

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
MARRIAGE OF PETITIONER: RESPONDENT:	
RESPONSE <input type="checkbox"/> and REQUEST FOR <input type="checkbox"/> Dissolution of Marriage <input type="checkbox"/> Legal Separation <input type="checkbox"/> Nullity of Marriage <input type="checkbox"/> AMENDED	CASE NUMBER:

1 RESIDENCE (Dissolution only) ☐ 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 the *Petition for Dissolution of Marriage*.

2 STATISTICAL FACTS

a Date of marriage: _____ c. Time from date of marriage to date of separation (specify):
 b Date of separation: _____ Years: _____ Months: _____

3 DECLARATION REGARDING MINOR CHILDREN (include children of this relationship born prior to or during the marriage or adopted during the marriage):

a ☐ There are no minor children

b ☐ The minor children are:

<u>Child's name</u>	<u>Birthdate</u>	<u>Age</u>	<u>Sex</u>
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☐ Continued on Attachment 3b

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

d ☐ A completed voluntary declaration of paternity regarding minor children born to the Petitioner and Respondent prior to the marriage is attached

4 SEPARATE PROPERTY

Respondent requests that the assets and debts listed ☐ in *Property Declaration* (form FL-160) ☐ in Attachment 4
☐ below be confirmed as separate property

Item

Confirm to

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 or spousal support.

MARRIAGE OF (last name, first name of parties)

CASE NUMBER:

5 DECLARATION REGARDING COMMUNITY AND QUASI-COMMUNITY ASSETS AND DEBTS AS CURRENTLY KNOWN

- a ☐ There are no such assets or debts subject to disposition by the court in this proceeding.
- b ☐ All such assets and debts are listed ☐ in *Property Declaration* (form FL-160) ☐ in Attachment 5b
☐ below (specify)

6 ☐ Respondent contends that the parties were never legally married

7 ☐ Respondent denies the grounds set forth in item 6 of the petition

8 Respondent requests

- a ☐ dissolution of the marriage based on
- (1) ☐ irreconcilable differences (Fam Code, § 2310(a))
- (2) ☐ incurable insanity (Fam Code, § 2310(b))
- b ☐ legal separation of the parties based on
- (1) ☐ irreconcilable differences. (Fam Code, § 2310(a))
- (2) ☐ incurable insanity (Fam Code, § 2310(b))
- c ☐ nullity of void marriage based on
- (1) ☐ incestuous marriage (Fam Code, § 2200)
- (2) ☐ bigamous marriage (Fam Code, § 2201)
- d ☐ nullity of voidable marriage based on
- (1) ☐ respondent's age at time of marriage (Fam Code, § 2210(a))
- (2) ☐ prior existing marriage (Fam Code, § 2210(b))
- (3) ☐ unsound mind (Fam Code, § 2210(c))
- (4) ☐ fraud (Fam Code, § 2210(d))
- (5) ☐ force (Fam Code, § 2210(e))
- (6) ☐ physical incapacity (Fam Code, § 2210(f))

9 Respondent requests that the court grant the above relief and make injunctive (including restraining) and other orders as follows:

- | | Petitioner | Respondent | Joint | Other |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Legal custody of children to | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Physical custody of children to | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Child visitation be granted to | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| As requested in form: <input type="checkbox"/> FL-311 <input type="checkbox"/> FL-312 <input type="checkbox"/> FL-341(C) <input type="checkbox"/> FL-341(D) <input type="checkbox"/> FL-341(E) <input type="checkbox"/> Attachment 9c. | | | | |
| d. <input type="checkbox"/> Determination of parentage of any children born to the Petitioner and Respondent prior to the marriage | <input type="checkbox"/> | <input type="checkbox"/> | | |
| e. Attorney fees and costs payable by | <input type="checkbox"/> | <input type="checkbox"/> | | |
| f. Spousal support payable to (wage assignment will be issued) | <input type="checkbox"/> | <input type="checkbox"/> | | |
| g. <input type="checkbox"/> Terminate the court's jurisdiction (ability) to award spousal support to Petitioner | | | | |
| h. <input type="checkbox"/> Property rights be determined | | | | |
| i. <input type="checkbox"/> Respondent's former name be restored to (specify) | | | | |
| j. <input type="checkbox"/> Other (specify) | | | | |

☐ Continued on Attachment 9j

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

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

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF RESPONDENT)

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF ATTORNEY FOR RESPONDENT)

The original response must be filed in the court with proof of service of a copy on Petitioner.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):		FOR COURT USE ONLY
TELEPHONE NO.:		
E-MAIL ADDRESS (Optional):		
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/CLAIMANT:		
INCOME AND EXPENSE DECLARATION		CASE NUMBER:

