

SUMMARY DISSOLUTION

THE LAW DOES NOT ALLOW PERSONNEL OF THE OFFICE OF THE CLERK OF THE SUPERIOR COURT TO ASSIST IN THE SELECTION OR PREPARATION OF ANY FORMS OR TO ADVISE YOU AS TO ANY PROCEDURE TO BE FOLLOWED IN OBTAINING A JUDGMENT

Attached are the forms usually necessary to commence an action for Summary Dissolution.

Form #	Title	Number of Copies
SHC-001	Steps for a Summary Dissolution	1
Sample Forms		
FL-141	Declaration Regarding Service of Declaration of Disclosure	2
FL-800	Joint Petition for Summary Dissolution of Marriage	1
FL-820	Request for Judgment, Judgment of Dissolution of Marriage, and Notice of Entry of Judgment	1
Forms for the Petitioner		
FL-810	Summary Dissolution Information (Pages 10, 12, and 14)	1
FL-142	Schedule of Assets and Debts	1
FL-150	Income and Expense Declaration	1
FL-140	Declaration of Disclosure	1
FL-141	Declaration Regarding Service of Declaration of Disclosure	1
Forms for the Respondent		
FL-810	Summary Dissolution Information (Pages 10, 12, 14)	1
FL-142	Schedule of Assets and Debts	1
FL-150	Income and Expense Declaration	1
FL-140	Declaration of Disclosure	1
FL-141	Declaration Regarding Service of Declaration of Disclosure	1
Forms for the Petitioner and the Respondent – Completed Together		
FL-800	Joint Petition for Summary Dissolution of Marriage	1
FL-820	Request for Judgment, Judgment of Dissolution of Marriage, and Notice of Entry of Judgment	1

ALL FORMS MUST BE TYPED OR LEGIBLY PRINTED IN BLACK INK AND SIGNED.

Complete all forms in their entirety, i.e., all boxes checked as applicable; attachments attached, if applicable; and “NONE”, “NOT APPLICABLE”, or “UNKNOWN” typed in if required.



MONTEREY COUNTY SUPERIOR COURT SELF-HELP CENTER INFORMATION PACKET

Steps for a Summary Dissolution

(Self-Help Center (SHC) Packet #4)

1. **Make sure you qualify for a summary dissolution.** To qualify, you must meet **all** of the following requirements. You and your spouse:
 - have lived in California for the last *6 months* and in Monterey County for the last *3 months*;
 - have been married **less than 5 years** on the date you file your *Joint Petition for Summary Dissolution of Marriage* (FL-800);
 - have **no children together** that were adopted or born before or during the marriage (and neither of you are pregnant now);
 - do not** own or have an interest in any real estate (house, condominium, rental property, land, or a 1-year lease or option to buy);
 - do not** owe more than **\$6,000** for debts acquired since the date of your marriage (do not count car loans);
 - have **less than \$36,000** worth of property acquired during the marriage (do not count your cars);
 - do not** have separate property worth more than **\$36,000** (do not count money you owe on the property or auto loans); AND
 - agree to **not pay** each other spousal support.

2. **Read the *Summary Dissolution Booklet* (FL-810)** available at www.courtinfo.ca.gov/forms (it includes information and samples for filling out pages 8, 10, and 12 of the *Worksheets*).

3. **Each** spouse must fill out the attached blank forms (type or print legibly in blue or black ink):
 - *Worksheets* (only pages 8, 10, and 12), *Schedule of Assets and Debts* (FL-142), and *Income and Expense Declaration* (FL-150) and attach them to the *Declaration of Disclosure* (FL-140). Make a copy and exchange these forms with your spouse. **Do not** file these forms with the court.
 - *Declaration Regarding Service of Declaration of Disclosure and Income and Expense Declaration* (FL-141) - see the attached sample forms as a guide. **Make two copies.**

Steps for a Summary Dissolution (continued)

4. **Together**, the spouses fill out the following:
 - *Joint Petition for Summary Dissolution of Marriage* (FL-800) - see the attached sample forms as a guide. **Make two copies.**
 - Property settlement agreement, if necessary. The property settlement agreement is necessary only if you have property or debts to divide (see *Summary Dissolution Booklet* (FL-810) for details).
 - *Request for Judgment, Judgment of Dissolution of Marriage, and Notice of Entry of Judgment* (FL-820).

5. **File your papers:** Bring the original with the two copies of **each** spouse's *Declaration Regarding Service of Declaration of Disclosure and Income and Expense Declaration* (FL-141). **File** the FL-141 forms **along** with the original and the two copies of the *Joint Petition for Summary Dissolution of Marriage* (FL-800). Keep one filed copy for yourself and give one copy to your spouse. You will pay a filing fee of \$320.00 to open up the case and to get your papers filed. If you think you cannot afford the filing fee, fill out the fee waiver forms (FW-001 and FW-003), available at the Clerk's Office, the Self-Help Center, or at www.courtinfo.ca.gov/forms.

6. Wait 6 months and one day from the date you filed your papers. If you still want to go through with the Divorce and neither one of you has filed to stop the process (FL-830), you can then finish the Divorce.

7. **File the final papers:** Bring the original with two copies of the *Request for Judgment, Judgment of Dissolution of Marriage, and Notice of Entry of Judgment* (FL-820), along with two self-addressed stamped envelopes (one made out to you and one made out to your spouse), to the Clerk's Office. The clerk will process the forms, and mail one file-stamped copy to you and one to your spouse, within eight weeks of filing.

