

Clerk stamps date here when form is filed

**1** Your name (person asking for protection):

Your address (*skip this if you have a lawyer*) (*If you want your address to be private, give a mailing address instead*)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Your telephone number (*optional*): \_\_\_\_\_

Your lawyer (*if you have one*) (*Name, address, telephone number, and State Bar number*)

Fill in court name and street address.

**Superior Court of California, County of****2** Name of person you want protection from:

Description of that person: Sex: ☐ M ☐ F Height: \_\_\_\_\_

Weight: \_\_\_\_\_ Race: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Clerk fills in case number when form is filed.

**Case Number:****3** Besides you, who needs protection? (*Family or household members*)

Full Name

Age

Lives with you?

How are they related to you?

_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

☐ Check here if you need more space Attach Form MC-020 and write "DV-100, Item 3—Protected People" by your statement NOTE In any item that asks for Form MC-020, you can use an 8 1/2 x 11-inch sheet of paper instead.

**4** What is your relationship to the person in **(2)**? (*Check all that apply*)

a. ☐ We are now married or registered domestic partners.

b. ☐ We used to be married or registered domestic partners.

c. ☐ We live together

d. ☐ We used to live together

e. ☐ We are relatives, in-laws, or related by adoption (*specify relationship*) \_\_\_\_\_

f. ☐ We are dating or used to date.

g. ☐ We are engaged to be married or were engaged to be married.

h. ☐ We are the parents together of a child or children under 18:

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

☐ Check here if you need more space Attach Form MC-020 and write "DV-100, Item 4h" by your statement

i. ☐ We have signed a Voluntary Declaration of Paternity for our child or children. (*Attach a copy if you have one*)

**This is not a Court Order.**

Case Number: \_\_\_\_\_

Your name: \_\_\_\_\_

**5 Other Court Cases**

- a. Have you and the person in (2) been involved in another court case? ☐ No ☐ Yes

If yes, where? County: \_\_\_\_\_ State: \_\_\_\_\_

What are the case numbers? (If you know) \_\_\_\_\_

What kind of case? (Check all that apply).

- ☐ Registered Domestic Partnership ☐ Divorce/Dissolution ☐ Parentage/Paternity ☐ Legal Separation  
☐ Domestic Violence ☐ Criminal ☐ Juvenile ☐ Child Support ☐ Nullity ☐ Civil Harassment  
☐ Other (specify) \_\_\_\_\_

- b. Are there any domestic violence restraining/protective orders now (criminal, juvenile, family)?

☐ No ☐ Yes If yes, attach a copy if you have one

**What orders do you want? Check the boxes that apply to your case. ☒**

**6 ☐ Personal Conduct Orders**

I ask the court to order the person in (2) not to do the following things to me or any of the people listed in (3):

- a. ☐ Harass, attack, strike, threaten, assault (sexually or otherwise), hit, follow, stalk, molest, destroy personal property, disturb the peace, keep under surveillance, or block movements

- b. ☐ Contact (either directly or indirectly), or telephone, or send messages or mail or e-mail

The person in (2) will be ordered not to take any action to get the addresses or locations of any protected person, their family members, caretakers, or guardians unless the court finds good cause not to make the order

**7 ☐ Stay-Away Order**

I ask the court to order the person in (2) to stay at least \_\_\_\_\_ yards away from (check all that apply)

- a. ☐ Me

- e. ☐ The children's school or child care

- b. ☐ The people listed in (3)

- f. ☐ My vehicle

- c. ☐ My home

- g. ☐ Other (specify) \_\_\_\_\_

- d. ☐ My job or workplace

If the person listed in (2) is ordered to stay away from all the places listed above, will he or she still be able to get to his or her home, school, job, or place of worship? ☐ Yes ☐ No (If no, explain) \_\_\_\_\_

**8 ☐ Move-Out Order**

I ask the court to order the person in (2) to move out from and not return to (address) \_\_\_\_\_

I have the right to live at the above address because (explain) \_\_\_\_\_

**9 ☐ Child Custody, Visitation, and Child Support**

I ask the court to order child custody, visitation, and/or child support. You must fill out and attach Form DV-105

**10 ☐ Spousal Support**

You can make this request only if you are married to, or are a registered domestic partner of, the person in (2) and no spousal support order exists To ask for spousal support, you must fill out, file, and serve Form FL-150 before your hearing

**This is not a Court Order.**

Case Number: \_\_\_\_\_

Your name: \_\_\_\_\_

**11** ☐ **Record Unlawful Communications**

I ask for the right to record communications made to me by the person in **(2)** that violate the judge's orders.

