

Your name and address or attorney's name and address:	TELEPHONE NO.:	FOR COURT USE ONLY
ATTORNEY FOR (Name):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF		
STREET ADDRESS:		
MAILING ADDRESS:		
CITY AND ZIP CODE:		
BRANCH NAME:		
PETITIONER/PLAINTIFF:		
RESPONDENT/DEFENDANT:		
OTHER PARENT:		
FINANCIAL STATEMENT (SIMPLIFIED)		CASE NUMBER:

NOTICE: Read page 2 to find out if you qualify to use this form and how to use it.

1. a. My only source of income is TANF, SSI, or GA/GR.
- b. I have applied for TANF, SSI, or GA/GR.
2. I am the parent of the following number of natural or adopted children from this relationship _____
3. a. The children from this relationship are with me this amount of time _____ %
- b. The children from this relationship are with the other parent this amount of time _____ %
- c. Our arrangement for custody and visitation is *(specify, using extra sheet if necessary)*:
4. My tax filing status is: single married filing jointly head of household married filing separately.
5. My current gross income *(before taxes)* per month is _____ \$
- | | | |
|--------------------|--|----------|
| Attach 1 | This income comes from the following: | |
| copy of pay | <input type="checkbox"/> Salary/wages: Amount before taxes per month | \$ _____ |
| stubs for | <input type="checkbox"/> Retirement: Amount before taxes per month | \$ _____ |
| last 2 | <input type="checkbox"/> Unemployment compensation: Amount per month | \$ _____ |
| months here | <input type="checkbox"/> Workers' compensation: Amount per month | \$ _____ |
| (cross out | <input type="checkbox"/> Social security: <input type="checkbox"/> SSI <input type="checkbox"/> Other Amount per month | \$ _____ |
| social | <input type="checkbox"/> Disability: Amount per month | \$ _____ |
| security | <input type="checkbox"/> Interest income (from bank accounts or other): Amount per month | \$ _____ |
| numbers) | I have no income other than as stated in this paragraph. | |
6. I pay the following monthly expenses for the children in this case:
 - a. Day care or preschool to allow me to work or go to school _____ \$
 - b. Health care not paid for by insurance _____ \$
 - c. School, education, tuition, or other special needs of the child _____ \$
 - d. Travel expenses for visitation _____ \$
7. There are *(specify number)* _____ other minor children of mine living with me. Their monthly expenses that I pay are _____ \$
8. I spend the following average monthly amounts *(please attach proof)*:
 - a. Job-related expenses that are not paid by my employer *(specify reasons for expenses on separate sheet)* _____ \$
 - b. Required union dues _____ \$
 - c. Required retirement payments (not social security, FICA, 401k or IRA) _____ \$
 - d. Health insurance costs _____ \$
 - e. Child support I am paying for other minor children of mine who are not living with me _____ \$
 - f. Spousal support I am paying because of a court order for another relationship _____ \$
 - g. Monthly housing costs: rent or mortgage _____ \$

If mortgage: interest payments \$ _____ real property taxes \$ _____
9. Information concerning my current employment my most recent employment:

Employer:
Address:
Telephone number:
My occupation:
Date work started:
Date work stopped *(if applicable)*: _____

What was your gross income *(before taxes)* before work stopped?: _____

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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10. My estimate of the other party's gross monthly income (*before taxes*) is \$ _____
11. My current spouse's monthly income (*before taxes*) is \$ _____
12. Other information I want the court to know concerning child support in my case (*attach extra sheet with the information*).
13. I am attaching a copy of page 3 of form FL-150, *Income and Expense Declaration* showing my expenses.

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) <input type="checkbox"/> PETITIONER/PLAINTIFF <input type="checkbox"/> RESPONDENT/DEFENDANT
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INSTRUCTIONS

Step 1: Are you eligible to use this form? *If your answer is YES to any of the following questions, you may NOT use this form:*

- Are you asking for spousal support (alimony) or a change in spousal support?
- Is your spouse or former spouse asking for spousal support (alimony) or a change in spousal support?
- Are you asking the other party to pay your attorney fees?
- Is the other party asking you to pay his or her attorney fees?
- Do you receive money (income) from any source other than the following?
 - Welfare (such as TANF, GR, or GA)
 - Interest
 - Salary or wages
 - Workers' compensation
 - Disability
 - Social security
 - Unemployment
 - Retirement
- Are you self-employed?

If you are eligible to use this form and choose to do so, you do not need to complete the *Income and Expense Declaration* (form FL-150). Even if you are eligible to use this form, you may choose instead to use the *Income and Expense Declaration* (form FL-150).

Step 2: Make 2 copies of each of your pay stubs for the last two months. If you received money from other than wages or salary, include copies of the pay stub received with that money.

Privacy notice: If you wish, you may cross out your social security number if it appears on the pay stub, other payment notice or your tax return

Step 3: Make 2 copies of your most recent federal income tax form.

Step 4: Complete this form with the required information. Type the form if possible or complete it neatly and clearly in black ink. If you need additional room, please use plain or lined paper, 8½-by-11", and staple to this form.

Step 5: Make 2 copies of each side of this completed form and any attached pages.

Step 6: Serve a copy on the other party. Have someone other than yourself mail to the attorney for the other party, the other party, and the local child support agency, if they are handling the case, 1 copy of this form, 1 copy of each of your stubs for the last two months, and 1 copy of your most recent federal income tax return.

Step 7: File the original with the court. Staple this form with 1 copy of each of your pay stubs for the last two months. Take this document and give it to the clerk of the court. Check with your local court about how to submit your return.

Step 8: Keep the remaining copies of the documents for your file.

Step 9: Take the copy of your latest federal income tax return to the court hearing.

It is very important that you attend the hearings scheduled for this case. If you do not attend a hearing, the court may make an order without considering the information you want the court to consider.