

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name and Address)</i> : 	TELEPHONE NO.:	FOR COURT USE ONLY
ATTORNEY FOR <i>(Name)</i> : SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
PETITIONER/PLAINTIFF:		
RESPONDENT/DEFENDANT:		
INCOME AND EXPENSE DECLARATION		CASE NUMBER:

Step 1 Attachments to this summary | I have completed Income Expense Child Support Information forms.
(If child support is not an issue, do not complete the Child Support Information Form. If your only income is AFDC, do not complete the Income Information Form.)

Step 2 Answer all questions that apply to you

1. Are you receiving or have you applied for or do you intend to apply for welfare or AFDC?
 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)*?

b. If no: (1) When did you last work *(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 Monthly income information

7. Net monthly disposable income *(from line 16a of Income Information)*: \$

8. Current net monthly disposable income *(if different from line 7, explain below or on Attachment 8)*: \$

Step 4 Expense information

9. Total monthly expenses from line 2q of Expense Information: \$ _____

10. Amount of these expenses paid by others: \$ _____

Step 5 Other party's income

11. My estimate of the other party's gross monthly income is: \$ _____

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:

.....
(TYPE OR PRINT NAME)

.....
(SIGNATURE OF DECLARANT)

Petitioner Respondent