



## Judicial Council of California

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# INVITATION TO COMMENT

## SPR26-17

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**Title**

Family Law: Financial Disclosure Forms

**Proposed Rules, Forms, Standards, or Statutes**

Adopt forms FL-150(A), FL-150(C), FL-150(D), and FL-150(F); approve forms FL-150(B) and FL-150(E); revise forms FL-150, FL-155, and FL-397; revoke form DV-570

**Proposed by**

Family and Juvenile Law Advisory  
Committee  
Hon. Tari L. Cody, Cochair  
Hon. Stephanie E. Hulsey, Cochair

**Action Requested**

Review and submit comments by May 18, 2026, to [invitations@jud.ca.gov](mailto:invitations@jud.ca.gov)

**Proposed Effective Date**

January 1, 2027

**Contact**

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### Executive Summary and Origin

Recent federal legislation, (H.R. No. 1, 119th Cong., 1st Sess. (2025)) made changes to federal law, including modifying the tax treatment of certain income attributable to tips and overtime for tax years 2025–2028. To implement House Resolution No. 1 (H.R. No. 1) and to respond to identified concerns, the Family and Juvenile Law Advisory Committee proposes revising three family law forms used by parties to provide financial disclosures and to request information from an adverse party’s employer. The committee also proposes adopting four mandatory attachment forms, approving two optional attachment forms, and revoking an optional information sheet to facilitate more comprehensive and accurate financial disclosure.

*This proposal has not been approved by the Judicial Council and is not intended to represent the views of the council, its Rules Committee, or its Legislation Committee. It is circulated for comment purposes only.*

## Background

### History and origins of the financial disclosure forms

#### *Income and Expense Declaration* (form FL-150)<sup>1</sup>

The enactment of Government Code section 68511 in 1968 and the Family Law Act in 1969 permitted the council to create mandatory forms for use in Family Law proceedings; the Income and Expense Declaration was one of the first such forms.<sup>2</sup> It is used in child support, spousal support, and other family law proceedings for parties to disclose information about their income to each other and to the court as required by law.

Early versions of the form consisted of a cover sheet with basic information about the litigant and two attachment forms: one for income, and one for expenses.<sup>3</sup> Effective January 1, 1986, the council adopted a third attachment form for use only in child support cases.<sup>4</sup> These four forms—the *Income and Expense Declaration*, the *Income Information* attachment, the *Expense Information* attachment, and the *Child Support Information* attachment—were separately numbered. Effective January 1, 2003, the council approved a recommendation by the committee to renumber all family law forms.<sup>5</sup> As a part of this proposal, the four one-page forms were combined into one four-page form: *Income and Expense Declaration* (form FL-150).

However, despite being combined, the content of form FL-150 did not change to the typical format of a standalone form. For example, instead of being on page 4 at the end of the form, the declarant's signature remained on page 1, formerly the cover page for the attachments.<sup>6</sup> In addition, the form retains an instruction for parties without children to skip the last page of the form (formerly the *Child Support Information* attachment), even though that page was later revised to include item 20, a write-in space for other information, which may be relevant to parties even if they do not have children.

The last major substantive revision to the form was effective January 1, 2004, with the inclusion of additional income types and questions regarding a party's earning capacity.<sup>7</sup>

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<sup>1</sup> Minor revisions and technical changes to the form throughout the years are not enumerated herein.

<sup>2</sup> Judicial Council of Cal., Staff Rep., *Judicial Council Approved Legal Forms* (Apr. 30, 1969).

<sup>3</sup> Judicial Council of Cal., Advisory Com. Rep., *Family Law Forms and Rules* (May 9, 1985), pp. 5–8.

<sup>4</sup> Judicial Council of Cal., Advisory Com. Rep., *New and Revised Forms: Family Law, Parentage Determination, and Probate* (Oct. 23, 1985), pp. 25–25c.

<sup>5</sup> Judicial Council of Cal., Advisory Com. Rep., *Family Law: Renumber All Forms (renumber forms 1281-1299.77, forms commencing with UIFSA and OMB, and form MC-150; revoke forms 1295.11a, 1297.90, 1297.91, 1297.92, and 1297.93)* (Aug. 20, 2002), p. 7.

<sup>6</sup> *Id.* at pp. 43–46.

<sup>7</sup> Judicial Council of Cal., Advisory Com. Rep., *Family Law: Financial Declarations (revise forms FL-150 and FL-155)* (Sept. 10, 2003), pp. 1–2.

In 2018, the committee circulated a proposal to revise form FL-150 to implement federal legislation regarding tax treatment of spousal support.<sup>8</sup> In that invitation to comment, the committee solicited suggestions for how to improve the form. Several commenters submitted suggestions, including simplifying the language and including space for other types of income.<sup>9</sup>

One commenter wrote, “[f]or many pro per litigants, the FL-150 is one of the most confusing forms used during a family law case. Given that the majority of family law cases involve a pro per litigant on one or both sides of a case, ensuring that pro per litigants have sufficient information on how to properly complete the form is essential.”<sup>10</sup> The committee agreed to consider the suggested improvements in a future cycle.

### ***Financial Statement (Simplified) (form FL-155)***

In 1992, the Legislature mandated that the council (1) develop a simplified income and expense form for determining child support under the guideline formula, and (2) develop factors to use to determine when the simplified income and expense form may be used instead of form FL-150, the standard income and expense form.<sup>11</sup> To implement this legislation, effective July 1, 1995, the council approved *Financial Declaration (Simplified)*.<sup>12</sup>

Form FL-155 was substantively revised once, effective January 1, 2004.<sup>13</sup> During the public comment period for that revision, a commenter suggested eliminating the form, noting “[m]any county courts will not accept the simplified financial form.”<sup>14</sup> However, the committee decided not to eliminate the form because it determined that it was required pursuant to Family Code section 4068(b).<sup>15</sup>

### ***Request for Income and Benefit Information from Employer (form FL-397)***

Effective January 1, 2001, the council adopted the *Request for Income and Benefit Information from Employer* form to implement Family Code section 3664 that allows parties to request income and benefit information directly from an adverse party’s employer when that party fails

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<sup>8</sup> Judicial Council of Cal., Advisory Com. Rep., *Family Law: Income and Expense Declaration* (Aug. 8, 2018), [jcc.legistar.com/View.ashx?M=F&ID=6612075&GUID=069F8632-359B-49AD-9EBE-1FE83AEC4129](http://jcc.legistar.com/View.ashx?M=F&ID=6612075&GUID=069F8632-359B-49AD-9EBE-1FE83AEC4129).

<sup>9</sup> *Id.* at pp. 4–5.

<sup>10</sup> *Id.* at p. 20.

<sup>11</sup> Fam. Code, § 4068(b).

<sup>12</sup> *Financial Declaration (Simplified)* was originally approved as form 1285.52 but was renumbered to form FL-155 in 2002. See Judicial Council of Cal., Advisory Com. Rep., *Family Law: Renumber All Forms (renumber forms 1281-1299.77, forms commencing with UIFSA and OMB, and form MC-150; revoke forms 1295.11a, 1297.90, 1297.91, 1297.92, and 1297.93)* (Aug. 20, 2002), p. 7.

<sup>13</sup> Judicial Council of Cal., Advisory Com. Rep., *Family Law: Financial Declarations (revise forms FL-150 and FL-155)* (Sept. 10, 2003).

<sup>14</sup> *Id.* at p. 30.

<sup>15</sup> *Id.* at p. 3.

to comply with a request for a postjudgment income and expense declaration.<sup>16</sup> This form was renumbered to form FL-397 effective January 1, 2003 without substantive change.<sup>17</sup> It has not been revised since.

### **New federal tax treatment for certain income attributable to tips and overtime**

[House Resolution No. 1](#) (H.R. No. 1), enacted July 4, 2025, changed provisions of the Internal Revenue Code of 1986 (see Link A). Specifically, sections 70201 and 70202 exempt certain income attributable to tips and overtime from federal taxation for tax years 2025–2028.

