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Superior Court of California
County of Riverside
Response to Dissolution, Legal Separation, or Nullity

Your Information:

Name (First, Middle, Last): _____

Street Address: _____

City, State, Zip Code: _____

Telephone Number: _____

Your Spouse/ Partner's Name:

Name (First, Middle, Last): _____

Type of Case

☐ Dissolution ☐ Legal Separation ☐ Nullity

Date of Marriage: _____
MM/DD/YYYY

Case Number: _____

List minor children of the relationship: Are there minor children? ☐ No ☐ Yes How many? _____

**If you have more than two minor children of this marriage, you must also complete a FL-105a for the additional children.

Name *(First, Middle, Last)*: _____

Place of Birth (City/ State): _____

Date of Birth (MM/DD/YYYY): _____ Age: _____ Sex (M/F): _____

Name *(First, Middle, Last)*: _____

Place of Birth (City/ State): _____

Date of Birth (MM/DD/YYYY): _____ Age: _____ Sex (M/F): _____

Name *(First, Middle, Last)*: _____

Place of Birth (City/ State): _____

Date of Birth (MM/DD/YYYY): _____ Age: _____ Sex (M/F): _____

Where is your case filed?

☐ 4175 Main St., Riverside, CA 92501

☐ 880 N. State St., Hemet, CA 92543

☐ 46-200 Oasis St., Indio, CA 92201

☐ 265 N. Broadway, Blythe, CA 92225

Filing Options:

☐ I plan to print the documents and submit them in person.

☐ I plan to electronic sign my documents and submit my paperwork online.
By checking this box, I declare under penalty of perjury under the laws of the State of California that all the information provided for this filing is true and correct.
Type your name here to serve as your electronic signature to the oath above.

Today's Date:_____

PARTY WITHOUT ATTORNEY OR ATTORNEY TELEPHONE NO.: E-MAIL ADDRESS: ATTORNEY FOR (*name*): Self-Represented	*FOR COURT USE ONLY*
SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE ☐ 4175 Main St., Riverside, CA 92501 ☐ 880 N. State St., Hemet, CA 92543 ☐ 46-200 Oasis St., Indio, CA 92201 ☐ 265 N. Broadway, Blythe, CA 92225	
PETITIONER: RESPONDENT:	
RESPONSE ☒ **AND REQUEST FOR** ☐ **AMENDED** ☐ **Dissolution (Divorce) of:** ☐ Marriage ☐ Domestic Partnership ☐ **Legal Separation of:** ☐ Marriage ☐ Domestic Partnership ☐ **Nullity of:** ☐ Marriage ☐ Domestic Partnership	CASE NUMBER:

1. **LEGAL RELATIONSHIP** *(check all that apply):*
   a. ☐ We are married.
   b. ☐ We are domestic partners and our domestic partnership was established in California.
   c. ☐ We are domestic partners and our domestic partnership was NOT established in California.

2. **RESIDENCE REQUIREMENTS** *(check all that apply):*
   a. ☐ 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 this *Petition. (For a divorce, unless you are in the legal relationship described in 1b., at least one of you must comply with this requirement.)*
   b. ☐ Our domestic partnership was established in California. Neither of us has to be a resident or have a domicile in California to dissolve our partnership here.
   c. ☐ We are the same sex, were married in California, but currently live in a jurisdiction that does not recognize, and will not dissolve, our marriage. This *Petition* is filed in the county where we married.
   Petitioner lives in *(specify):* Respondent lives in *(specify):*

3. **STATISTICAL FACTS**
   a. ☐ (1) Date of marriage *(specify):* (2) Date of separation *(specify):*
   (3) Time from date of marriage to date of separation *(specify):* Years Months
   b. ☐ (1) Registration date of domestic partnership with the California Secretary of State or other state equivalent *(specify below):*
   (2) Date of separation *(specify):*
   (3) Time from date of registration of domestic partnership to date of separation *(specify):* Years Months

4. **MINOR CHILDREN**
   a. ☐ There are no minor children.
   b. ☐ The minor children are:

Child's name	Birthdate	Age

   (1) ☐ continued on Attachment 4b. (2) ☐ a child who is not yet born.
   c. If any children were born before the marriage or domestic partnership, the court has the authority to determine those children to be children of the marriage or domestic partnership.
   d. If there are minor children of Petitioner and Respondent, a completed *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA)* (form FL-105) must be attached.
   e. ☐ Petitioner and Respondent signed a voluntary declaration of parentage or paternity. *(Attach a copy if available.)*