**12** ☐ **Property Control**

I ask the court to give *only* me temporary use, possession, and control of the property listed here:

**13** ☐ **Animals: Possession and Stay-Away Order**

I ask for the sole possession, care, and control of the animals listed below. I ask the court to order the person in **(2)** to stay at least \_\_\_\_\_ yards away from and not take, sell, transfer, encumber, conceal, molest, attack, strike, threaten, harm, or otherwise dispose of the following animals: \_\_\_\_\_

I ask for the animals to be with me because: \_\_\_\_\_

**14** ☐ **Debt Payment**

I ask the court to order the person in **(2)** to make these payments while the order is in effect:

☐ *Check here if you need more space. Attach Form MC-020 and write "DV-100, Item 14—Debt Payment" by your statement.*

Pay to: \_\_\_\_\_ For: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Due date: \_\_\_\_\_

Pay to: \_\_\_\_\_ For: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Due date: \_\_\_\_\_

**15** ☐ **Property Restraint**

I am married to or have a registered domestic partnership with the person in **(2)**. I ask the judge to order that the person in **(2)** not borrow against, sell, hide, or get rid of or destroy any possessions or property, except in the usual course of business or for necessities of life. I also ask the judge to order the person in **(2)** to notify me of any new or big expenses and to explain them to the court.

**16** ☐ **Attorney Fees and Costs**

I ask that the person in **(2)** pay some or all of my attorney fees and costs.

*You must complete and file Form FL-150, Income and Expense Declaration.*

**17** ☐ **Payments for Costs and Services**

I ask that the person in **(2)** pay the following:

*You can ask for lost earnings or your costs for services caused directly by the person in **(2)** (damaged property, medical care, counseling, temporary housing, etc.) You must bring proof of these expenses to your hearing.*

Pay to: \_\_\_\_\_ For: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Pay to: \_\_\_\_\_ For: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**18** ☐ **Batterer Intervention Program**

I ask the court to order the person listed in **(2)** to go to a 52-week batterer intervention program and show proof of completion to the court.

**19** ☐ **No Fee to Serve (Notify) Restrained Person**

*If you want the sheriff or marshal to serve (notify) the restrained person about the orders for free, ask the court clerk what you need to do.*

**This is not a Court Order.**

Case Number: \_\_\_\_\_

Your name: \_\_\_\_\_

**20** ☐ **More Time for Notice**

I need extra time to notify the person in **(2)** about these papers. Because of the facts explained on this form, I want the papers served up to \_\_\_\_\_ days before the date of the hearing. *For help, read Form DV-210-INFO*  
*If necessary, add additional facts* \_\_\_\_\_

**21** ☐ **Other Orders**

What other orders are you asking for? \_\_\_\_\_

☐ *Check here if you need more space. Attach Form MC-020 and write "DV-100, Item 21—Other Orders" by your statement*

**22** **Guns or Other Firearms**

I believe the person in **(2)** owns or possesses guns or firearms. ☐ Yes ☐ No ☐ I don't know

*If the judge approves the order, the person in **(2)** will be required to sell to a gun dealer or turn in to police any guns or firearms that he or she owns or possesses*

**23** Describe the most recent abuse.

a. Date of most recent abuse: \_\_\_\_\_

b. Who was there? \_\_\_\_\_

c. What did the person in **(2)** do or say that made you afraid?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

d. Describe any use or threatened use of guns or other weapons: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

e. Describe any injuries: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

f. Did the police come? ☐ No ☐ Yes

If yes, did they give you an Emergency Protective Order? ☐ Yes ☐ No ☐ I don't know

*Attach a copy if you have one*

☐ *Check here if you need more space. Use Form MC-020 and write "DV-100, Item 23—Recent Abuse" by your statement*

☐ *Check here if the person in **(2)** has abused you (or your children) other times. Use Form DV-101 or Form MC-020 to describe any previous abuse*

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

Date: \_\_\_\_\_

\_\_\_\_\_  
*Type or print your name*

\_\_\_\_\_  
*Sign your name*

**This is not a Court Order.**

☒ This form is attached to DV-100, Item 9.

1 Your name: \_\_\_\_\_ ☐ Mom ☐ Dad ☐ Other

2 Other parent's name: \_\_\_\_\_ ☐ Mom ☐ Dad ☐ Other

**3 Change of Current Court Orders**

☐ I want to change a current child custody or visitation court order.