### **The Proposal**

To implement H.R. No. 1 and to respond to identified concerns, the Family and Juvenile Law Advisory Committee proposes revising two mandatory forms and one optional form used for parties to provide and request income information. The committee also proposes adopting four mandatory forms, approving two optional forms, and revoking one optional form.

The proposed revisions are intended not only to implement federal tax changes but also to clarify the scope, organization, and level of detail required for financial disclosures in support proceedings. The revisions would more clearly delineate (1) earned income, (2) unearned income, (3) variable or fluctuating income, (4) public benefits, (5) household composition, (6) tax filing status, (7) basic monthly living expenses, and (8) attorney’s fees and litigation costs. The attachments are structured to collect more detailed information where necessary without overburdening parties whose circumstances are straightforward.

### **Implementation of H.R. No. 1**

To determine both the income available for spousal support and the appropriate amount of child support under the uniform guideline formula pursuant to Family Code section 4055, it is important for the court and parties to understand the tax treatment of all income listed on forms *Income and Expense Declaration* (form FL-150) and *Request for Income and Benefit Information from Employer* (form FL-397).

Form FL-150 requires the party who completes the form to list all income received within a specified time period. Form FL-397 prompts an employer to disclose all income paid to an employee for a specified time period. Neither form currently has separate line items for income from tips and overtime—rather, both forms group all income from salary or wages into one total. Because certain tips and overtime income are now subject to different federal tax treatment under H.R. No. 1, the committee proposes including separate line items for tips and overtime on both

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<sup>16</sup> Judicial Council of Cal., Advisory Com. Rep., *Family Law Rule and Forms for Processing Support Cases (adopt Cal. Rules of Court, rule 1280.15; adopt Forms 1296.87, 1296.88, 1296.89, and 1292.17; and amend Form 1296.91)* (Sept. 5, 2000), p. 2.

<sup>17</sup> Judicial Council of Cal., Advisory Com. Rep., *Family Law: Renumber All Forms (renumber forms 1281-1299.77, forms commencing with UIFSA and OMB, and form MC-150; revoke forms 1295.11a, 1297.90, 1297.91, 1297.92, and 1297.93)* (Aug. 20, 2002), p. 13.

forms. Proposed form FL-150 also includes instructions not to include tips and overtime income in the section where the party lists income from salary or wages.

Specifically, proposed form FL-150 would revise the “Income from Employment” section to require the declarant to separately identify: (1) base hourly wages or salary; (2) overtime compensation; and (3) tip income.

Proposed form FL-397 would similarly revise the employer reporting section to require itemization of wages, overtime, and tips (if reported through payroll) paid during the specified reporting period. This additional specificity is intended to ensure accurate calculation of support obligations under Family Code section 4055.

*Financial Statement (Simplified)* (form FL-155) would require similar revisions to implement H.R. No. 1 if the council were to retain the current eligibility requirements for the form, which permit some parties who receive salary or wage income to use the form. However, as described above, a commenter noted that many courts still require litigants to complete form FL-150, even when they may use form FL-155 based on the guidelines established by the council. To improve the process of using form FL-155, the committee proposes changing the eligibility requirements on form FL-155 to more limited situations. This will increase the likelihood that courts will accept optional form FL-155 instead of requiring litigants who qualify to use that form to use form FL-150. The proposed change would not allow parties with income from salary or wages to use form FL-155 and would therefore not require any specific changes to implement H.R. No. 1.

## **Form Improvements to Respond to Identified Concerns**

### ***Revisions to mandatory Income and Expense Declaration (form FL-150)***

In addition to implementing H.R. No. 1, the proposal includes many revisions to form FL-150 to respond to identified concerns regarding accessibility of the form and completeness of the disclosure. General improvements throughout the proposed form include:

- Changing the form from a standard to a plain language format. This would eliminate the need for self-represented litigants to complete a standard caption on form FL-150, which may cause confusion, and would increase the font size from 9 point to 11 point. The plain language format also includes additional white space on each page, which improves readability.
- Updating the form to a typical standalone format, including moving the signature line to the end of the form and instructing users to skip individual applicable items rather than entire pages.
- Reorganizing the form to group related information more logically, such as putting a party’s education and training before their current employment and their tax filing information before information about who is in their household.

- Add instructions for proposed new attachment forms for information applicable only in certain cases. This would allow courts to receive more of the information they need from parties before the hearing, while also maintaining the length of the base form and removing information that is unlikely to be relevant to many parties.
- Removing information that can be found elsewhere in the court record. For example, proposed form FL-150 would eliminate a section for parties to write in a description of their parenting schedule.
- Removing, to the extent possible, duplicative information on the form. For example, proposed form FL-150 (1) lists income from employment only in item 5 instead of in items 2 and 5 as on current form FL-150; and (2) removes a question regarding whether there has been a recent change in income, as parties may provide that information in the “other” item on the form.
- Updating item 3 regarding a party’s education and training to make the information requested consistent with *Earning Capacity Factors Attachment* (form FL-302).
- Updating item 5 regarding a party’s income to include the addition of more types of income such as seasonal income.
- Updating item 10 regarding expenses to require that parties only list their basic expenses instead of every monthly expense as on current form FL-150. Item 10 of proposed form FL-150 also lists only “average monthly expenses,” eliminating the option for parties to provide “proposed needs,” which are not useful to the court in determining a party’s current financial situation. In addition, the proposed form modernizes terminology in item 10, such as referring to costs for “internet” instead of “e-mail” (as on the current form), including a line for HOA dues as part of housing expenses, and including “solar lease” as an example of a utility expense.
- Updating item 14 regarding the other party’s income to direct parties to include the type of income, name of employer or business, and whether the other party is currently receiving the income.

In addition to these changes, the committee proposes removing current items 11(b) and 11(c) on form FL-150, which require disclosure of (1) stocks, bonds, and other assets easily sold; and (2) all other property, real and personal. The committee recognizes that the questions may be difficult to answer for many litigants, as they involve providing a one-line estimate of net worth and determining which assets may be easily sold. Given this difficulty, the committee considered that it would be more useful for courts to order parties to complete additional disclosure forms, such as *Property Declaration* (form FL-160) or *Schedule of Assets and Debts* (form FL-142), if necessary. However, the committee also recognizes that judicial officers rely on the information provided in form FL-150 when making determinations regarding support, attorney’s fees, or sanctions and may prefer to keep information regarding assets on that form so as not to delay the

proceedings. Therefore, the committee is seeking specific comment on whether to remove these additional questions regarding assets from form FL-150.

***Three mandatory attachment forms to form FL-150 regarding income***

The committee proposes three new mandatory attachment forms relating to item 5 of form FL-150 regarding a party's income:

- *Variable Income Attachment* (form FL-150(A)). This attachment would require disclosure of all variable compensation received during the preceding 36 months, including bonuses, commissions, and stock-based compensation like Restricted Stock Units and Employee Stock Purchase Plans.
- *Disability, Worker's Compensation, and Unemployment Benefits Attachment* (form FL-150(C)). This attachment would require disclosure of the type of benefit received, the gross monthly amount, whether the benefit is taxable, whether the benefit is received for a long-term or short-term disability and the specific date the benefit started.
- *Miscellaneous Income Attachment* (form FL-150(D)). This attachment would provide a list of miscellaneous income sources, including investment dividends, interest, trust distributions, recurring gifts, stipends, royalties, gambling or lottery winnings, or other recurring financial support. For each source, the declarant would be required to identify the payor, frequency, gross amount, and time period received within the 24 months preceding the date that the form is filed.

