

These sample materials are prepared and/or distributed by the

**STANISLAUS COUNTY SUPERIOR COURT
SELF HELP CENTER & OFFICE
OF THE FAMILY LAW FACILITATOR**

They are INTENDED FOR INFORMATIONAL AND EDUCATIONAL PURPOSES ONLY. Such materials are NOT intended to be and are NOT LEGAL ADVICE or to take the place of competent LEGAL ADVICE OF AN ATTORNEY. It is strongly suggested that you contact a licensed attorney or contact the LAWYERS REFERENCE SERVICE of the Stanislaus County Bar Association at (209) 571-5727 for a referral before starting or completing your case in order to protect valuable legal rights that you may have and of which you may be unaware.

If you require further assistance or have any questions about completing the forms, please contact our office.

Located at:

Stanislaus County Superior Court
800—11th Street, Room 220
Post Office Box 3488
Modesto, California 95353

Office Hours:

Monday – Thursday
8:00 a.m. to 3:30 p.m.
(Closed from 12:00 to 1:00 p.m.)

Friday
8:00 a.m. to 12:00 p.m.

Telephone:

(209) 530-3299

E-mail:

Self.Help@StanCt.org

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): <div style="border: 1px solid red; padding: 5px; width: fit-content; margin: 5px auto;"> YOUR NAME HERE YOUR STREET ADDRESS HERE YOUR CITY, STATE, and ZIP CODE HERE </div> TELEPHONE NO. (Optional): _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): IN PRO PER	FOR COURT USE ONLY 1. COMPLETE FORMS 2. ARRANGE FOR SOMEONE TO SERVE A COPY ON THE DEPT. OF CHILD SUPPORT SERVICES 3. FILE ORIGINAL AND ONE COPY WITH THE COURT CLERK'S OFFICE LOCATED AT 801 11TH STREET, 3RD FLOOR, MODESTO, CA
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Stanislaus STREET ADDRESS: 801 _____ MAILING ADDRESS: P. O. _____ CITY AND ZIP CODE: Mod _____ BRANCH NAME: _____ <div style="border: 1px solid red; padding: 5px; width: fit-content; margin: 5px auto;"> COURT'S PHYSICAL ADDRESS HERE COURT'S MAILING ADDRESS HERE COURT'S CITY, STATE, and ZIP CODE HERE </div>	
PETITIONER/PLAINTIFF: _____ RESPONDENT/DEFENDANT: FILL THIS OUT EXACTLY AS IT APPEARS ON YOUR OTHER DOCUMENTS OTHER PARENT: _____	
ANSWER TO COMPLAINT OR SUPPLEMENTAL COMPLAINT REGARDING PARENTAL OBLIGATIONS	CASE NUMBER: COURT CASE NUMBER HERE

YOU MUST FILE THIS ANSWER WITH THE COURT IF YOU WISH TO OPPOSE THE LAWSUIT

If you disagree with the proposed judgment attached to the *Summons and Complaint*, you must file this *Answer* with the court clerk within 30 days of the date you were served with the *Complaint*. File the original *Answer* with the court clerk at the address for the superior court stated above and serve a copy on the local child support agency. Keep a copy for your records.

1. **PARENTAGE:** I am the parent of the following children:

	<u>Name of child</u>	<u>Date of Birth</u>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	

WRITE IN THE NAMES & DATES OF BIRTH OF THE CHILD(REN) NAMED IN THE COMPLAINT AND CHECK THE BOX INDICATING IF YOU AGREE OR DISAGREE THAT YOU ARE THE PARENT TO THE CHILD(REN).

Additional children are listed on a page attached to this *Answer*.

2. I request a genetic test to determine parentage be done for all children for whom I have checked a "No" box above. I understand that the local child support agency will pay for the cost of the testing now, but that I may have to repay those costs if the court decides that I am the parent.

CHECK THE BOX INDICATING WHETHER YOU AGREE OR DISAGREE WITH THE SUPPORT THAT WAS REQUESTED IN THE PROPOSED JUDGMENT. IF YOU DISAGREE, BE PREPARED TO FILE AN INCOME & EXPENSE DECLARATION OR A FINANCIAL STATEMENT.

3. **CHILD SUPPORT**

- a. I agree to pay support as _____ (FL-150) or _____ ms.
- b. I disagree with the support requested. I am filing a *Financial Statement (Form FL-150)* or _____ ms.

4. I disagree with the proposed judgment for the following reasons (*specify*):

CHECK THIS BOX AND TELL THE COURT WHY YOU DISAGREE WITH THE PROPOSED JUDGMENT. (Example: "I do not believe I am the father of this child. If I am, the income used to calculate the amount of support was incorrect.")

