

PARTY WITHOUT ATTORNEY OR ATTORNEY (<i>Name and Address</i>): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (<i>Name</i>): _____ BAR NO.: _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF ORANGE JUSTICE CENTER: <input type="checkbox"/> Central – 700 Civic Center Drive West, Santa Ana, CA 92701-4045 <input type="checkbox"/> Lamoreaux – 341 The City Drive South, Orange, CA 92868-3205	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/PARTY:	
DECLARATION IN SUPPORT OF MODIFICATION OF CHILD SUPPORT	CASE NUMBER: _____

I am requesting a modification of child support based upon the following change of circumstance since the last order for child support was entered:

1. **Job loss and current unemployment**
 I lost my job on: _____. I was: laid off terminated Other: _____.
 I have been looking for work since I lost my job. A list of my job contacts is attached or will be provided at the hearing. I am receiving unemployment benefits and ask that the court base my child support on my unemployment benefits. I am not eligible for unemployment benefits and I ask that the court reduce my child support to zero until I find employment.

2. **Change of employment and decrease in earnings**
 - a. I am no longer working for the same employer as I was when the last order was made. I have not worked there since _____. The reason I am not working there is because _____.
 I currently work at _____. My occupation is _____.
 I earn \$ _____ per hour and usually work _____ hours per week. My average gross monthly income is \$ _____.
 This is a decrease in my gross monthly earnings of \$ _____ from the time of the last order. I tried to find work at my previous rate of pay but was unable to.
 - b. I am still employed at the same place I was when the last order was made, but my earnings have decreased. I now earn \$ _____ per hour and usually work _____ hours per week. This is a decrease in my gross monthly earnings of \$ _____. My earnings decreased because _____.

3. **Change in child custody and/or timeshare with children in this case**
 - a. I now have primary custody substantial increased timeshare with the children in this case. The children are now with me as follows: _____

 Timeshare is estimated to be: _____% to me and _____% to the other parent. Timeshare was calculated by Family Court Services the court me.
 - b. My child, _____, is now emancipated as a result of attaining the age 18 and not in high school attaining the age 19 married in the military judicial decree. I request that support for that child be terminated.

PETITIONER/PLAINTIFF:
RESPONDENT/DEFENDANT:
OTHER PARENT:

CASE NUMBER:

4. **Disability and decrease in earnings and/or loss of income**

I am currently disabled. My disability began on _____ and consists of the following medical/psychological problems: _____.

I will be disabled until _____. I have attached a Verification of Disability from my treating doctor.

(Select one)

a. I do not receive disability benefits at this time but I have applied for benefits. I expect to receive disability benefits from the state government federal government private insurance Other: _____. I expect to start receiving benefits on or about _____ in the amount of \$ _____ monthly. Until I start to receive these benefits, I ask the court to reduce my child support to zero.

b. I do not expect to receive disability benefits in the future because: _____.

I ask the court to reduce my child support to zero.

c. I receive disability benefits from state government federal government private policy. The amount I receive monthly is \$ _____. From this disability income the sum of \$ _____ is deducted for child support every month. I ask that child support be suspended and/or reduced during the period of my disability. I request any derivative benefits due my children from Social Security as a result of my disability be offset against my child support order entered, pursuant to Family Code section 4504.

d. I receive SSI/SSP benefits and have received SSI/SSP benefits since _____. Thus, child support should be set at zero for so long as I continue to receive these benefits.

5. **Change in income or ability to earn of the other parent**

Since the last order for child support was made, the other parent:

- has become employed, earning \$ _____ per hour, working _____ hours per week.
- has received an increase in earnings and now earns \$ _____ per month.
- now has the ability to obtain employment and earn at least \$ _____ per month.

6. **Financial hardship**

Since the last order was made, I have sustained the following financial hardship(s):

a. **Statutory hardship –**

- Expenses of natural or adopted children in the home (FC § 4071(a)(2)). I provide support for the following natural or adopted minor children who reside in my home: _____.
- Extraordinary health expenses and uninsured catastrophic losses (FC § 4071(a)(1)): _____.

b. **Low income adjustment** - I request that the court order a low income adjustment in this case because I net less than \$1,500 per month, taking into consideration all allowable deductions and hardships.

c. **Court discretion** - I request that the court use its discretion and deviate from the guideline amount because application of the guideline formula would be unjust or inappropriate due to the special circumstances in my case. The facts supporting the special circumstances in my case are: _____.

PETITIONER/PLAINTIFF:
RESPONDENT/DEFENDANT:
OTHER PARENT:

CASE NUMBER:

7. **Recent release from incarceration and decrease in earnings and/or current unemployment**

I was released from incarceration on _____. I was incarcerated from _____ to _____. I am currently unemployed as a result of my incarceration and am actively looking for work. A list of my job contacts is attached or will be provided at the hearing. I have no current income. I am asking the court to reduce my child support to zero until I find employment. I am willing to return to court for review hearings as necessary. I am in a recovery program called _____ and have been there since _____. The program requirements are _____. I am not allowed to work for the first _____ weeks/months. Thereafter I can work as follows: _____.

I have attached verification of my enrollment and participation in this program. I am asking the court to reduce my child support to zero until I find employment. I am willing to return to court for review hearings as necessary.

8. **Other change of circumstance:** _____

9. **I request child support be modified and set at zero for any full calendar months in which the parent ordered to pay support is incarcerated or receiving SSI, and has no other assets or income. For all other periods, I request current support remain in effect until modified by court order.**

10. **Other information I want the court to know concerning child support in my case that supports my request as set forth above:** _____

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)