



**SUPERIOR COURT OF CALIFORNIA
COUNTY OF ORANGE
SELF-HELP CENTER**

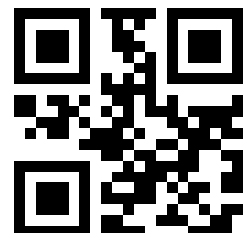
**FLFO ONE-ON-ONE ASSISTANCE PACKET
CHECKLIST**

- You must have an open, active case with Orange County Child Support Services (CSS).
- Complete** the attached forms.
- Complete** your Declaration explaining what you are requesting and why. If you are requesting a modification of support, you must explain what has changed since the last order was made (loss of job, increase or decrease in parenting time, etc.).
- Bring proof of income:** pay stubs from the last 2 months; if self-employed, Schedule C from your last federal tax return or Profit and Loss statements from the last 2 years; unemployment benefits; disability benefits; Social Security benefits; any other source of income showing year-to-date earnings. **Failure to provide proof of income may result in your request being denied.**
- If requesting review of license denial, bring denial letter from CSS.
- If requesting payment on child support arrears or waiver of unassigned arrears, bring Case Balance Detail from CSS showing arrears balance.
- Other documentation to support your request.

Please use a BLACK ink pen.

Superior Court Case Number: _____
CSS Case Number: _____

*Facilitator staff will **not** provide legal advice.



REGISTRATION PACKET

FLFO One-on-One Assistance

INFORMATION ABOUT YOU AND THE OTHER PARENT

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)

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: \$ _____

WHAT ORDERS WOULD YOU LIKE NOW?

- C/S Amount (if not guideline): \$ _____
- S/S Amount: \$ _____
- Payment on Arrears: \$ _____

DECLARATION

Complete the Attached Declaration form (MC-031) telling the Court what you are requesting and why.

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."

**WRITE YOUR DECLARATION ON
FORM MC-031 – THE LAST PAGE OF THIS
PACKET.**

INCOME AND EXPENSE DECLARATION WORKSHEET

INFORMATION ABOUT YOUR EMPLOYMENT

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

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 (Principal):	\$ (_____)			
Mortgage: (Interest):	\$ (_____)			
	\$ _____			
Property tax:	\$ _____			
Homeowner's/ Renter's Insurance			j. Education	\$ _____
b. Health care costs not covered by insurance	\$ _____		k. Entertainment, gifts, vacation	\$ _____
c. Child Care	\$ _____		l. Auto expenses & transportation (insurance, gas, repairs, bus)	\$ _____
d. Groceries, household supplies	\$ _____		m. Insurance (life, accident, etc. do not include auto, home, health)	\$ _____
e. Eating out	\$ _____		n. Savings and investments	\$ _____
f. Utilities (gas, electric, water, trash)	\$ _____		o. Charitable contributions	\$ _____
g. Telephone, cell phone, e-mail	\$ _____		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.

PARTY WITHOUT ATTORNEY OR ATTORNEY (Name and Address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____ 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:

- a. has become employed, earning \$ _____ per hour, working _____ hours per week.
- b. has received an increase in earnings and now earns \$ _____ per month.
- c. 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 –**
 - 1. 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: _____.
 - 2. 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)

PLAINTIFF/PETITIONER: 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*):