



**SUPERIOR COURT OF CALIFORNIA  
COUNTY OF ORANGE  
SELF-HELP CENTER/FACILITATOR'S OFFICE  
[www.occourts.org](http://www.occourts.org)**

**HOW TO PREPARE A REQUEST FOR ORDER TO ESTABLISH OR MODIFY CHILD  
SUPPORT, SPOUSAL SUPPORT (WHEN CHILD SUPPORT IS ALSO AT ISSUE),  
HEALTH INSURANCE & CHILD CUSTODY &/OR VISITATION  
(SUPPORT ONLY OR COMBO)**

**Description:**

This workshop will educate you about the laws and procedures that will affect your case and assist you in preparing all of the necessary paperwork to obtain a court hearing regarding the issues of child support, spousal support when child support is also at issue, health insurance, and child custody and/or visitation. **Your support and custody/visitation orders must be under the same court case number.**

**When:**

This workshop is offered on Tuesday. Check-in begins at 9:30 a.m. and ends at 9:45 a.m.

**Your registration packet must be complete in order to be admitted.  
Please arrive early as seating is limited. This is first-come, first-served.**

**Where:**

Lamoreaux Justice Center (LJC)  
341 The City Drive, 1st Floor, Room C-101  
Orange, CA, 92868

**What to Bring:**

- **Completed** WORKSHOP REGISTRATION PACKET
- Copy of your current court order(s)
- Declaration sheets
- Proof of ALL income for the last 2 months
- Black pen

Name: \_\_\_\_\_

Superior Court case number: \_\_\_\_\_

Is Orange County Child Support Services (CSS) involved? \_\_\_ Yes \_\_\_ No

\* Workshop Presenters will **not** give legal advice



**REGISTRATION PACKET**  
**CHILD SUPPORT (C/S) ONLY**  
**C/S & SPOUSAL SUPPORT (S/S)**  
**PAYMENT ON ARREARS**  
**COMBO - C/S & CUSTODY/VISITATION (C/V)**

**INFORMATION ABOUT YOU AND THE OTHER PARENT**

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Your full name as it appears in the court records:

\_\_\_\_\_

*First name*                      *Middle name*                      *Last name*

The Other Parent's full name as it appears in the court records:

\_\_\_\_\_

*First name*                      *Middle name*                      *Last name*

Your current address: \_\_\_\_\_

A phone number where the Court can contact you: \_\_\_\_\_

The Other Parent's current address: \_\_\_\_\_

Please list all cases and case numbers below:

- Divorce                      [ ] No [ ] Yes (Case # and County \_\_\_\_\_)
- Domestic Violence      [ ] No [ ] Yes (Case # and County \_\_\_\_\_)
- Juvenile Court            [ ] No [ ] Yes (Case # and County \_\_\_\_\_)
- Child Support             [ ] No [ ] Yes (Case # and County \_\_\_\_\_)
- Other                        [ ] No [ ] Yes (Case # and County \_\_\_\_\_)

Please list all MINOR children **of this relationship** below:

| First Name | Middle Name | Last Name | Date of Birth |
|------------|-------------|-----------|---------------|
|            |             |           |               |
|            |             |           |               |
|            |             |           |               |
|            |             |           |               |
|            |             |           |               |
|            |             |           |               |

**INFORMATION ABOUT YOUR *CURRENT* ORDERS (IF ANY)**

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You must provide the information below about your most recent court orders.

CHECK BOX(ES) FOR ISSUE(S) YOU ARE ADDRESSING.

**CHILD SUPPORT**

Order Date: \_\_\_\_\_

Ordering: \$ \_\_\_\_\_

**SPOUSAL SUPPORT**

Order Date: \_\_\_\_\_

Ordering: \$ \_\_\_\_\_

**PAYMENT ON ARREARS**

Order Date: \_\_\_\_\_

Ordering: \$ \_\_\_\_\_

**CUSTODY**

Order Date: \_\_\_\_\_

Ordering: JOINT or SOLE *PHYSICAL* TO: \_\_\_\_\_

JOINT or SOLE *LEGAL* TO: \_\_\_\_\_

**VISITATION**

Order Date: \_\_\_\_\_

Ordering: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**WHAT ORDERS WOULD YOU LIKE NOW?**

C/S Amount (if not guideline): \$ \_\_\_\_\_

S/S Amount: \$ \_\_\_\_\_

Payment on Arrears: \$ \_\_\_\_\_

**CUSTODY**

JOINT or SOLE *PHYSICAL* TO : \_\_\_\_\_

JOINT or SOLE *LEGAL* TO: \_\_\_\_\_

**VISITATION**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**In your Declaration regarding modification of custody and visitation, consider the following questions:**  
1.) What has changed? 2.) Why is what you want now better for the child(ren) than either: what the court ordered before or what the other party may want? (Use **facts** to create a **persuasive** story.)

