

PARTY WITHOUT ATTORNEY OR ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	STATE BAR NUMBER:	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
PETITIONER: RESPONDENT: OTHER PARTY/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: Styline Door & Windows System
- b. Employer's address: 420 East Easv St., Simi Vallev. CA 93605
- c. Employer's phone number: 805-522-5554
- d. Occupation: AP
- e. Date job started: February 16, 2023
- f. If unemployed, date job ended: N/A
- g. I work about 40 hours per week.
- h. I get paid \$ 1,000.00 gross (before taxes) per month per week per hour.

(If you have more than one job, attach an 8 1/2-by-11-inch sheet of paper and list the same information as above for your other jobs. Write "Question 1—Other Jobs" at the top.)

2. Age and education

- a. My age is (specify): 28
- 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): 2 Degree(s) obtained (specify): N/A
- 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): 2022
- 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): 3

- 4. **Other party's income.** I estimate the gross monthly income (before taxes) of the other party in this case at (specify): \$ N/A
 This estimate is based on (explain): N/A

(If you need more space to answer any questions on this form, attach an 8 1/2-by-11-inch sheet of paper and write the question number before your answer.) Number of pages attached: _____

I declare under penalty of perjury under the laws of the State of California that the information contained on all pages of this form and any attachments is true and correct.

Date: May 19, 2023

Alexis Garcia

(TYPE OR PRINT NAME)



(SIGNATURE OF DECLARANT)

PETITIONER: RESPONDENT: OTHER PARTY/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.)

		Average Last month monthly
a. Salary or wages (gross, before taxes).....	\$	3,500 4,000
b. Overtime (gross, before taxes).....	\$	N/A N/A
c. Commissions or bonuses.....	\$	N/A N/A
d. Public assistance (for example: TANF, SSI, GA/GR) <input type="checkbox"/> currently receiving	\$	
e. Spousal support <input type="checkbox"/> from this marriage <input type="checkbox"/> from a different marriage <input type="checkbox"/> federally taxable*	\$	
f. Partner support <input type="checkbox"/> from this domestic partnership <input type="checkbox"/> from a different domestic partnership	\$	
g. Pension/retirement fund payments.....	\$	N/A N/A
h. Social Security retirement (not SSI).....	\$	N/A N/A
i. Disability: <input type="checkbox"/> Social Security (not SSI) <input type="checkbox"/> State disability (SDI) <input type="checkbox"/> Private insurance	\$	N/A N/A
j. Unemployment compensation.....	\$	N/A N/A
k. Workers' compensation.....	\$	N/A N/A
l. Other (military allowances, royalty payments) (specify):	\$	N/A N/A

6. **Investment income** (Attach a schedule showing gross receipts less cash expenses for each piece of property.)

a. Dividends/interest.....	\$	
b. Rental property income.....	\$	
c. Trust income.....	\$	
d. Other (specify):	\$	

7. **Income from self-employment, after business expenses for all businesses**..... \$ _____

I am the owner/sole proprietor business partner other (specify): _____

Number of years in this business (specify): _____

Name of business (specify): _____

Type of business (specify): _____

Attach a profit and loss statement for the last two years or a Schedule C from your last federal tax return. Black out your Social Security number. If you have more than one business, provide the information above for each of your businesses.

8. **Additional income.** I received one-time money (lottery winnings, inheritance, etc.) in the last 12 months (specify source and amount): _____

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

10. **Deductions**

		Last month
a. Required union dues.....	\$	
b. Required retirement payments (not Social Security, FICA, 401(k), or IRA).....	\$	
c. Medical, hospital, dental, and other health insurance premiums (total monthly amount).....	\$	
d. Child support that I pay for children from other relationships.....	\$	
e. Spousal support that I pay by court order from a different marriage <input type="checkbox"/> federally tax deductible*.....	\$	
f. Partner support that I pay by court order from a different domestic partnership.....	\$	
g. Necessary job-related expenses not reimbursed by my employer (attach explanation labeled "Question 10g").....	\$	

11. **Assets**

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

* Check the box if the spousal support order or judgment was executed by the parties and the court before January 1, 2019, or if a court-ordered change maintains the spousal support payments as taxable income to the recipient and tax deductible to the payor.

