

# How to fill out INCOME AND EXPENSE DECLARATION (FL-150)

## DIRECTIONS:

- The Income and Expense Declaration form has been sectioned off for instructional purposes to assist you in filling each section within the form. There are a total of four pages to be filled out and completed.
- Find the number on the sample form. Example **1**
- Go to the same number below or next to the sample form to find out how to fill out the form.
- Type or print in black ink.
- If you know the case number fill it in. If not known, leave it blank.

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<b>FL-150</b>	
<small>ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):</small>	
<div style="text-align: center;"><b>1</b></div>	
<small>TELEPHONE NO.: E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):</small>	
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b>	
<div style="text-align: center;"><b>2</b></div>	
<small>STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:</small>	
<div style="text-align: center;"><b>3</b></div>	
<small>PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:</small>	
<b>INCOME AND EXPENSE DECLARATION</b>	<small>CASE NUMBER:</small>

- 1** Print your name, address and phone number.
- 2** If not filled in for you, write "**Kern**" after COUNTY OF.  
STREET ADDRESS: **3701 N Sillect Avenue**  
MAILING ADDRESS: Leave Blank  
CITY AND ZIP CODE: **Bakersfield 93308**
- 3** Fill in the names of the PETITIONER/PLAINTIFF and RESPONDENT/DEFENDANT. The Plaintiff is the person that starts a case against another person, the Defendant.) Fill in name(s) of OTHER PARENT/CLAIMANT if it applies to this case.

1. **Employment** (Give information on your current job or, if you're unemployed, your most recent job.)

Attach copies of your pay stubs for last two months (black out social security numbers).

- 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.

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4 Fill in information about your job. If you do not have a job, fill in information about **your last job**. If you have more than one job, use another sheet of paper and write the information requested for each additional job.

- Employer: Fill in the name of where you work.
- Employer Address: Address of your workplace.
- Employer's phone number: Phone number of where you work.
- Occupation: Your Job Title or Classification (example: driver or manager)
- Date job started: Fill in the date you started this job.
- If unemployed, date job ended: Fill in the date of your last day at work when applicable.
- I work about \_\_\_\_\_ hours per week: Fill in how many hours you work(ed) in a week.
- I get paid \$: Amount of money you get paid before taxes are taken out. Check the first box if this is a monthly amount, the second box if weekly, or the third box if hourly.

Be sure to include **copies of your pay stubs** for the last two months. Use a **darker marker** to cross your Social Security number.

(If you have more than one job, attach an 8½-by-11-inch sheet of paper and list the same information as above for your other jobs. Write "Question 1—Other Jobs" at the top.)

2. **Age and education**

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- My age is (specify): \_\_\_\_\_
- I have completed high school or the equivalent: ☐ Yes ☐ No If no, highest grade completed (specify): \_\_\_\_\_
- Number of years of college completed (specify): \_\_\_\_\_ Degree(s) obtained (specify): \_\_\_\_\_
- Number of years of graduate school completed (specify): \_\_\_\_\_ Degree(s) obtained (specify): \_\_\_\_\_
- I have: ☐ professional/occupational license(s) (specify): \_\_\_\_\_  
☐ vocational training (specify): \_\_\_\_\_

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Age and education

- Fill in your age
- Check the "Yes" box if you finished high school. If you checked No, fill in the last grade you completed.
- Fill out if you have taken college classes and check the box if a degree was earned.
- Fill out if you have taken college classes after receiving a bachelor's degree and check the box if a degree was earned.
- Fill in this section if this applies to you.

**6** 3. Tax Information

a. ☐ I last filed taxes for tax year (specify year): \_\_\_\_\_

b. My tax filing status is ☐ single ☐ head of household ☐ married, filing separately  
☐ married, filing jointly with (specify name): \_\_\_\_\_

c. I file state tax returns in ☐ California ☐ other (specify state): \_\_\_\_\_

d. I claim the following number of exemptions (including myself) on my taxes (specify): \_\_\_\_\_

**7** 4. Other party's income. I estimate the gross monthly income (before taxes) of the other party in this case at (specify): \$ \_\_\_\_\_  
This estimate is based on (explain): \_\_\_\_\_

**8** you need more space to answer any questions on this form, attach an 8½-by-11-inch sheet of paper and write the question number before your answer.) Number of pages attached: \_\_\_\_\_

I declare under penalty of perjury under the laws of the State of California that the information contained on all pages of this form and any attachments is true and correct.