These proposed attachment forms would be mandatory to provide courts with more information regarding these types of income prior to hearings on child and spousal support. This should improve court efficiencies by shortening the time needed for hearing and reducing the need for continuances. It may also reduce the financial burden of the litigation on the parties. Parties would only be required to complete attachments relevant to their circumstances (i.e. if they receive the type of income specified).

***Two optional attachment forms to form FL-150***

The committee proposes two optional forms as follows:

- *Profit and Loss Statement Attachment* (form FL-150(B)) would provide a profit and loss statement template for self-employed parties or those with real property income to report gross receipts, ordinary and necessary business expenses, depreciation (if applicable), and net income. This attachment would be used when the party does not have their own profit and loss statement and does not file an IRS Schedule C or Schedule E. This form would be optional to allow parties to use their federal tax form or their own profit and loss statement instead.
- *Additional Expenses Attachment* (form FL-150(E)) would provide a standard format for parties to itemize lifestyle related or discretionary expenses not included in the base

average monthly basic expense section on form FL-150 such as subscription services, gym memberships, pet care, travel, or other recurring expenditures. Parties may choose to do this, for example, if they would like to prove a need for more spousal support based on lifestyle or a nonguideline support order. Courts may also order parties to complete this attachment if they would like additional information about a party's expenses. This attachment would be optional because this information is not relevant in many cases.

***Adoption of Lawyer's Fees Attachment (form FL-150(F))***

Parties who pay attorney's fees would be required to complete proposed *Lawyer's Fees Attachment* (form FL-150(F)). The proposed form differs from the section regarding attorney's fees on current form FL-150 in two main respects. First, the current form only requires completion if a party is requesting attorney's fees. The proposed form would require completion for all parties who have or had a paid attorney in their case. The committee is proposing this change based on feedback received from a superior court that this information should be mandatory for parties with paid attorneys because it provides critical information to bench officers relevant to a party's financial situation, including incentives to promote settlement.

Second, proposed form FL-150(F) also provides additional information beyond what is on current form FL-150 regarding attorney's fees by soliciting information regarding fees paid to a former attorney rather than just a current attorney. This would provide the court with a fuller understanding of a party's financial situation, especially if there are outstanding unpaid fees to a former attorney.

Parties who have never paid attorney fees would not be required to complete this form.

***Revisions to optional form Financial Declaration (Simplified) (form FL-155)***

Current *Financial Declaration (Simplified)* (form FL-155) permits parties to use the form if both of the following conditions are met:

1. Neither party is requesting spousal support, domestic partner support, family support, or attorney's fees; and
2. The party completing the form is not self-employed and does not receive any income other than certain public benefits, salary or wages, retirement, or interest income.

However, the current form does not contain all the information required for courts to make a support determination in many cases, even where parties meet the eligibility requirements. Among other things, the form does not require information regarding a party's education and earning capacity, financial hardship, and a mandatory disclosure of monthly expenses. Also, many courts do not accept optional form FL-155. As a result, a party who files optional form FL-155 thinking that they have met the income disclosure requirements may later be ordered to complete form FL-150. This may result in delays and increase litigation costs and burdens on the parties.

Therefore, the committee proposes narrowing the eligibility for form FL-155 to the following:

1. Neither party is requesting spousal support, domestic partner support, family support, or attorney's fees; and
2. The party completing the form has:
  - a. No income other than a means-tested public benefit<sup>18</sup>;
  - b. No income and has applied for a means-tested public benefit; or
  - c. No income and is currently in jail, prison, or detention.

Limiting eligibility to these situations would allow parties who do not need to provide additional information, such as those who qualify for a means-tested benefit and therefore are unlikely to be subject to a potential seek-work order, to complete a simpler form with less information. The proposed revision would also promote uniformity in court practice by reducing circumstances in which parties qualify to use form FL-155 but are nonetheless directed to complete form FL-150.

As the committee is proposing to narrow the eligibility requirements, the committee proposes removing sections of the form that would no longer be relevant, leaving only the following sections: basic caption information and age of each party, income, tax filing information, other household members (if any), children in common (if any), adverse party's income (if known), other (write-in), number of pages attached, and signature under penalty of perjury. For the same reasons stated above with respect to form FL-150, the committee also proposes changing the form from a standard to a plain language format.

The committee believes that the proposed revisions to form FL-155 would streamline the proceedings for parties who qualify to use the form while eliminating eligibility for those who need to provide more information for the court to make a support determination.

***Revisions to Request for Income and Benefit Information From Employer (form FL-397)***

Form FL-397 is a mandatory form used to request information directly from an adverse party's employer in cases where that party has not responded to a post-judgment request for an *Income and Expense Declaration* (form FL-150). In addition to other information, it prompts the employer to fill out information regarding the gross amounts they paid to the employee in the previous month and the previous twelve months. In addition to the revisions identified above to implement AB 747, the committee proposes bolding the gross income time periods requested on the form to highlight the specific timeframe for the information requested.

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<sup>18</sup> A means-tested public benefit is a "public benefit for which the eligibility of an individual, household, or family unit for benefits, or the amount of such benefits, or both, are determined on the basis of the income, resources, or financial need of the individual, household, or unit . . ." *Interpretation of "Federal Means-Tested Public Benefit" in the Personal Responsibility and Work Opportunity Reconciliation Act of 1996* (U.S. Dept. of Justice, Office of Legal Counsel (Dec. 16, 2025), [justice.gov/olc/media/1421356/dl](https://www.justice.gov/olc/media/1421356/dl).)

### ***Revocation of Which Financial Form — FL-155 or FL-150? (form DV-570)***

*Which Financial Form — FL-155 or FL-150?* (form DV-570) is an optional information sheet that lists the eligibility criteria for using form FL-155. The committee proposes revoking this form, because form FL-155 already lists the eligibility criteria for using it. Eliminating form DV-570 would reduce redundancy and minimize the risk of inconsistent guidance between the information sheet and the form itself.

### **Alternatives Considered**

The committee did not consider taking no action because H.R. No. 1 requires that income attributable to overtime and tips be separately listed on the forms. Although the committee considered proposing only narrow revisions to implement H.R. No. 1, without additional changes or adoptions of new forms, it ultimately concluded that the proposed forms would better address identified concerns and provide the parties and the court with more accurate financial disclosures. In reaching this determination, the committee considered the public comments received in previous years, the history and evolution of the forms (including form FL-150's origin as four separate forms combined into one) and their importance to family law proceedings, and the length of time since their last substantive redesign.

### **Fiscal and Operational Impacts**

Courts would incur costs to train court employees, reprint hard copies of the forms, and update case management systems, including updates necessary to incorporate the new attachment forms. However, courts and litigants are expected to benefit from having more modern and user-friendly forms that are both easier to use and provide the opportunity for a more complete financial disclosure, accounting for both more modern expenses and forms of income. The committee anticipates that clearer forms and more structured attachments may reduce continuances and post-hearing corrections, thereby promoting long-term efficiencies despite initial implementation costs.

### **Request for Specific Comments**

In addition to comments on the proposal as a whole, the advisory committee is interested in comments on the following:

- Does the proposal appropriately address the stated purpose?
- Should form FL-150 retain questions regarding assets that are easily liquidated and real and personal property (items 11(b) and 11(c) on current form FL-150)?

The advisory committee also seeks comments from *courts* on the following cost and implementation matters:

- Would the proposal provide cost savings? If so, please quantify.
- What would the implementation requirements be for courts—for example, training staff (please identify position and expected hours of training), revising processes and procedures (please describe), changing docket codes in case management systems, or modifying case management systems?
- Would two months from Judicial Council approval of this proposal until its effective date provide sufficient time for implementation?
- How well would this proposal work in courts of different sizes?

### **Attachments and Links**

1. Forms DV-570, FL-150, FL-150(A), FL-150(B), FL-150(C), FL-150(D), FL-150(E), FL-150(F), FL-155, and FL-397, at pages 12–34
2. Link A: H.R. No. 1, One Big Beautiful Bill Act, 119th Cong., 1st Sess. (2025), [congress.gov/bill/119th-congress/house-bill/1/text](https://www.congress.gov/bill/119th-congress/house-bill/1/text)

① Answer these questions: (If *any* answer is yes, go to ②.)