PETITIONER: RESPONDENT:	CASE NUMBER:

Respondent requests that the court make the following orders:

5. **LEGAL GROUNDS** (Family Code sections 2200–2210; 2310–2312)
   a. ☐ **Respondent contends** that the parties never legally married or registered a domestic partnership.
   b. ☐ **Respondent denies** the grounds set forth in item 5 of the petition.
   c. ☐ **Respondent requests**
      (1) ☐ Divorce ☐ Legal separation of the marriage or domestic partnership based on
         (a) ☐ irreconcilable differences. (b) ☐ permanent legal incapacity to make decisions.
      (2) ☐ Nullity of void marriage or domestic partnership based on
         (a) ☐ incest. (b) ☐ bigamy.
      (3) ☐ Nullity of voidable marriage or domestic partnership based on
         (a) ☐ respondent's age at time of registration of domestic partnership or marriage.
         (b) ☐ prior existing marriage or domestic partnership.
         (c) ☐ unsound mind.
         (d) ☐ fraud.
         (e) ☐ force.
         (f) ☐ physical incapacity.

6. **CHILD CUSTODY AND VISITATION (PARENTING TIME)**

	Petitioner	Respondent	Joint	Other
a. Legal custody of children to	☐	☐	☐	☐
b. Physical custody of children to	☐	☐	☐	☐
c. Child visitation (parenting time) be granted to	☐	☐		☐

As requested in ☐ form FL-311 ☐ form FL-312 ☐ form FL-341(C)
☐ form FL-341(D) ☐ form FL-341(E) ☐ Attachment 6c(1)

7. **CHILD SUPPORT**
   a. If there are minor children born to or adopted by Petitioner and Respondent before or during this marriage or domestic partnership, the court will make orders for the support of the children upon request and submission of financial forms by the requesting party.
   b. An earnings assignment may be issued without further notice.
   c. Any party required to pay support must pay interest on overdue amounts at the "legal" rate, which is currently 10 percent.
   d. ☐ Other *(specify):*

8. **SPOUSAL OR DOMESTIC PARTNER SUPPORT**
   a. ☒ Spousal or domestic partner support payable to ☐ Petitioner ☒ Respondent
   b. ☒ Terminate (end) the court's ability to award support to ☒ Petitioner ☐ Respondent
   c. ☐ Reserve for future determination the issue of support payable to ☐ Petitioner ☐ Respondent
   d. ☐ Other *(specify)*:

9. **SEPARATE PROPERTY**
   a. ☐ There are no such assets or debts that I know of to be confirmed by the court.
   b. ☒ Confirm as separate property the assets and debts in ☐ *Property Declaration* (form FL-160). ☐ Attachment 9b.
      ☒ the following list. Item Confirm to

All assets and debts are listed in the Schedule of Assets and Debts (FL-142) which is attached hereto and incorporated herein.

PETITIONER: RESPONDENT:	CASE NUMBER:

10. **COMMUNITY AND QUASI-COMMUNITY PROPERTY**

a. ☐ There are no such assets or debts that I know of to be divided by the court.

b. ☒ Determine rights to community and quasi-community assets and debts. All such assets and debts are listed

☐ *Property Declaration* (form FL-160). ☐ Attachment 10b.

☒ as follows *(specify)*:

All assets and debts are listed in the Schedule of Assets and Debts (FL-142) which is attached hereto and incorporated herein.

11. **OTHER REQUESTS**

a. ☐ Attorney's fees and costs payable by ☐ Petitioner ☐ Respondent

b ☐ Respondent's former name be restored to *(specify):*

c. ☐ Other *(specify):*

☐ Continued on Attachment 11c..

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)

☐ This document has been electronically signed pursuant to Code of Civil Proc. § 1010.6 and Cal. Rules of Court 2.257.

Date: XXXXXXXXXXXXXXXXXXXXXXXX

(TYPE OR PRINT NAME)

(SIGNATURE OF ATTORNEY FOR RESPONDENT)

FOR MORE INFORMATION: Read *Legal Steps for a Divorce or Legal Separation* (**form FL-107-INFO**) and visit "Families Change" at **www.familieschange.ca.gov** — an online guide for parents and children going through divorce or separation.

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, spousal or partner support.

