

**INSTRUCTIONS FOR DECLARATION OF DISCLOSURE**

1. Complete the forms labeled A, B & C.
2. Make 1 copy of A, B & C.
3. Have someone over the age of 18, not you, mail 1 copy of A, B & C to the other party along with tax returns filed by you in the last two years.
4. Complete form D (In question #2 fill in the date forms A, B & C and tax returns were mailed to the other party.)
5. Make 1 copy of forms C & D.
6. Bring originals and copies of forms C&D only to file with the Clerk's office, 1<sup>st</sup> floor, room A.

**\*Homework/ Tarea\***

**INSTRUCCIONES PARA LAS DECLARACIONES**

1. Complete los documentos marcados A, B y C.
2. Haga 1 copia de los documentos marcados A, B y C.
3. Una persona mayor de 18 años de edad, no usted, tiene que enviar por correo una copia de estos documentos a su cónyuge junto con sus impuestos de los últimos dos años.
4. Complete el documento marcado D (en la pregunta #2 del documento asegúrese de poner la fecha en la cual se le mandaron por correo los documentos marcados A, B y C a su cónyuge)
5. Haga 1 copia de los documentos marcados C y D.
6. Traiga los originales y las copias de los documentos marcados C y D para archivarlos con la Oficina de los Delegados de la corte en el primer piso, sala A.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): Name (Nombre): _____ Address (Domicilio): _____ _____		
TELEPHONE NO.: _____ FAX NO.: _____ E-MAIL ADDRESS: _____ ATTORNEY FOR (Name): _____		
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN MATEO</b> STREET ADDRESS: 400 COUNTY CENTER MAILING ADDRESS: 400 COUNTY CENTER CITY AND ZIP CODE: REDWOOD CITY, CA 94063 BRANCH NAME: SOUTHERN BRANCH		
PETITIONER: RESPONDENT: OTHER PARENT/PARTY:		
<b>DECLARATION OF DISCLOSURE</b> <input type="checkbox"/> Petitioner's <input checked="" type="checkbox"/> Preliminary <input checked="" type="checkbox"/> Respondent's <input type="checkbox"/> Final		CASE NUMBER: <div style="text-align: center; font-size: 1.2em;">FAM</div>

**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: (Fecha): \_\_\_\_\_

**THIS FORM SHOULD NOT BE FILED WITH THE COURT**

FL-142

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): Name (Nombre): _____ Address (Domicilio): _____		TELEPHONE NO.: _____
ATTORNEY FOR (Name): _____		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN MATEO 400 County Center, Redwood City, CA 94063		
PETITIONER:  RESPONDENT:		
<b>SCHEDULE OF ASSETS AND DEBTS</b> <input type="checkbox"/> Petitioner's <input checked="" type="checkbox"/> Respondent's		CASE NUMBER:  FAM

**- 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>				

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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: (Fecha):

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

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

PARTY WITHOUT ATTORNEY OR ATTORNEY STATE BAR NUMBER: NAME: (Nombre): _____ FIRM NAME: _____ STREET ADDRESS: (Domicilio): _____ CITY: _____ STATE: _____ ZIP CODE: _____ TELEPHONE NO.: _____ FAX NO.: _____ E-MAIL ADDRESS: _____ ATTORNEY FOR (name): _____	FOR COURT USE ONLY
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN MATEO</b> STREET ADDRESS: 400 County Center MAILING ADDRESS: 400 County Center CITY AND ZIP CODE: Redwood City, CA 94063 BRANCH NAME: Southern Branch	
PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	
<b>INCOME AND EXPENSE DECLARATION</b>	CASE NUMBER: <div style="font-size: 1.5em; font-weight: bold;">FAM</div>

**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) <input type="checkbox"/> per month <input type="checkbox"/> per week <input type="checkbox"/> per hour.
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(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: (Fecha): \_\_\_\_\_

(TYPE OR PRINT NAME) (NOMBRE)

(SIGNATURE OF DECLARANT) (FIRMA)

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PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER: <div style="text-align: center; font-size: 1.2em;">FAM</div>
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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 <input type="checkbox"/> federally taxable* .....	\$ .....	
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 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): .....

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 <input type="checkbox"/> 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, <input type="checkbox"/> real and <input type="checkbox"/> 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: <b>FAM</b>
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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

a. Home:

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

r. **TOTAL EXPENSES** (a-q) (do not add in the amounts in a(1)(a) and (b)) .....\$

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 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)

(SIGNATURE OF DECLARANT)

PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER: <b>FAM</b>
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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 (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): Name (Nombre): _____ Address (Domicilio): _____ _____		
TELEPHONE NO.: _____ FAX NO.: _____ E-MAIL ADDRESS: _____ ATTORNEY FOR (Name): _____		
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN MATEO</b> STREET ADDRESS: 400 COUNTY CENTER MAILING ADDRESS: 400 COUNTY CENTER CITY AND ZIP CODE: REDWOOD CITY, CA 94063 BRANCH NAME: SOUTHERN BRANCH		
PETITIONER: _____ RESPONDENT: _____ OTHER PARENT/PARTY: _____		
<b>DECLARATION REGARDING SERVICE OF DECLARATION OF DISCLOSURE AND INCOME AND EXPENSE DECLARATION</b> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Petitioner's  <input checked="" type="checkbox"/> Respondent's         </div> <div> <input checked="" type="checkbox"/> Preliminary  <input type="checkbox"/> Final         </div> </div>		

1. I am the ☐ attorney for ☐ petitioner ☒ respondent in this matter.
  
2. ☐ Petitioner's ☒ Respondent's *Preliminary Declaration of Disclosure* (form FL-140), current\* *Income and Expense Declaration* (form FL-150), completed *Schedule of Assets and Debts* (form FL-142) or *Community and Separate Property Declarations* (form FL-160) with appropriate attachments, all tax returns filed by the party in the two years before service of the preliminary disclosures, and all other required information under Family Code section 2104 were served on:  
☒ the other party ☐ the other party's attorney by ☐ personal service ☐ mail  
☐ Other (specify): \_\_\_\_\_  
 on (date): \_\_\_\_\_
  
3. ☐ Petitioner's ☐ Respondent's *Final Declaration of Disclosure* (form FL-140), current\* *Income and Expense Declaration* (form FL-150), completed *Schedule of Assets and Debts* (form FL-142) or *Community or Separate Property Declarations* (form FL-160) with attachments, and the material facts and information required by Family Code section 2105 were served on:  
☐ the other party ☐ other party's attorney 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.) (Form FL-144 may be used for this purpose.) The waiver ☐ was filed on (date): \_\_\_\_\_  
☐ is being filed at the same time as this form.
  - b. ☐ The party has failed to comply with disclosure requirements, and the court has granted the request for voluntary waiver of receipt under Family Code section 2107 on (date): \_\_\_\_\_
  - c. ☐ This is a default proceeding that does not include a stipulated judgment or settlement agreement. Petitioner waives final 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 5.260.)

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

Date: (Fecha): \_\_\_\_\_

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

SIGNATURE (FIRMA) \_\_\_\_\_

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.