

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):  <div style="text-align: center;"><b>1</b></div>	TELEPHONE NO.:  	<div style="text-align: right;">FL-150</div> FOR COURT USE ONLY    
ATTORNEY FOR (Name): <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:  <div style="text-align: center;"><b>2</b></div>		
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:  <div style="text-align: center;"><b>3</b></div>		
<b>INCOME AND EXPENSE DECLARATION</b>		CASE NUMBER:  

**1. Employment**

Fill out the information below on your current job, or if you're unemployed, your most recent job. **4**

a. Employer name:  
 Attach 1 copy of pay stubs for last 2 months here (cross out social security numbers)

b. Employer's address:  
 c. Employer's phone number:  
 d. Your 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 unemployed now, list the hours you worked and what you got paid on your last job. If you have more than one job, attach an 8½-by-11" 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): **5**  
 b. I have completed high school or the equivalent  yes  no If no, highest grade completed \_\_\_\_\_  
 c. Number of years of college completed (specify):  degree obtained (specify):  
 d. Number of years of graduate school completed (specify):  degree(s) obtained (specify):  
 e. I have the following:  professional/occupational licenses (specify):  
 vocational training (specify):

**3. Tax Information**

a.  I last filed taxes in \_\_\_\_\_ (year) **6**  
 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):  
 d. I claim the following number of exemptions (including myself) on my taxes (specify):

**4. Other party's income** **7**

I estimate the gross monthly income (before taxes) of the other party in this case is: \$ \_\_\_\_\_  
 This estimate is based on (explain): \_\_\_\_\_  
  
 If you need more space to answer any questions on this form, attach an 8½-by-11" 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: \_\_\_\_\_

**8**

(TYPE OR PRINT NAME)      (SIGNATURE OF DECLARANT)

**INCOME AND EXPENSE DECLARATION**

Form Adopted for Mandatory Use  
Judicial Council of California  
FL-150 (Rev. January 1, 2004)

Page 1 of 4  
Family Code, §§ 2030-2032,  
2100-2113, 3052, 3800-3834,  
4050-4078, 4300-4330  
www.courtinfo.ca.gov

## How to fill out

# INCOME AND EXPENSE DECLARATION (FL-150)

## DIRECTIONS

- ▶ Find the number on the sample form. *Example:*
- ▶ Go to the same number below to find out how to fill out the form.
- ▶ Type or print in black ink
- ▶ If you know the CASE NUMBER fill it in. If not known leave it blank.

- 1** Write your name, address and phone number.
- 2** If not filled in for you, write "Fresno" after COUNTY OF. The address is: 1100 Van Ness Ave., Fresno CA 93724-0002. The Branch Name is: Central Division.
- 3** Fill in the names of the Petitioner/Plaintiff and Respondent/Defendant. (The Plaintiff is the person that starts a case against a person, the Defendant.) Fill in name(s) of Other Parent/Claimant if it applies to this case.
- 4** Fill in information about the your job. If you don't have a job, fill in information about **your last job**. If you have more than one job, use another piece of paper and write the same information.
  - Fill in the name (a) of where you work, the address (b) and phone (c), and your job title (d), example: driver.
  - Fill in the date you started this job (e), how many hours you work every week (g), and how much money you get paid before taxes are taken out (h). Check the first box if this is a monthly amount, the second box if weekly, or the third box if hourly.
  - Be sure to include **copies of your pay stubs** for the last two months. Use a **dark marker** to cross out your social security number.
- 5** Fill in your age (a) and check the Yes box if you finished high school (b). If you check No, also fill in the last grade you finished. Fill out c. or d. if you have taken college classes. Fill out e. if this applies to you.
- 6** Check box a. and fill in the year of your last tax return. For b., check the box that applies to you. For c., check California OR check Other if you last filed taxes in another state, and write the state's name. For d., write the number of "exemptions" you claim when filing your taxes.
- 7** Write down the total amount the other person in this case makes in a month, and explain how you know this.
- 8** Fill in the date, type or print your name on the left, and sign on the right.

# INCOME AND EXPENSE DECLARATION (FL-150)

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## DIRECTIONS:

- ▶ Find a number on the sample form  
*Example:* 10
- ▶ Go to the same number below to find out how to fill out the form
- ▶ Type or print in black ink
- ▶ If you know the CASE NUMBER fill it in. If not known leave it blank.

