

SAMPLE SUPPORT DECLARATION

[MOTHER or FATHER] and I have [NUMBER] of minor children together: [NAME/AGES]. I request the court enter the following orders: [STATE THE SPECIFIC ORDERS YOU WANT THE COURT TO ENTER]

IF ESTABLISHING CHILD SUPPORT: My gross monthly income is [\$]. [Describe source of income, ex. disability, employment, social security, etc.] The other side's income is [\$ or estimate]. The children are with me during these times [describe schedule] and with the other parent these times [describe schedule]. I need support for our child[ren].

IF MODIFYING CHILD SUPPORT: Changed circumstances exist such that a change in support is justified. They are as follows: [List changed circumstances. Can include, change in your income; change in the other person's income; change in time with your children; remarried; new biological children in your household.]

IF ESTABLISHING SPOUSAL SUPPORT: My ex and I were married for [number] of years. I am in need of support. My gross monthly income is [\$]. Describe source of income, ex. disability, employment, social security, etc.] The other side's income is [\$ or estimate] and has the ability to pay. [Include other important facts like length of marriage, stay-at-home parent, other side had opportunity to go to school or advance in career, your educational/employment history, etc.] I plan on [describe any plans to go back to school, get training, or other ways to become self-sufficient].

IF MODIFYING SPOUSAL SUPPORT BEFORE JUDGMENT: [See "'IF MODIFYING CHILD SUPPORT.')] MODIFYING SPOUSAL SUPPORT AFTER JUDGMENT: Use FL-157

IF REQUESTING CHILD CARE AND/OR HEALTH COST REIMBURSEMENT: The court previously ordered the other side to pay 1/2 of [daycare and/or health care costs] on [date]. Outstanding costs are [provide total amount]. The other side owes me [1/2 if the total]. Attached is a summary of those costs, proof of costs [receipts] and proof of payment [cancelled checks]. [Attach summary and proof.]

IF FOR ORDER ELIMINATING HEALTH INSURANCE REQUIREMENT: I am required to pay [\$] for health insurance premiums. My gross monthly income is [\$]. My monthly expenses are [\$]. [Provide additional information that affects your ability to make ends meet]. My current child support obligation is [\$] per month. I cannot afford to continue to pay health insurance.

TO LOWER ARREARS PAYMENT: [Any information that affects your ability to pay your bills.]

FOR RELEASE OF DRIVER'S LICENSE: [Any information that goes to why you need your license.]

FOR FORGIVENESS OF ARREARS: [Any information that the minor was residing with you when support was accruing; any information or proof that shows you paid support even though you weren't given credit.]

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

If you are seeking the assistance of the Family Law Facilitator's office/Self Help Center, you must also provide:

- _____ A copy of most recent orders (If you do not have a copy, you may obtain one from the clerk's office at 3055 Cleveland Ave., Santa Rosa, CA
- _____ stamped envelope addressed to other party or other party's attorney of record, if any
- _____ A completed Income & Expense Declaration (FL-150), or Financial Statement (FL-155) with 3 most recent pay stubs and/or other proof of earnings/income.

**EJEMPLO PARA ESCRIBIR DECLARACION (CARTA) PARA
MANUTECION/PENSION ALIMENTICA DE LOS MENORES O COMO ESPOSOS**

[Escriba nombre completo de la madre o el padre] y yo tenemos _____ de hijo (s), nombre(s) de los hijos y edad(es), le solicito al tribunal que dicte la siguiente orden(es): por ejemplo, Que se modifique o establezca la pensión alimenticia/manutención del menor(es) o como esposos.

PARA ESTABLECER PENSION ALIMENTICIA DEL MENOR(ES): Mi ingreso mensual es \$ _____. Describa la fuente de ingresos, por ejemplo: trabajo en, recibo asistencia del gobierno/publica, seguro de incapacidad, etc. Mi hijo(s) está conmigo (escriba el horario) y con (escriba el nombre de la madre o el padre); paso mas tiempo con los menores (horario), y/o me volví a casar y tenemos un hijo biológico.

PARA MODIFICAR PENSION ALIMENTICIA/MANUTENCION DEL MENOR(ES) O DE ESPOSOS: Escriba cambio de circunstancias que existe para poder justificar la modificación, por ejemplo: Perdí mi trabajo, gano menos dinero, cambio de sueldo de la otra parte.

Declaro bajo pena de perjurio bajo las leyes del Estado de California que lo anterior es verdad.

Escriba la fecha

Firma
Nombre y apellido(s)

La declaración (carta) tiene que estar **escrita en ingles** y usted tiene que traer un intérprete para la audiencia (cuando se presente ante el juez).