Sample Forms

FL-141	Declaration Regarding Service of Declaration of Disclosure
FL-800	Joint Petition for Summary Dissolution
FL-820	Request for Judgment, Judgment of Dissolution of Marriage, and Notice of Entry of Judgment

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): Your Name Street Address City, State, and Zip Code TELEPHONE NO.: _____ FAX NO.: _____ ATTORNEY FOR (Name): IN PRO PER Monterey		This is the Form Number <div style="border: 2px solid red; padding: 10px; text-align: center; font-size: 24px; font-weight: bold;"> <u>PETITIONER</u> <u>SAMPLE</u> </div>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Monterey STREET ADDRESS: 1200 Aguajito Road MAILING ADDRESS: 1200 Aguajito Road CITY AND ZIP CODE: Monterey, CA 93940 BRANCH NAME: Monterey		
PETITIONER: Your Name for PETITIONER RESPONDENT: Other Party's Name for RESPONDENT		CASE NUMBER: _____
DECLARATION REGARDING SERVICE OF DECLARATION OF DISCLOSURE AND INCOME AND EXPENSE DECLARATION <input checked="" type="checkbox"/> Petitioner's <input checked="" type="checkbox"/> Preliminary <input type="checkbox"/> Respondent's <input type="checkbox"/> Final <div style="border: 2px solid red; border-radius: 15px; padding: 5px; display: inline-block;">Check these boxes</div>		

- I am the Attorney for Petitioner Respondent in this matter.
 - Petitioner's Respondent's *Preliminary Declaration of Disclosure and Income and Expense Declaration* was served on:
 Attorney for Petitioner Respondent by: personal service mail other (specify):
 on (date):

The date the forms were given to your spouse.
 - Petitioner's Respondent's *Final Declaration of Disclosure and Income and Expense Declaration* was served on:
 Attorney for Petitioner Respondent by: personal service mail other (specify):
 on (date): _____
 - Service of the *Final Declaration of Disclosure* has been waived under Family Code section 2105, subdivision (d).
- I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

Date Here

 (TYPE OR PRINT NAME)

Sign Your Name

 (SIGNATURE)

Note:
File this document with the court.
Do not file a copy of either the *Preliminary or Final Declaration of Disclosure* with this document.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): Your Name Street Address City, State, and Zip Code TELEPHONE NO.: _____ FAX NO.: _____ ATTORNEY FOR (Name): IN PRO PER Monterey	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: 1200 Aguajito Road MAILING ADDRESS: 1200 Aguajito Road CITY AND ZIP CODE: Monterey, CA 93940 BRANCH NAME: Monterey	RESPONDENT SAMPLE
PETITIONER: Other Party's Name for PETITIONER RESPONDENT: Your Name for RESPONDENT	
DECLARATION REGARDING SERVICE OF DECLARATION OF DISCLOSURE AND INCOME AND EXPENSE DECLARATION <input type="checkbox"/> Petitioner's <input checked="" type="checkbox"/> Preliminary <input checked="" type="checkbox"/> Respondent's <input type="checkbox"/> Final	CASE NUMBER: _____

Check these boxes

- I am the Attorney for Petitioner Respondent in this matter.
 - Petitioner's Respondent's *Preliminary Declaration of Disclosure and Income and Expense Declaration* was served on:
 Attorney for Petitioner Respondent by: personal service mail other (specify):
 on (date): **The date the forms were given to your spouse or domestic partner.**
 - Petitioner's Respondent's *Final Declaration of Disclosure and Income and Expense Declaration* was served on:
 Attorney for Petitioner Respondent by: personal service mail other (specify):
 on (date): _____
 - Service of the *Final Declaration of Disclosure* has been waived under Family Code section 2105, subdivision (d).
- I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Here

Date: **Print Your Name**

 (TYPE OR PRINT NAME)

Sign Your Name

 (SIGNATURE)

Note:
File this document with the court.
Do not file a copy of either the *Preliminary or Final Declaration of Disclosure* with this document.

HUSBAND:	Husband's Name	CASE NUMBER:
WIFE:	Wife's Name	

- 14. Upon entry of judgment of summary dissolution of marriage, we each give up our rights to appeal and to move for a new trial.
- 15. **Each of us forever gives up any right to spousal support from the other.**
- 16. We agree that this matter may be determined by a commissioner sitting as a temporary judge.

17. **Mailing address of husband**

Name: Husband's Name
 Address: Husband's Address

 City: Husband's City
 State: Husband's State
 Zip Code: Husband's Zip Code

18. **Mailing address of wife**

Name: Wife's Name
 Address: Wife's Address

 City: Wife's City
 State: Wife's State
 Zip Code: Wife's Zip Code

19. Number of pages attached: _____

2

The FL-141 forms from each party
get attached to this form

I declare under penalty of perjury under the laws of the State of California that the foregoing and all attached documents are true and correct.

Date Here

Date: _____

Husband signs here

(SIGNATURE OF HUSBAND)

I declare under penalty of perjury under the laws of the State of California that the foregoing and all attached documents are true and correct.

Date Here

Date: _____

Wife signs here

(SIGNATURE OF WIFE)

NOTICES

Your divorce will not be final until husband or wife files a *Request for Judgment, Judgment of Dissolution of Marriage, and Notice of Entry of Judgment* (form FL-820) and receives a stamped copy back from the court. Either husband or wife can file form FL-820 with the court six months after you file this petition. Until husband or wife files form FL-820, either one of you can stop the divorce by filing a *Notice of Revocation of Petition for Summary Dissolution* (form FL-830).

