

INCOME AND EXPENSE DECLARATION FL-150

GENERAL INFORMATION

The Income and Expense Declaration must be completed if either party is requesting spousal support, child support, or family support. Answer every question. Indicate with zero or not applicable if the question doesn't apply to you.

FILING AND SERVING INSTRUCTIONS

You must complete the Income and Expense Declaration, Form FL-150. You must attach copies of your pay stubs for the last two months. Make two copies and take the original and copies to the clerk's office to be filed. Keep a copy and have someone, other than yourself, serve a copy of the completed Income and Expense Declaration on the other party in your case. Once served, have server complete a Proof of Service and file it with the court.

**SUPERIOR COURT OF CALIFORNIA
COUNTY OF TEHAMA**

**FAMILY LAW FACILITATOR
FAMILY LAW INFORMATION CENTER**

CSRS

530-529-6116

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): <div style="border: 1px solid red; padding: 5px; margin: 5px 0;"> YOUR NAME YOUR STREET ADDRESS YOUR CITY, STATE AND ZIP CODE TELEPHONE NO.: TELEPHONE # </div> E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): WRITE "IN PRO PER"	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF COUNTY NAME STREET ADDRESS: COURT'S PHYSICAL ADDRESS MAILING ADDRESS: COURT'S CITY, STATE AND ZIP CODE CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: FILL THIS OUT EXACTLY AS THE INFORMATION APPEARS ON YOUR OTHER DOCUMENTS RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	
INCOME AND EXPENSE DECLARATION	CASE NUMBER: COURT 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: FILL OUT YOUR EMPLOYER'S INFORMATION HERE. IF YOU DO NOT HAVE A JOB, GIVE THE INFORMATION FROM YOUR LAST JOB
- 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.)

FILL OUT YOUR AGE AND WHAT GRADE IN SCHOOL YOU COMPLETED. IF YOU HAVE ANY SPECIAL LICENSES, FILL OUT THAT INFORMATION AS WELL.

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): _____

FILL OUT YOUR INFORMATION FROM THE LAST YEAR YOU FILED TAXES. REMEMBER TO NOTE HOW YOU FILED (SINGLE, ETC.), WHERE YOU FILED, (CA, ETC.) AND HOW MANY EXEMPTIONS YOU CLAIMED (1, ETC.)

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): _____

WRITE DOWN HOW MUCH THE OTHER PARTY MAKES AND HOW YOU KNOW THIS INFORMATION. IF YOU DO NOT KNOW, EXPLAIN WHY YOU DO NOT KNOW.

(If you need more space to answer any questions on this form, attach a separate 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: DATE PRINT YOUR NAME
(TYPE OR PRINT NAME)

▶ SIGN YOUR NAME
(SIGNATURE OF DECLARANT)

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	FILL THIS OUT EXACTLY AS THE INFORMATION APPEARS ON YOUR OTHER DOCUMENTS	CASE NUMBER: <div style="border: 2px solid red; text-align: center; padding: 2px;">COURT CASE NUMBER</div>
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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.)

LIST ALL OF YOUR INCOME, BEFORE TAXES, IN THIS AREA

	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):	\$	\$

LIST ALL OF YOUR INVESTMENT INCOME, BEFORE TAXES, IN THIS AREA

IN THIS COLUMN LIST WHAT YOU RECEIVED LAST MONTH FOR EACH SOURCE

IN THIS COLUMN LIST THE AVERAGE YOU RECEIVED FROM THE LAST 12 MONTHS FOR EACH SOURCE

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):

IF YOU ARE SELF-EMPLOYED, COMPLETE THIS SECTION AND ATTACH A TWO YEAR PROFIT & LOSS STATEMENT/SCHEDULE C

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):

CHECK THIS BOX IF YOU RECEIVED A ONE-TIME SOURCE OF INCOME, LIKE LOTTERY OR INHERITANCE, AND WRITE WHERE YOU RECEIVED THE MONEY AND THE AMOUNT