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	<b>9</b>	CASE NUMBER:
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. (Cross out your social security number on the pay stub or tax return.)		
		Average monthly (total last 12 months divide by 12)
<b>5. Income</b> (list all sources that you have received for the last 12 months—for average monthly, divide by 12) Last month		
<b>10</b> 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. Pension/retirement fund payments .....	\$ .....	\$ .....
g. Social security retirement (not SSI) .....	\$ .....	\$ .....
h. Disability <input type="checkbox"/> social security (not SSI) <input type="checkbox"/> state disability (SDI) <input type="checkbox"/> private .....	\$ .....	\$ .....
i. Unemployment compensation .....	\$ .....	\$ .....
j. Workers' compensation .....	\$ .....	\$ .....
k. Other (military basic allowance for quarters (BAQ), royalty payments, etc.) (specify): .....	\$ .....	\$ .....
<b>6. Investment Income</b>		
<b>11</b> a. Dividends/interest .....	\$ .....	\$ .....
b. Rental property income .....	\$ .....	\$ .....
c. Trust income .....	\$ .....	\$ .....
d. Other (specify): .....	\$ .....	\$ .....
Attach a schedule showing gross receipts less cash expenses for each piece of property.		
<b>7. My Income from self-employment after business expenses for each business:</b> \$ .....		
I am the <input type="checkbox"/> owner/sole proprietor <input type="checkbox"/> partner <input type="checkbox"/> other (specify):		
<b>12</b> 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. If more than one business, provide the same information as above for all your businesses.		
<b>8. Additional Income</b>		
<b>13</b> <input type="checkbox"/> I received one-time money (lottery winnings, inheritance, etc.) in the last 12 months (specify source and amount):		
<b>9. Change in Income</b>		
<input type="checkbox"/> My financial situation has changed significantly over the last 12 months because (specify):		
<b>10. Deductions</b>		
<b>14</b> a. Required union dues .....	\$ .....	Last month \$ .....
b. Required retirement payments (not social security, FICA, 401k or IRA) .....	\$ .....	\$ .....
c. Medical, hospital, dental, and other health insurance premiums (total monthly amount) .....	\$ .....	\$ .....
d. Child support I pay for my other children from another relationship .....	\$ .....	\$ .....
e. Spousal support I pay by court order from a different marriage .....	\$ .....	\$ .....
f. Necessary job-related expense not reimbursed by my employer (attach explanation labeled Question 10f) .....	\$ .....	\$ .....
<b>11. Assets</b>		
<b>15</b> a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts .....	\$ .....	Total \$ .....
b. Stocks, bonds, and other assets you can easily sell .....	\$ .....	\$ .....
c. All other property <input type="checkbox"/> real or <input type="checkbox"/> personal (estimate fair market value minus the loans and debts you owe) .....	\$ .....	\$ .....
FL-150 (Rev. January 1, 2004) <span style="float: right;">Page 2 of 4</span>		

- 9** Write out first and last names for you and the other person(s) in this case.  
*Include your pay stubs for the last two months with this form. Also include proof of any other money you make. Bring a copy of your last federal tax return with you to the court hearing. Use a black marker to cross out social security numbers.*
- 10** Fill out a. through k. if it applies to you, and check any boxes that apply to you. The first column is for money earned last month. For the second column, add up amounts for the past 12 months then divide by 12 to get the average amount.
- 11** If you have investments, fill in amounts. If you fill in an amount for d., write a description. If you have property, include a separate page that lists total money earned on the property and expenses.
- 12** Fill out this section only if you are self-employed (own a business). Include a “profit and loss statement” for each business, or a schedule C from your tax return.
- 13**
  - Check “Additional Income,” if you received extra money in the last 12 months. Write down the amount and where the money came from. Examples: “I won the lottery.” “My uncle left me money in his will.”
  - Check “Change in Income,” if the amount of money you normally receive has changed a lot during the past 12 months. Write down the reason. Examples: “I got hurt on the job and am now on disability.” “I got a new job that pays better than my old one.”
- 14** Fill in amounts deducted (taken away) from your earnings last month. Fill out all that apply. If you fill out f., you must write an explanation on a separate page labeled “Question 10f.”
- 15** List your assets (accounts, stocks and bonds, property, etc.). Put in the total value (worth) for each line listed.