- a. Are you self-employed?  Yes  No
- b. Are you asking for spousal support or a change in spousal support?  Yes  No
- c. Is your spouse (husband or wife) asking for spousal support or a change in spousal support?  Yes  No
- d. Are you asking the other person to pay your attorney fees?  Yes  No
- e. Is the other person asking you to pay his or her attorney fees?  Yes  No
- f. Do you have income that is *not* listed below?  Yes  No
- Welfare (CalWORKS, TANF, GR, or GA)
  - Salary from your job
  - Disability
  - Unemployment
  - Worker's Compensation
  - Social Security
  - Retirement

**REVOKED**  
**January 1, 2027**

② If you answered yes to at least one question, you *must* use *Income and Expense Declaration* (form FL-150). This form can be hard to fill out. Ask the Family Law Facilitator for help.

③ If you answered no to *all* of the above, you can use *Simplified Financial Statement* (form FL-155) or *Income and Expense Declaration* (form FL-150). But form FL-155 is easier to fill out.

**FL-150**

**Income and Expense Declaration**

Clerk stamps date here when form is filed.

FOR COURT USE ONLY

**DRAFT  
Not Approved  
by the Judicial  
Council**

Fill in court name and street address:

**Superior Court of California, County of**

Court fills in case number when form is filed.

**Case Number:**

**1 Information About You**

a. Your Name: \_\_\_\_\_ Age: \_\_\_\_\_

Your Lawyer (if you have one for this case)

Name: \_\_\_\_\_ State Bar No.: \_\_\_\_\_

Firm Name: \_\_\_\_\_

b. Your Address (If you have a lawyer, give your lawyer's information. If you do not have a lawyer and want to keep your home address private, you may give a different mailing address instead.)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

**2 Information About the Other Party**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

**3 Your Education**

You have (check all that apply):

a.  completed high school or the equivalent.

b.  attended college.

(1) Number of years completed: \_\_\_\_\_

(2) Degree earned, if any (type and major): \_\_\_\_\_

c.  attended graduate school.

(1) Number of years completed: \_\_\_\_\_

(2) Degree or degrees earned, if any (type and major): \_\_\_\_\_

d.  a professional or occupational license or licenses:

\_\_\_\_\_

e.  other education or training (example: vocational training):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Case Number:
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**4 Information About Your Work**

*(Fill in the information about your most recent employment.)*

- a. Schedule:  Full time or  part time
- b. Number of hours per week: \_\_\_\_\_
- c. Employer’s information (name, address, and telephone number):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- d. Job title: \_\_\_\_\_
- e.  If no longer employed, date job ended: \_\_\_\_\_
- f.  Seasonal employment. *(Check here if you only work this job for part of the year.)*  
 Months you usually work: \_\_\_\_\_
- g.  Multiple jobs. *(Check here if you have more than one job. Attach a piece of paper and provide the information in this item for each additional job. You may use form MC-025.)*

**5 Your Current Income**

*(Check all that apply and list gross amounts before taxes and deductions for each source of income.)*

- a.  Salary or wages *(Do not include tips, overtime, or seasonal employment.)*
  - (1)  Every week: \$ \_\_\_\_\_
  - (2)  Every two weeks: \$ \_\_\_\_\_
  - (3)  Semi-monthly: \$ \_\_\_\_\_
  - (4)  Once per month: \$ \_\_\_\_\_

**Average Monthly Total: \$** \_\_\_\_\_
- b.  Tips: Average Monthly  
\$ \_\_\_\_\_
- c.  Overtime: \$ \_\_\_\_\_
- d.  Seasonal employment *(List your total yearly income divided by twelve.):* \$ \_\_\_\_\_
- e.  Commissions, bonuses, stock-based compensation, or other variable income. *(If you check this box, you must fill out and attach form FL-150(A) (Variable Income Attachment).):* \$ \_\_\_\_\_



Case Number: \_\_\_\_\_

Average Monthly

- 5 f.  Self-employment or rental property income. *(For every business or rental property you own, you must fill out and attach one of the following for each of the last two years: (1) form FL-150(B) (Profit and Loss Statement Attachment), (2) your IRS Schedule C or Schedule E (black out your Social Security number or tax ID number), or (3) your own profit and loss statement.):* \$ \_\_\_\_\_
- g.  Disability, unemployment compensation, or worker’s compensation (SSDI, SDI, private insurance, paid family leave). *(If you check this box, you must fill out and attach form FL-150(C) (Disability, Worker’s Compensation, and Unemployment Benefits Attachment).):* \$ \_\_\_\_\_
- h.  Military allowances
- (1)  Basic allowance for housing (BAH): \$ \_\_\_\_\_
- (2)  Basic allowance for subsistence (BAS): \$ \_\_\_\_\_
- i.  Public assistance (CalWORKs, GA/GR, Tribal TANF, SSI) *(name of benefit program or programs):* \_\_\_\_\_ \$ \_\_\_\_\_
- j.  Food assistance such as CalFresh (SNAP) or WIC: \$ \_\_\_\_\_
- k.  Court-ordered spousal support or domestic partner support. *(Do not include child support. Check all that apply.):* \$ \_\_\_\_\_
- (1)  From this relationship.
- (2)  This support is federally taxable.
- (3)  This support is taxable by California.
- (For more information on when your support is taxable, see [selfhelp.courts.ca.gov/divorce/spousal-support/taxes](http://selfhelp.courts.ca.gov/divorce/spousal-support/taxes)).*
- l.  Child support you receive for children of other relationships *(Do not include support you receive from the person in 2):* \$ \_\_\_\_\_
- m.  Retirement income *(check all that apply)*
- (1)  Social Security retirement (not SSI): \$ \_\_\_\_\_
- (2)  Taxable retirement payment *(example: pension, traditional 401(k)):* \$ \_\_\_\_\_
- (3)  Non taxable retirement payment *(example: Roth 401(k)):* \$ \_\_\_\_\_
- n.  Other income (dividends, interest, trust income, investments income, royalty payments, inheritance, gifts, etc.). *(If you check this box, you must fill out and attach form FL-150(D) (Miscellaneous Income Attachment)):* \$ \_\_\_\_\_
- Total Average Monthly Income** *(including salary and wages):* \$ \_\_\_\_\_



**Important!** *Attach copies of your pay stubs for the last three months and proof of any other income (examples: federal 1099 forms, benefit award letter). Take a copy of your latest federal tax return to your court hearing. Black out your Social Security number, tax identification number, and bank account number on any documents you turn in or bring with you to court.*



Case Number: \_\_\_\_\_

**6 Your Current Deductions**

(Check all that apply.)

Average Monthly

a.  Medical, hospital, dental, and other health insurance premiums for you and your children  
(do not include stepchildren): \$ \_\_\_\_\_

b.  Required union dues: \$ \_\_\_\_\_

c.  Required retirement payments (not Social Security, FICA, 401(k), or IRA): \$ \_\_\_\_\_

d.  Voluntary retirement payments (not Social Security or FICA): \$ \_\_\_\_\_

e.  Court-ordered child support that you pay for children of other relationships: \$ \_\_\_\_\_

f.  Court-ordered spousal or domestic partner support that you pay for a different  
relationship (check all that apply): \$ \_\_\_\_\_

(1)  This support is federally tax deductible.

(2)  This support is deductible on California state taxes.