Dissolution may automatically cancel the rights of a spouse under the other spouse's will, trust, retirement plan, power of attorney, pay-on-death bank account, transfer-on-death vehicle registration, survivorship rights to any property owned in joint tenancy, and any other similar thing. It does not automatically cancel the rights of a spouse as beneficiary of the other spouse's life insurance policy. You should review these matters, as well as any credit card accounts, other credit accounts, insurance policies, and credit reports to determine whether they should be changed or whether you should take any other actions. However, some changes may require the agreement of your spouse or a court order. (See Fam. Code, §§ 231–235.)

HUSBAND:	Husband's Name	CASE NUMBER:	Case number
WIFE:	Wife's Name		

NOTICE OF ENTRY OF JUDGMENT

6. You are notified that a judgment of dissolution of marriage was entered on *(date)*:

Date: _____ Clerk, by _____, Deputy

CLERK'S CERTIFICATE OF MAILING

I certify that I am not a party to this cause and that a true copy of the *Notice of Entry of Judgment* was mailed first class, postage fully prepaid, in a sealed envelope addressed as shown below, and that the notice was mailed
 at *(place)*: _____ California,
 on *(date)*: _____

Date: _____ Clerk, by _____, Deputy

HUSBAND'S ADDRESS

WIFE'S ADDRESS

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Forms for the Petitioner

FL-810	Summary Dissolution Information (Pages, 32, 14, and 16)
FL-142	Schedule of Assets and Debts
FL-150	Income and Expense Declaration
FL-140	Declaration Disclosure
FL-141	Declaration Regarding Service of Declaration of Disclosure

HUSBAND: WIFE:	CASE NUMBER:
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VII. WORKSHEET FOR DETERMINING VALUE OF SEPARATE PROPERTY

This worksheet will help you determine whether you are eligible to use the summary dissolution procedure. The total fair market value of the **wife's separate property** cannot be more than \$38,000. The total fair market value of the **husband's separate property** cannot be more than \$38,000. Separate property is anything that either of you owned or earned before you got married, anything you earned or bought after your separation, and anything that was given to just one of you as a gift during your marriage. Do not include cars.

A. Bank accounts, credit union accounts, retirement funds, cash value of insurance policies, etc.

	Wife's Property— Fair Market Value	Husband's Property— Fair Market Value
Item		

B. Items owned outright

Item		

C. Items being bought on credit

	Fair Market Value	Minus What's Owed		
Item		=		
		=		
		=		
		=		
		=		
		=		
		=		
		=		

GRAND TOTALS: WIFE'S AND HUSBAND'S SEPARATE PROPERTY		
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HUSBAND: WIFE:	CASE NUMBER:
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VII. WORKSHEET FOR DETERMINING VALUE AND DIVISION OF COMMUNITY PROPERTY

This side of the sheet will help you determine whether you are **eligible** to use the summary dissolution procedure. The grand total value of your community property cannot be more than \$38,000.

This side of the sheet will help you decide on a fair division of your property. It will help you prepare your property settlement agreement.

A. Bank accounts, credit union accounts, retirement funds, cash value of insurance policies, etc.							
	Item	Amount		Wife Receives	Husband Receives		
Subtotal A							
B. Items you own outright (for example, stocks and bonds, sports gear, furniture, household items, tools, interests in businesses, jewelry; do not include cars)							
	Item	Fair Market Value		Wife Receives	Husband Receives		
Subtotal B							
C. Items you are buying on credit (for example, stereo equipment, appliances, furniture, tools; do not include cars)							
	Item	Fair Market Value	Minus Amount Owed	=	Net Fair Market Value	Wife Receives	Husband Receives
				=			
				=			
				=			
				=			
Subtotal C							
Grand total value of community property = A + B + C							

HUSBAND: WIFE:	CASE NUMBER:
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VII. WORKSHEET FOR DETERMINING COMMUNITY OBLIGATIONS AND THEIR DIVISION

This side of the worksheet will help you determine whether you are **eligible** to use the summary dissolution procedure. The total amount of your community obligations (debts) cannot be more than \$6,000. Do not include car loans. Be sure you include any other debts you took on while you were living together as husband and wife. List the amount you owe on the items from your **Worksheet for Determining Value and Division of Community Property**. Then add all other debts and bills including loans, charge accounts, medical bills, and taxes you owe.

This side of the worksheet will help you decide on a fair way to divide up your community obligations. You will use this information in preparing a **property settlement agreement**.

Item	Amount Owed	Wife Will Pay	Husband Will Pay
TOTAL			
		Wife's Share of Community Obligations	Husband's Share of Community Obligations

THIS FORM SHOULD NOT BE FILED WITH THE COURT

FL-142

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

— INSTRUCTIONS —

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

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

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

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

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

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

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

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

Date:

 (TYPE OR PRINT NAME)

 _____
 (SIGNATURE OF DECLARANT)

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

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

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

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

(If you have more than one job, attach an 8½-by-11-inch sheet of paper and list the same information as above for your other jobs. Write "Question 1—Other Jobs" at the top.)

2. **Age and education**

- a. My age is (specify):
- b. I have completed high school or the equivalent: Yes No If no, highest grade completed (specify):
- c. Number of years of college completed (specify): Degree(s) obtained (specify):
- d. Number of years of graduate school completed (specify): Degree(s) obtained (specify):
- e. I have: professional/occupational license(s) (specify):
 vocational training (specify):

3. **Tax information**

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

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

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

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

Date:

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

PETITIONER/PLAINTIFF: _____ 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. (Black out your social security number on the pay stub and tax return.)

5. **Income** (For average monthly, add up all the income you received in each category in the last 12 months and divide the total by 12.)

