If you check 5c, you must fill out page 2.)

6 Check here if you asked the court to waive your court fees for this case in the last six months. (If your previous request is reasonably available, please attach it to this form and check here:)

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

Date: 3/10/2011

Sam Sample
 Print your name here

Sam Sample
 Sign here

Your name: **Sam Sample**

Case Number:
FL101010

If you checked 5a on page 1, do not fill out below. If you checked 5b, fill out questions 7, 8, and 9 only. If you checked 5c, you **must** fill out this entire page. If you need more space, attach form MC-025 or attach a sheet of paper and write Financial Information and your name and case number at the top.

7 Check here if your income changes a lot from month to month. Fill out below based on your average income for the past 12 months.

8 Your Monthly Income

a. Gross monthly income (before deductions): \$ 1,100
List each payroll deduction and amount below:

(1) **Fed Income Tax** \$ 7
 (2) **CA Income Tax** \$ 5
 (3) **Social Security** \$ 9
 (4) _____ \$ _____

b. Total deductions (add 8a (1)-(4) above): \$ 21
 c. Total monthly take-home pay (8a minus 8b): \$ 1,079
 d. List the source and amount of any other income you get each month, including: spousal/child support, retirement, social security, disability, unemployment, military basic allowance for quarters (BAQ), veterans payments, dividends, interest, trust income, annuities, net business or rental income, reimbursement for job-related expenses, gambling or lottery winnings, etc.

(1) _____ \$ _____
 (2) _____ \$ _____
 (3) _____ \$ _____
 (4) _____ \$ _____

e. Your total monthly income is (8c plus 8d): \$ 1,079

9 Household Income

a. List all other persons living in your home and their income; include only your spouse and all individuals who depend in whole or in part on you for support, or on whom you depend in whole or in part for support.

Name	Age	Relationship	Gross Monthly Income
(1) _____	_____	_____	\$ _____
(2) _____	_____	_____	\$ _____
(3) _____	_____	_____	\$ _____
(4) _____	_____	_____	\$ _____

b. Total monthly income of persons above: \$ 0

Total monthly income and household income (8e plus 9b): \$ 1,079

To list any other facts you want the court to know, such as unusual medical expenses, family emergencies, etc., attach form MC-025. Or attach a sheet of paper, and write Financial Information and your name and case number at the top. Check here if you attach another page.

Important! If your financial situation or ability to pay court fees improves, you must notify the court within five days on form FW-010.

10 Your Money and Property

a. Cash ----- \$ _____
 b. All financial accounts (List bank name and amount):
 (1) _____ \$ _____
 (2) _____ \$ _____
 (3) _____ \$ _____
 (4) _____ \$ _____

c. Cars, boats, and other vehicles

Make/Year	Fair Market Value	How Much You Still Owe
(1) _____	\$ _____	\$ _____
(2) _____	\$ _____	\$ _____
(3) _____	\$ _____	\$ _____

d. Real estate

Address	Fair Market Value	How Much You Still Owe
(1) _____	\$ _____	\$ _____
(2) _____	\$ _____	\$ _____
(3) _____	\$ _____	\$ _____

e. Other personal property (jewelry, furniture, furs, stocks, bonds, etc.):

Describe	Fair Market Value	How Much You Still Owe
(1) _____	\$ _____	\$ _____
(2) _____	\$ _____	\$ _____
(3) _____	\$ _____	\$ _____

11 Your Monthly Expenses
(Do not include payroll deductions you already listed in 8b.)

a. Rent or house payment & maintenance \$ _____
 b. Food and household supplies \$ _____
 c. Utilities and telephone \$ _____
 d. Clothing \$ _____
 e. Laundry and cleaning \$ _____
 f. Medical and dental expenses \$ _____
 g. Insurance (life, health, accident, etc.) \$ _____
 h. School, child care \$ _____
 i. Child, spousal support (another marriage) \$ _____
 j. Transportation, gas, auto repair and insurance \$ _____
 k. Installment payments (list each below):
 Paid to:
 (1) _____ \$ _____
 (2) _____ \$ _____
 (3) _____ \$ _____

l. Wages/earnings withheld by court order \$ _____
 m. Any other monthly expenses (list each below):
 Paid to: How Much?
 (1) _____ \$ _____
 (2) _____ \$ _____
 (3) _____ \$ _____

Total monthly expenses (add 11a-11m above): \$ 0

FW-003 Order on Court Fee Waiver (Superior Court)

Clerk stamps date here when form is filed.

1 Person who asked the court to waive court fees:
Name: Sam Sample
Street or mailing address: 377 Osos St.
City: San Luis Obispo State: CA Zip: 93401

2 Lawyer, if person in 1 has one (name, address, phone number, e-mail, and State Bar number):

3 A request to waive court fees was filed on (date): _____
 The court made a previous fee waiver order in this case on (date): _____

Fill in court name and street address:
Superior Court of California, County of
San Luis Obispo
1035 Palm Street, Room 385
San Luis Obispo, CA 93408

Fill in case number and case name:
Case Number:
FL101010
Case Name:
Sample and Sample

Read this form carefully. All checked boxes are court orders.

Notice: The court may order you to answer questions about your finances and later order you to pay back the waived fees. If this happens and you do not pay, the court can make you pay the fees and also charge you collection fees. If there is a change in your financial circumstances during this case that increases your ability to pay fees and costs, you must notify the trial court within five days. (Use form FW-010.) If you win your case, the trial court may order the other side to pay the fees. If you settle your civil case for \$10,000 or more, the trial court will have a lien on the settlement in the amount of the waived fees. The trial court may not dismiss the case until the lien is paid.

