

# Income + Expense Declaration



**LEGAL AID  
FOUNDATION  
OF LOS ANGELES**

## **HOW TO GUIDE**

### **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

October 2021

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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blank.**

PARTY WITHOUT ATTORNEY OR ATTORNEY STATE BAR NUMBER: NAME: <b>(PRINT YOUR NAME)</b> FIRM NAME: STREET ADDRESS: <b>(ADDRESS)</b> CITY: <b>(CITY)</b> STATE: <b>CA</b> ZIP CODE: <b>(ZIP CODE)</b> TELEPHONE NO.: <b>(PHONE #)</b> FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name): <b>SELF-REPRESNTED (PRINT)</b>	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES (PRINT)</b> STREET ADDRESS: <b>(COURT ADDRESS)</b> MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: <b>(PETITIONER'S NAME)</b> RESPONDENT: <b>(RESPONDENT'S NAME)</b> OTHER PARTY/PARENT/CLAIMANT:	
<b>INCOME AND EXPENSE DECLARATION</b>	CASE NUMBER: <b>(CASE #)</b>

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) <input type="checkbox"/> per month <input type="checkbox"/> per week <input type="checkbox"/> per hour.	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>Information from your last or current job.</b> </div>
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(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:

Fill out the remaining sections (2, 3, and 4) letter by letter. Be sure to enter in any information where it states "(specify)" or "(explain)".

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: **(DATE)**

**(PRINT YOUR NAME)**

**(SIGNATURE)**

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

PETITIONER: <b>(PETITIONER'S NAME)</b> RESPONDENT: <b>(RESPONDENT'S NAME)</b>	CASE NUMBER: <b>(CASE #)</b>
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If there is any income from the following items listed be sure to list what was received last month and what is the average monthly. If you did not receive income from any of these sections be sure to write in a zero. \*NOTE: Average month calculation can be done by adding what was earned for the year and dividing it by 12

Attach a copy of your latest federal tax return.  
 Last month      Average monthly

5. 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  federally taxable\* ..... \$ \_\_\_\_\_
- f. Partner support  from this domestic partnership  from a different domestic partnership ..... \$ \_\_\_\_\_
- g. Pension/retirement fund payments ..... \$ \_\_\_\_\_
- h. Social Security retirement (not SSI) ..... \$ \_\_\_\_\_
- i. Disability:  Social Security (not SSI)  State disability (SDI)  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 federal tax return. Black out your Social Security number. If you have more than one business, attach a separate statement for each. Read to see if these apply and specify or explain.

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 in 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 reported elsewhere (specify 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.

PETITIONER: <b>(PETITIONER'S NAME)</b> RESPONDENT: <b>(RESPONDENT'S NAME)</b> OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER: <p style="text-align: center;"><b>(CASE #)</b></p>
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12. The following people live with me:

Name	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

The name, age, relationship to you, and monthly income for any person that lives in your household. \*NOTE: If you are renting a room from a person you do not need to list that person, or other people that may live in the household, unless they are helping you with your expenses.

13. Average monthly expenses  Estimated expenses  Actual expenses  Proposed needs

a. Home:

(1)  Rent or  mortgage \$ \_\_\_\_\_

If mortgage:

(a) average \$ \_\_\_\_\_

(b) average \$ \_\_\_\_\_

(2) Real property \$ \_\_\_\_\_

(3) Homeowner's (if not included) \$ \_\_\_\_\_

(4) Maintenance \$ \_\_\_\_\_

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. Charitable contributions \$ \_\_\_\_\_

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

k. Other (specify): \$ \_\_\_\_\_

List monthly expenses to the best of your abilities. It is okay to estimate and not be exact. NOTE\* Monthly expenses should not be more than your income unless you have indicated somewhere in this form as to who, or how those expenses are being paid (8, 9, 13s, and 20 are areas sections where the difference can be explained).

Other monthly payments such as: car payments, credit card payments, personal loan payment, etc. The total monthly goes on 13p.

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)

\_\_\_\_\_

(SIGNATURE OF DECLARANT)

PETITIONER: <b>(PETITIONER'S NAME)</b> RESPONDENT: <b>(RESPONDENT'S NAME)</b> OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER: <b>(CASE #)</b>
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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 16-19 on this page if you have minor children with the other party.

**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 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 <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)*:**

Any additional information the court should know goes here. Some example are: "My parent's cover my expenses", "I have been struggling to pay my bills and I'm in debt", etc.