(For more information on when your support payments are tax deductible, see [selfhelp.courts.ca.gov/divorce/spousal-support/taxes](http://selfhelp.courts.ca.gov/divorce/spousal-support/taxes).)

g.  Necessary job-related expenses not reimbursed by your employer: \$ \_\_\_\_\_  
(Explain): \_\_\_\_\_  
\_\_\_\_\_

**Total Average Monthly Deductions: \$ \_\_\_\_\_**

**7 Cash and Bank Accounts**

Total you have in cash and checking, savings, credit union, money market, and other deposit  
accounts: \$ \_\_\_\_\_

**8 Tax Information**

a. Year you last filed your taxes: \_\_\_\_\_

b. Your tax filing status (Check one):  Single  Head of household  Married, filing separately  
 Married, filing jointly with (name): \_\_\_\_\_

c. State where you file taxes (Check one):  California  Another state: \_\_\_\_\_

d. Number of exemptions, including yourself, that you claim on your taxes: \_\_\_\_\_



Case Number:

**9 Your Household**

The following people are members of your household:

<u>Name</u>	<u>Age</u>	<u>Relationship to you</u>	<u>Person's gross monthly income</u>	<u>Pays some of the household expenses?</u>
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

Check here if there are additional people. List them on a separate sheet of paper, write "Attachment 9" at the top, and attach it to this form.

**10 Your Expenses**

a. **Basic expenses.** Your average monthly expenses:

- |  |   |
|--|---|
| (1) Home:  | (3) Child care: \$ _____  |
| (a) <input type="checkbox"/> Rent or <input type="checkbox"/> mortgage: \$ _____ | (4) Food ( <i>groceries, eating out, household supplies</i> ): \$ _____                                   |
| If mortgage:   |   |
| (i) Average principal: \$ _____  | (5) Utilities ( <i>gas, electric, water, trash, solar lease</i> ): \$ _____                               |
| (ii) Average interest: \$ _____  |   |
| (b) Real property taxes: \$ _____  | (6) Phone and internet: \$ _____  |
| (c) Homeowner's or renter's insurance ( <i>if not included above</i> ): \$ _____ | (7) Other transport expenses ( <i>insurance, gas, repairs, bus, registration fees, etc.</i> ): \$ _____   |
| (d) Maintenance and repair: \$ _____   | (8) Monthly payments listed in <b>10b</b> ( <i>itemize below in 10b and insert total here</i> ): \$ _____ |
| (e) HOA dues: \$ _____   |   |
| (2) Health-care costs not paid by insurance: \$ _____                            | (9) <b>Total Basic Expenses:</b> \$ _____   |

b. Debt payments (*Examples: car payments, student loans, personal loans. Do not include one-time payments or credit card payments for ongoing expenses you already listed above.*):

<u>Paid to</u>	<u>For</u>	<u>Amount</u>	<u>Balance</u>	<u>Date of last payment</u>
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____

c.  Other expenses. (*If you would like to provide information about additional expenses, check here and fill out and attach form 150(E) (Additional Expenses Attachment).*)

d. Amount of expenses paid by others: \$ \_\_\_\_\_



Case Number:

**11 Your Children With the Person in 2**

(Skip to 12 if you do not have children with the person in 2.)

a. Child's first name	Age	Percent of time with you	Percent of time with other parent	Timeshare unknown
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>

Check here if there are additional children. List them on a separate sheet of paper, write "Attachment 11a" at the top, and attach it to this form.

b. Do you have private health insurance available to you for the children in 11a?

No

Yes, and they are on that insurance plan. The monthly cost is \$ \_\_\_\_\_.

Yes, but they are not on that insurance plan. The monthly cost to add them would be \$ \_\_\_\_\_.

c. Amount you pay monthly for the children in 11a (Check all that apply and attach proof of each expense to this form, if you have it. You may list expenses again that you already listed in 10.):

(1)  Childcare so that you can work or get job training: \$ \_\_\_\_\_.

(2)  Children's health care not covered by insurance: \$ \_\_\_\_\_.

(3)  Children's education expenses or other special needs: \$ \_\_\_\_\_.

(Explain): \_\_\_\_\_

(4)  Travel expenses for visitation: \$ \_\_\_\_\_.

(Explain): \_\_\_\_\_

**12 Medical Hardship**

(Complete this item if you have extraordinary health expenses.)

Describe any extraordinary health expenses that you have. List specific amounts and how long they will continue:

\_\_\_\_\_

Check here if there is not enough space for your answer. Put your complete answer on an attached sheet of paper, and write "Attachment 12" at the top.

**13 Your Lawyer's Fees** (Check here if you have a paid lawyer for this case or had one in the past. Complete FL-150(F) (Lawyer's Fees Attachment) and attach it to this form. If you have or had only a free lawyer such as a legal aid or pro bono attorney, you do not need to check this box or include the attachment.)



Case Number:

14 Other Party's Income

a. Give your best estimate of the other party's income based on the information you have. If you do not have any information, write "unknown" under Type of income.

Table with 4 columns: Type of income (ex: job, self-employment, disability), Amount per month, Employer or business name, Current or past income? (checkboxes for current or past, Date stopped).

Check here if there are additional types of income. List them on a separate sheet of paper, write "Attachment 14a" at the top, and attach it to this form.

b. Your estimate in 14a is based on:

(If you think the other party could be earning more money than they do now, you can ask for an order based on what they should be earning. To do that, you may fill out form FL-302 (Earnings Capacity Attachment) (for child support) or form FL-157 (Spousal or Domestic Partner Support Declaration Attachment) (for spousal support) and attach it to this form, to your form FL-300 (Request for Order), or to your FL-320 (Responsive Declaration to Request for Order).)

15 Other

Is there anything else you want the court to know about your financial situation?

Check here if there is not enough space for your answer. Put your complete answer on an attached sheet of paper, and write "Attachment 15" at the top.

16 Additional Pages

If you used additional paper or forms, enter the total number of extra pages attached to this form:

17 Signature Under Penalty of Perjury

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

Date:

Type or print your name

Sign your name

**FL-150(A) Variable Income Attachment**

Case Number: \_\_\_\_\_

This form is attached to form FL-150.

(This form is used to report variable income such as bonuses (item ①), commissions (item ②), and stock-based compensation (item ③). If you have other types of variable income, provide an amount and explanation in item ④.)

①  **Bonuses** (Complete this section if you receive bonuses as part of your compensation.)

a. Amount

(1) Bonus income

<u>Time period</u>	<u>Total bonuses received</u>
Previous 12 months (specify dates): _____ to _____	\$ _____
13–24 months ago (specify dates): _____ to _____	\$ _____
25–36 months ago (specify dates): _____ to _____	\$ _____

(2) Information about your most recent bonus.

- (a) When did you get the bonus? (date): \_\_\_\_\_
- (b) How much was the bonus? \$ \_\_\_\_\_

b. Type

(1) Amount (check all that apply):

- (a)  Fixed amount (specify): \$ \_\_\_\_\_
- (b)  Variable. Range (minimum to maximum) you can receive: \$ \_\_\_\_\_ to \$ \_\_\_\_\_

(2) Frequency (check all that apply):

- (a)  Annual performance bonus. Month received: \_\_\_\_\_
- (b)  Quarterly bonus. Months received: \_\_\_\_\_
- (c)  One-time bonus (example: signing, retention). Date received: \_\_\_\_\_
- (d)  Other (specify type): \_\_\_\_\_ . Date received: \_\_\_\_\_

(3) Your bonuses are? (check all that apply):

- (a)  Guaranteed
- (b)  Conditional (describe conditions):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

c. Is there any other information you want the court to know about your bonus income?