4 After reviewing your (check one): Request to Waive Court Fees Request to Waive Additional Court Fees
the court makes the following orders:

- a. The court grants your request, as follows:
- (1) **Fee Waiver.** The court grants your request and waives your court fees and costs listed below. (Cal. Rules of Court, rule 3.55.) You do not have to pay the court fees for the following:
- Filing papers in Superior Court
 - Making copies and certifying copies
 - Sheriff's fee to give notice
 - Reporter's daily fee (for up to 60 days following the fee waiver order at the court-approved daily rate)
 - Preparing and certifying the clerk's transcript on appeal
 - Giving notice and certificates
 - Sending papers to another court department
 - Court-appointed interpreter in small claims court
 - Court fees for phone hearings
- (2) **Additional Fee Waiver.** The court grants your request and waives your additional superior court fees and costs that are checked below. (Cal. Rules of Court, rule 3.56.) You do not have to pay for the checked items.
- Jury fees and expenses
 - Fees for court-appointed experts
 - Fees for a peace officer to testify in court
 - Reporter's daily fees (beyond the 60-day period following the fee waiver order)
 - Court-appointed interpreter fees for a witness
 - Other (specify): _____
- (3) **Fee Waiver for Appeal.** The court grants your request and waives the fees and costs checked below, for your appeal. (Cal. Rules of Court, rules 3.55, 3.56, 8.26, and 8.818.) You do not have to pay for the checked items.
- Preparing and certifying clerk's transcript for appeal
 - Other (specify): _____



Your name: **Sam Sample**

Case Number:
FL101010

b. The court **denies** your request, as follows:

Warning! If you miss the deadline below, the court cannot process your request for hearing or the court papers you filed with your original request. If the papers were a notice of appeal, the appeal may be dismissed.

(1) The court **denies** your request because it is incomplete. You have **10 days** after the clerk gives notice of this order (see date below) to:

- Pay your fees and costs, or
- File a new revised request that includes the items listed below (*specify incomplete items*):

(2) The court **denies** your request because the information you provided on the request shows that you are not eligible for the fee waiver you requested (*specify reasons*): _____

The court has enclosed a blank *Request for Hearing About Court Fee Waiver Order (Superior Court)*, form FW-006. You have **10 days** after the clerk gives notice of this order (see date below) to:

- Pay your fees and costs, or
- Ask for a hearing in order to show the court more information. (*Use form FW-006 to request hearing.*)

c. The court needs more information to decide whether to grant your request. You must go to court on the date below. The hearing will be about (*specify questions regarding eligibility*): _____

Bring the following proof to support your request if reasonably available: _____

Hearing Date →	Date: _____	Time: _____	Name and address of court if different from page 1: _____
	Dept.: _____	Rm.: _____	

Warning! If item c is checked, and you do not go to court on your hearing date, the judge will deny your request to waive court fees, and you will have 10 days to pay your fees. If you miss that deadline, the court cannot process the court papers you filed with your request. If the papers were a notice of appeal, the appeal may be dismissed.

Date: _____

Signature of (check one): *Judicial Officer* *Clerk, Deputy*



Request for Accommodations. Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least 5 days before your hearing. Contact the clerk's office for *Request for Accommodation*, Form MC-410. (Civil Code, § 54.8.)

Clerk's Certificate of Service

I certify that I am not involved in this case and (*check one*): A certificate of mailing is attached.

I handed a copy of this order to the party and attorney, if any, listed in ① and ②, at the court, on the date below.

This order was mailed first class, postage paid, to the party and attorney, if any, at the addresses listed in ① and ②, from (*city*): _____, California on the date below.

Date: _____

Clerk, by _____, Deputy

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): Sam Sample 377 Osos Street San Luis Obispo, CA 93401 TELEPHONE NO.: (805) 555-5678 FAX NO. (Optional): () - E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): Respondent in Pro Per	FOR COURT USE ONLY
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:	CASE NUMBER: FL101010 <i>(If applicable, provide):</i> HEARING DATE: HEARING TIME: DEPT.:
PETITIONER/PLAINTIFF: Pat Sample RESPONDENT/DEFENDANT: Sam Sample OTHER PARENT/PARTY:	
PROOF OF SERVICE BY MAIL	

NOTICE: To serve temporary restraining orders you must use personal service (see form FL-330).

1. I am at least 18 years of age, not a party to this action, and I am a resident of or employed in the county where the mailing took place.
2. My residence or business address is:
500 Oak Lane
San Luis Obispo, CA 93401
3. I served a copy of the following documents (*specify*):
Response, UCCJEA, Income and Expense Declaration, Declaration of Disclosure, Community Property Declaration and Separate Property Declaration.

 by enclosing them in an envelope AND
 - a. **depositing** the sealed envelope with the United States Postal Service with the postage fully prepaid.
 - b. **placing** the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.
4. The envelope was addressed and mailed as follows:
 - a. Name of person served: **Pat Sample**
 - b. Address: **1234 Main Street**
San Luis Obispo, CA 93401
 - c. Date mailed: **3/11/2011**
 - d. Place of mailing (*city and state*): **San Luis Obispo, CA**
5. I served a request to modify a child custody, visitation, or child support judgment or permanent order which included an address verification declaration. (*Declaration Regarding Address Verification—Postjudgment Request to Modify a Child Custody, Visitation, or Child Support Order* (form FL-334) may be used for this purpose.)
6. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: **3/11/2011**

Freddie Friend

(TYPE OR PRINT NAME)

▶ *Freddie Friend*

(SIGNATURE OF PERSON COMPLETING THIS FORM)