9. **Change in income.** My financial situation has changed significantly over the last 12 months because (specify):

CHECK THIS BOX IF YOU HAVE HAD A SIGNIFICANT CHANGE IN INCOME AND STATE WHAT THAT CHANGE WAS

10. **Deductions**

	Last month	
a. Required union dues	\$	\$
b. Required retirement pay (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**

LIST WHAT YOU HAVE IN YOUR SAVINGS AND CHECKING ACCOUNTS, ANY STOCKS, BONDS, AND/OR REAL/PERSONAL PROPERTY

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:	FILL THIS OUT EXACTLY AS THE INFORMATION APPEARS ON YOUR OTHER DOCUMENTS	CASE NUMBER: <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 0 auto;"> COURT CASE NUMBER </div>
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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): _____ 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.)

WRITE IN THE NUMBER OF CHILDREN UNDER 18 YOU ARE/WILL BE PAYING CHILD SUPPORT FOR AND HOW MUCH TIME EACH PARENT SPENDS WITH THEM

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:

CHECK WHETHER YOU DO OR DO NOT HAVE HEALTH INSURANCE FOR THE CHILDREN. IF YOU DO HAVE HEALTH INSURANCE, WRITE HOW MUCH YOU PAY (NOT HOW MUCH YOUR EMPLOYER PAYS)

- 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): \$ _____

WRITE ANY OTHER EXPENSES YOU PAY FOR THE CHILDREN

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):

WRITE ANY EXTREME HARDSHIPS YOU HAVE HERE. WRITE DOWN THE AMOUNT AND FOR HOW MANY MONTHS.

- (3) Child support I receive for those children. \$ _____

The expenses listed in a, b, and c create an extreme financial hardship because (explain):

20. Other information I want the court to know concerning support in my case (specify):

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): <div style="border: 1px solid red; padding: 5px; margin: 5px 0;"> YOUR NAME HERE YOUR STREET ADDRESS HERE YOUR CITY, STATE, and ZIP CODE HERE </div> TELEPHONE NO.: TELEPHONE # FAX NO. (Optional): E-MAIL ADDRESS (Optional): <div style="border: 1px solid red; padding: 2px; display: inline-block; margin: 5px 0;">WRITE "IN PRO PER"</div>	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF COUNTY NAME STREET ADDRESS: COURT'S PHYSICAL ADDRESS MAILING ADDRESS: CITY AND ZIP CODE: COURT'S CITY, STATE, and ZIP CODE BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: FILL THIS OUT EXACTLY AS THE INFORMATION APPEARS ON YOUR OTHER DOCUMENTS OTHER PARENT/PARTY:	CASE NUMBER: <div style="border: 1px solid red; padding: 2px; display: inline-block; margin: 5px 0;">COURT CASE NUMBER</div> <i>(if applicable, provide):</i> HEARING DATE: HEARING TIME: DEPT.:
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:

SERVER'S NAME
 SERVER'S STREET ADDRESS
 SERVER'S CITY, STATE, and ZIP CODE

3. I served a copy of the following documents (specify):

WRITE IN THE NAME(S) AND FORM NUMBER(S) OF THE DOCUMENTS BEING SERVED ON THE OTHER PARTY.

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.

CHECK THIS BOX

4. The envelope was addressed and mailed as follows:

- a. Name of person served: OTHER PARTY'S NAME
- b. Address: OTHER PARTY'S STREET ADDRESS, CITY, STATE, and ZIP CODE
- c. Date mailed: DATE THE DOCUMENTS WERE PLACED IN THE MAIL
- d. Place of mailing (city and state): CITY AND STATE WHERE THEY WERE MAILED

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: DATE HERE PRINT SERVERS NAME

▶ SERVER SIGNS THEIR NAME

(TYPE OR PRINT NAME)

(SIGNATURE OF PERSON COMPLETING THIS FORM)