ATTORNEY FOR (Name) SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS MALINA JORDESS MALINA JORDESS MALINA JORDESS MALINA JORDESS MALINA JORDESS MALINA JORDESS IN RETHE MATTER OF: I have completed [] Income (page 2) [] Expense (page 3) [] Child Support (page 4) Information forms. Attachments to this auminary 1. Are you receiving or have you applied for or do you intend to apply for welfare or TANF? Receiving [] Applied for 1. Are you receiving or have you applied for or do you intend to apply for welfare or TANF? Receiving [] Applied for 2. What is your occupation? 3. What is your occupation? 4. Highest year of education completed: 5. Are you currently employed? 5. Are you currently employed? 6. When did you start work there (month/year)? (2) What were your gross monthly earnings? 6. What is the total number of minor children you are legally obligated to support? 7. Net monthly disposable income (from line 16a of Page 2): \$ 1 mcome Monthly information 5 Current net monthly disposable income (if different from line 7, explain below or on Attach ment8); \$ 1 mcome Monthly information 9. Total monthly expenses from line 2q of Page 3: 10. Amount of these expenses paid by others: \$ 1 I declare under pensity of perjury under the laws of the State of California that the foregoing and the attached information forms are true and correct. CYPE GE PAURY NAME) (CYPE GE PAURY NAME)	ATTORNEY OR PARTY	Y WITHOUT ATTORNEY (Name and Address): TELEPHONE NO.:	FOR COURT USE ONLY			
MAILING ADDRESS CITY AND ZIP CODE BRANKEN ANAME IN RETHE MATTER OF: FINANCIAL RESPONSIBILITY DECLARATION	ATTORNEY FOR (Nam	ne)				
Step 1	STREET ADDRESS	ss s:				
Step 1 Attachments to this summary Step 2 Answer all questions that apply to you Step 2 (2) What is your occupation? 2. What is your occupation? 3. What is your occupation? 2. What is your occupation? 3. What is your occupation? 2. What is your occupation? 3. What is your occupation? 3. What is your occupation? 4. Highest year of education completed: 5. Are you currently employed? (2) When did you start work there (month/year)?						
Attachments to this summary It child support is not an issue, do not complete Page 4. If your only income is TANF, do not complete Page 2.) 1. Are you receiving or have you applied for or do you intend to apply for welfare or TANF? Receiving [] Applied for [] Intend to apply for [] No 2. What is your date of birth (month/day/year)? 3. What is your occupation? 4. Highest year of education completed: 5. Are you currently employed? [] Yes [] No a. If yes: (1) Where do you work? (name and address): (2) When did you start work there (month/year)? (2) What were your gross monthly earnings? 6. What is the total number of minor children you are legally obligated to support? Step 3 Income 7. Net monthly disposable income (from line 16a of Page 2): Step 4 Expense 4 Expense 5 Step 4 Expense 5 Step 5 Other party's Income Step 5 Other party's Income 1 I declare under penalty of perjury under the laws of the State of California that the foregoing and the attached information forms are true and correct.		FINANCIAL RESPONSIBILITY DECLARATION	CASE NUMBER			
Applied for Intend to apply for No	Attachments to	(If child support is not an issue, do not complete Page 4. If your only income is TANF, do not complete Page 2.)				
b. If no: (1) When did you last work (month/year)?	all questions that apply to	Applied for [] Intend to apply for [] No 2. What is your date of birth (month/day/year)?				
Income Monthly information 8. Current net monthly disposable income (if different from line 7, explain below or on Attach ment8):,		b. If no: (1) When did you last work (<i>month/year</i>)?(2) What were your gross monthly earnings?				
8. Current net monthly disposable income (if different from line 7, explain below or on Attach ment8):,	Income	7. Net monthly disposable income (from line 16a of Page 2):	\$			
9. Total monthly expenses from line 2q of Page 3:	-					
Step 6 Date and sign this form I declare under penalty of perjury under the laws of the State of California that the foregoing and the attached information forms are true and correct. Date:	Expense					
and sign this and the attached information forms are true and correct. Date:		11. My estimate of the other party's gross monthly income is:	\$			
	and sign this		ornia that the foregoing			
(TYPE OR PRINT NAME) (SIGNATURE OF DECLARANT)	Date:					
[] Petitioner [] Respondent		(***				