# INCOME AND EXPENSE DECLARATION (FL-150)

- page three -

## DIRECTIONS:

- ▶ Find a number on the sample form  
*Example:* 16
- ▶ Go to the same number below to find out how to fill out the form
- ▶ Type or print in black ink
- ▶ If you know the CASE NUMBER fill it in. If not known leave it blank.

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:		<b>16</b>	CASE NUMBER:
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12. The following people live with me

Name	Age	How is the person related to you?	Gross monthly income	Pays some of the household expenses?
a. <b>17</b>				<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 <input type="checkbox"/> Yes <input type="checkbox"/> No
b.				<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
c.				<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
d.				<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
e.				<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

13. Average monthly expenses     Estimated expenses     Actual expenses     Proposed needs

a. My home:     Rent or  mortgage    \$ \_\_\_\_\_

(1)     Rent or  mortgage    \$ \_\_\_\_\_

(2) If mortgage, include:  
Average principal    \$ \_\_\_\_\_

Average interest    \$ \_\_\_\_\_

(3) Real property taxes    \$ \_\_\_\_\_

(4) Homeowner's or renter's insurance  
(if not included above)    \$ \_\_\_\_\_

(5) 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/e-mail    \$ \_\_\_\_\_

h. Laundry and cleaning    \$ \_\_\_\_\_

i. Clothes    \$ \_\_\_\_\_

j. Education (specify):    \$ \_\_\_\_\_

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 16  
(itemize below in 16 and insert total here)    \$ \_\_\_\_\_

q. Other (specify):    \$ \_\_\_\_\_

r. **TOTAL EXPENSES** (a-q)    \$ \_\_\_\_\_  
(do not include amounts in a(2))

s. Amount of expenses paid by others    \$ \_\_\_\_\_

14. Installment payments and debts (not listed above)

Paid to	For	Amount	Balance	Date of last payment
<b>19</b>		\$ _____	\$ _____	
		\$ _____	\$ _____	
		\$ _____	\$ _____	
		\$ _____	\$ _____	
		\$ _____	\$ _____	

15. Attorney fees (This is required if either party is requesting attorney fees.)

a. To date I have paid my attorney for fees and costs: \$ \_\_\_\_\_

b. The source of this money was (specify): \_\_\_\_\_

c. I owe to date the following fees and costs over the amount paid: \$ \_\_\_\_\_

d. My attorney's hourly rate is \$ \_\_\_\_\_

I confirm this information and fee arrangement.    Date: \_\_\_\_\_

(TYPE OR PRINT NAME OF ATTORNEY)    (SIGNATURE OF ATTORNEY)

FL-150 (Rev. January 1, 2004)    INCOME AND EXPENSE DECLARATION    Page 3 of 4  
Expenses

- 16** Write out first and last names for you and the other person(s) in this case.
- 17** Give information about all persons who live with you.
  - Write their names, ages, and how they are related to you (parent, child, other relative, friend).
  - Write how much money each person receives each month (before taxes), and check the Yes or No box if this person pays some of the living expenses.
- 18** For **Average monthly expenses**, check the first box if you are estimating (best guess) expenses, or the second box if actual (exact) expenses. Check third box only if you expect these to be your expenses each month.
  - For a., check first box if you rent or the second box if you own your home. Fill in monthly payment. If you have a mortgage, fill out (1), (2) and (3). Fill out (4) and (5) if it applies to you.
  - Fill in amounts for b. through q. as they apply to you.
  - For j. and q., describe the expense.
  - Add lines a. through q., but don't add in mortgage principal and interest from line a.(2).
  - Put this amount in the total expenses box, line r.
  - Line s. is monthly expenses for the household NOT paid by you.
- 19** List all installment payments and debts you may have. This could include car payments, credit card payments, etc.
  - First column: fill in the name of the creditor (who gets the payment?).
  - Second column: describe what the payment is for. Third column: amount of last payment to the creditor
  - Fourth column: amount still owed. Last column: date last payment was made.
- 20** Do not fill out this section. Skip to next page....

# INCOME AND EXPENSE DECLARATION (FL-150)

- page four -

## DIRECTIONS:

- ▶ Find a number on the sample form  
*Example: 21*
- ▶ Go to the same number below to find out how to fill out the form
- ▶ Type or print in black ink
- ▶ If you know the CASE NUMBER fill it in. If not known leave it blank.