	Last month	Average monthly
a. Salary or wages (gross, before taxes)	\$ _____	_____
b. Overtime (gross, before taxes)	\$ _____	_____
c. Commissions or bonuses	\$ _____	_____
d. Public assistance (for example: TANF, SSI, GA/GR) <input type="checkbox"/> currently receiving	\$ _____	_____
e. Spousal support <input type="checkbox"/> from this marriage <input type="checkbox"/> from a different marriage	\$ _____	_____
f. Partner support <input type="checkbox"/> from this domestic partnership <input type="checkbox"/> from a different domestic partnership	\$ _____	_____
g. Pension/retirement fund payments	\$ _____	_____
h. Social security retirement (not SSI)	\$ _____	_____
i. Disability: <input type="checkbox"/> Social security (not SSI) <input type="checkbox"/> State disability (SDI) <input type="checkbox"/> Private insurance	\$ _____	_____
j. Unemployment compensation	\$ _____	_____
k. Workers' compensation	\$ _____	_____
l. Other (military BAQ, royalty payments, etc.) (specify):	\$ _____	_____

6. **Investment income** (Attach a schedule showing gross receipts less cash expenses for each piece of property.)

a. Dividends/interest	\$ _____	_____
b. Rental property income	\$ _____	_____
c. Trust income	\$ _____	_____
d. Other (specify):	\$ _____	_____

7. **Income from self-employment, after business expenses for all businesses** \$ _____

I am the owner/sole proprietor business partner other (specify): _____

Number of years in this business (specify): _____

Name of business (specify): _____

Type of business (specify): _____

Attach a profit and loss statement for the last two years or a Schedule C from your last federal tax return. Black out your social security number. If you have more than one business, provide the information above for each of your businesses.

8. **Additional income.** I received one-time money (lottery winnings, inheritance, etc.) in the last 12 months (specify source and amount): _____

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

10. **Deductions** Last month

a. Required union dues	\$ _____	_____
b. Required retirement payments (not social security, FICA, 401(k), or IRA)	\$ _____	_____
c. Medical, hospital, dental, and other health insurance premiums (total monthly amount)	\$ _____	_____
d. Child support that I pay for children from other relationships	\$ _____	_____
e. Spousal support that I pay by court order from a different marriage	\$ _____	_____
f. Partner support that I pay by court order from a different domestic partnership	\$ _____	_____
g. Necessary job-related expenses not reimbursed by my employer (attach explanation labeled "Question 10g")	\$ _____	_____

11. **Assets** Total

a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts	\$ _____	_____
b. Stocks, bonds, and other assets I could easily sell	\$ _____	_____
c. All other property, <input type="checkbox"/> real and <input type="checkbox"/> personal (estimate fair market value minus the debts you owe)	\$ _____	_____

PETITIONER/PLAINTIFF: _____ RESPONDENT/DEFENDANT: _____ OTHER PARENT/CLAIMANT: _____	CASE NUMBER: _____
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12. The following people live with me:

Name	Age	How the person is related to me? (ex: son)	That person's gross monthly income	Pays some of the household expenses?
a.				<input type="checkbox"/> Yes <input type="checkbox"/> No
b.				<input type="checkbox"/> Yes <input type="checkbox"/> No
c.				<input type="checkbox"/> Yes <input type="checkbox"/> No
d.				<input type="checkbox"/> Yes <input type="checkbox"/> No
e.				<input type="checkbox"/> Yes <input type="checkbox"/> No

13. Average monthly expenses Estimated expenses Actual expenses Proposed needs

- | | |
|---|---|
| <p>a. Home:</p> <p>(1) <input type="checkbox"/> Rent or <input type="checkbox"/> mortgage... \$ _____</p> <p style="padding-left: 20px;">If mortgage:</p> <p style="padding-left: 40px;">(a) average principal: \$ _____</p> <p style="padding-left: 40px;">(b) average interest: \$ _____</p> <p>(2) Real property taxes \$ _____</p> <p>(3) Homeowner's or renter's insurance (if not included above) \$ _____</p> <p>(4) Maintenance and repair \$ _____</p> <p>b. Health-care costs not paid by insurance. . . \$ _____</p> <p>c. Child care \$ _____</p> <p>d. Groceries and household supplies. \$ _____</p> <p>e. Eating out. \$ _____</p> <p>f. Utilities (gas, electric, water, trash) \$ _____</p> <p>g. Telephone, cell phone, and e-mail \$ _____</p> | <p>h. Laundry and cleaning \$ _____</p> <p>i. Clothes \$ _____</p> <p>j. Education \$ _____</p> <p>k. Entertainment, gifts, and vacation. \$ _____</p> <p>l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.) \$ _____</p> <p>m. Insurance (life, accident, etc.; do not include auto, home, or health insurance). . . \$ _____</p> <p>n. Savings and investments. \$ _____</p> <p>o. Charitable contributions. \$ _____</p> <p>p. Monthly payments listed in item 14 (itemize below in 14 and insert total here) . . \$ _____</p> <p>q. Other (specify): \$ _____</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>r. TOTAL EXPENSES (a-q) (do not add in the amounts in a(1)(a) and (b)) \$ _____</p> </div> <p>s. Amount of expenses paid by others \$ _____</p> |
|---|---|

14. Installment payments and debts not listed above

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

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

- a. To date, I have paid my attorney this amount for fees and costs (specify): \$ _____
- b. The source of this money was (specify): _____
- c. I still owe the following fees and costs to my attorney (specify total owed): \$ _____
- d. My attorney's hourly rate is (specify): \$ _____

I confirm this fee arrangement.