PETITIONER/PLAINTIFF:	FILL THIS OUT <u>EXACTLY</u> AS IT APPEARS ON YOUR OTHER DOCUMENTS	CASE NUMBER:
RESPONDENT/DEFENDANT:		COURT CASE NUMBER HERE
OTHER PARENT:		

5. My address and telephone number for receipt of all notices and court dates until I file a change with the court and with the local child support agency are as follows:

Address: _____
City and Zip Code: _____
Home Telephone: _____
Work Telephone: _____
E-mail Address (*optional*): _____

FILL IN YOUR CONTACT INFORMATION

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)

(SIGNATURE OF DECLARANT)

An adult other support age

******IMPORTANT******
THIS SECTION OF THE FORM IS TO BE COMPLETED BY THE PERSON WHO SERVES THE DOCUMENTS. IT CAN BE DONE BY MAIL OR BY PERSONAL DELIVERY. THE PERSON MUST BE SOMEONE OTHER THAN YOU & OVER 18.

6. I am at _____ on the local child support agency and any other party required to be served.

a. **Personal delivery.** I personally delivered the documents to an employee of the local child support agency as follows:

(1) Name of employee: _____
(2) Address where delivered: _____
(3) Date of delivery: _____
(4) Time of delivery: _____

CHECK THIS BOX IF HAND DELIVERED

DELIVER TO AND WRITE IN:
DEPT. OF CHILD SUPPORT SERVICES
251 E. HACKETT ROAD
MODESTO, CA,
ALSO WRITE IN THE DATE AND CITY AND STATE IT WAS MAILED IN

b. **Mail.** I deposited this envelope in the mail. The envelope was mailed as follows:

(1) Name: _____
(2) Address: _____
(3) Date of mailing: _____
(4) Place of mailing (*city and state*): _____

CHECK THIS BOX IF SERVED BY MAIL

WRITE IN:
DEPT. OF CHILD SUPPORT SERVICE,
P. O. BOX 4189
MODESTO, CA 95352-4189,
ALSO WRITE IN THE DATE AND CITY AND STATE IT WAS MAILED IN.

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

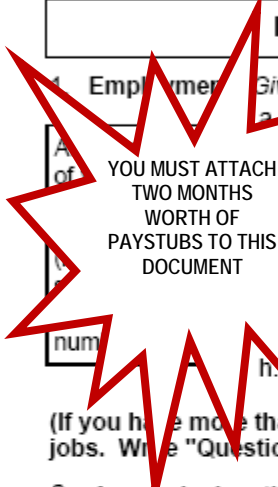
Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF PERSON WHO SERVED ANSWER)

This case may be referred to a court commissioner for hearing. By law, court commissioners do not have the authority to issue final orders and judgments in contested cases unless they are acting as temporary judges. The court commissioner in your case will act as a temporary judge unless, before the hearing, you or any other party objects to the commissioner acting as a temporary judge. The court commissioner may still hear your case to make findings and a recommended order. If you do not like the recommended order, you must object to it within 10 court days in writing, (use *Notice of Objection (Governmental)*, (form FL-666); otherwise, the recommended order will become a final order of the Court.) If you object to the recommended order, a judge will make a temporary order and set a new hearing.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):		FOR COURT USE ONLY	
YOUR NAME HERE YOUR STREET ADDRESS HERE			
TELEPHONE NO.:			
E-MAIL ADDRESS (Optional):			
ATTORNEY FOR (Name):		IN PRO PER	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF		COUNTY NAME HERE	
STREET ADDRESS:			
MAILING ADDRESS:		COURT'S PHYSICAL ADDRESS HERE COURT'S MAILING ADDRESS HERE	
CITY AND ZIP CODE:			
BRANCH NAME:			
PETITIONER/PLAINTIFF:			
RESPONDENT/DEFENDANT:		FILL THIS OUT EXACTLY AS THE INFORMATION APPEARS ON YOUR OTHER DOCUMENTS	
OTHER PARENT/CLAIMANT:			
INCOME AND EXPENSE DECLARATION		CASE NUMBER: COURT CASE NUMBER	



1. Employer Give information on your current job or, if you're unemployed, your most recent job.)

1. Employer: _____

2. Employer's address: _____

3. Employer's phone number: _____

4. Occupation: _____

5. Date job started: _____

6. If unemployed, date job ended: _____

7. How many hours per week you work about _____ hours per week.

8. How much you get paid \$ _____ gross (before taxes) per month per week per hour.

(If you have more than one job, attach an additional form for each job. Write "Question 1—Other Jobs" at the top of the form.)