NOTICE—CANCELLATION OF RIGHTS: Dissolution or legal separation may automatically cancel the rights of a domestic partner or spouse under the other domestic partner's or spouse's will, trust, retirement plan, power of attorney, pay-on-death bank account, survivorship rights to any property owned in joint tenancy, and any other similar thing. It does not automatically cancel the right of a domestic partner or spouse as beneficiary of the other partner's or spouse's life insurance policy. You should review these matters, as well as any credit cards, other credit accounts, insurance polices, retirement plans, and credit reports, to determine whether they should be changed or whether you should take any other actions. Some changes may require the agreement of your partner or spouse or a court order.

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

THIS FORM SHOULD NOT BE FILED WITH THE COURT

FL-142

ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name and Address):* TELEPHONE NO.:

ATTORNEY FOR *(Name):* Self-Represented

SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE

PETITIONER:

RESPONDENT:

SCHEDULE OF ASSETS AND DEBTS

☐ **Petitioner's** ☒ **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.)*			$	$
	☐ NONE				
2.	HOUSEHOLD FURNITURE, FURNISHINGS, APPLIANCES *(Identify.)*				
	☐ NONE				
3.	JEWELRY, ANTIQUES, ART, COIN COLLECTIONS, etc. *(Identify.)*				
	☐ NONE				

Form Approved for Optional Use
Judicial Council of California
FL-142 [Rev. January 1, 2005]

Code of Civil Procedure, §§ 2030(c), 2033.5
www.courtinfo.ca.gov

ITEM NO.	ASSETS DESCRIPTION	SEP. PROP	DATE ACQUIRED	CURRENT GROSS FAIR MARKET VALUE	AMOUNT OF MONEY OWED OR ENCUMBRANCE
4.	VEHICLES, BOATS, TRAILERS *(Describe and attach copy of title document.)*			$	$
5.	☐ NONE SAVINGS ACCOUNTS *(Account name, account number, bank, and branch. Attach copy of latest statement.)*				
6.	☐ NONE CHECKING ACCOUNTS *(Account name and number, bank, and branch. Attach copy of latest statement.)*				
7.	☐ NONE CREDIT UNION, OTHER DEPOSIT ACCOUNTS *(Account name and number, bank, and branch. Attach copy of latest statement.)*				
8.	☐ NONE CASH *(Give location.)*				
9.	☐ NONE TAX REFUND				
10.	☐ NONE LIFE INSURANCE WITH CASH SURRENDER OR LOAN VALUE *(Attach copy of declaration page for each policy.)*				
	☐ NONE				

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 *(Give certificate number and attach copy of the certificate or copy of latest statement.)*			$	$
12.	☐ NONE RETIREMENT AND PENSIONS *(Attach copy of latest summary plan documents and latest benefit statement.)*				
13.	☐ NONE PROFIT - SHARING, ANNUITIES, IRAS, DEFERRED COMPENSATION *(Attach copy of latest statement.)*				
14.	☐ NONE ACCOUNTS RECEIVABLE AND UNSECURED NOTES *(Attach copy of each.)*				
15.	☐ NONE PARTNERSHIPS AND OTHER BUSINESS INTERESTS *(Attach copy of most current K-1 form and Schedule C.)*				
16.	☐ NONE OTHER ASSETS				
17.	☐ NONE TOTAL ASSETS FROM CONTINUATION SHEET				
18.	TOTAL ASSETS			$	$

ITEM NO.	DEBTS—SHOW TO WHOM OWED	SEP. PROP.	TOTAL OWING	DATE INCURRED
19.	STUDENT LOANS *(Give details.)*		$	
20.	TAXES *(Give details.)* ☐ NONE			
21.	SUPPORT ARREARAGES *(Attach copies of orders and statements.)* ☐ NONE			
22.	LOANS—UNSECURED *(Give bank name and loan number and attach copy of latest statement.)* ☐ NONE			
23.	CREDIT CARDS *(Give creditor's name and address and the account number. Attach copy of latest statement.)* ☐ NONE			
24.	OTHER DEBTS *(Specify.):* ☐ NONE			
25.	TOTAL DEBTS FROM CONTINUATION SHEET ☐ NONE			
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)

☐ This document has been electronically signed pursuant to Code of Civil Proc. § 1010.6 and Cal. Rules of Court 2.257.

SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE

☐ **BLYTHE** 265 N. Broadway, Blythe, CA 92225
☐ **HEMET** 880 N. State St., Hemet, CA 92543
☐ **INDIO** 46-200 Oasis St., Indio, CA 92201
☐ **RIVERSIDE** 4175 Main St., Riverside, CA 92501

RI-FL011

ATTORNEY OR PARTY WITHOUT ATTORNEY (*Name, State Bar Number and Address*)	*FOR COURT USE ONLY*
TELEPHONE NO.: FAX NO. (*Optional*): E-MAIL ADDRESS (*Optional*): ATTORNEY FOR (*Name*): Self-Represented	
PETITIONER: RESPONDENT:	CONFIDENTIAL CASE NUMBER:

CONFIDENTIAL CONTACT INFORMATION

If you would like to receive electronic self-help information about family law services from the court please complete the following:

☐ I agree to receive self-help information from the court via email. The email address I want information sent to is:

_____

The court values your privacy. At no time will the court make your email address available to any third party.

If you would like to stop receiving electronic self-help information from the court please complete the following:

☐ I no longer wish to receive self-help information from the court.

Please Note: *As a party to this action, if you appear without an attorney, you are required to inform the court of any changes in your mailing address and phone number for so long as your case remains active in the court. If you are represented by an attorney, your attorney has an obligation to inform the court of any changes in his or her address and phone number for so long as he or she represents you in this case.*

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 NAME OF ☐ ATTORNEY ☐ PARTY MAKING DECLARATION) (SIGNATURE)

☐ This document has been electronically signed pursuant to Code of Civil Proc. § 1010.6 and Cal. Rules of Court 2.257.

ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address):*

TELEPHONE NO.: FAX NO. *(Optional):*
E-MAIL ADDRESS *(Optional):*
ATTORNEY FOR *(Name):* Self-Represented

To keep other people from seeing what you entered on your form, please press the Clear This Form button at the end of the form when finished.

SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE

- ☐ 4175 Main St., Riverside, CA 92501
- ☐ 880 N. State St., Hemet, CA 92543
- ☐ 46-200 Oasis St., Indio, CA 92201
- ☐ 265 N. Broadway, Blythe, CA 92225

PETITIONER: *(This section applies only to family law cases.)*
RESPONDENT:
OTHER PARTY:

(This section apples only to guardianship cases.)
GUARDIANSHIP OF *(Name):* Minor

CASE NUMBER:

DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)

1. **I am a party** to this proceeding to determine custody of a child.
2. ☐ My present address and the present address of each child residing with me is confidential under Family Code section 3429 as I have indicated in item 3.
3. There are *(specify number):* minor children who are subject to this proceeding, as follows:
   (Insert the information requested below. The residence information must be given for the last FIVE years.)

a. Child's name	Place of birth	Date of birth	Sex

Period of residence	Address	Person child lived with *(name and complete current address)*	Relationship
to present	☐ Confidential	☐ Confidential	
to	Child's residence *(City, State)*	Person child lived with *(name and complete current address)*	
to	Child's residence *(City, State)*	Person child lived with *(name and complete current address)*	
to	Child's residence *(City, State)*	Person child lived with *(name and complete current address)*	

b. Child's name	Place of birth	Date of birth	Sex
☐ Residence information is the same as given above for child a. *(If NOT the same, provide the information below.)*			

Period of residence	Address	Person child lived with *(name and complete current address)*	Relationship
to present	☐ Confidential	☐ Confidential	
to	Child's residence *(City, State)*	Person child lived with *(name and complete current address)*	
to	Child's residence *(City, State)*	Person child lived with *(name and complete current address)*	
to	Child's residence *(City, State)*	Person child lived with *(name and complete current address)*	

c. ☐ Additional residence information for a child listed in item a or b is continued on attachment 3c.
d. ☐ Additional children are listed on form *FL-105(A)/GC-120(A)*. *(Provide all requested information for additional children.)*

American LegalNet, Inc.
www.FormsWorkflow.com

SHORT TITLE:	CASE NUMBER:

4. Do you have information about, or have you participated as a party or as a witness or in some other capacity in, another court case or custody or visitation proceeding, in California or elsewhere, concerning a child subject to this proceeding?
☐ Yes ☐ No *(If yes, attach a copy of the orders (if you have one) and provide the following information):*

Proceeding	Case number	Court *(name, state, location)*	Court order or judgment *(date)*	Name of each child	Your connection to the case	Case status
a. ☐ Family						
b. ☐ Guardianship						
c. ☐ Other						

Proceeding	Case Number	Court *(name, state, location)*
d. ☐ Juvenile Delinquency/ Juvenile Dependency		
e. ☐ Adoption		