\_\_\_\_\_  
 \_\_\_\_\_



Case Number:
--------------

**2**  **Commissions** *(Complete this section if you receive commissions as part of your compensation.)*

a. Amount

(1) Commission income

<u>Time period</u>	<u>Total commission received</u>
Previous 12 months <i>(specify dates)</i> : _____ to _____	\$ _____
13–24 months ago <i>(specify dates)</i> : _____ to _____	\$ _____
25–36 months ago <i>(specify dates)</i> : _____ to _____	\$ _____

(2) What is your average monthly commission income? \$ \_\_\_\_\_

b. Frequency

How often are commissions paid? *(check one)*:

- (1)  Every week
- (2)  Every two weeks
- (3)  Every month
- (4)  Every quarter
- (5)  Other *(specify)*: \_\_\_\_\_

c. Sources of commissions *(check all that apply)*:

- (1)  Product sales
- (2)  Service sales
- (3)  Referrals (example: advertisement clicks on social media platform)
- (4)  Leads
- (5)  Other *(specify)*: \_\_\_\_\_

d. Commission structure *(check all that apply)*:

- (1)  Percentage of sale
- (2)  Flat rate per deal
- (3)  Tiered bonus system
- (4)  Other *(specify)*: \_\_\_\_\_

e. Typical size of deals or sales that generate commissions: \$ \_\_\_\_\_

f. Performance thresholds or quotas that affect your commission (if any):  
 \_\_\_\_\_  
 \_\_\_\_\_

g. Other information you want the court to know about your commission income:  
 \_\_\_\_\_  
 \_\_\_\_\_

Case Number:

**3**  **Stock-Based Compensation** *(Complete this section if you receive stock-based compensation. If this compensation is reported on your W-2 or if you receive a 1099-B, attach those documents to this form. Black out your Social Security number and account numbers.)*

a. Name of company that offers stock-based compensation: \_\_\_\_\_

b.  Restricted Stock Units (RSUs)

*(Provide information for the last 36 months.)*

<u>Grant date</u>	<u>Number of RSUs granted</u>	<u>Most recent fair market value per share</u>	<u>Vesting date</u>	<u>Settlement date</u>	<u>Net proceeds</u>
_____	_____	\$ _____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	\$ _____

*Check here if there are additional grants. List them on a separate sheet of paper, write "Attachment 3b" at the top, and attach it to this form.*

c.  Employee Stock Purchase Plans (ESPPs)

(1) Participation details

(a) ESPP participation start date *(date)*: \_\_\_\_\_

(b) Amount of contribution *(check one)*:

(i)  Percentage of salary: \_\_\_\_\_%

(ii)  Monthly amount: \$ \_\_\_\_\_

(c) Describe the terms of any ESPP lookback provisions:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*Check here if there is not enough space for your answer. Put your complete answer on a separate sheet of paper, write "Attachment 3c(1)(c)" at the top, and attach it to this form.*

(d) Discount rate offered: \_\_\_\_\_%

(2) Offering and purchase information

(a) ESPP offering periods *(example: January to June)*:

\_\_\_\_\_



Case Number:

3 c. (2) (b) Provide information for each purchase of ESPP shares within the last 36 months:

<u>Purchase date</u>	<u>Amount contributed during that period</u>	<u>Discounted purchase price per share</u>	<u>Number of shares</u>
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____

Check here if there are additional purchases. List them on a separate sheet of paper, write "Attachment 3c(2)(b)" at the top, and attach it to this form.

(3) Sale information

Provide information for each sale of ESPP shares within the last 36 months:

<u>Sale date</u>	<u>Number of shares</u>	<u>Sale price per share</u>	<u>Original purchase price per share</u>	<u>Qualified or unqualified position?</u>	
_____	_____	\$ _____	\$ _____	<input type="checkbox"/> Qualified	<input type="checkbox"/> Unqualified
_____	_____	\$ _____	\$ _____	<input type="checkbox"/> Qualified	<input type="checkbox"/> Unqualified
_____	_____	\$ _____	\$ _____	<input type="checkbox"/> Qualified	<input type="checkbox"/> Unqualified
_____	_____	\$ _____	\$ _____	<input type="checkbox"/> Qualified	<input type="checkbox"/> Unqualified

Check here if there are additional sales. List them on a separate sheet of paper, write "Attachment 3c(3)" at the top, and attach it to this form.

(4) Anything else you want the court to know about your ESPP:

\_\_\_\_\_  
\_\_\_\_\_

d.  Stock options. If you have exercised any stock options in the last 36 months, please describe and attach investment banking statements showing the proceeds:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check here if there is not enough space for your answer. Put your complete answer on an attached sheet of paper, write "Attachment 3d" at the top, and attach it to this form.

4  **Other Variable Income** (If you have any other variable income, please explain and specify amount.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check here if there is not enough space for your answer. Put your complete answer on an attached sheet of paper, write "Attachment 4" at the top, and attach it to this form.

**FL-150(B)****Profit and Loss Statement  
Attachment**Case Number: 

This form is attached to form FL-150.

*(You must complete a separate profit and loss statement for each business or rental property you own. Do not combine information about multiple entities on one form. Instead of filling out this form, you may attach your IRS Schedule C, IRS Schedule E, or your own profit and loss statement to form FL-150 (Income and Expense Declaration). Be sure to black out any Social Security numbers or bank account information.)*

**1**  **Business Information** *(Check here and fill out this item if you are self-employed or own a business that is not a rental property.)*

- a. Business name: \_\_\_\_\_
- b. Business address: \_\_\_\_\_
- c. Type of business: \_\_\_\_\_
- d. Year you started the business: \_\_\_\_\_
- e. You are the *(choose one)*:  Owner or sole proprietor  Business partner  
 Other *(explain)*: \_\_\_\_\_.

**2**  **Rental Property Information** *(Check here and fill out this item for rental properties.)*

- a. Property address: \_\_\_\_\_
- b. Number of units: \_\_\_\_\_
- c. Percentage of the property you own: \_\_\_\_\_ %
- d. Do you live at the rental property?  No  Yes

**3** **Profit and Loss Statement**

- a. Accounting method *(check one)*:
- (1)  Cash
- (2)  Accrual
- b. Reporting period for amounts below *(check one)*:
- (1)  Calendar year: \_\_\_\_\_
- (2)  Business is new or rental property was recently acquired and amounts for a complete year are not available. Amounts below are from *(date)*: \_\_\_\_\_ to *(date)*: \_\_\_\_\_.
- c. Business or rental income
- (1)  Gross sales or revenue: \$ \_\_\_\_\_
- (2)  Rental income: \$ \_\_\_\_\_
- (3)  Other income *(source or type)*: \_\_\_\_\_ \$ \_\_\_\_\_
- (4) **Total income:** \$ \_\_\_\_\_



- 3** d. Business or Rental Expenses *(Do not include any personal expenses.)*
- (1) Expenses that apply to both businesses and rentals
- (a)  Advertising \$ \_\_\_\_\_
  - (b)  Commissions and fees \$ \_\_\_\_\_
  - (c)  Depreciation \$ \_\_\_\_\_
  - (d)  Insurance \$ \_\_\_\_\_
  - (e)  Interest on loans \$ \_\_\_\_\_
  - (f)  Legal and professional services (example: accounting) \$ \_\_\_\_\_
  - (g)  Maintenance or repairs \$ \_\_\_\_\_
  - (h)  Supplies \$ \_\_\_\_\_
  - (i)  Utilities \$ \_\_\_\_\_
- (2)  Expenses that apply only to businesses *(Do not fill out this section for rental properties.)*
- (a)  Car or truck expenses \$ \_\_\_\_\_
  - (b)  Contract labor \$ \_\_\_\_\_
  - (c)  Employee benefit programs \$ \_\_\_\_\_
  - (d)  Employee wages \$ \_\_\_\_\_
  - (e)  Licenses \$ \_\_\_\_\_
  - (f)  Office expenses \$ \_\_\_\_\_
  - (g)  Pension or profit-sharing plans \$ \_\_\_\_\_
  - (h)  Rent or lease for vehicles, machinery, or equipment \$ \_\_\_\_\_
  - (i)  Rent or lease for other business property \$ \_\_\_\_\_
  - (j)  Travel \$ \_\_\_\_\_
  - (k)  Other (Examples: depletion, deductible taxes, deductible meals.) \$ \_\_\_\_\_  
*(Explain):* \_\_\_\_\_
- (3)  Expenses that apply only to rentals *(Do not fill out this section for businesses that are not rental properties.)*
- (a)  Auto and travel \$ \_\_\_\_\_
  - (b)  Cleaning \$ \_\_\_\_\_
  - (c)  Homeowner's association (HOA) or condo fees \$ \_\_\_\_\_
  - (d)  Management fees \$ \_\_\_\_\_
  - (e)  Property taxes \$ \_\_\_\_\_
  - (f)  Other (Example: lease.) *(Explain):* \_\_\_\_\_ \$ \_\_\_\_\_
- (4) **Total expenses:** \$ \_\_\_\_\_
- e. Net profit or loss *(total income minus total expenses):* \$ \_\_\_\_\_

**FL-150(C)**

**Disability, Workers' Compensation,  
and Unemployment Benefits  
Attachment**

Case Number: \_\_\_\_\_

This form is attached to form FL-150.