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12. The following people live with me:

Name	Age	How the person is related to me (ex: son)	That person's gross monthly income	Pays some of the household expenses?
a.				<input type="checkbox"/> Yes <input type="checkbox"/> No
b.				<input type="checkbox"/> Yes <input type="checkbox"/> No
c.				<input type="checkbox"/> Yes <input type="checkbox"/> No
d.				<input type="checkbox"/> Yes <input type="checkbox"/> No
e.				<input type="checkbox"/> Yes <input type="checkbox"/> No

13. Average monthly expenses Estimated expenses Actual expenses Proposed needs

a. Home: (1) <input checked="" type="checkbox"/> Rent or <input type="checkbox"/> mortgage..... \$ <u>3,000.00</u> If mortgage: (a) average principal: \$ _____ (b) average interest: \$ _____ (2) Real property taxes..... \$ <u>.00</u> (3) Homeowner's or renter's insurance (if not included above)..... \$ <u>250.00</u> (4) Maintenance and repair..... \$ _____ b. Health-care costs not paid by insurance..... \$ _____ c. Child care..... \$ <u>250.00</u> d. Groceries and household supplies..... \$ _____ e. Eating out..... \$ _____ f. Utilities (gas, electric, water, trash)..... \$ <u>410.00</u> g. Telephone, cell phone, and e-mail..... \$ <u>459.96</u>	h. Laundry and cleaning..... \$ _____ i. Clothes..... \$ _____ j. Education..... \$ _____ k. Entertainment, gifts, and vacation..... \$ _____ l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.)..... \$ <u>900.00</u> m. Insurance (life, accident, etc.; do not include auto, home, or health insurance)..... \$ <u>N/A</u> n. Savings and investments..... \$ <u>N/A</u> o. Charitable contributions..... \$ <u>N/A</u> p. Monthly payments listed in item 14 (itemize below in 14 and insert total here).... \$ _____ q. Other (specify): \$ _____ <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> r. TOTAL EXPENSES (a–q) (do not add in the amounts in a(1)(a) and (b)) \$ _____ </div> s. Amount of expenses paid by others \$ _____
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14. Installment payments and debts not listed above

Paid to	For	Amount	Balance	Date of last payment
Spectrum	Internet	\$ 76.95	\$	4th of mo.
Capital One	Capital One Credit	\$ 260.00	\$ 8,969	13th of mo.
Chase Freedom	Credit Card	\$ 230.00	\$ 4,060	21st of mo.
Medial Credit	Care Credit	\$ 160.00	\$ 5,600	25th of mo.
		\$	\$	
		\$	\$	

15. Attorney fees (This information 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: May 19, 2023

Alexis Garcia

(TYPE OR PRINT NAME)



(SIGNATURE OF DECLARANT)

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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*): 1 children under the age of 18 with the other parent in this case.
- b. The children spend 95 percent of their time with me and 5 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.)
 I CARE FOR MY SON, RYAN, THE MAJORITY OF THE TIME. HE SEE ME ONLY EVERY OTHER WEEKEND UNTIL TUESDAY MORNING. I TAKE FULL CARE OF RYAN WHEN HE IS WITH ME.

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: MEDICAL
- c. Address of insurance company:
 LA Care, Los Angeles
 Kaiser
- 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 expense for the children in this case

- | | Amount per month |
|---|------------------|
| a. Childcare 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 (<i>specify below</i>):..... | \$ _____ |

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 (<i>examples: fire, theft, other insured loss</i>)..... | \$ _____ | _____ |
| c. (1) Expenses for my minor children who are from other relationships and are living with me..... | \$ _____ | _____ |
| (2) Names and ages of those children (<i>specify</i>): | | |
| (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*):

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