Y TKV'G'[ QWT'F GENCTCVKQP 'QP'HQTO 'O E/253'6'VJ G'NCUV'RCI G'QH'VJ KURCEMGV  
"

**GLOSSARY**

**I. Child Custody and Visitation**

**Custodial Parent** The parent that has primary care, custody, and control of the child(ren).

**Custody Mediation** A meeting with a trained, neutral third party who helps the parents try to agree on a parenting plan for their children.

**Parenting Plan** A detailed custody and visitation agreement that says when the child will be with each parent and how decisions are made. The parenting plan may be developed by the parents, through mediation, with the help of lawyers, or by a judge after a trial or hearing.

**Supervised Visitation** Visitation between a parent and a child that happens in the presence of another specified adult. The court may order supervised visitation when there has been domestic violence, child abuse, or a threat to take the child out of state.

**Child Custody** The rights and responsibilities between parents for their child(ren). A parenting plan must describe the legal custody and physical custody that is in the best interest of the children. This term is also often used to describe who the children live with.

**Legal Custody** A parent's right and responsibility to make decisions about a child's health, education and well-being. There are two types of legal custody orders: joint legal custody and sole legal custody

**Physical Custody** Where the children live, who takes care of them, and how much time they spend with each parent. There are two types of physical custody arrangements: primary or sole physical custody and joint or shared physical custody.

**Joint Legal Custody** A type of court order that allows either or both parents to make important decisions about a child's health, education, and well-being.

**Joint Physical Custody** A type of court order in which a child spends about the same amount of time living with both parents.

**Sole Legal Custody** A type of court order in which one parent has the legal authority to make the major decisions affecting the child, such as decisions regarding: health care, education, and religion. If the parents do not agree on a decision about the child, the parent with sole legal custody has the right to make the final decision. "Sole custody" does not give one parent the right to move away with the child without notice to the other parent unless the court order specifically gives that right.

**Sole Physical Custody** A type of court order in which a child lives with one parent more than the other parent.

## **II. Miscellaneous**

**Declaration** A sworn, written statement that is used as evidence in court. The statement supports or establishes a fact. The person that makes the declaration certifies or declares under penalty of perjury that the statement is true and correct. The person that makes the declaration is called the "declarant." The declarant must sign and date the declaration. The declaration must also say where the declaration was signed or that it was made under the laws of the State of California.

**The Court's Self-Help webpage has a presentation on how to write a declaration for court purposes, available at the following link: <http://www.occourts.org/self-help/resources/shresources.html>. On this page, scroll down to Educational Videos/Other and click on "Writing a Declaration for the Court."**

**Commissioner** A person chosen by the court and given the power to hear and make decisions in certain kinds of legal matters.

# INCOME AND EXPENSE DECLARATION WORKSHEET

## INFORMATION ABOUT YOUR EMPLOYMENT

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### A. Employment:

I am currently:  employed  unemployed  self-employed (if self-employed, go to B.)

(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, provide information below:

Employer: \_\_\_\_\_

Employer's address: \_\_\_\_\_

Employer's phone number: \_\_\_\_\_

Occupation: \_\_\_\_\_

Date job started: \_\_\_\_\_

I work about \_\_\_\_\_ hours per week.

I get paid \$ \_\_\_\_\_ gross (before taxes):  per month  per week  per hour

### B. Self-employment:

Type:  owner/sole proprietor  business partner  other: \_\_\_\_\_

Number of years in this business: \_\_\_\_\_ Name of business: \_\_\_\_\_

Type of business: \_\_\_\_\_

Income after business expenses: Last Month: \$ \_\_\_\_\_ Average Monthly\*: \$ \_\_\_\_\_

## INFORMATION ABOUT YOUR AGE AND EDUCATION

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How old are you? \_\_\_\_\_ (in years)

Did you complete high school or the equivalent?  Yes  No (If No, highest grade completed: \_\_\_\_\_)

How many years of college have you completed? \_\_\_\_\_ Specify degree obtained: \_\_\_\_\_

How many years of graduate school have you completed? \_\_\_\_\_ Specify degree obtained: \_\_\_\_\_

Do you have any professional/occupational license(s)?  Yes  No (Specify: \_\_\_\_\_)

Do you have any vocational training?  Yes  No (Specify: \_\_\_\_\_)

## INFORMATION ABOUT YOUR TAXES

Last **tax year** you filed your income tax returns: \_\_\_\_\_

What is your current tax filing status?  single  head of household  married, filing separately

married, filing jointly with: (name) \_\_\_\_\_

State(s) where you file tax returns:  California  Other: \_\_\_\_\_

How many exemptions (including yourself) do you claim on your federal tax return? \_\_\_\_\_

Do you know the other parent's monthly income?  Yes  No If yes, how much? \$ \_\_\_\_\_ per month.