**1**  **Disability Benefits**

a.  Short-term disability benefits

(1) Type

(a)  California State Disability Insurance (SDI)

(b)  California Paid Family Leave (PFL)

(c)  California Workers' Compensation

(d)  Private disability insurance (*insurance provider*): \_\_\_\_\_

(e)  Other (*name of program*): \_\_\_\_\_

(2) Monthly amount: \$ \_\_\_\_\_

(3) Start date: \_\_\_\_\_

(4) Current expected end date: \_\_\_\_\_

(5) Have you applied to extend your benefits?

No

Yes

b.  Long-term disability benefits

(1) Type

(a)  Social Security Disability Insurance (SSDI)

(b)  Veteran's Affairs (VA) Disability Compensation

(c)  California Workers' Compensation

(d)  Private disability insurance (*insurance provider*): \_\_\_\_\_

(e)  Other (*name of program*): \_\_\_\_\_

(2) Monthly amount: \$ \_\_\_\_\_

(3) Start date: \_\_\_\_\_

**2**  **Unemployment Benefits**

a. State providing benefits

(1)  California

(2)  Another state: \_\_\_\_\_

b. Weekly amount: \$ \_\_\_\_\_

c. Start date: \_\_\_\_\_

d. Expected end date: \_\_\_\_\_

**FL-150(D)**

**Miscellaneous Income Attachment**

Case Number:

This form is attached to form FL-150.

(Include any income received in the past 24 months that you have not listed somewhere else on your form FL-150 (Income and Expense Declaration).)

**1 Type of Income you Receive** (For anything you check here, provide details in 2.)

- a.  Recurring gifts of money (from friends, family, or anyone else)
- b.  Court settlement or lawsuit award (not including child, spousal, family, or domestic partner support)
- c.  Gambling or lottery winnings
- d.  Prizes or awards with monetary value
- e.  Trust distributions
- f.  Inheritance of money (do not include real estate or property)
- g.  Royalties (examples: creative works, intellectual property, mineral rights, etc.)
- h.  Stipends (examples: education, training, volunteer programs)
- i.  Scholarships or grants for personal living expenses (do not include those for tuition or educational expenses)
- j.  Interest income
- k.  Dividend income
- l.  Long-term capital gains
- m.  Short-term capital gains
- n.  Annuity payments
- o.  Other (describe): \_\_\_\_\_

**2 Details About Each Type of Income in 1**

(For each type of income that you checked in 1, fill out the details below.)

<u>Type listed in 1</u>	<u>Name of person or entity who paid you</u>	<u>Amount received</u>	<u>Frequency (monthly, one time, etc.)</u>	<u>Time period</u>
_____	_____	\$ _____	_____	Start date: _____ <input type="checkbox"/> End date: _____
_____	_____	\$ _____	_____	Start date: _____ <input type="checkbox"/> End date: _____
_____	_____	\$ _____	_____	Start date: _____ <input type="checkbox"/> End date: _____

Check here if there are additional types of income. List them on a separate sheet of paper, write "Attachment 2" at the top, and attach it to this form.

**FL-150(E) Additional Expenses**

Case Number: \_\_\_\_\_

This form is attached to form FL-150.

		<u>Average monthly amount</u>
<p><b>1 Laundry and cleaning</b>  <i>(examples: dry cleaning, laundromat, coin-operated laundry, housekeeping service):</i></p>	\$ _____	\$ _____
<p><b>2 Subscriptions and electronic services</b>  <i>(examples: news, magazines, streaming services):</i></p>	\$ _____	\$ _____
<p><b>3 Personal care and memberships</b>  <i>(examples: haircuts, clothes, shoes, chiropractic care, gym membership):</i></p>	\$ _____	\$ _____
<p><b>4 Enrichment programs for your child</b>  <i>(Not childcare. Examples: camps, clubs, sports lessons):</i></p>	\$ _____	\$ _____
<p><b>5 Education</b>  <i>(examples: school tuition, class fees, books, school supplies, training, tutoring):</i></p>	\$ _____	\$ _____
<p><b>6 Life insurance and other special insurance</b>  <i>(examples: disability insurance, long-term care insurance):</i></p>	\$ _____	\$ _____
<p><b>7 Entertainment and travel</b>  <i>(examples: movies, concerts, sporting events, vacations, timeshare fees):</i></p>	\$ _____	\$ _____
<p><b>8 Pet care</b>  <i>(examples: food, grooming, pet insurance, veterinary fees):</i></p>	\$ _____	\$ _____
<p><b>9 Gifts or donations to charity</b></p>	\$ _____	\$ _____
<p><b>10 Other expenses</b>  <i>(List any expense that you have not already included. Examples: storage fees, accounting, financial planning) (describe):</i> _____</p>	\$ _____	\$ _____
<b>Total Additional Expenses:</b>		\$ _____

(Check here if you have more expenses. Attach a piece of paper and write "Additional expenses" at the top. Describe each expense and list the average monthly amount for each expense.)

**FL-150(F)**

**Lawyer's Fees Attachment**

Case Number: \_\_\_\_\_

This form is attached to form FL-150.

*(If you complete item 1, your current lawyer must sign in item 1.)*

**1**  **Your Current Lawyer in This Case**

a. To date, you have paid your current lawyer this amount for fees and costs: \$ \_\_\_\_\_

b. The source of this money was:

\_\_\_\_\_  
\_\_\_\_\_

c. You still owe the following fees and costs to your current lawyer *(specify total owed)*: \$ \_\_\_\_\_

d. Your current lawyer's hourly rate is: \$ \_\_\_\_\_

I confirm this fee arrangement.

Date: \_\_\_\_\_

\_\_\_\_\_  
*Type or print name of current lawyer*



\_\_\_\_\_  
*Signature of current lawyer*

**2**  **Your Previous Lawyer or Lawyers**

*(Complete this item if you previously paid for a lawyer in this case who no longer represents you.)*

a. How much did you pay your previous lawyer or lawyers for work they did on this case? \$ \_\_\_\_\_

b. Names of previous lawyers: \_\_\_\_\_

c. The source of this money was:

\_\_\_\_\_  
\_\_\_\_\_

d. Do you still owe your previous lawyer or lawyers any money for work they did on this case?

No

Yes. Amount: \$ \_\_\_\_\_

**FL-155**

**Financial Statement (Simplified)**

Clerk stamps date here when form is filed.

FOR COURT USE ONLY

**DRAFT  
Not Approved  
by the Judicial  
Council**

You may only use this form if you are not requesting or responding to a request for spousal support, domestic partner support, family support, or attorney's fees, **and at least one** of these is true:

1. Your only income is a public benefit based on need, including CalWORKs, TANF, SSI, CAPI, GA/GR, or any other "means-tested" benefit. Benefits that *do not* qualify include SSDI, SDI, unemployment, and veterans benefits; or
2. You have no income and you have a pending application for a benefit based on need (as described above); or
3. You have no income and you are currently in jail, prison, or detention.