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	<b>21</b>	CASE NUMBER:
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**Child Support Information**  
*Fill out this page only if your case involves child support.*

**22** 16. Number of children

a. I have \_\_\_\_\_ children under the age of 18 with the other parent in this case.  
 b. The children spend \_\_\_\_\_ % of time with me \_\_\_\_\_ % of time with the other parent.  
*(If not sure about percentage, or it's not been agreed upon, please describe your parenting schedule here.)*

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

a.  I do  I do not have health insurance for the children available at work.  
 b. Name of insurance company:  
 c. Address of insurance company:  
 d. The monthly cost for children's health insurance is or would be: \$ \_\_\_\_\_  
*(Do not include the amount your employer pays.)*

**24** 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):	\$ _____	

**25** 19. Special hardships:

*I ask the court to consider these 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 uninsured loss)	\$ _____	_____
c. (1) Expenses for my minor children from other relationships who live with me <i>(List names and ages of those children):</i>	\$ _____	_____
(2) Child support I receive for those children \$ _____		

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

**26** 20. Other information I want the court to know concerning support in my case.

FL-150 (Rev. January 1, 2004) INCOME AND EXPENSE DECLARATION Page 4 of 4  
Child Support

- 21** Write out first and last names for you and the other person(s) in this case.  
*Fill out the rest of this page only if your case involves child support.*
- 22** Fill in the number of children you have with the other parent that are **under age 18**.
- Estimate the amount of time the children are with you and with the other parent. Example: "The children are with me 30% of the time and with the other parent 70% of the time."
  - If unsure about using percentages, use the space provided to describe the parents' schedules for taking care of the children.
- 23** Check the first box if your work place provides health insurance for your children. Otherwise, check the second box. Write the name and address of this insurance company in the space provided. Fill in monthly amount you pay (or would pay to fully cover the children) for health insurance. DO NOT include costs already paid by your job.
- 24** Fill in monthly amounts that apply to your case. Describe educational or special needs.
- 25** List any "special hardships" (things that make daily living hard).
- For a. through c., fill in monthly amounts that apply.
  - In the second column, fill in the number of months the situation has lasted
  - If you have children under age 18 from other relationships, list their names and ages in the space provided.
  - If you get child support for these children, fill in that amount.
  - If you fill out lines a., b., and c., space has been provided to explain why it's hard for you to pay expenses.
- 26** In the space provided you may write other information you want the court to know about your case.

The image shows a sample of the FL-155 Financial Statement (Simplified) form. It is a legal document used in California family law cases. The form is divided into several sections, with numbered callouts (1-11) pointing to specific areas:

- 1:** The top section for the filer's name and address.
- 2:** The section for the Superior Court of California, County of Fresno.
- 3:** The section for identifying the filer as the Petitioner or Respondent.
- 4:** The section for filing status (single, married, head of household, etc.).
- 5:** The section for reporting gross income and its sources.
- 6:** The section for reporting monthly expenses for the children.
- 7:** The section for reporting other monthly income.
- 8:** The section for reporting monthly expenses for the filer.
- 9:** The section for reporting expenses for other children.
- 10:** The section for reporting expenses for the filer's household.
- 11:** The section for providing information about the filer's current or most recent employment.

## How to fill out

# FINANCIAL STATEMENT (SIMPLIFIED) (FL-155)

## DIRECTIONS

- ▶ Find the number on the sample form.  
*Example: 1*
- ▶ Go to the same number below to find out how to fill out the form.
- ▶ Type or print in black ink.
- ▶ If you know the CASE NUMBER fill it in. If not known, leave it blank.