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 _____

3. Tax information

a. I last filed taxes for tax year _____

b. My tax filing status is single married, filing jointly with (specify) _____, filing separately

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 8½-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: DATE HERE

PRINT YOUR NAME

SIGN YOUR NAME

(TYPE OR PRINT NAME) (SIGNATURE OF DECLARANT)

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	FILL THIS OUT EXACTLY AS THE INFORMATION APPEARS ON YOUR OTHER DOCUMENTS	CASE NUMBER: COURT CASE NUMBER HERE
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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	\$ _____	_____
f. Partner support <input type="checkbox"/> from this domestic partnership <input type="checkbox"/> from a different	\$ _____	_____
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	\$ _____	_____
j. Unemployment compensation	\$ _____	_____
k. Workers' compensation	\$ _____	_____
l. Other (military BAQ, royalty payments, etc.) (specify):	\$ _____	_____

IN THIS COLUMN YOU WILL LIST ALL OF YOUR INCOME BEFORE TAXES

IN THIS COLUMN YOU WILL LIST THE AVERAGE YOU RECEIVED FROM THE LAST 12 MONTHS FOR EACH SOURCE

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):

YOU MUST LIST ALL OF YOUR INVESTMENT INCOME, BEFORE TAXES, IN THIS AREA

IF YOU ARE SELF-EMPLOYED

Attach a profit and loss statement for the last 12 months for each of your businesses. Black out your social security number. If you have more than one business, attach a separate statement for each of your businesses.

8. **Additional income.** I received one-time income (specify source and amount):

CHECK THIS BOX IF YOU RECEIVED A ONE-TIME SOURCE OF INCOME, LIKE LOTTERY OR INHERITANCE, AND WRITE WHERE YOU RECEIVE THE MONEY AND HOW MUCH YOU RECEIVED

9. **Change in income.** My financial situation has changed in the last 12 months because (specify):

CHECK THIS BOX IF YOU HAVE HAD A SIGNIFICANT CHANGE IN INCOME AND STATE WHAT THAT CHANGE WAS

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 child(ren)	\$ _____
e. Spousal support that I pay by court order from a different domestic partnership	\$ _____
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")	\$ _____

WRITE IN ANY DEDUCTIONS YOU PAID LAST MONTH FOR THE ITEMS LISTED

11. **Assets**

	Total
a. Cash and checking accounts, savings and money market deposit accounts	\$ _____
b. Stocks, bonds, and other assets I could sell	\$ _____
c. All other property, <input type="checkbox"/> real and <input type="checkbox"/> personal (value minus the debts you owe)	\$ _____

STATE WHAT YOU HAVE IN YOUR SAVINGS AND CHECKING ACCOUNTS, ANY STOCKS, BONDS, AND/OR REAL/PERSONAL PROPERTY

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	FILL THIS OUT EXACTLY AS THE INFORMATION APPEARS ON YOUR OTHER DOCUMENTS	CASE NUMBER: COURT CASE NUMBER
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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

WRITE DOWN WHO LIVE WITH YOU, THEIR AGE AND RELATION TO YOU, HOW MUCH THEY MAKE BEFORE TAXES, AND WHETHER THEY PAY ANY EXPENSES FOR THE HOME

13. Average monthly expenses Estimated expenses Actual expenses Proposed needs

a. Home:

(1) Rent or mortgage... \$ _____

If mortgage:

(a) average principal: \$ _____

(b) average interest: \$ _____

(2) Real property taxes \$ _____

b. _____

c. Child care \$ _____

d. Groceries and household supplies..... \$ _____

e. Eating out..... \$ _____

f. Utilities (gas, electric, water, trash) \$ _____

g. Telephone, cell phone, and e-mail \$ _____

h. Laundry and cleaning \$ _____

i. Clothes \$ _____

j. Education \$ _____

k. Entertainment, gifts, and vacation..... \$ _____

l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.) \$ _____

m. Insurance (life, accident, etc.; do not include auto, home, or health insurance)... \$ _____

n. Savings and investments..... \$ _____

o. Charitable contributions..... \$ _____

p. Monthly payments listed in item 14 (itemize below in 14 and insert total here)... \$ _____

_____ (city): \$ _____

EXPENSES (a-q) (do not add in items in a(1)(a) and (b)) \$ _____

s. Amount of _____ \$ _____

LIST ALL OF YOUR MONTHLY EXPENSES HERE FOR THE ITEMS LISTED; IF EXPENSES ARE ESTIMATES, ACTUAL, PROPOSED, OR A COMBINATION, CHECK ALL THE BOXES THAT APPLY

