



**SUPERIOR COURT OF CALIFORNIA  
COUNTY OF ORANGE  
SELF-HELP CENTER  
[www.occourts.org](http://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?

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

## 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: \_\_\_\_\_

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**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. <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 _____   | \$ _____ |

**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**

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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*):