- 1** Don't use this form for: Spousal Support, Attorneys Fees or if you are self-employed. Read the INSTRUCTIONS on page 2 to see make sure you qualify. Then, write your name and address here.
- 2** If not filled in for you, write "Fresno" after COUNTY OF. The address is: 1100 Van Ness Ave., Fresno CA 93724-0002. The Branch Name is: Central Branch.
- 3** You are the "Petitioner" if you started the case. You are the "Respondent" if another person started the case against you. Write the full name (first, middle, last) of each.
- 4** Check 1.a. if you are on TANF, SSI, or GA/GR and this is the only money you get. If you check this box, skip to **10** (#8) below. Check 1.b if you have applied for TANF, SSI, or GA/GR, but not getting money yet.
- 5** For # 2, put in the number of children born or adopted by you and the other party. For # 3, write in the percentage of time you are with the child/children and the percentage of time the other parent is with them. Example: if you have them weekdays and the other parent has them weekends the children are with you about 70% of the time and with the other parent about 30% of the time.
- 6** For # 4, check the box that tells how you currently file your taxes, either as a single person, married filing together, as head of household, or married but filing on your own.
- 7** For # 5, put in the amount of money you get each month before taxes are taken out. Then check the boxes where the money comes from and write each amount. When you add these amounts, the number should be the same as what you wrote for your total monthly income.
- 8** For # 6, check all boxes that apply to you, and list the amount of each of these expenses.
- 9** Check the box after # 7 if you have other children under age 18 living with you, *who are not part of this case*. Put in the number of children and list the amount of money you spend each month on them.
- 10** Read # 8 carefully, and check all boxes that apply to you. List the average amount of money you spend each month on these items. Attach proof that you make these payments (statements, bills, invoices, etc.).
- 11** For # 9, check the first box if you currently have a job or the second box if you are currently not working. Give the name, address and phone number of your current employer, or your most recent employer. Occupation means your job title. For example, "mechanic" or "cashier." Write the date you started this job and/or stopped & what income was.

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	<b>12</b>	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 ..... \$ \_\_\_\_\_ **13**
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. **14**

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. **15**

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

\_\_\_\_\_  
(TYPE OR PRINT NAME)

\_\_\_\_\_  
(SIGNATURE OF DECLARANT)

PETITIONER/PLAINTIFF     RESPONDENT/DEFENDANT

### 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? **16**
  - Welfare (such as TANF, GR, or GA)
  - Salary or wages
  - Disability
  - Unemployment
  - Interest
  - Workers' compensation
  - Social security
  - 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.

# FINANCIAL STATEMENT (FL-155)

- page two -

## DIRECTIONS

- ▶ Find the number on the sample form. *Example:* **15**
- ▶ Go to the same number below to find out how to fill out the form.
- ▶ Type or print in black ink.
- ▶ If you know the CASE NUMBER, fill it in. If not known, leave it blank.

- 12** List the full name of both parties in the case.
- 13** Put in the total amount of money you think the other party makes in a month before taxes are taken out. If you have remarried write your current spouses income (before taxes).
- 14** If you want the court to know what your expenses are, you can attach page 3 of form FL-150.
- 15** Print your name on the left and sign it on the right. Put in the date that you signed the form. By signing this form you are saying that what you wrote is correct. If you have something else you want the court to know about your case, write it down on another piece of paper and attach it to this form.
- 16** Read and follow the INSTRUCTIONS section carefully. There is nothing to fill out, but there is information here that will help you. "Eligible" means "allowed." Most people filling out this form are probably eligible, but if you answered YES to any of the questions in Step 1, you are not allowed to use this form.

**Make sure to attach check stubs for the last 2 months. Cross out your social security numbers.**

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

**1. Employment**

Fill out the information below on your current job, or if you're unemployed, your most recent job.

- Attach 1 copy of pay stubs for last 2 months here (cross out social security numbers)**
- a. Employer name:
  - b. Employer's address:
  - c. Employer's phone number:
  - d. Your 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 unemployed now, list the hours you worked and what you got paid on your last job.

If you have more than one job, attach an 8½-by-11" 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 \_\_\_\_\_
- c. Number of years of college completed (specify): \_\_\_\_\_ degree obtained (specify): \_\_\_\_\_
- d. Number of years of graduate school completed (specify): \_\_\_\_\_ degree(s) obtained (specify): \_\_\_\_\_
- e. I have the following:     professional/occupational licenses (specify): \_\_\_\_\_  
                                    vocational training (specify): \_\_\_\_\_

**3. Tax information**

- a.  I last filed taxes in \_\_\_\_\_ (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): \_\_\_\_\_
- 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 is: \$ \_\_\_\_\_  
 This estimate is based on (explain): \_\_\_\_\_

If you need more space to answer any questions on this form, attach an 8½-by-11" 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: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	CASE NUMBER:
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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. *(Cross out your social security number on the pay stub or tax return.)*

