

# DECLARATION OF DISCLOSURES



**LEGAL AID  
FOUNDATION  
OF LOS ANGELES**

## Forms

### Self-Help Legal Access Centers

#### Santa Monica

1725 Main St.,  
Room 210  
Santa Monica, CA 90401

#### Inglewood

1 East Regent St.,  
Room 107  
Inglewood, CA 90301

#### Torrance

825 Maple Ave.,  
Room 160  
Torrance, CA 90503

#### Long Beach

275 Magnolia Ave.,  
Room 3101  
Long Beach, CA 90802

FEBRUARY 2019

This guide is designed to help you fill out the forms yourself. It is not intended to provide legal advice nor strategy as to how to complete the case. The information provided in this packet only presents options and examples. This is not a substitute for professional legal advice from an attorney.

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PARTY WITHOUT ATTORNEY OR ATTORNEY STATE BAR NO.: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name): <b>SELF REPRESENTED</b>	
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT: OTHER PARENT/PARTY	
<input type="checkbox"/> PETITIONER'S <input type="checkbox"/> RESPONDENT'S <input type="checkbox"/> COMMUNITY AND QUASI-COMMUNITY PROPERTY DECLARATION <input checked="" type="checkbox"/> SEPARATE PROPERTY DECLARATION	CASE NUMBER:

See *Instructions* on page 4 for information about completing this form. For additional space, use *Continuation of Property Declaration* (form FL-161).

A	B	C	-	D	=	E	F	
ITEM NO.	DATE ACQUIRED	GROSS FAIR MARKET VALUE		AMOUNT OF DEBT		NET FAIR MARKET VALUE	PROPOSAL FOR DIVISION Award or Confirm to: PETITIONER    RESPONDENT	
1. REAL ESTATE		\$		\$		\$	\$	\$
2. HOUSEHOLD FURNITURE, FURNISHINGS, APPLIANCES								
3. JEWELRY, ANTIQUES, ART, COIN COLLECTIONS, etc.								
4. VEHICLES, BOATS, TRAILERS								
5. SAVINGS ACCOUNTS								
6. CHECKING ACCOUNTS								


A		B	C	-	D	=	E	F	
ITEM NO.	BRIEF DESCRIPTION	DATE ACQUIRED	GROSS FAIR MARKET VALUE		AMOUNT OF DEBT		NET FAIR MARKET VALUE	PETITIONER	RESPONDENT
7.	CREDIT UNION, OTHER DEPOSITORY ACCOUNTS				\$		\$	\$	\$
8.	CASH								
9.	TAX REFUND								
10.	LIFE INSURANCE WITH CASH SURRENDER OR LOAN VALUE								
11.	STOCKS, BONDS, SECURED NOTES, MUTUAL FUNDS								
12.	RETIREMENT AND PENSIONS								
13.	PROFIT-SHARING, IRAS, DEFERRED COMPENSATION, ANNUITIES								
14.	ACCOUNTS RECEIVABLE, UNSECURED NOTES								
15.	PARTNERSHIP, OTHER BUSINESS INTERESTS								
16.	OTHER ASSETS								
17.	ASSETS FROM CONTINUATION SHEET								
18.	TOTAL ASSETS								

A	B	C	D	
ITEM NO. DEBTS - SHOW TO WHOM OWED	DATE INCURRED	TOTAL OWING	PROPOSAL FOR DIVISION Award or Confirm to: PETITIONER RESPONDENT	
19. STUDENT LOANS		\$	\$	\$
20. TAXES				
21. SUPPORT ARREARAGES				
22. LOANS-UNSECURED				
23. CREDIT CARDS				
24. OTHER DEBTS				
25. OTHER DEBTS FROM CONTINUATION SHEET				
26. TOTAL DEBTS				

A Continuation of Property Declaration (form FL-161) is attached and incorporated by reference.

I declare under penalty of perjury under the laws of the State of California that, to the best of my knowledge, the foregoing is a true and correct listing of assets and obligations and the amounts shown are correct.