Date:

(TYPE OR PRINT NAME OF ATTORNEY)

▶

(SIGNATURE OF ATTORNEY)

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

17. Children's health-care expenses

- a. I do I do not have health insurance available to me for the children through my job.
- b. Name of insurance company: _____
- c. Address of insurance company: _____

- d. The monthly cost for the **children's** health insurance is or would be *(specify)*: \$ _____
(Do not include the amount your employer pays.)

18. Additional expenses for the children in this case

	Amount per month
a. Child care so I can work or get job training.	\$ _____
b. Children's health care not covered by insurance	\$ _____
c. Travel expenses for visitation	\$ _____
d. Children's educational or other special needs <i>(specify below)</i> :	\$ _____

19. Special hardships. I ask the court to consider the following special financial circumstances

	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 <i>(specify)</i> :		

(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 <i>(Name and Address)</i> :	TELEPHONE NO.:
ATTORNEY FOR <i>(Name)</i> :	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF	
STREET ADDRESS:	
MAILING ADDRESS:	
CITY AND ZIP CODE:	
BRANCH NAME:	
PETITIONER:	
RESPONDENT:	
DECLARATION OF DISCLOSURE <input type="checkbox"/> Petitioner's <input type="checkbox"/> Preliminary <input type="checkbox"/> Respondent's <input type="checkbox"/> Final	CASE NUMBER:

DO NOT FILE WITH THE COURT

Both the preliminary and the final declaration of disclosure must be served on the other party with certain exceptions. Neither disclosure is filed with the court. A declaration stating service was made of the final declaration of disclosure must be filed with the court (see form FL-141).

A preliminary declaration of disclosure but not a final declaration of disclosure is required in the case of a summary dissolution (see Family Code section 2109) or in a default judgment (see Family Code section 2110) provided the default is not a stipulated judgment or a judgment based upon a marriage settlement agreement.

A declaration of disclosure is required in a nullity or legal separation action as well as in a dissolution action.

Attached are the following:

1. A completed *Schedule of Assets and Debts* (form FL-142).
2. A completed *Income and Expense Declaration* (form FL-150 (as applicable)).
3. 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*).
4. A statement of all material facts and information regarding obligations for which the community is liable (*not a form*).
5. 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)
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ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT:	
DECLARATION REGARDING SERVICE OF DECLARATION OF DISCLOSURE AND INCOME AND EXPENSE DECLARATION <input type="checkbox"/> Petitioner's <input type="checkbox"/> Preliminary <input type="checkbox"/> Respondent's <input type="checkbox"/> Final	CASE NUMBER:

1. I am the attorney for petitioner respondent in this matter.

2. Petitioner's respondent's *Preliminary Declaration of Disclosure* (form FL-140) and current* *Income and Expense Declaration* (form FL-150) were served on attorney for the other party
 by: personal service mail other (specify):
 on (date):

3. Petitioner's respondent's *Final Declaration of Disclosure* (form FL-140) and current *Income and Expense Declaration* (form FL-150) were served on attorney for the other party
 by: personal service mail other (specify):
 on (date):

4. Service of petitioner's respondent's preliminary final declaration of disclosure current income and expense declaration has been waived as follows:
 - a. The parties agreed to waive final declaration of disclosure requirements under Family Code section 2105(d). The waiver was filed on (date):
 - b. The party has failed to comply with disclosure requirements and the court granted the request for voluntary waiver of receipt under Family Code section 2107 on (date):
 - c. This is a default proceeding. Petitioner waives the final declaration disclosure requirements under Family Code section 2110.

* "Current" is defined as completed within the past three months providing no facts have changed. (Cal. Rules of Court, rule 5.128.)

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)

NOTE: File this document with the court.
Do not file a copy of the *Preliminary or Final Declaration of Disclosure* or any attachments to either declaration of disclosure with this document.

Forms for the Respondent

FL-810	Summary Dissolution Information (Pages, 32, 14, and 16)
FL-142	Schedule of Assets and Debts
FL-150	Income and Expense Declaration
FL-140	Declaration Disclosure
FL-141	Declaration Regarding Service of Declaration of Disclosure

HUSBAND: WIFE:	CASE NUMBER:
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VII. WORKSHEET FOR DETERMINING VALUE OF SEPARATE PROPERTY

This worksheet will help you determine whether you are eligible to use the summary dissolution procedure. The total fair market value of the **wife's separate property** cannot be more than \$38,000. The total fair market value of the **husband's separate property** cannot be more than \$38,000. Separate property is anything that either of you owned or earned before you got married, anything you earned or bought after your separation, and anything that was given to just one of you as a gift during your marriage. Do not include cars.

A. Bank accounts, credit union accounts, retirement funds, cash value of insurance policies, etc.

	Wife's Property— Fair Market Value	Husband's Property— Fair Market Value
Item		

B. Items owned outright

Item		

C. Items being bought on credit

	Fair Market Value	Minus What's Owed		
Item		=		
		=		
		=		
		=		
		=		
		=		
		=		
		=		

GRAND TOTALS: WIFE'S AND HUSBAND'S SEPARATE PROPERTY		
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HUSBAND: WIFE:	CASE NUMBER:
-----------------------	--------------

VII. WORKSHEET FOR DETERMINING VALUE AND DIVISION OF COMMUNITY PROPERTY

This side of the sheet will help you determine whether you are **eligible** to use the summary dissolution procedure. The grand total value of your community property cannot be more than \$38,000.

This side of the sheet will help you decide on a fair division of your property. It will help you prepare your property settlement agreement.