Average  
monthly (total  
last 12 months  
divide by 12)

5. **Income** *(list all sources that you have received for the last 12 months—for average monthly, divide by 12)*
- |   | Last month |       |
|---|------------|-------|
| 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. Pension/retirement fund payments .....   | \$ _____   | _____ |
| g. Social security retirement (not SSI) .....   | \$ _____   | _____ |
| h. Disability <input type="checkbox"/> social security (not SSI) <input type="checkbox"/> state disability (SDI) <input type="checkbox"/> private ..... | \$ _____   | _____ |
| i. Unemployment compensation .....  | \$ _____   | _____ |
| j. Workers' compensation .....  | \$ _____   | _____ |
| k. Other (military basic allowance for quarters (BAQ), royalty payments, etc.) <i>(specify)</i> : .....   | \$ _____   | _____ |

6. **Investment income**
- |                                   |          |  |
|-----------------------------------|----------|--|
| a. Dividends/interest .....       | \$ _____ |  |
| b. Rental property income .....   | \$ _____ |  |
| c. Trust income .....             | \$ _____ |  |
| d. Other <i>(specify)</i> : ..... | \$ _____ |  |

*Attach a schedule showing gross receipts less cash expenses for each piece of property.*

7. **My income from self-employment after business expenses for each business:** .....
- I am the  owner/sole proprietor  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. If more than one business, provide the same information as above for all 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, 401k or IRA) .....   | \$ _____   | _____ |
| c. Medical, hospital, dental, and other health insurance premiums <i>(total monthly amount)</i> .....                  | \$ _____   | _____ |
| d. Child support I pay for my other children from another relationship .....   | \$ _____   | _____ |
| e. Spousal support I pay by court order from a different marriage .....  | \$ _____   | _____ |
| f. Necessary job-related expenses not reimbursed by my employer <i>(attach explanation labeled Question 10f)</i> ..... | \$ _____   | _____ |

11. **Assets**
- |  | Total    |       |
|--|----------|-------|
| a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts .....   | \$ _____ | _____ |
| b. Stocks, bonds, and other assets you can easily sell .....   | \$ _____ | _____ |
| c. All other property <input type="checkbox"/> real or <input type="checkbox"/> personal <i>(estimate fair market value minus the loans and debts you owe)</i> ... | \$ _____ | _____ |



PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	CASE NUMBER:
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**Child Support Information**

*Fill out this page only if your case involves child support.*

**16. Number of children**

- a. I have \_\_\_\_\_ children under the age of 18 with the other parent in this case.
- b. The children spend \_\_\_\_\_ % of time with me \_\_\_\_\_ % of time with the other parent.  
*(If not sure about percentage, or it's not been agreed upon, please describe your parenting schedule here.)*

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

- a.  I do  I do not have health insurance for the children available at work.
- b. Name of insurance company:
- c. Address of insurance company:
  
- d. The monthly cost for **children's** health insurance is or would be: \$ \_\_\_\_\_  
*(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)*: . . . . . \$ \_\_\_\_\_

**19. Special hardships:**

I ask the court to consider these 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 uninsured loss)* . . . . . \$ \_\_\_\_\_
- c. (1) Expenses for my minor children from other relationships who live with me . . . . . \$ \_\_\_\_\_  
*(List names and ages of those children):*

(2) 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.**

Your name and address or attorney's name and address:	TELEPHONE NO.:	<b>FOR COURT USE ONLY</b>
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:		
<b>FINANCIAL STATEMENT (SIMPLIFIED)</b>		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 \_\_\_\_\_ \$
- This income comes from the following:
- Attach 1**  Salary/wages: Amount before taxes per month \_\_\_\_\_ \$
- copy of pay**  Retirement: Amount before taxes per month \_\_\_\_\_ \$
- stubs for**  Unemployment compensation: Amount per month \_\_\_\_\_ \$
- last 2**  Workers' compensation: Amount per month \_\_\_\_\_ \$
- months here**  Social security:  SSI  Other Amount per month \_\_\_\_\_ \$
- (cross out**  Disability: Amount per month \_\_\_\_\_ \$
- social**  Interest income ( from bank accounts or other): Amount per month \_\_\_\_\_ \$
- security**
- 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

### 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.**