Date:

\_\_\_\_\_  \_\_\_\_\_  
 (TYPE OR PRINT NAME) SIGNATURE

## INFORMATION AND INSTRUCTIONS FOR COMPLETING FORM FL-160

*Property Declaration* (form FL-160) is a multipurpose form, which may be filed with the court as an attachment to a *Petition or Response* or served on the other party to comply with disclosure requirements in place of a *Schedule of Assets and Debts* (form FL-142). Courts may also require a party to file a *Property Declaration* as an attachment to a *Request to Enter Default* (form FL-165) or *Judgment* (form FL-180).

**When filing a *Property Declaration* with the court, do not include private financial documents listed below.**

### Identify the type of declaration completed

1. Check "Community and Quasi-Community Property Declaration" on page 1 to use *Property Declaration* (form FL-160) to provide a combined list of community and quasi-community property assets and debts. Quasi-community property is property you own outside of California that would be community property if it were located in California.
2. Do not combine a separate property declaration with a community and quasi-community property declaration. Check "Separate Property Declaration" on page 1 when using *Property Declaration* to provide a list of separate property assets and debts.

### Description of the Property Declaration chart

*Pages 1 and 2*

1. Column A is used to provide a brief description of each item of separate or community or quasi-community property.
2. Column B is used to list the date the item was acquired.
3. Column C is used to list the item's gross fair market value (an estimate of the amount of money you could get if you sold the item to another person through an advertisement).
4. Column D is used to list the amount owed on the item.
5. Column E is used to indicate the net fair market value of each item. The net fair market value is calculated by subtracting the dollar amount in column D from the amount in column C ("C minus D").
6. Column F is used to show a proposal on how to divide (or confirm) the item described in column A.

*Page 3*

1. Column A is used to provide a brief description of each separate or community or quasi-community property debt.
2. Column B is used to list the date the debt was acquired.
3. Column C is used to list the total amount of money owed on the debt.
4. Column D is used to show a proposal on how to divide (or confirm) the item of debt described in column A.

### When using this form only as an attachment to a *Petition or Response*

1. Attach a *Separate Property Declaration* (form FL-160) to respond to item 9. Only columns A and F on pages 1 and 2 and columns A and D on page 3 are required.
2. Attach a *Community or Quasi-Community Declaration* (form FL-160) to respond to item 10, and complete column A on all pages.

### When serving this form on the other party as an attachment to *Declaration of Disclosure* (form FL-140)

1. Complete columns A through E on pages 1 and 2, and columns A through C on page 3.
2. Copies of the following documents must be attached and served on the other party:
  - (a) *For real estate* (item 1): deeds with legal descriptions and the latest lender's statement.
  - (b) *For vehicles, boats, trailers* (item 4): the title documents.
  - (c) *For all bank accounts* (item 5, 6, 7): the latest statement.
  - (d) *For life insurance policies with cash surrender or loan value* (item 10): the latest declaration page.
  - (e) *For stocks, bonds, secured notes, mutual funds* (item 11): the certificate or latest statement.
  - (f) *For retirement and pensions* (item 12): the latest summary plan document and latest benefit statement.
  - (g) *For profit-sharing, IRAs, deferred compensation, and annuities* (item 13): the latest statement.
  - (h) *For each account receivable and unsecured note* (item 14): documentation of the account receivable or note.
  - (i) *For partnerships and other business interests* (item 15): the most current K-1 and Schedule C.
  - (j) *For other assets* (item 16): the most current statement, title document, or declaration.
  - (k) *For support arrearages* (item 21): orders and statements.
  - (l) *For credit cards and other debts* (items 23 and 24): the latest statement.
3. Do not file copies of the above private financial documents with the court.

### When filing this form with the court as an attachment to *Request to Enter Default* (FL-165) or *Judgment* (FL-180)

Complete all columns on the form.