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)
- 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 | \$ _____ |
| 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

a Home: (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 Health-care costs not paid by insurance \$ _____ c Child care \$ _____ d Groceries and household supplies \$ _____ e Eating out \$ _____ f Utilities (gas, electric, water, trash) \$ _____ g Telephone, cell phone, and e-mail \$ _____	h Laundry and cleaning \$ _____ i Clothes \$ _____ j Education \$ _____ k Entertainment, gifts, and vacation \$ _____ l Auto expenses and transportation (insurance, gas, repairs, bus, etc.) \$ _____ 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) \$ _____ q Other (specify) \$ _____ <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> r TOTAL EXPENSES (a-q) (do not add in the amounts in a(1)(a) and (b)) \$ _____ </div> s Amount of expenses paid by others \$ _____
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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)

THIS FORM SHOULD NOT BE FILED WITH THE COURT

FL-142

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address):		TELEPHONE NO.:
ATTORNEY FOR (Name):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF		
PETITIONER:		
RESPONDENT:		
SCHEDULE OF ASSETS AND DEBTS <input type="checkbox"/> Petitioner's <input type="checkbox"/> Respondent's		CASE NUMBER:

— INSTRUCTIONS —

List all your known community and separate assets or debts. Include assets even if they are in the possession of another person, including your spouse. If you contend an asset or debt is separate, put P (for Petitioner) or R (for Respondent) in the first column (separate property) to indicate to whom you contend it belongs.

All values should be as of the date of signing the declaration unless you specify a different valuation date with the description. For additional space, use a continuation sheet numbered to show which item is being continued.

ITEM NO.	ASSETS DESCRIPTION	SEP. PROP.	DATE ACQUIRED	CURRENT GROSS FAIR MARKET VALUE	AMOUNT OF MONEY OWED OR ENCUMBRANCE
1	REAL ESTATE (Give street addresses and attach copies of deeds with legal descriptions and latest lender's statement)			\$	\$
2	HOUSEHOLD FURNITURE, FURNISHINGS, APPLIANCES (Identify)				
3	JEWELRY, ANTIQUES, ART, COIN COLLECTIONS, etc. (Identify)				

Page 1 of 4

ITEM NO.	ASSETS DESCRIPTION	SEP. PROP	DATE ACQUIRED	CURRENT GROSS FAIR MARKET VALUE	AMOUNT OF MONEY OWED OR ENCUMBRANCE
4	VEHICLES, BOATS, TRAILERS <i>(Describe and attach copy of title document.)</i>			\$	\$
5	SAVINGS ACCOUNTS <i>(Account name, account number, bank, and branch Attach copy of latest statement.)</i>				
6	CHECKING ACCOUNTS <i>(Account name and number, bank, and branch Attach copy of latest statement.)</i>				
7.	CREDIT UNION, OTHER DEPOSIT ACCOUNTS <i>(Account name and number, bank, and branch Attach copy of latest statement.)</i>				
8	CASH <i>(Give location.)</i>				
9	TAX REFUND				
10.	LIFE INSURANCE WITH CASH SURRENDER OR LOAN VALUE <i>(Attach copy of declaration page for each policy.)</i>				


ITEM NO.	ASSETS DESCRIPTION	SEP. PROP.	DATE ACQUIRED	CURRENT GROSS FAIR MARKET VALUE	AMOUNT OF MONEY OWED OR ENCUMBRANCE
11	STOCKS, BONDS, SECURED NOTES, MUTUAL FUNDS <i>(Give certificate number and attach copy of the certificate or copy of latest statement)</i>			\$	\$
12	RETIREMENT AND PENSIONS <i>(Attach copy of latest summary plan documents and latest benefit statement.)</i>				
13	PROFIT - SHARING, ANNUITIES, IRAS, DEFERRED COMPENSATION <i>(Attach copy of latest statement)</i>				
14.	ACCOUNTS RECEIVABLE AND UNSECURED NOTES <i>(Attach copy of each.)</i>				
15	PARTNERSHIPS AND OTHER BUSINESS INTERESTS <i>(Attach copy of most current K-1 form and Schedule C.)</i>				
16	OTHER ASSETS				
17	TOTAL ASSETS FROM CONTINUATION SHEET				
18. TOTAL ASSETS				\$	\$

ITEM NO.	DEBTS—SHOW TO WHOM OWED	SEP. PROP.	TOTAL OWING	DATE INCURRED
19	STUDENT LOANS <i>(Give details)</i>		\$	
20	TAXES <i>(Give details)</i>			
21	SUPPORT ARREARAGES <i>(Attach copies of orders and statements)</i>			
22	LOANS—UNSECURED <i>(Give bank name and loan number and attach copy of latest statement)</i>			
23	CREDIT CARDS <i>(Give creditor's name and address and the account number Attach copy of latest statement.)</i>			
24	OTHER DEBTS <i>(Specify)</i>			
25	TOTAL DEBTS FROM CONTINUATION SHEET			
26	TOTAL DEBTS		\$	

27 ☐ *(Specify number)* _____ pages are attached as continuation sheets.

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

Date:

 (TYPE OR PRINT NAME)  _____
 (SIGNATURE OF DECLARANT)