ADD UP ALL OF THE EXPENSES YOU LISTED FOR A TOTAL TO PUT HERE

WRITE HOW MUCH OF THE EXPENSES ARE PAID BY OTHERS

14. Installment payments and debts not listed above

Paid to	For	Amount	Balance	Date of last payment
		\$ _____	\$ _____	
		\$ _____	\$ _____	
		\$ _____	\$ _____	
		\$ _____	\$ _____	

LIST HERE ANY PAYMENTS YOU ARE MAKING FOR CAR LOANS, STUDENT LOANS, MORTGAGES, CREDIT CARDS, ETC., THE NAME OF THE COMPANY YOU ARE PAYING, HOW MUCH YOU PAY EACH MONTH, WHAT IS STILL OWED, AND THE DATE OF YOUR 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 OF ATTORNEY)

(SIGNATURE OF ATTORNEY)

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	FILL THIS OUT EXACTLY AS THE INFORMATION APPEARS ON YOUR OTHER DOCUMENTS	CASE NUMBER:	COURT CASE NUMBER
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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.)

FILL OUT THIS PAGE ONLY IF YOU ARE PAYING CHILD SUPPORT

WRITE IN THE NUMBER OF CHILDREN UNDER 18 YOU ARE/WILL BE PAYING CHILD SUPPORT FOR AND HOW MUCH TIME EACH PARENT SPENDS WITH THEM

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: _____

CHECK WHETHER YOU DO OR DO NOT HAVE HEALTH INSURANCE FOR THE CHILDREN. IF YOU DO HAVE HEALTH INSURANCE, WRITE IN HOW MUCH YOU PAY, NOT HOW MUCH YOUR EMPLOYER PAYS

- 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): | \$ _____ |

WRITE IN ANY OTHER EXPENSES YOU PAY FOR THE CHILDREN

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): | \$ _____ | _____ |

WRITE DOWN ANY EXTREME HARDSHIPS YOU HAVE IN THIS AREA. WRITE DOWN THE AMOUNT AND FOR HOW MANY MONTHS.

- (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 <i>(Name, state bar number, and address):</i> TELEPHONE NO. <i>(Optional):</i> FAX NO. <i>(Optional):</i> E-MAIL ADDRESS <i>(Optional):</i> ATTORNEY FOR <i>(Name):</i>	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	
ANSWER TO COMPLAINT OR SUPPLEMENTAL COMPLAINT REGARDING PARENTAL OBLIGATIONS	CASE NUMBER:

YOU MUST FILE THIS ANSWER WITH THE COURT IF YOU WISH TO OPPOSE THE LAWSUIT

If you disagree with the proposed judgment attached to the *Summons and Complaint*, you must file this *Answer* with the court clerk within 30 days of the date you were served with the *Complaint*. File the original *Answer* with the court clerk at the address for the superior court stated above and serve a copy on the local child support agency. Keep a copy for your records.

1. **PARENTAGE:** I am the parent of the following children:

	<u>Name of child</u>	<u>Date of Birth</u>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Additional children are listed on a page attached to this *Answer*.

2. I request a genetic test to determine parentage be done for all children for whom I have checked a "No" box above. I understand that the local child support agency will pay for the cost of the testing now, but that I may have to repay those costs if the court decides that I am the parent.

3. **CHILD SUPPORT**

- a. I agree to pay support as stated in the proposed judgment.
- b. I disagree with the support requested. Attached is my completed *Income and Expense Declaration* (form FL-150) or *Financial Statement (Simplified)* (form FL-155). NOTE: You can file this *Answer* without either of these forms.

4. I disagree with the proposed judgment for the following reasons *(specify)*:

PETITIONER/PLAINTIFF:	CASE NUMBER:
RESPONDENT/DEFENDANT:	
OTHER PARENT:	

5. My address and telephone number for receipt of all notices and court dates until I file a change with the court and with the local child support agency are as follows:

- Address:
- City and Zip Code:
- Home Telephone:
- Work Telephone:
- E-mail Address (*optional*):

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

Date:

<hr/> (TYPE OR PRINT NAME)	 <hr/> (SIGNATURE OF DECLARANT)
----------------------------	--

An adult other than you must complete the *Proof of Service* below and provide a copy of this *Answer* to the local child support agency at the following address (*specify*):

PROOF OF SERVICE

6. I am at least 18 years of age, and not a party to this action. I served this *Answer* and any other forms filed with the *Answer* on the local child support agency and any other party required to be served.