*Explain your current order and why you want a change. Then skip to 5 and finish the form. If you do not want a change, skip to 4 and finish the form.* \_\_\_\_\_

4 ☐ I want to keep my current child custody court order without any changes. *If there are no court orders for custody, you cannot check this box. If you check this box, skip the rest of this form. If you have a copy of the current court order, attach it.*

**5 Child Custody**

I ask the court for custody as follows:

**Legal Custody to:** (Person who makes decisions about health, education, etc. Check at least one ) **Physical Custody to:** (Person the child lives with. Check at least one )

Child's Name	Date of Birth	Mom	Dad	Other*	Mom	Dad	Other*
a. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ If more children, check here. Attach a sheet of paper and write "DV-105, Item 5 — Child Custody" by your request  
\*If Other, specify relationship to child and name of person \_\_\_\_\_

**6 Child's Address**

Where has the child in 5a lived for the last 5 years? Give each address unless it is private. Start with where the child lives now and work backwards in time.

Child 5a's addresses:

Child 5a lived with:

Mom Dad Other\* Dates lived there

_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ to present
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ to _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ to _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ to _____

\*If Other, specify relationship to child and name of person \_\_\_\_\_

**7 Other Children's Addresses**

☐ Check here if the other child's (or children's) address information is the same as listed in 6.

☐ If it is different, check here. Attach a sheet of paper and write "DV-105, Item 7 — Other Children's Addresses" by your list. List other children's address information, including dates, and name of person child lived with.

**This is not a Court Order.**

Case Number: \_\_\_\_\_

Your name: \_\_\_\_\_

**8 Other custody case?**

Were you involved in, or do you know of, any other custody case for any child listed in this form?

☐ No ☐ Yes *If yes, fill out below*

a. Name of each child in other custody case: \_\_\_\_\_

b. Type of case: ☐ Divorce ☐ Guardianship ☐ Adoption ☐ Juvenile ☐ Other (specify) \_\_\_\_\_

c. I was a ☐ Witness ☐ Party ☐ Other (specify) \_\_\_\_\_

d. Court (name) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

e. Date of court order: \_\_\_\_\_

**9 Other people claim to have custody?**

Do you know of anyone who is not involved in this case who has or claims to have custody or visitation rights with any child listed on this form? ☐ No ☐ Yes *If yes, fill out below*

Name and address of that person: \_\_\_\_\_

☐ Has custody ☐ Claims custody rights ☐ Claims visitation rights

For these children (name of each child): \_\_\_\_\_

☐ Check here if you need more space. Attach a sheet of paper and write "DV-105, Item 9" by your statement.

**10 Visitation**

I ask the court to order that the person in ② have the following temporary visitation rights:

(Check all that apply)

a. ☐ No visitation until the hearing

b. ☐ No visitation after the hearing

c. ☐ The following visitation ☐ until the hearing ☐ after the hearing

(1) ☐ **Weekends** (starting) \_\_\_\_\_ (The 1st weekend of the month is the 1st weekend with a Saturday)

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

from \_\_\_\_\_ at \_\_\_\_\_ ☐ a.m. ☐ p.m. to \_\_\_\_\_ at \_\_\_\_\_ ☐ a.m. ☐ p.m.  
(day of week) (time) (day of week) (time)

(2) ☐ **Weekdays** (starting) \_\_\_\_\_

from: \_\_\_\_\_ at \_\_\_\_\_ ☐ a.m. ☐ p.m. to \_\_\_\_\_ at \_\_\_\_\_ ☐ a.m. ☐ p.m.  
(day of week) (time) (day of week) (time)

(3) ☐ **Other Visitation**

Attach a sheet of paper with other visitation days and times, like holidays, birthdays, sports events. List dates and times. Write "DV-105, Item 10 — Visitation" by your statement.

**This is not a Court Order.**

Case Number: \_\_\_\_\_

Your name: \_\_\_\_\_

**11 ☐ Supervised Visitation**

a. I ask that the visitation in **10** be supervised by *(write name and telephone number)*

b. I ask that any costs for supervision be paid as follows:  
Mom \_\_\_\_\_ % Dad \_\_\_\_\_ % Other *(name)* \_\_\_\_\_ %

**12 ☐ Responsibility for Transportation for Visitation**

*"Responsibility for transportation" means the parent will take or pick up the child or make arrangements for someone else to do so.*

a. ☐ Mom ☐ Dad ☐ Other *(name)* \_\_\_\_\_ to the visits.

b. ☐ Mom ☐ Dad ☐ Other *(name)* \_\_\_\_\_ from the visits.