Based on:  Personal knowledge  Child Support Calculation  Other: \_\_\_\_\_

**INFORMATION ABOUT YOUR INCOME, DEDUCTIONS, AND ASSETS**

**Income (gross, before taxes):**

| Type and Amounts (\$):   | Last Month | Average Monthly* |
|--|------------|------------------|
| <input type="checkbox"/> Salary/Wages:   | _____      | _____            |
| <input type="checkbox"/> Overtime:   | _____      | _____            |
| <input type="checkbox"/> Commissions/Bonuses:                                      | _____      | _____            |
| <input type="checkbox"/> Pension/Retirement Fund:                                  | _____      | _____            |
| <input type="checkbox"/> Social Security retirement (not SSI):                     | _____      | _____            |
| <input type="checkbox"/> Unemployment:   | _____      | _____            |
| <input type="checkbox"/> Workers' compensation:                                    | _____      | _____            |
| <input type="checkbox"/> Spousal/Partner Support ( <i>this</i> relationship):      | _____      | _____            |
| <input type="checkbox"/> Spousal/Partner Support ( <i>different</i> relationship): | _____      | _____            |
| <input type="checkbox"/> Other: _____  | _____      | _____            |

Are you currently receiving Public Assistance?  Yes  No

| Type and Amounts (\$):                                     | Last Month | Average Monthly* |
|--|------------|------------------|
| <input type="checkbox"/> TANF:                             | _____      | _____            |
| <input type="checkbox"/> SSI:                              | _____      | _____            |
| <input type="checkbox"/> County Assistance/General Relief: | _____      | _____            |
| <input type="checkbox"/> Other: _____                      | _____      | _____            |
| <input type="checkbox"/> Food Stamps:                      | _____      | _____            |

**Investment income, rental property, trust):**

| Type and Amounts (\$):                       | Last Month | Average Monthly* |
|--|------------|------------------|
| <input type="checkbox"/> Dividends/Interest: | _____      | _____            |
| <input type="checkbox"/> Rental property:    | _____      | _____            |
| <input type="checkbox"/> Trust:              | _____      | _____            |

**One-time money in last 12 months (lottery winnings, inheritance):**

Type: \_\_\_\_\_  
Amount \$ \_\_\_\_\_

**Change in income:**

How has your financial situation changed over the last 12 months? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Deductions (last month):**

Union dues: \$ \_\_\_\_\_  
Required retirement payments (not 401(k)): \$ \_\_\_\_\_  
Medical/dental/other health insurance premium: \$ \_\_\_\_\_  
Child support for other children: \$ \_\_\_\_\_ (Is amount court-ordered?  Yes  No. If Yes, provide court case number(s): \_\_\_\_\_  
Is amount paid directly to other parent?  Yes  No  
Spousal/Partner support for other marriage/domestic partnership: \$ \_\_\_\_\_  
Necessary job-related expenses not reimbursed by employer: \$ \_\_\_\_\_ (explain: \_\_\_\_\_)

\*For average monthly amount, add up all income of that type from the last 12 months and divide total by 12.

**Assets:**

Cash, bank or other financial institution accounts: \$ \_\_\_\_\_

Stocks, bonds or other assets that can be easily sold: \$ \_\_\_\_\_

Real Property (fair market value less balance owed): \$ \_\_\_\_\_

Personal Property (e.g., automobile; fair market value less balance owed): \$ \_\_\_\_\_