A. Bank accounts, credit union accounts, retirement funds, cash value of insurance policies, etc.

			Wife Receives	Husband Receives
Item	Amount			
Subtotal A				

B. Items you own outright (for example, stocks and bonds, sports gear, furniture, household items, tools, interests in businesses, jewelry; do not include cars)

			Wife Receives	Husband Receives
Item	Fair Market Value			
Subtotal B				

C. Items you are buying on credit (for example, stereo equipment, appliances, furniture, tools; do not include cars)

						Wife Receives	Husband Receives
Item	Fair Market Value	Minus Amount Owed	=	Net Fair Market Value			
			=				
			=				
			=				
			=				
Subtotal C							

Grand total value of community property = A + B + C

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HUSBAND: WIFE:	CASE NUMBER:
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VII. WORKSHEET FOR DETERMINING COMMUNITY OBLIGATIONS AND THEIR DIVISION

This side of the worksheet will help you determine whether you are **eligible** to use the summary dissolution procedure. The total amount of your community obligations (debts) cannot be more than \$6,000. Do not include car loans. Be sure you include any other debts you took on while you were living together as husband and wife. List the amount you owe on the items from your **Worksheet for Determining Value and Division of Community Property**. Then add all other debts and bills including loans, charge accounts, medical bills, and taxes you owe.

This side of the worksheet will help you decide on a fair way to divide up your community obligations. You will use this information in preparing a **property settlement agreement**.

	Amount Owed	Wife Will Pay	Husband Will Pay
TOTAL			
		Wife's Share of Community Obligations	Husband's Share of Community Obligations

THIS FORM SHOULD NOT BE FILED WITH THE COURT

FL-142

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

— INSTRUCTIONS —

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

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

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

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

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

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

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

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

Date:

 (TYPE OR PRINT NAME)

▲

 (SIGNATURE OF DECLARANT)

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

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

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

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

(If you have more than one job, attach an 8½-by-11-inch sheet of paper and list the same information as above for your other jobs. Write "Question 1—Other Jobs" at the top.)

2. **Age and education**

- a. My age is (specify):
- b. I have completed high school or the equivalent: Yes No If no, highest grade completed (specify):
- c. Number of years of college completed (specify): Degree(s) obtained (specify):
- d. Number of years of graduate school completed (specify): Degree(s) obtained (specify):
- e. I have: professional/occupational license(s) (specify):
 vocational training (specify):

3. **Tax information**

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

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

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

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

Date:

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

PETITIONER/PLAINTIFF: _____ 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. (Black out your social security number on the pay stub and tax return.)

5. **Income** (For average monthly, add up all the income you received in each category in the last 12 months and divide the total by 12.)

	Last month	Average monthly
a. Salary or wages (gross, before taxes)	\$ _____	_____
b. Overtime (gross, before taxes)	\$ _____	_____
c. Commissions or bonuses	\$ _____	_____
d. Public assistance (for example: TANF, SSI, GA/GR) <input type="checkbox"/> currently receiving	\$ _____	_____
e. Spousal support <input type="checkbox"/> from this marriage <input type="checkbox"/> from a different marriage	\$ _____	_____
f. Partner support <input type="checkbox"/> from this domestic partnership <input type="checkbox"/> from a different domestic partnership	\$ _____	_____
g. Pension/retirement fund payments	\$ _____	_____
h. Social security retirement (not SSI)	\$ _____	_____
i. Disability: <input type="checkbox"/> Social security (not SSI) <input type="checkbox"/> State disability (SDI) <input type="checkbox"/> Private insurance	\$ _____	_____
j. Unemployment compensation	\$ _____	_____
k. Workers' compensation	\$ _____	_____
l. Other (military BAQ, royalty payments, etc.) (specify):	\$ _____	_____

6. **Investment income** (Attach a schedule showing gross receipts less cash expenses for each piece of property.)

a. Dividends/interest	\$ _____	_____
b. Rental property income	\$ _____	_____
c. Trust income	\$ _____	_____
d. Other (specify):	\$ _____	_____

7. **Income from self-employment, after business expenses for all businesses** \$ _____

I am the owner/sole proprietor business partner other (specify): _____

Number of years in this business (specify): _____

Name of business (specify): _____

Type of business (specify): _____

Attach a profit and loss statement for the last two years or a Schedule C from your last federal tax return. Black out your social security number. If you have more than one business, provide the information above for each of your businesses.

8. **Additional income.** I received one-time money (lottery winnings, inheritance, etc.) in the last 12 months (specify source and amount): _____

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

10. **Deductions** Last month

a. Required union dues	\$ _____	_____
b. Required retirement payments (not social security, FICA, 401(k), or IRA)	\$ _____	_____
c. Medical, hospital, dental, and other health insurance premiums (total monthly amount)	\$ _____	_____
d. Child support that I pay for children from other relationships	\$ _____	_____
e. Spousal support that I pay by court order from a different marriage	\$ _____	_____
f. Partner support that I pay by court order from a different domestic partnership	\$ _____	_____
g. Necessary job-related expenses not reimbursed by my employer (attach explanation labeled "Question 10g")	\$ _____	_____

11. **Assets** Total

a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts	\$ _____	_____
b. Stocks, bonds, and other assets I could easily sell	\$ _____	_____
c. All other property, <input type="checkbox"/> real and <input type="checkbox"/> personal (estimate fair market value minus the debts you owe)	\$ _____	_____

PETITIONER/PLAINTIFF: _____ RESPONDENT/DEFENDANT: _____ OTHER PARENT/CLAIMANT: _____	CASE NUMBER: _____
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12. The following people live with me:

Name	Age	How the person is related to me? (ex: son)	That person's gross monthly income	Pays some of the household expenses?
a.				<input type="checkbox"/> Yes <input type="checkbox"/> No
b.				<input type="checkbox"/> Yes <input type="checkbox"/> No
c.				<input type="checkbox"/> Yes <input type="checkbox"/> No
d.				<input type="checkbox"/> Yes <input type="checkbox"/> No
e.				<input type="checkbox"/> Yes <input type="checkbox"/> No

13. Average monthly expenses Estimated expenses Actual expenses Proposed needs

- | | |
|---|---|
| <p>a. Home:</p> <p>(1) <input type="checkbox"/> Rent or <input type="checkbox"/> mortgage... \$ _____</p> <p style="padding-left: 20px;">If mortgage:</p> <p style="padding-left: 40px;">(a) average principal: \$ _____</p> <p style="padding-left: 40px;">(b) average interest: \$ _____</p> <p>(2) Real property taxes \$ _____</p> <p>(3) Homeowner's or renter's insurance (if not included above) \$ _____</p> <p>(4) Maintenance and repair \$ _____</p> <p>b. Health-care costs not paid by insurance. . . \$ _____</p> <p>c. Child care \$ _____</p> <p>d. Groceries and household supplies. \$ _____</p> <p>e. Eating out. \$ _____</p> <p>f. Utilities (gas, electric, water, trash) \$ _____</p> <p>g. Telephone, cell phone, and e-mail \$ _____</p> | <p>h. Laundry and cleaning \$ _____</p> <p>i. Clothes \$ _____</p> <p>j. Education \$ _____</p> <p>k. Entertainment, gifts, and vacation. \$ _____</p> <p>l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.) \$ _____</p> <p>m. Insurance (life, accident, etc.; do not include auto, home, or health insurance). . . \$ _____</p> <p>n. Savings and investments. \$ _____</p> <p>o. Charitable contributions. \$ _____</p> <p>p. Monthly payments listed in item 14 (itemize below in 14 and insert total here) . . \$ _____</p> <p>q. Other (specify): \$ _____</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>r. TOTAL EXPENSES (a-q) (do not add in the amounts in a(1)(a) and (b)) \$ _____</p> </div> <p>s. Amount of expenses paid by others \$ _____</p> |
|---|---|

14. Installment payments and debts not listed above

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

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

- a. To date, I have paid my attorney this amount for fees and costs (specify): \$ _____
- b. The source of this money was (specify): _____
- c. I still owe the following fees and costs to my attorney (specify total owed): \$ _____
- d. My attorney's hourly rate is (specify): \$ _____

I confirm this fee arrangement.

Date:

(TYPE OR PRINT NAME OF ATTORNEY)



(SIGNATURE OF ATTORNEY)

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER 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 expenses for the children in this case

Amount per month

- a. Child care so I can work or get job training. \$ _____
- b. Children's health care not covered by insurance \$ _____
- c. Travel expenses for visitation \$ _____
- d. Children's educational or other special needs *(specify below)*: \$ _____

19. Special hardships. I ask the court to consider the following special financial circumstances

- (attach documentation of any item listed here, including court orders):*
- | | Amount per month | For how many months? |
|---|------------------|----------------------|
| a. Extraordinary health expenses not included in 18b. | \$ _____ | _____ |
| b. Major losses not covered by insurance (examples: fire, theft, other insured loss) | \$ _____ | _____ |
| c. (1) Expenses for my minor children who are from other relationships and are living with me | \$ _____ | _____ |
| (2) Names and ages of those children <i>(specify)</i> : | | |

(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 <i>(Name and Address)</i> :	TELEPHONE NO.:
ATTORNEY FOR <i>(Name)</i> :	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF	
STREET ADDRESS:	
MAILING ADDRESS:	
CITY AND ZIP CODE:	
BRANCH NAME:	
PETITIONER:	
RESPONDENT:	
DECLARATION OF DISCLOSURE <input type="checkbox"/> Petitioner's <input type="checkbox"/> Preliminary <input type="checkbox"/> Respondent's <input type="checkbox"/> Final	CASE NUMBER:

DO NOT FILE WITH THE COURT

Both the preliminary and the final declaration of disclosure must be served on the other party with certain exceptions. Neither disclosure is filed with the court. A declaration stating service was made of the final declaration of disclosure must be filed with the court (see form FL-141).

A preliminary declaration of disclosure but not a final declaration of disclosure is required in the case of a summary dissolution (see Family Code section 2109) or in a default judgment (see Family Code section 2110) provided the default is not a stipulated judgment or a judgment based upon a marriage settlement agreement.

A declaration of disclosure is required in a nullity or legal separation action as well as in a dissolution action.

Attached are the following:

1. A completed *Schedule of Assets and Debts* (form FL-142).
2. A completed *Income and Expense Declaration* (form FL-150 (as applicable)).
3. 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*).
4. A statement of all material facts and information regarding obligations for which the community is liable (*not a form*).
5. 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)
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ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT:	
DECLARATION REGARDING SERVICE OF DECLARATION OF DISCLOSURE AND INCOME AND EXPENSE DECLARATION <input type="checkbox"/> Petitioner's <input type="checkbox"/> Preliminary <input type="checkbox"/> Respondent's <input type="checkbox"/> Final	CASE NUMBER:

1. I am the attorney for petitioner respondent in this matter.

2. Petitioner's respondent's *Preliminary Declaration of Disclosure* (form FL-140) and current* *Income and Expense Declaration* (form FL-150) were served on attorney for the other party
 by: personal service mail other (specify):
 on (date):

3. Petitioner's respondent's *Final Declaration of Disclosure* (form FL-140) and current *Income and Expense Declaration* (form FL-150) were served on attorney for the other party
 by: personal service mail other (specify):
 on (date):

4. Service of petitioner's respondent's preliminary final declaration of disclosure current income and expense declaration has been waived as follows:
 - a. The parties agreed to waive final declaration of disclosure requirements under Family Code section 2105(d). The waiver was filed on (date):
 - b. The party has failed to comply with disclosure requirements and the court granted the request for voluntary waiver of receipt under Family Code section 2107 on (date):
 - c. This is a default proceeding. Petitioner waives the final declaration disclosure requirements under Family Code section 2110.