5. ☐ One or more domestic violence restraining/protective orders are now in effect. *(Attach a copy of the orders if you have one and provide the following information):*

Court	County	State	Case number *(if known)*	Orders expire *(date)*
a. ☐ Criminal				
b. ☐ Family				
c. ☐ Juvenile Delinquency/ Juvenile Dependency				
d. ☐ Other				

6. Do you know of any person who is not a party to this proceeding who has physical custody or claims to have custody of or visitation rights with any child in this case? ☐ Yes ☐ No *(If yes, provide the following information):*

a. Name and address of person	b. Name and address of person	c. Name and address of person
☐ Has physical custody ☐ Claims custody rights ☐ Claims visitation rights	☐ Has physical custody ☐ Claims custody rights ☐ Claims visitation rights	☐ Has physical custody ☐ Claims custody rights ☐ Claims visitation rights
Name of each child	Name of each child	Name of each child

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)

☐ This document has been electronically signed pursuant to Code of Civil Proc. § 1010.6 and Cal. Rules of Court 2.257.

7. ☐ Number of pages attached:_____

NOTICE TO DECLARANT: You have a continuing duty to inform this court if you obtain any information about a custody proceeding in a California court or any other court concerning a child subject to this proceeding.

PARTY WITHOUT ATTORNEY OR ATTORNEY TELEPHONE NO.: E-MAIL ADDRESS: ATTORNEY FOR (*name*): Self-Represented	*FOR COURT USE ONLY*
SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE ☐ 4175 Main St., Riverside, CA 92501 ☐ 880 N. State St., Hemet, CA 92543 ☐ 46-200 Oasis St., Indio, CA 92201 ☐ 265 N. Broadway, Blythe, CA 92225	
PETITIONER: RESPONDENT: OTHER PARTY/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 8 1/2-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 8 1/2-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)

☐ This document has been electronically signed pursuant to Code of Civil Proc. § 1010.6 and Cal. Rules of Court 2.257.

PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	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. *(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) ☐ currently receiving	$	
e. Spousal support ☐ from this marriage ☐ from a different marriage ☐ federally taxable*	$	
f. Partner support ☐ from this domestic partnership ☐ from a different domestic partnership	$	
g. Pension/retirement fund payments	$	
h. Social Security retirement (not SSI)	$	
i. Disability: ☐ Social Security (not SSI) ☐ State disability (SDI) ☐ Private insurance	$	
j. Unemployment compensation	$	
k. Workers' compensation	$	
l. Other (military allowances, royalty payments) *(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):*

TOTAL INCOME: $ 0.00 0.00

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 ☐ federally tax deductible*	$
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, ☐ real and ☐ personal *(estimate fair market value minus the debts you owe)*	$

* Check the box if the spousal support order or judgment was executed by the parties and the court before January 1, 2019, or if a court-ordered change maintains the spousal support payments as taxable income to the recipient and tax deductible to the payor.

PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER:

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.				☐ Yes ☐ No
b.				☐ Yes ☐ No
c.				☐ Yes ☐ No
d.				☐ Yes ☐ No
e.				☐ Yes ☐ No

13. **Average monthly expenses** ☐ Estimated expenses ☐ Actual expenses ☐ Proposed needs

a. Home:
(1) ☐ Rent or ☐ 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)*..... $ 0.00
q. Other *(specify):* $ _____
r. **TOTAL EXPENSES** (a–q) *(do not add in the amounts in a(1)(a) and (b))* $ 0.00
s. **Amount of expenses paid by others** $ _____

14. **Installment payments and debts not listed above**

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

15. **Attorney fees** *(This information is required if either party is requesting attorney fees):*
a. To date, I have paid my attorney this amount for fees and costs *(specify):* $ XXXXXXXXXXXX
b. The source of this money was *(specify):* XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
c. I still owe the following fees and costs to my attorney *(specify total owed):* $ XXXXXXXXXXXX
d. My attorney's hourly rate is *(specify):* XXXXXXXXXX

I confirm this fee arrangement.

