

PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	CASE NUMBER:
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3. **My monthly income** (if more space is needed to complete any of the lettered subdivisions below, check here and attach a page labeled Attachment 3, and label the information on the attachment with the relevant subdivision letter)

a. My gross monthly income from employment is 3a. \$

b. My monthly payroll deductions are (specify **purpose** and amount)

- (1) Federal and state withholding, FICA, and SDI \$
- (2) \$
- (3) \$
- (4) \$
- (5) \$
- (6) \$

My TOTAL monthly payroll deduction amount is (add (1) through b. \$

c. My monthly take-home pay is (a minus b): c. \$

d. My monthly income from all sources other than employment is (list the source and amount of **any** income you get each month from sources other than employment, including spousal/child support, retirement, social security, disability, unemployment, military basic allowance for quarters (BAQ), veterans payments, dividends, interest, trust income, annuities, net business or rental income, reimbursement for job-related expenses, gambling or lottery winnings, etc.):

- (1) \$
- (2) \$
- (3) \$
- (4) \$
- (5) \$
- (6) \$

My TOTAL other income is (add (1) through (6)): d. \$

e. TOTAL MONTHLY INCOME (c plus d) e. \$

4. If you claimed in item 2 that some or all of your money or property is exempt because it is needed to support you, your spouse, or persons who depend on you or your spouse for support, list your spouse and all persons other than you who depend, in whole or in part, on you or your spouse for support. Also list their total monthly take-home income and the sources of that income. (If more space is needed, check here and attach a page labeled Attachment 4.)

	<u>Name</u>	<u>Age</u>	<u>Relationship to Me</u>	<u>Monthly Take-Home Income and Source</u>
a.			Spouse	
b.				
c.				
d.				
e.				
f.				
g.				

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5. **My money and property** (If you claimed in item 2 that some or all of your money or property is exempt because it is needed to support you, your spouse, or persons who depend on you or your spouse for support, include both your money and the money and property of your spouse and dependents. If more space is needed to complete any of the lettered subdivisions below, check here and attach a page labeled Attachment 5, and label the information on the attachment with the relevant subdivision letter.)

- a. Cash 5a. \$
 - b. Checking, savings, and credit union accounts (list bank name and amount):
 - (1) \$
 - (2) \$
 - (3) \$
- TOTAL value of financial accounts is (add (1) through (3)): b. \$

c. Cars, boats, and other vehicles:

Make/Year	Fair Market Value	Amount Still Owed
(1)	\$	\$
(2)	\$	\$
(3)	\$	\$

d. Real estate:

Address	Fair Market Value	Amount Still Owed
(1)	\$	\$
(2)	\$	\$

e. Other personal property (jewelry, furniture, furs, stocks, bonds, life insurance policies, business ownership interests, etc.):

Describe	Fair Market Value	Amount Still Owed
(1)	\$	\$
(2)	\$	\$
(3)	\$	\$

6. **My monthly expenses** (If you claimed in item 2 that some or all of your money or property is exempt because it is needed to support you, your spouse, or persons who depend on you or your spouse for support, include both your expenses and the expenses of your spouse and dependents. If more space is needed to complete any of the lettered subdivisions below, check here and attach a page labeled Attachment 6, and label the information on the attachment with the relevant subdivision letter.)

- a. Rent or house payment and maintenance 6a. \$
- b. Food and household supplies b. \$
- c. Utilities and telephone c. \$
- d. Clothing d. \$
- e. Medical and dental payments e. \$
- f. Insurance (life, health, accident, etc.) f. \$
- g. School, childcare g. \$
- h. Child, spousal support (another marriage) h. \$
- i. Transportation, gas, auto repair, and insurance (list car payments in item 9) i. \$
- j. Installment payments (insert total and itemize below in item 9) j. \$
- k. Laundry and cleaning k. \$
- l. Any other monthly expenses (list each below)
 - (1) l(1) \$
 - (2) l(2) \$
 - (3) l(3) \$

m. TOTAL MONTHLY EXPENSES (add a through l):	m. \$
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7. **My debts** (If you claimed in item 2 that some or all of your money or property is exempt because it is needed to support you, your spouse, or persons who depend on you or your spouse for support, include both your debts and the debts owed by your spouse and dependents. If more space is needed, check here and attach a page labeled Attachment 7.)

<u>Creditor's Name</u>	<u>For</u>	<u>Monthly Payments</u>	<u>Balance Owed</u>	<u>Owed By</u> (state person's name)
a.				
b.				
c.				
d.				
e.				
f.				

8. Other relevant facts about your financial situation (for example, unusual medical needs, school tuition, expenses for recent family emergencies, or other unusual expenses to help your creditor and the judge understand your budget) (Describe; if more space is needed, check here and attach a page labeled Attachment 8):

9. If you claimed in item 2 that some or all of your money or property is exempt from enforcement of judgment because it is needed to support you, your spouse, or any persons who depend on you or your spouse for support, your spouse must also sign this form, unless you and your spouse live separate and apart.

- My spouse has signed below.
- My spouse and I are living separate and apart.
- I have no spouse.

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)

(TYPE OR PRINT NAME OF SPOUSE)

▶ _____
(SIGNATURE)

▶ _____
SIGNATURE OF SPOUSE)