* "Current" is defined as completed within the past three months providing no facts have changed. (Cal. Rules of Court, rule 5.128.)

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)

NOTE: File this document with the court.
Do not file a copy of the *Preliminary or Final Declaration of Disclosure* or any attachments to either declaration of disclosure with this document.

HUSBAND: WIFE:	CASE NUMBER:
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14. Upon entry of judgment of summary dissolution of marriage, we each give up our rights to appeal and to move for a new trial.

15. **Each of us forever gives up any right to spousal support from the other.**

16. We agree that this matter may be determined by a commissioner sitting as a temporary judge.

17. **Mailing address of husband**

Name:
Address:

City:
State:
Zip Code:

18. **Mailing address of wife**

Name:
Address:

City:
State:
Zip Code:

19. Number of pages attached: _____

I declare under penalty of perjury under the laws of the State of California that the foregoing and all attached documents are true and correct.

Date:

▶ _____
(SIGNATURE OF HUSBAND)

I declare under penalty of perjury under the laws of the State of California that the foregoing and all attached documents are true and correct.

Date:

▶ _____
(SIGNATURE OF WIFE)

NOTICES

Your divorce will not be final until husband or wife files a *Request for Judgment, Judgment of Dissolution of Marriage, and Notice of Entry of Judgment* (form FL-820) and receives a stamped copy back from the court. Either husband or wife can file form FL-820 with the court six months after you file this petition. Until husband or wife files form FL-820, either one of you can stop the divorce by filing a *Notice of Revocation of Petition for Summary Dissolution* (form FL-830).

Dissolution may automatically cancel the rights of a spouse under the other spouse's will, trust, retirement plan, power of attorney, pay-on-death bank account, transfer-on-death vehicle registration, survivorship rights to any property owned in joint tenancy, and any other similar thing. It does not automatically cancel the rights of a spouse as beneficiary of the other spouse's life insurance policy. You should review these matters, as well as any credit card accounts, other credit accounts, insurance policies, and credit reports to determine whether they should be changed or whether you should take any other actions. However, some changes may require the agreement of your spouse or a court order. (See Fam. Code, §§ 231–235.)

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name and address):</i> TELEPHONE NO. : FAX NO. <i>(Optional):</i> ATTORNEY FOR <i>(Name):</i>	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
MARRIAGE OF PETITIONERS HUSBAND: WIFE:	
REQUEST FOR JUDGMENT, JUDGMENT OF DISSOLUTION OF MARRIAGE, AND NOTICE OF ENTRY OF JUDGMENT	CASE NUMBER:

1. The *Joint Petition for Summary Dissolution of Marriage* (form FL-800) was filed on *(date)*:
2. No notice of revocation has been filed and the parties have not become reconciled.
3. I request that judgment of dissolution of marriage be
 - a. entered to be effective now.
 - b. entered to be effective (nunc pro tunc) as of *(date)*:
for the following reason:

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 HUSBAND OR WIFE)

4. Husband, Wife, who did **not** request his or her own former name be restored when he or she signed the joint petition, now requests that it be restored. The applicant's former name is:

Date: _____

(TYPE OR PRINT NAME)

(SIGNATURE OF PARTY WISHING TO HAVE HIS OR HER NAME RESTORED)

(For Court Use Only)

JUDGMENT OF DISSOLUTION OF MARRIAGE

5. THE COURT ORDERS
 - a. A judgment of dissolution of marriage will be entered, and the parties are restored to the status of unmarried persons.
 - b. The judgment of dissolution of marriage will be entered nunc pro tunc as of *(date)*:
 - c. Wife's former name is restored *(specify)*:
 - d. Husband's former name is restored *(specify)*:
 - e. Husband and wife must comply with any agreement attached to the petition.

Date: _____

JUDGE OF THE SUPERIOR COURT

NOTICE: Dissolution may automatically cancel the rights of a spouse under the other spouse's will, trust, retirement benefit plan, power of attorney, pay on death bank account, transfer on death vehicle registration, survivorship rights to any property owned in joint tenancy, and any other similar thing. It does not automatically cancel the rights of a spouse as beneficiary of the other spouse's life insurance policy. You should review these matters, as well as any credit cards, other credit accounts, insurance policies, retirement benefit plans, and credit reports to determine whether they should be changed or whether you should take any other actions.

HUSBAND: <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> WIFE:	CASE NUMBER:
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NOTICE OF ENTRY OF JUDGMENT

6. You are notified that a judgment of dissolution of marriage was entered on *(date)*:

Date: _____ Clerk, by _____, Deputy

CLERK'S CERTIFICATE OF MAILING

I certify that I am not a party to this cause and that a true copy of the *Notice of Entry of Judgment* was mailed first class, postage fully prepaid, in a sealed envelope addressed as shown below, and that the notice was mailed
 at *(place)*: _____ California,
 on *(date)*: _____

Date: _____ Clerk, by _____, Deputy

HUSBAND'S ADDRESS

WIFE'S ADDRESS