- a. **Personal delivery.** I personally delivered this *Answer* to an employee of the local child support agency as follows:
 - (1) Name of employee:
 - (2) Address where delivered:
 - (3) Date of delivery:
 - (4) Time of delivery:

- b. **Mail.** I deposited this *Answer* in the United States mail, in a sealed envelope with postage fully prepaid. I used first class mail. The envelope was addressed and mailed as follows:
 - (1) Name:
 - (2) Address:
 - (3) Date of mailing:
 - (4) Place of mailing (*city and state*):

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

Date:

<hr/> (TYPE OR PRINT NAME)	 <hr/> (SIGNATURE OF PERSON WHO SERVED ANSWER)
----------------------------	---

This case may be referred to a court commissioner for hearing. By law, court commissioners do not have the authority to issue final orders and judgments in contested cases unless they are acting as temporary judges. The court commissioner in your case will act as a temporary judge unless, before the hearing, you or any other party objects to the commissioner acting as a temporary judge. The court commissioner may still hear your case to make findings and a recommended order. If you do not like the recommended order, you must object to it within 10 court days in writing, (use *Notice of Objection (Governmental)*, (form FL-666); otherwise, the recommended order will become a final order of the Court.) If you object to the recommended order, a judge will make a temporary order and set a new hearing.

INFORMATION SHEET FOR ANSWER TO COMPLAINT

Please follow these instructions to complete the *Answer to Complaint or Supplemental Complaint Regarding Parental Obligations* (form FL-610) if you do not have an attorney to represent you. Your attorney, if you have one, should complete this form.

You must file the completed *Answer* and attachments with the court clerk within 30 days of the date you received the *Summons and Complaint* (form FL-600). The address of the court clerk is the same as the one shown for the Superior Court on the *Summons and Complaint* (form FL-600). You may have to pay a filing fee. If you cannot afford to pay the filing fee, contact the court clerk to obtain forms to apply for a waiver of court fees. **Keep two copies of the filed *Answer* form and its attachments. Serve one copy on the local child support agency and keep the other copy for your records. (See *Information Sheet for Service of Process*, form FL-611.)**

Upon receipt of your filed *Answer*, the local child support agency will set a court hearing on this matter.

INSTRUCTIONS FOR COMPLETING THE ANSWER FORM (TYPE OR PRINT FORM IN BLACK INK):

Front page, first box, top of form, left side. Print your name, address, and telephone number in this box if they are not already there.

1. For each child listed on the *Answer* form, you must check the "yes" box if you agree that you are that child's parent, or check the "no" box if you do not think or are not sure whether you are that child's parent. You must write in the name of each child listed in the *Summons and Complaint* (form FL-600) if your *Answer* form does not include the names of any children.

NOTE: Checking the "no" box does not satisfy the requirements needed to set aside any *Voluntary Declaration of Paternity* which you may have signed (Family Code Section 7575).

2. If you have checked a "no" box in answer to number 1 above, you must request a genetic test to determine whether you or the other parent is the parent. (The test is usually a blood test.) The local child support agency will tell you when and where to go for the test. The local child support agency will pay for the cost of the test now. If the court decides the test shows parentage as pleaded in the *Complaint*, you may have to repay this cost to the local child support agency.
3.
 - a. Check this box if you agree to pay the support asked for in the proposed *Judgment Regarding Parental Obligations* (form FL-630) that you received.
 - b. You should check this box if you do not agree to pay the support asked for in the proposed *Judgment Regarding Parental Obligations* (form FL-630).
4. If you agree to pay the support asked for in the proposed *Judgment Regarding Parental Obligations* (form FL-630), but you disagree with the proposed judgment for another reason, you should check this box and write your reasons in this space. **If you have documents that prove your reasons for disagreeing with the proposed *Judgment*, you should attach the documents to the *Answer* form.**
5. You must list your address and phone numbers where you can receive all notices and court dates. You must let the court know whenever your address changes. If the court does not have your current address, you may not receive important notices that affect you.

You must date the *Answer* form, print your name, and sign the form under a penalty of perjury. When you sign the *Answer* form, you are stating that the information you have provided is true and correct.

Instructions for how to complete the *Proof of Service* section of the *Answer* form are in the *Information Sheet for Service of Process* (form FL-611). The person who serves the *Answer* and its attachments must fill out this section of the form. **You cannot serve your own *Answer*.**

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	
INCOME AND EXPENSE DECLARATION	CASE NUMBER:

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) per month per week per hour.

(If you have more than one job, attach an 8½-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 8½-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:

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	CASE NUMBER:
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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	\$ _____	_____
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 BAQ, royalty payments, etc.) (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	\$ _____
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)	\$ _____	_____

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