**For more information** about forms required to process and obtain a judgment in dissolution, legal separation, and nullity cases, see <http://www.courts.ca.gov/8218.htm>.



PARTY WITHOUT ATTORNEY OR ATTORNEY STATE BAR NO.: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name): <b>SELF REPRESENTED</b>	
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT: OTHER PARENT/PARTY	
<input type="checkbox"/> PETITIONER'S <input type="checkbox"/> RESPONDENT'S <input checked="" type="checkbox"/> <b>COMMUNITY AND QUASI-COMMUNITY PROPERTY DECLARATION</b> <input type="checkbox"/> <b>SEPARATE PROPERTY DECLARATION</b>	CASE NUMBER:

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BRIEF DESCRIPTION							PETITIONER	RESPONDENT
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3. JEWELRY, ANTIQUES, ART, COIN COLLECTIONS, etc.								
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11.	STOCKS, BONDS, SECURED NOTES, MUTUAL FUNDS								
12.	RETIREMENT AND PENSIONS								
13.	PROFIT-SHARING, IRAS, DEFERRED COMPENSATION, ANNUITIES								
14.	ACCOUNTS RECEIVABLE, UNSECURED NOTES								
15.	PARTNERSHIP, OTHER BUSINESS INTERESTS								
16.	OTHER ASSETS								
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A	B	C	D	
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I declare under penalty of perjury under the laws of the State of California that, to the best of my knowledge, the foregoing is a true and correct listing of assets and obligations and the amounts shown are correct.

Date:

\_\_\_\_\_  
(TYPE OR PRINT NAME)



\_\_\_\_\_  
SIGNATURE

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*Page 3*

1. Column A is used to provide a brief description of each separate or community or quasi-community property debt.
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  - (e) *For stocks, bonds, secured notes, mutual funds* (item 11): the certificate or latest statement.
  - (f) *For retirement and pensions* (item 12): the latest summary plan document and latest benefit statement.
  - (g) *For profit-sharing, IRAs, deferred compensation, and annuities* (item 13): the latest statement.
  - (h) *For each account receivable and unsecured note* (item 14): documentation of the account receivable or note.
  - (i) *For partnerships and other business interests* (item 15): the most current K-1 and Schedule C.
  - (j) *For other assets* (item 16): the most current statement, title document, or declaration.
  - (k) *For support arrearages* (item 21): orders and statements.
  - (l) *For credit cards and other debts* (items 23 and 24): the latest statement.
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Complete all columns on the form.

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PARTY WITHOUT ATTORNEY OR ATTORNEY STATE BAR NUMBER:  NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name): <b>Self Represented</b>	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF Los Angeles</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	
<b>INCOME AND EXPENSE DECLARATION</b>	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 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): \_\_\_\_\_
- 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 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: \_\_\_\_\_

(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.)

	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 <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.....	\$ _____	\$ _____
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 allowances, royalty payments) (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 <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 checked="" type="checkbox"/> real and <input checked="" 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.

PETITIONER: RESPONDENT: OTHER PARTY/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) <input type="checkbox"/> Rent or <input type="checkbox"/> 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): \$ _____ <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">                     r. <b>TOTAL EXPENSES</b> (a-q) (do not add in the amounts in a(1)(a) and (b)) \$ _____                 </div> s. <b>Amount of expenses paid by others</b> \$ _____
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**14. Installment payments and debts not listed above**

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

**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: // // // // //

**Self Represented**

(TYPE OR PRINT NAME)



////////////////////

(SIGNATURE OF DECLARANT)

PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER:
--	--------------

**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.)*

**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: \_\_\_\_\_
  
- 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)*:**



ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	
TELEPHONE NO.: _____ FAX NO.: _____ E-MAIL ADDRESS: _____	
ATTORNEY FOR (Name): <b>SELF REPRESENTED</b>	
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES</b>  STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	
<b>DECLARATION REGARDING SERVICE OF DECLARATION OF DISCLOSURE AND INCOME AND EXPENSE DECLARATION</b> <input type="checkbox"/> Petitioner's <input type="checkbox"/> Preliminary <input type="checkbox"/> Respondent's <input type="checkbox"/> Final	CASE NUMBER:

1. I am the  attorney for  petitioner  respondent in this matter.
  
2.  Petitioner's  Respondent's *Preliminary Declaration of Disclosure* (form FL-140), current\* *Income and Expense Declaration* (form FL-150), completed *Schedule of Assets and Debts* (form FL-142) or *Community and Separate Property Declarations* (form FL-160) with appropriate attachments, all tax returns filed by the party in the two years before service of the preliminary disclosures, and all other required information under Family Code section 2104 were served on:
  - the other party     the other party's attorney by  personal service     mail
  - Other (specify):  
on (date):
  
3.  Petitioner's  Respondent's *Final Declaration of Disclosure* (form FL-140), current\* *Income and Expense Declaration* (form FL-150), completed *Schedule of Assets and Debts* (form FL-142) or *Community or Separate Property Declarations* (form FL-160) with attachments, and the material facts and information required by Family Code section 2105 were served on:
  - the other party     other party's attorney by  personal service     mail
  - Other (specify):  
on (date):
  
4.  Service of  Petitioner's  Respondent's  preliminary  final declaration of disclosure  current income and expense declaration has been waived as follows:
  - a.  The parties agreed to waive final declaration of disclosure requirements under Family Code section 2105(d). (Form FL-144 may be used for this purpose.) The waiver  was filed on (date):  
 is being filed at the same time as this form.
  - b.  The party has failed to comply with disclosure requirements, and the court has granted the request for voluntary waiver of receipt under Family Code section 2107 on (date):
  - c.  This is a default proceeding that does not include a stipulated judgment or settlement agreement. Petitioner waives final disclosure requirements under Family Code section 2110.

\*Current is defined as completed within the past three months providing no facts have changed. (Cal. Rules of Court, rule 5.260.)

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

NOTE: File this document with the court.  
 Do not file a copy of the Preliminary or Final Declaration of Disclosure or any attachments to either declaration of disclosure with this document.

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blank.**

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar number, and address):</i>   TELEPHONE NO.: _____ FAX NO. <i>(Optional):</i> _____ E-MAIL ADDRESS <i>(Optional):</i> _____ ATTORNEY FOR <i>(Name):</i> <b>SELF REPRESENTED</b>	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF:  RESPONDENT/DEFENDANT:  OTHER PARENT/PARTY:	CASE NUMBER:  <i>(If applicable, provide):</i>  HEARING DATE: HEARING TIME: DEPT.:
<b>PROOF OF SERVICE BY MAIL</b>	

**NOTICE: To serve temporary restraining orders you must use personal service (see form FL-330).**

1. I am at least 18 years of age, not a party to this action, and I am a resident of or employed in the county where the mailing took place.
2. My residence or business address is:
  
3. I served a copy of the following documents *(specify)* :  
 **FL-140;**  **FL-160 (Community Property);**  **FL-160 (Separate Property);**  **FL-150;**  **FL-141**  
 **Attachments;**  **Declarations;**  **Tax Returns For Year(s)** \_\_\_\_\_ ;  **Paycheck Stubs**

by enclosing them in an envelope AND

  - a.  **depositing** the sealed envelope with the United States Postal Service with the postage fully prepaid.
  - b.  **placing** the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.

4. The envelope was addressed and mailed as follows:
  - a. Name of person served:
  - b. Address:
  
  - c. Date mailed:
  - d. Place of mailing *(city and state):*
5.  I served a request to modify a child custody, visitation, or child support judgment or permanent order which included an address verification declaration. *(Declaration Regarding Address Verification—Postjudgment Request to Modify a Child Custody, Visitation, or Child Support Order (form FL-334) may be used for this purpose.)*
6. 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 COMPLETING THIS FORM)