	FL-144
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY
TELEPHONE NO.: FAX NO. (Optional):	
E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF	
STREET ADDRESS:	
MAILING ADDRESS:	
CITY AND ZIP CODE:	
BRANCH NAME:	
PLAINTIFF/ PETITIONER:	
DEFENDANT/ RESPONDENT:	
OTHER:	
STIPULATION AND WAIVER OF FINAL DECLARATION OF DISCLOSURE	CASE NUMBER:
 Under Family Code section 2105(d), the parties agree to waive the requirements of Fa final declaration of disclosure. 	mily Code section 2105(a) concerning the
2. The parties agree as follows:	
 We have complied with Family Code section 2104, and the preliminary declarations exchanged. 	of disclosure have been completed and
 We have completed and exchanged a current <i>Income and Expense Declaration</i> (for information on each party's earnings, accumulations, and expenses. 	rm FL-150) that includes all material facts and
c. We have fully complied with Family Law section 2102 and have fully augmented the including disclosure of all material facts and information on	e preliminary declarations of disclosure,
(1) the characterization of all assets and liabilities,	
(2) the valuation of all assets that are community property or in which the community	y has an interest, and
(3) the amounts of all community debts and obligations.	
d. Each of the parties enters into this waiver knowingly, intelligently, and voluntarily.	
e. Each party understands that this waiver does not limit the legal disclosure obligation statement under penalty of perjury that those obligations have been fulfilled.	ns of the parties but rather is a
f. The parties also understand that if they do not comply with these obligations, the co	ourt will set aside the judgment.
The petitioner and respondent declare under penalty of perjury under the laws of the State correct.	of California that the foregoing is true and
Date:	
(TVDE OR DRINT NAME)	(SIGNATURE OF PETITIONER)
(TYPE OR PRINT NAME)	(GIGINATOILE OF FETTIONEIN)

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(TYPE OR PRINT NAME)

(SIGNATURE OF RESPONDENT)