**INFORMATION ABOUT YOUR HOUSEHOLD AND EXPENSES**

**The following people live with me (people you support or who support you):**

| Name     | Age   | Relationship to you (spouse, etc.) | That person's gross monthly income (\$) | Pays some of the household expenses?                     |
|----------|-------|------------------------------------|---|--|
| 1. _____ | _____ | _____                              | _____                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. _____ | _____ | _____                              | _____                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. _____ | _____ | _____                              | _____                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. _____ | _____ | _____                              | _____                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. _____ | _____ | _____                              | _____                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Average MONTHLY expenses:**  Estimated expenses  Actual expenses  Proposed Needs

|   |                                   |            |  |          |
|---|-----------------------------------|------------|--|----------|
| a. Home                                       |                                   |            | h. Laundry & cleaning  | \$ _____ |
| <input type="checkbox"/> Rent or              | <input type="checkbox"/> Mortgage | \$ _____   | i. Clothes   | \$ _____ |
| If Mortgage:                                  | (Principal):                      | \$ (_____) |  |          |
|   | (Interest):                       | \$ (_____) |  |          |
| Property tax:                                 |                                   | \$ _____   |  |          |
| Homeowner's/<br>Renter's                      |                                   | \$ _____   |  |          |
| Insurance                                     |                                   |            |  |          |
| b. Health care costs not covered by insurance |                                   | \$ _____   | j. Education   | \$ _____ |
| c. Child Care                                 |                                   | \$ _____   | k. Entertainment, gifts, vacation  | \$ _____ |
| d. Groceries, household supplies              |                                   | \$ _____   | l. Auto expenses & transportation (insurance, gas, repairs, bus)             | \$ _____ |
| e. Eating out                                 |                                   | \$ _____   | m. Insurance (life, accident, etc. <b>do not</b> include auto, home, health) | \$ _____ |
| f. Utilities (gas, electric, water, trash)    |                                   | \$ _____   | n. Savings and investments   | \$ _____ |
| g. Telephone, cell phone, e-mail              |                                   | \$ _____   | o. Charitable contributions  | \$ _____ |
|   |                                   |            | q. Other _____   | \$ _____ |
|   |                                   |            | _____  |          |

\*For average monthly amount, add up all income of that type from the last 12 months and divide total by 12.

**Installment payments and debts not listed above (loans, credit cards, etc.):**

| Paid to  | For   | Monthly Amount (\$) | Balance (\$) | Date of Last Payment |
|----------|-------|---------------------|--------------|----------------------|
| 1. _____ | _____ | _____               | _____        | _____                |
| 2. _____ | _____ | _____               | _____        | _____                |
| 3. _____ | _____ | _____               | _____        | _____                |
| 4. _____ | _____ | _____               | _____        | _____                |
| 5. _____ | _____ | _____               | _____        | _____                |
| 6. _____ | _____ | _____               | _____        | _____                |

**INFORMATION ABOUT YOUR CHILDREN IN THIS CASE**

How many children do you have with the other parent in this case? \_\_\_\_\_  
Percentage of time the children spend with: You \_\_\_\_\_% Other Parent \_\_\_\_\_%  
If you do not know the percentage, specify your parenting schedule: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Health insurance:**

Do you have health insurance available for the children through your employment?  Yes  No  
If Yes, provide name and address of insurance company: \_\_\_\_\_  
\_\_\_\_\_

What is the monthly cost for the *children's* health insurance? \$ \_\_\_\_\_

**Additional expenses for the children (child care, uncovered health care costs, travel expenses, educational/special needs)\*\*:**

|             |                         |
|-------------|-------------------------|
| Type: _____ | Monthly Amount \$ _____ |
| Type: _____ | Monthly Amount \$ _____ |
| Type: _____ | Monthly Amount \$ _____ |
| Type: _____ | Monthly Amount \$ _____ |
| Type: _____ | Monthly Amount \$ _____ |

**\*\*Bring proof of these expenses to attach to your filing.**

**INFORMATION ABOUT SPECIAL HARDSHIPS**

- Extraordinary health expenses: Monthly Amount \$ \_\_\_\_\_ How many months? \_\_\_\_\_
- Major losses not covered by insurance (fire, theft, etc.): Monthly Amount \$ \_\_\_\_\_ How many months? \_\_\_\_\_
- Expenses for biological or adopted children from other relationships *living with you*:

| Child's Name | Age   | Amount of expense per month (\$) | How many months? | Amount of child support received per month (\$) |
|--------------|-------|----------------------------------|------------------|---|
| 1. _____     | _____ | _____                            | _____            | _____   |
| 2. _____     | _____ | _____                            | _____            | _____   |
| 3. _____     | _____ | _____                            | _____            | _____   |
| 4. _____     | _____ | _____                            | _____            | _____   |

\*For average monthly amount, add up all income of that type from the last 12 months and divide total by 12.



|  |              |
|--|--------------|
| PLAINTIFF/PETITIONER:<br>DEFENDANT/RESPONDENT: | CASE NUMBER: |
|--|--------------|

**DECLARATION**

*(This form must be attached to another form or court paper before it can be filed in court.)*

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)

- Attorney for     Plaintiff     Petitioner     Defendant
- Respondent     Other (*Specify*):