

These sample materials are prepared and/or distributed by the

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

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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):

FOR COURT USE ONLY

YOUR NAME HERE
 YOUR STREET ADDRESS HERE
 YOUR CITY, STATE, and ZIP CODE HERE

TELEPHONE NO. (Optional):
 E-MAIL ADDRESS (Optional):
 ATTORNEY FOR (Name):

IN PRO PER

FAX NO. (Optional):

SUPERIOR COURT OF CALIFORNIA, COUNTY OF Stanislaus

STREET ADDRESS: 801 11TH STREET COURT'S PHYSICAL ADDRESS HERE
 MAILING ADDRESS: P. O. COURT'S MAILING ADDRESS HERE
 CITY AND ZIP CODE: Mod CITY, STATE, and ZIP CODE HERE
 BRANCH NAME:

PETITIONER/PLAINTIFF:

RESPONDENT/DEFENDANT:

OTHER PARENT:

FILL THIS OUT EXACTLY AS IT APPEARS
 ON YOUR OTHER DOCUMENTS

ANSWER TO COMPLAINT OR SUPPLEMENTAL COMPLAINT
 REGARDING PARENTAL OBLIGATIONS

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

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:

| | |
|------------------------------|-----------------------------|
| <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 |

Name of child

Date of Birth

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.

3. CHILD SUPPORT

a. I agree to pay support as
 b. I disagree with the support

Financial Statement (Simpler Form)

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.

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 AS IT APPEARS</u> 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:

FILL IN YOUR
CONTACT
INFORMATION

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: DATE HERE

PRINT YOUR NAME

(TYPE OR PRINT NAME)

YOUR SIGNATURE

(SIGNATURE OF DECLARANT)

An adult other
support age

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 [redacted] on the local child support agency and any other party required to be served.

a. **Personal delivery.** I personal delivered this document to an employee of the local child support agency as follows:

(1) Name of employee: CHECK THIS BOX IF
HAND DELIVERED

(2) Address where delivered: [redacted]

(3) Date of delivery:

(4) Time of delivery:

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 document in the mail. The envelope was served by mail, in a sealed envelope with postage fully prepaid. I used first class

(1) Name: CHECK THIS BOX IF
SERVED BY MAIL

(2) Address: [redacted]

(3) Date of mailing:

(4) Place of mailing (city and state):

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: DATE HERE

SERVER'S PRINTED NAME

(TYPE OR PRINT NAME)

SERVER'S SIGNATURE

(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

STREET ADDRESS:

MAILING ADDRESS:

CITY AND ZIP CODE:

BRANCH NAME:

COUNTY NAME HERE

PETITIONER/PLAINTIFF:

RESPONDENT/DEFENDANT:

OTHER PARENT/CLAIMANT:

FILL THIS OUT EXACTLY AS THE INFORMATION
APPEARS ON YOUR OTHER DOCUMENTS

INCOME AND EXPENSE DECLARATION

CASE NU

COURT CASE NUMBER

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

a. Employer:

Employer's address:

b. Employer's phone number:

YOU MUST ATTACH
TWO MONTHS
WORTH OF
PAYSTUBS TO THIS
DOCUMENT

c. Occupation:

d. Date job started:

e. Unemployed, date job ended:

num

f. Work about

hours per week.

g. Get paid \$

gross (before taxes) per month per week per hour.

FILL OUT YOUR EMPLOYER'S INFORMATION HERE.

IF YOU DO NOT HAVE A JOB, GIVE THE
INFORMATION FROM YOUR LAST JOB.

(If you have more than one job, attach an 8 1/2-by-11-inch sheet of paper and write the question number before your answer.)

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 trainingFILL OUT YOUR AGE AND WHAT GRADE IN
SCHOOL YOU COMPLETED. IF YOU HAVE
ANY SPECIAL LICENSES, FILL OUT THAT
INFORMATION AS WELL.