c. ☐ Drop-off / pick-up of children will be at *(address)* \_\_\_\_\_

**13 ☐ Travel With Children**

☐ Mom ☐ Dad ☐ Other *(name)* \_\_\_\_\_ MUST have written permission from the other parent, or a court order, to take the children outside of:

a. ☐ The State of California.

b. ☐ Other place(s) *(list)* \_\_\_\_\_

**14 ☐ Child Abduction**

☐ I believe that there is a risk the other parent will take our child out of California without my permission  
*If you check this box you must fill out and attach form DV-108*

**15 ☐ Child Support**

a. ☐ I ask the court for child support. *You must fill out and file FL-150 or FL-155 before your hearing*

b. ☐ I now receive or have applied for TANF, Welfare, CalWORKS, or Medi-Cal.


c. ☐ I already have a child support order, but I want it changed.


**16 Important!**


You must tell the court if you find out any other information about a custody case in any court for the children listed on this form.

**This is not a Court Order.**

☒ This form is attached to DV-100.

 Your name: \_\_\_\_\_

 Name of person you want protection from (restrained person): \_\_\_\_\_

 Describe the 2nd most recent abuse.

a. Date of 2nd most recent abuse: \_\_\_\_\_

b. Who was there? \_\_\_\_\_

c. What did the person in 2 do or say to you that made you afraid? \_\_\_\_\_

d. Describe any use or threatened use of guns or other weapons. \_\_\_\_\_

e. Describe any injuries.

f. Did the police come? ☐ No ☐ Yes

If yes, did they give you an Emergency Protective Order? ☐ Yes ☐ No ☐ I don't know

*Attach a copy if you have one*



Case Number:


Your name: \_\_\_\_\_



**Describe other recent abuse.**

a. Date of other recent abuse: \_\_\_\_\_

b. Who was there? \_\_\_\_\_

c. What did the person in  do or say to you that made you afraid? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

d. Describe any use or threatened use of guns or other weapons. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

e. Describe any injuries. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

f. Did the police come? ☐ No ☐ Yes

If yes, did they give you an Emergency Protective Order? ☐ Yes ☐ No ☐ I don't know

*Attach a copy if you have one*



☐ **Describe other abuse against you or your children.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ *If you need more space, check the box and attach Form MC-020 Or attach a sheet of paper and write "DV- 101 — Description of Abuse" at the top*

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):		FOR COURT USE ONLY
TELEPHONE NO.: _____		
E-MAIL ADDRESS (Optional): _____		
ATTORNEY FOR (Name): _____		
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:		CASE NUMBER:
<b>INCOME AND EXPENSE DECLARATION</b>		

**1 Employment** (Give information on your current job or, if you're unemployed, your most recent job.)

Attach copies of your pay stubs for last two months (black out social security numbers).

- a Employer:
- b Employer's address:
- c Employer's phone number:
- d Occupation:
- e Date job started:
- f If unemployed, date job ended:
- g I work about \_\_\_\_\_ hours per week.
- h I get paid \$ \_\_\_\_\_ gross (before taxes) ☐ per month ☐ per week ☐ per hour

(If you have more than one job, attach an 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): \_\_\_\_\_ Degree(s) obtained (specify): \_\_\_\_\_
- d Number of years of graduate school completed (specify): \_\_\_\_\_ Degree(s) obtained (specify): \_\_\_\_\_
- e I have: ☐ professional/occupational license(s) (specify): \_\_\_\_\_  
☐ vocational training (specify): \_\_\_\_\_

**3 Tax information**

- a ☐ I last filed taxes for tax year (specify year): \_\_\_\_\_
- b My tax filing status is ☐ single ☐ head of household ☐ married, filing separately  
☐ married, filing jointly with (specify name): \_\_\_\_\_
- c I file state tax returns in ☐ California ☐ other (specify state): \_\_\_\_\_
- d I claim the following number of exemptions (including myself) on my taxes (specify): \_\_\_\_\_

**4 Other party's income.** I estimate the gross monthly income (before taxes) of the other party in this case at (specify) \$ \_\_\_\_\_  
 This estimate is based on (explain): \_\_\_\_\_

(If you need more space to answer any questions on this form, attach an 8½-by-11-inch sheet of paper and write the question number before your answer.) Number of pages attached: \_\_\_\_\_

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

Date: \_\_\_\_\_

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

PETITIONER/PLAINTIFF:	CASE NUMBER:
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.)