If you do not meet these requirements, use form FL-150 (*Income and Expense Declaration*) instead.

Fill in court name and street address:

**Superior Court of California, County of**

Court fills in case number when form is filed.

**Case Number:**

**1 Information About You**

a. Your Name: \_\_\_\_\_ Age: \_\_\_\_\_

Your Lawyer (*if you have one for this case*)

Name: \_\_\_\_\_ State Bar No.: \_\_\_\_\_

Firm Name: \_\_\_\_\_

b. Your Address (*If you have a lawyer, give your lawyer's information. If you do not have a lawyer and want to keep your home address private, you may give a different address where you can receive mail instead.*)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

**2 Information About the Other Party**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

**3 Your Income**

(*Check one*):

a.  No income and have a pending application for public benefits.

Name of program: \_\_\_\_\_



Case Number: \_\_\_\_\_

- 3 b.  Public benefits (*check all that apply*)
- |  | <u>Average Monthly</u> |
|--|------------------------|
| (1) <input type="checkbox"/> CalWORKs or TANF:   | \$ _____               |
| (2) <input type="checkbox"/> SSI or CAPI:  | \$ _____               |
| (3) <input type="checkbox"/> General Assistance (GA/GR):   | \$ _____               |
| (4) <input type="checkbox"/> Food assistance ( <i>examples: CalFresh, WIC</i> ):                 | \$ _____               |
| (5) <input type="checkbox"/> Other means-tested public benefit ( <i>name of program</i> ): _____ | \$ _____               |
| <b>Average Monthly Benefits: \$</b> _____  |                        |
- c.  No income and currently in jail, prison, or detention.

4 **Tax Information**

- a. What year did you last file your taxes? \_\_\_\_\_
- b. What is your tax filing status? (*Check one*):  Single  Head of household  
 Married, filing separately  Married, filing jointly with (*name*): \_\_\_\_\_
- c. In what state do you file your taxes? (*Check one*):  California  Another state: \_\_\_\_\_
- d. How many exemptions, including yourself, do you claim on your taxes? \_\_\_\_\_

5 **Other Members of Your Household** (*if any*)

<u>Name</u>	<u>Age</u>	<u>Relationship to you</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Check here if there are additional people. List them on a separate sheet of paper, write "Attachment 5" at the top, and attach it to this form.

6 **Your Children With the Person in 2** (*if any*)

<u>Child's first name</u>	<u>Age</u>	<u>Percent of time with you</u>	<u>Percent of time with other parent</u>	<u>Timeshare unknown</u>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>

Check here if there are additional children. List them on a separate sheet of paper, write "Attachment 6" at the top, and attach it to this form.



Case Number:

7 Other Party's Income

a. Give your best estimate of the other party's income based on the information you have. If you do not have any information, write "unknown" under type of income.

Table with 4 columns: Type of income, Amount per month, Employer or business name, Current or past income? Includes checkboxes for current or past and date stopped.

Check here if there are additional types of income. List them on a separate sheet of paper, write "Attachment 7a" at the top, and attach it to this form.

b. Your estimate in 7 a is based on:

Two horizontal lines for providing information.

(If you think the other party could be earning more money than they do now, you can ask for an order based on what they should be earning. To do that, you may fill out form FL-302, Earnings Capacity Attachment, and attach it to this form; or your FL-300, Request for Order; or your FL-320, Responsive Declaration to Request for Order.)

8 Other

Is there anything else you want the court to know about your financial situation?

Two horizontal lines for providing an answer.

Check here if there is not enough space for your answer. Put your complete answer on a separate sheet of paper, write "Attachment 8" at the top, and attach it to this form.

9 Additional Pages

If you used additional paper or forms, enter the number of extra pages attached to this form:

10 Signature Under Penalty of Perjury

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

Date:

Type or print your name

Sign your name

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):   TELEPHONE NO.: _____ FAX NO. (Optional): _____ EMAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY  <h1 style="margin: 0;">DRAFT</h1> <h2 style="margin: 0;">Not Approved</h2> <h2 style="margin: 0;">by the Judicial</h2> <h2 style="margin: 0;">Council</h2>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT:	
<b>REQUEST FOR INCOME AND BENEFIT                  INFORMATION FROM EMPLOYER</b>	CASE NUMBER: _____

**To (employer name):**

1. This notice is served on you, under California Family Code section 3664(b), in regard to your employee (name):
  
2. I previously served a request for an *Income and Expense Declaration* (form FL-150) after judgment on your employee and:
  - a.  There was no response within 35 days  
or
  - b.  The response was incomplete as to wage information.
  
3. I request that the information sought be sent to me on or before (date): \_\_\_\_\_, which is at least 15 days from the date of this request.
  
4. I request that you, as the employer of the above employee, provide the following information (indicated by checked boxes below). If you wish, you may return a copy of this form with the information filled out or provide the information on a separate form.
  - a.  Occupation of employee:
  - b.  (1) Presently employed:  Yes  No  
 (2) If employed, current employment status:  Full time  Part time  
 (3) If not presently employed:
    - a. Date of separation:
    - b. Reasons for separation:
  - c.  Starting date of employment:
  - d.  **Gross amount paid in the previous month for:**
    - (1)  **Salary or wages (including commissions and bonuses):**
    - (2)  **Tips:**
    - (3)  **Overtime:**
  - e.  **Gross amount paid in the previous 12 months for:**
    - (1)  **Salary or wages (including commissions and bonuses):**
    - (2)  **Tips:**
    - (3)  **Overtime:**
  - f.  Federal income tax withheld for the previous month:
  - g.  State income tax withheld for the previous month:



PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT:	CASE NUMBER:
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- h.  Social Security and Medicare Tax ("FICA" and "MEDI") deducted for the previous month:
- i.  Any other deductions from the paycheck for the previous month (*for each deduction state purpose and amount*):
  
- j.  Benefits provided:
  - (1)  Vision insurance     Not available     Not enrolled     Enrolled (*specify value to employee*):
  - (2)  Life insurance     Not available     Not enrolled     Enrolled (*specify value to employee*):
  - (3)  Health insurance     Not available     Not enrolled     Enrolled (*specify value to employee*):
  - (4)  Contributions toward retirement plan     Not available     Not enrolled     Enrolled (*specify asset value to employee*):
  - (5)  Use of company assets (vehicle, housing, health club facility, etc.)
    - Not available     Not enrolled     Enrolled (*specify value to employee*):
- k.  Attach a copy of the employee's three most recent pay stubs.

- 5. You are entitled to have me pay the reasonable costs of copying the information in this request.
- 6. Under Family Code section 3664(f), your compliance with this request is voluntary except upon order of the court or upon agreement of the parties, employers, and employee affected.

Date:

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_____ (TYPE OR PRINT NAME)		_____ (SIGNATURE OF REQUESTING PARTY)
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**NOTICE TO EMPLOYEE**

I have served a copy of the attached *Request for Income and Benefit Information From Employer* on your employer under Family Code section 3664(b).

Under Family Code section 3664(c), you are notified that:

- 1. The information sought by me is limited to the income and benefits provided to you by your employer.
- 2. The information may be protected by right of privacy.
- 3. If you object to the production of this information by the employer to me, you must notify the court, in writing, of this objection prior to the date specified in paragraph 3 of the attached request.
- 4. If, upon your objection, I do not agree, in writing, to cancel or narrow the scope of my request, you should consult an attorney regarding your right to privacy and how to protect this right.
- 5. You may have other rights provided by Family Code section 3664 and otherwise.

**NOTICE TO REQUESTING PARTY**

Under Family Code section 3664(e), service of this request on the employer and of the copy of the request on the employee must be by certified mail, postage prepaid, return receipt requested, to the last known address of the party to be served, or by personal service.