Fill in the information as above for your other

3. Tax information

a. I last filed taxes for tax yearFILL OUT YOUR INFORMATION FROM THE
LAST YEAR YOU FILED TAXES.REMEMBER TO NOTE HOW YOU FILED
(SINGLE, ETC.), WHERE YOU FILED, (CA,
ETC.) AND HOW MANY EXEMPTIONS YOU
CLAIMED (1, ETC.)b. My tax filing status is single

, filing separately

 married, filing jointly with (specify)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 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:

DATE HERE

PRINT YOUR NAME

SIGN YOUR NAME

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

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

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.)

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) currently receiving \$ _____

e. Spousal support from this marriage from a different marriage \$ _____

f. Partner support from this domestic partnership from a different \$ _____

g. Pension/retirement fund payments \$ _____

h. Social security retirement (not SSI) \$ _____

i. Disability: Social security (not SSI) State disability (SDI) 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): \$ _____

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

IF YOU ARE
SELF-
EMPLOYED

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 12 months. Black out your social security number. If you have more than one business, attach a separate statement for each business.

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

federal tax return. Black out your social security number for each of your businesses.

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

last 12 months (specify source and amount):

9. Change in income. My financial situation has changed (specify):

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

months because (specify):

10. Deductions

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 \$ _____

e. Spousal support that I pay by court order \$ _____

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

a. Cash and checking accounts, savings \$ _____

b. Stocks, bonds, and other assets I own \$ _____

c. All other property, real and \$ _____

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

Total
deposit accounts \$ _____
value minus the debts you owe) \$ _____

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

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 \$ _____

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

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). . . \$ _____

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

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

s. Amount of \$ _____

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

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 SUPPORTWRITE 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

| | |
|---|------------------------------|
| a. Child care so I can work or get job training..... | Amount per month \$ _____ |
| 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):

| | | |
|--|------------------------------|----------------------|
| a. Extraordinary health expenses not included in 18b..... | Amount per month \$ _____ | For how many months? |
| 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 (Name, state bar number, and address):

FOR COURT USE ONLY

TELEPHONE NO. (Optional):
E-MAIL ADDRESS (Optional):
ATTORNEY FOR (Name):

FAX NO. (Optional):

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:Name of childDate of Birth

| | | | |
|--------------------------|-----|--------------------------|----|
| <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**

- I agree to pay support as stated in the proposed judgment.
- 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:

(TYPE OR PRINT NAME)

(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:

(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.

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):

FOR COURT USE ONLY

TELEPHONE NO.:

E-MAIL ADDRESS (Optional):

ATTORNEY FOR (Name):

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.)

- Employer:
- Employer's address:
- Employer's phone number:
- Occupation:
- Date job started:
- If unemployed, date job ended:
- I work about hours per week.
- 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

- My age is (specify):
- I have completed high school or the equivalent: Yes No If no, highest grade completed (specify):
- Number of years of college completed (specify): Degree(s) obtained (specify):
- Number of years of graduate school completed (specify): Degree(s) obtained (specify):
- I have: professional/occupational license(s) (specify):
 vocational training (specify):

3. Tax information

- I last filed taxes for tax year (specify year):
- My tax filing status is single head of household married, filing separately
 married, filing jointly with (specify name):
- I file state tax returns in California other (specify state):
- 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)

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| | |
|--|--------------|
| PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT: | CASE NUMBER: |
|--|--------------|

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 <input type="checkbox"/> owner/sole proprietor <input type="checkbox"/> business partner <input type="checkbox"/> 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. <input type="checkbox"/> Additional income. I received one-time money (lottery winnings, inheritance, etc.) in the last 12 months (specify source and amount): | | |
| 9. <input type="checkbox"/> Change in income. My financial situation has changed significantly over the last 12 months because (specify): | | |
| 10. Deductions | Last month | Total |
| 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 | 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) | \$ _____ | _____ |

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| PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT: | CASE NUMBER: |
|--|--------------|

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.):

- To date, I have paid my attorney this amount for fees and costs (specify): \$
- The source of this money was (specify):
- I still owe the following fees and costs to my attorney (specify total owed): \$
- My attorney's hourly rate is (specify): \$

I confirm this fee arrangement.

Date:



(TYPE OR PRINT NAME OF ATTORNEY)

(SIGNATURE OF ATTORNEY)