FINANCIAL RESPONSIBILITY DECLARATION

IN RE THE MATTER OF: CASE NUMBER:						
INCOME INFORMATION OF						
Total gross salary or wages, including commissions, bonuses, and overtime	ne paid during the last 12	months: 1. \$				
2. All other money received during the last 12 months except welfare, TANF, Specify sources below:						
Include pensions, social security, disability, unemployment, military						
basic allowance for quarters (BAQ), spousal support from a different marriage, dividends, interest or royally, trust income, and annuities.	2b. \$					
Include income from a business, rental properties, and reimbursement of job-related expenses		2c. \$				
Prepare and attach a schedule showing gross receipts less cash expenses for each business or rental property	2d. \$					
3. Add lines 1 through 2d		3 \$				
Divide line 3 by 12 and place result online 4a.						
	Average last 12 months	Last month:				
4.0	 1a ¢	4b. \$				
4. Gross income,	70. Ф					
5. State income tax	5a. \$	5b. \$				
6. Federal income tax	6a. \$	6b. \$				
7. Social Security and Hospital Tax ('FICA' and "MEDI" or self-employment	7a. \$	7b. \$				
tax, or the amount used to secure retirement or disability benefits	/a. p	70. y				
8. Health insurance for you and any children you are required to support	8a. \$	8b. \$				
9. State disability insurance	9a. \$	9b. \$				
10. Mandatory union dues,	10a. \$	10b. \$				
11. Mandatory retirement and pension fund contributions	11a. \$	11b. \$				
12. Court-ordered child support, court-ordered spousal support, and voluntarily paid child support in an amount not more than the guideline amount, actually being paid for a relationship other than that						
involved in this proceeding:	12a \$	12b. \$				
•		13b. \$				
14 Hardship deduction (Line 4d on Page 4)	14a. \$	14b. \$				
	15a ¢	_ 15b. \$				
15. Add lines 5 through 14Total monthly deductions: 16. Subtract line 15 from line 4Net monthly disposable income:	1	16b. \$				
16. Subtract line 13 from line 4Net monthly disposable income.	100. 4					
17. TANF, welfare, spousal support from this marriage, and child support from	om other relationships					
each month:	17. \$					
18 Cash and checking accounts:	18. \$					
19. Savings, credit union, certificates of deposit, and money market account 20. Stocks, bonds, and other liquid assets:	19. \$ 20. \$					
21. All other property, real or personal (specify below):	***************************************	21. \$				

Attach a copy of your three most recent pay stubs.

IN RE THE MATTER OF:			CASE NUM	IBER:		
EXPENSE INFORMATION OF (name):						
			- <u>-</u>			
a. List all persons living in your	name	<u>age</u>	<u>relationsh</u>	ip gross	monthly income	
home whose expenses are	1.					
included below and their income:						
Continued on	3.				•	
Attachment I a.	4.					
b. List all other persons living in your home and their income:	i					
Continued on	2. 3.					
Attachment 1 b.						
2. MONTHLY EXPENSES				L III Pro		
a. Residence payments	dh.	e. Food	at home and hous	enold supplies	.\$	
(1) [] Rent or [] mortg	age \$	f. Food eating out\$				
(2) If mortgage, include:						
Average principal\$_		g. Utiliti	es		• \$	
Average interest\$_ Impound for real		h Teler	hone		\$	
property taxes\$_						
Impound for home- owner's insurance\$		i. Laund	lry and cleaning	••••••	\$	
Owner's insurance	·····	j. Clothing\$\$				
		k. Insurance (life, accident, etc. Do not in				
(3) Real property taxes (if not					.,\$	
included in item (2))	\$					
		I, Education (specify):\$				
(4) Homeowner's or renters insurance	æ					
(if not included in item (2))	\$	m. Entertainment\$				
ZZN Martinburg and	dr.	n. Transportation and auto expenses (insurance, gas, oil, repair)\$				
(5) Maintenance		o. Installment payments (insert total and				
b. Unreimbursed medical and dental		itemi	ze below in item 3	s)	\$	
expenses	\$					
	"	p. Othe	r (specify);		\$	
c. Child care	\$	q. TOTAL EXPENSES (a-p)\$\$				
			(do not include amounts in a(2))			
d. Children's education	\$					
TO THE TAX OF THE TAX	MENTS OF STUED DERTS [1 Continue	d on Attachment	3		
3. ITEMIZATION OF INSTALLMENT PAY	MENTS OR OTHER DEBTS [] Continue	SU OII ALLACIII IETIC	J.		
	****		MONTHLY		DATE LAST	
CREDITOR'S NAME	PAYMENT FOR		PAYMENT	BALANCE	PAYMENT MADE	
		İ				
4. ATTORNEY FEES a. To date I have paid my attorne b. I owe to date the following fees c. My arrangement for attorney fees	s and costs over the amount (paid:	The source of	this money was:		
I confirm this information and fee arrangement. (SIGNATURE OF ATTORNEY)						
(TYPE OR PRINT NAME OF ATTORNEY)						

IN RE THE MATTER OF:	CASE	
CHILD SUPPORT INFORMATION OF (name):		
THIS PAGE MUST BE COMPLETED IF CHILD	SUPPORT IS AN ISSUE.	
 1. Health insurance for my children [] is [] is not available a. Monthly cost paid by me or on my behalf for the children only in the polyment of the children only in the polyment of the		
d. Policy or group policy number:		
2. Approximate percentage of time each parent has primary physical Mother % Father %	responsibility for the childre	n:
3. [] The court is requested to order the following as additional chi a. [] Child care costs related to employment or to reasonable	ld support: bly necessary education or tr	aining for employment skills
 (1) Monthly amount currently paid by mother. \$ (2) Monthly amount currently paid by father: \$ b. [] Uninsured health care costs for the children (for each the estimated monthly, yearly, or lump sum amount pages. 		hich the cost was incurred and
c. [] Educational or other special needs of the children (for and the estimated monthly, yearly, or lump sum amoun		for which the cost was incurred
 d. [] Travel expense for visitation (1) Monthly amount currently paid by mother. \$ (2) Monthly amount currently paid by father: \$ 		
 The court is requested to allow the deductions identified belo extreme financial hardship. 	w, which are justifiable expe	enses that have caused an
a. [] Extraordinary health care expenses (specify and attack	Amount paid Per month h any	How many months will you need to make these payments
supporting documents):	\$	
b. [] Uninsured catastrophic losses (specify and attach supporting documents):	\$	
c. [] Minimum basic living expenses of dependent minor chifrom other marriages or relationships who live with you names and ages of these children):	ildren ı (<i>specify</i> \$	

d. [] Total hardship deductions requested (add lines a-c):