



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

www.occourts.org

**FAMILY LAW FACILITATOR CLINIC:
CHILD SUPPORT MODIFICATIONS**

Description:

Family Law Facilitator services are provided every **Friday from 8:00 a.m. to 12:00 p.m., except holidays** for self-represented litigants who have an active case with the Orange County Department of Child Support Services (DCSS) and who want to request a hearing to modify their child support cases.

When & Where:

Superior Court Service Center
Self-Help Center
27573 Puerta Real
Mission Viejo, CA 92691

Every Friday 8:00 am to 12:00 pm, except holidays

- Services are provided on a first-come, first-served basis.
- Children are not permitted in the clinic.

What to Bring:

- Completed **CLINIC REGISTRATION PACKET** (this packet)
- Completed **DECLARATION** (included in this packet) explaining why you are requesting a modification of support.
- **BRING PROOF OF INCOME:** Copies of last two months paycheck stubs or if self-employed, Schedule C or Profit and Loss Statements from the last 2 years; or copies of unemployment benefits; disability benefits; Social Security benefits; any other source of income showing year-to-date earnings. **You may not be admitted to the clinic if you fail to provide proof of income.**

Superior Court Case Number: _____

CSS Case Number: _____

* Presenters will **not** give legal advice.



REGISTRATION PACKET

FLFO CLINIC 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: \$ _____
-

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: _____)

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 | | | | |
| 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. do not 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 _____ | \$ _____ |

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. _____	_____	_____	_____	_____

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.**

PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	CASE NUMBER:
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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*):