Date: XXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXXXXXXXXXX
(TYPE OR PRINT NAME)

▶ XXXXXXXXXXXXXX
(SIGNATURE OF DECLARANT)

PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER:

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 expense for the children in this case**

	Amount per month
a. Childcare 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):*

ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address):* TELEPHONE NO.: FAX NO. : E-MAIL ADDRESS: ATTORNEY FOR (*Name*): Self-Represented	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE ☐ 4175 Main St., Riverside, CA 92501 ☐ 880 N. State St., Hemet, CA 92543 ☐ 46-200 Oasis St., Indio, CA 92201 ☐ 265 N. Broadway, Blythe, CA 92225	
PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	
DECLARATION OF DISCLOSURE ☐ Petitioner's ☒ Preliminary ☒ Respondent's ☐ Final	CASE NUMBER:

DO NOT FILE DECLARATIONS OF DISCLOSURE OR FINANCIAL ATTACHMENTS WITH THE COURT

In a dissolution, legal separation, or nullity action, both a preliminary and a final declaration of disclosure must be served on the other party with certain exceptions. Neither disclosure is filed with the court. Instead, a declaration stating that service of disclosure documents was completed or waived must be filed with the court (see form FL-141).

- *In summary dissolution cases, each spouse or domestic partner must exchange preliminary disclosures as described in* Summary Dissolution Information *(form FL-810). Final disclosures are not required (see Family Code section 2109).*
- *In a default judgment case that is not a stipulated judgment or a judgment based on a marital settlement agreement, only the petitioner is required to complete and serve a preliminary declaration of disclosure. A final disclosure is not required of either party (see Family Code section 2110).*
- *Service of preliminary declarations of disclosure may not be waived by an agreement between the parties.*
- *Parties who agree to waive final declarations of disclosure must file their written agreement with the court (see form FL-144).*

The petitioner must serve a preliminary declaration of disclosure at the same time as the Petition or within 60 days of filing the Petition. The respondent must serve a preliminary declaration of disclosure at the same time as the Response or within 60 days of filing the Response. The time periods may be extended by written agreement of the parties or by court order (see Family Code section 2104(f)).

Attached are the following:

1. ☒ A completed *Schedule of Assets and Debts* (form FL-142) or ☐ A *Property Declaration* (form FL-160) for *(specify):* ☐ Community and Quasi-Community Property ☐ Separate Property.
2. ☒ A completed *Income and Expense Declaration* (form FL-150).
3. ☐ All tax returns filed by the party in the two years before the date that the party served the disclosure documents.
4. ☐ A statement of all material facts and information regarding valuation of all assets that are community property or in which the community has an interest *(not a form)*.
5. ☐ A statement of all material facts and information regarding obligations for which the community is liable *(not a form)*.
6. ☐ An accurate and complete written disclosure of any investment opportunity, business opportunity, or other income-producing opportunity presented since the date of separation that results from any investment, significant business, or other income-producing opportunity from the date of marriage to the date of separation (*not a form)*.

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

☐ This document has been electronically signed pursuant to Code of Civil Proc. § 1010.6 and Cal. Rules of Court 2.257.

ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address):*	*FOR COURT USE ONLY*
TELEPHONE NO.: FAX NO. *(Optional):* E-MAIL ADDRESS *(Optional):* ATTORNEY FOR *(Name):* Self-Represented	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE ☐ 4175 Main St., Riverside, CA 92501 ☐ 880 N. State St., Hemet, CA 92543 ☐ 46-200 Oasis St., Indio, CA 92201 ☐ 265 N. Broadway, Blythe, CA 92225	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	CASE NUMBER: *(If applicable, provide):* 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:

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

   ☒ Response ☒ Schedule of Assets and Debts ☒ Income and Expense Declaration ☒ UCCJEA-Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act ☒ Declaration of Disclosure

   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.

4. The envelope was addressed and mailed as follows:
   a. Name of person served:
   b. Address:

   c. Date mailed:
   d. Place of mailing *(city and state):*

6. 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 PERSON COMPLETING THIS FORM)

Instructions for Filing

1. **Complete** all the documents and sign them.

2. **Serve** – Have someone other than the people listed in the paperwork and who is 18 years or older serve a *copy* of each document and fill out the Proof of Service by mail (FL-335).

3. **File** – File all the forms with the court

IN PERSON: Give the original plus 2 copies to the Clerk at the Family Law filing window. The Clerk will keep the original and give you your copies back. At the time of filing, a fee or fee waiver will be required.

ONLINE: Electronically sign your documents, by typing in your name at all signature lines in the document. Please go to the following link for information on how to eSubmit:
https://riverside.courts.ca.gov/FormsFiling/ESubmit/esubmit.php
A fee or fee waiver will be required at the time of submission.