- 5 **Income** (For average monthly, add up all the income you received in each category in the last 12 months and divide the total by 12)
- |  | Last month | Average monthly |
|--|------------|-----------------|
| a Salary or wages (gross, before taxes)  | \$ _____   | _____           |
| b Overtime (gross, before taxes)   | \$ _____   | _____           |
| c Commissions or bonuses   | \$ _____   | _____           |
| d Public assistance (for example: TANF, SSI, GA/GR) <input type="checkbox"/> currently receiving   | \$ _____   | _____           |
| e Spousal support <input type="checkbox"/> from this marriage <input type="checkbox"/> from a different marriage   | \$ _____   | _____           |
| 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)
- 8 ☐ **Additional income.** I received one-time money (lottery winnings, inheritance, etc.) in the last 12 months (specify source and amount)
- 9 ☐ **Change in income.** My financial situation has changed significantly over the last 12 months because (specify)
- 10 **Deductions**
- |  | Last month |
|--|------------|
| a Required union dues  | \$ _____   |
| b Required retirement payments (not social security, FICA, 401(k), or IRA)                                 | \$ _____   |
| c Medical, hospital, dental, and other health insurance premiums (total monthly amount)                    | \$ _____   |
| d Child support that I pay for children from other relationships   | \$ _____   |
| e Spousal support that I pay by court order from a different marriage                                      | \$ _____   |
| f Partner support that I pay by court order from a different domestic partnership                          | \$ _____   |
| g Necessary job-related expenses not reimbursed by my employer (attach explanation labeled "Question 10g") | \$ _____   |
- 11 **Assets**
- |  | Total    |
|--|----------|
| a Cash and checking accounts, savings, credit union, money market, and other deposit accounts  | \$ _____ |
| b Stocks, bonds, and other assets I could easily sell  | \$ _____ |
| c All other property, <input type="checkbox"/> real and <input type="checkbox"/> personal (estimate fair market value minus the debts you owe) | \$ _____ |

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	CASE NUMBER:
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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

<b>a Home:</b> (1) <input type="checkbox"/> Rent or <input type="checkbox"/> mortgage \$ _____ If mortgage: (a) average principal \$ _____ (b) average interest \$ _____ (2) Real property taxes \$ _____ (3) Homeowner's or renter's insurance (if not included above) \$ _____ (4) Maintenance and repair \$ _____ <b>b Health-care costs not paid by insurance</b> \$ _____ <b>c Child care</b> \$ _____ <b>d Groceries and household supplies</b> \$ _____ <b>e Eating out</b> \$ _____ <b>f Utilities (gas, electric, water, trash)</b> \$ _____ <b>g Telephone, cell phone, and e-mail</b> \$ _____	<b>h Laundry and cleaning</b> \$ _____ <b>i Clothes</b> \$ _____ <b>j Education</b> \$ _____ <b>k Entertainment, gifts, and vacation</b> \$ _____ <b>l Auto expenses and transportation (insurance, gas, repairs, bus, etc.)</b> \$ _____ <b>m Insurance (life, accident, etc.; do not include auto, home, or health insurance)</b> \$ _____ <b>n Savings and investments</b> \$ _____ <b>o Charitable contributions</b> \$ _____ <b>p Monthly payments listed in item 14 (itemize below in 14 and insert total here)</b> \$ _____ <b>q Other (specify)</b> \$ _____ <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <b>r TOTAL EXPENSES (a-q) (do not add in the amounts in a(1)(a) and (b))</b> \$ _____         </div> <b>s Amount of expenses paid by others</b> \$ _____
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**14 Installment payments and debts not listed above**

Paid to	For	Amount	Balance	Date of last payment
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

**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:	CASE NUMBER:
RESPONDENT/DEFENDANT:	
OTHER PARENT/CLAIMANT:	

**CHILD SUPPORT INFORMATION**

(NOTE: Fill out this page only if your case involves child support.)

**16. Number of children**

- a I have (specify number) \_\_\_\_\_ children under the age of 18 with the other parent in this case
- b The children spend \_\_\_\_\_ percent of their time with me and \_\_\_\_\_ percent of their time with the other parent.  
(If you're not sure about percentage or it has not been agreed on, please describe your parenting schedule here )

**17. Children's health-care expenses**

- a ☐ I do ☐ I do not have health insurance available to me for the children through my job
- b Name of insurance company: \_\_\_\_\_
- c Address of insurance company: \_\_\_\_\_
- d The monthly cost for the **children's** health insurance is or would be (specify) \$ \_\_\_\_\_  
(Do not include the amount your employer pays )

**18. Additional 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 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):** \_\_\_\_\_