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

\_\_\_\_\_  
(TYPE OR PRINT NAME) (SIGNATURE OF DECLARANT)

Form Adopted for Mandatory Use  
Judicial Council of California  
FL-150 (Rev. January 1, 2007)

**INCOME AND EXPENSE DECLARATION**

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Family Code, §§ 2030-2032,  
2100-2113, 2652, 2620-2634,  
4050-4076, 4300-4339  
www.courtinfo.ca.gov

## 6 Tax Information

- Check this box and fill in the year of your **last** tax return.
- Check the box that applies to you.
- Check California OR check "Other" if you last filed taxes in another state and write the state's name.
- Write the number of exemptions" you claim when filing your taxes.

**7** Other party's income. Write down the total amount the other person in this case makes in a month and explain how you know this.

**8** Fill in the date, typer or print your name on the left, and sign on the right.

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**9** PETITIONER/PLAINTIFF: \_\_\_\_\_  
RESPONDENT/DEFENDANT: \_\_\_\_\_  
OTHER PARENT/CLAIMANT: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_

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Attach copies of your pay stubs for the last two months and proof of any other income. Take a copy of your latest federal tax return to the court hearing. (Black out your social security number on the pay stub and tax return.)

**10** 5. Income (For average monthly, add up all the income you received in each category in the last 12 months and divide the total by 12.)

	Last month	Average monthly
a. Salary or wages (gross, before taxes) .....	\$ _____	_____
b. Overtime (gross, before taxes) .....	\$ _____	_____
c. Commissions or bonuses .....	\$ _____	_____
d. Public assistance (for example: TANF, SSI, GA/GR) <input type="checkbox"/> currently receiving .....	\$ _____	_____
e. Spousal support <input type="checkbox"/> from this marriage <input type="checkbox"/> from a different marriage .....	\$ _____	_____
f. Partner support <input type="checkbox"/> from this domestic partnership <input type="checkbox"/> from a different domestic partnership .....	\$ _____	_____
g. Pension/retirement fund payments .....	\$ _____	_____
h. Social security retirement (not SSI) .....	\$ _____	_____
i. Disability: <input type="checkbox"/> Social security (not SSI) <input type="checkbox"/> State disability (SDI) <input type="checkbox"/> Private insurance .....	\$ _____	_____
j. Unemployment compensation .....	\$ _____	_____
k. Workers' compensation .....	\$ _____	_____
l. Other (military BAQ, royalty payments, etc.) (specify): .....	\$ _____	_____

**9** Print our first and last names for you and the other person(s) in this case.

**10** Fill a. through k. if it applies to you and check any boxes that apply to you. The first column (Last month) is for money earned last month. For the second column (Average monthly), add up the amounts for the past 12 months then divide by 12 to get the average amount.

**11** 6. Investment income (Attach a schedule showing gross receipts less cash expenses for each piece of property.)

a. Dividends/interest .....
 \$ \_\_\_\_\_ | \_\_\_\_\_ |

b. Rental property income .....
 \$ \_\_\_\_\_ | \_\_\_\_\_ |

c. Trust income .....
 \$ \_\_\_\_\_ | \_\_\_\_\_ |

d. Other (specify): .....
 \$ \_\_\_\_\_ | \_\_\_\_\_ |

**12** 7. Income from self-employment, after business expenses for all businesses. .... \$ \_\_\_\_\_

I am the ☐ owner/sole proprietor ☐ business partner ☐ other (specify): \_\_\_\_\_

Number of years in this business (specify): \_\_\_\_\_

Name of business (specify): \_\_\_\_\_

Type of business (specify): \_\_\_\_\_

Attach a profit and loss statement for the last two years or a Schedule C from your last federal tax return. Black out your social security number. If you have more than one business, provide the information above for each of your businesses.

**13** 8. ☐ Additional income. I received one-time money (lottery winnings, inheritance, etc.) in the last 12 months (specify source and amount): \_\_\_\_\_

9. ☐ Change in income. My financial situation has changed significantly over the last 12 months because (specify): \_\_\_\_\_

**11** If you have investments, fill in amounts. If you fill in an amount for d., write a description. If you have property, include a separate page that lists the total money earned on the property and expenses.

12 Fill out this section only if you are self-employed (own a business). Include a "Profit and Loss Statement" for each business, or a Schedule C from your tax return.

13 Check "Additional Income," if you received extra money in the last 12 months. Write down the amount and where the money came from. Example: "I won the lottery." Or "My uncle left me money in his will."

14 10. **Deductions** Last month

a. Required union dues ..... \$ \_\_\_\_\_

b. Required retirement payments (not social security, FICA, 401(k), or IRA) ..... \$ \_\_\_\_\_

c. Medical, hospital, dental, and other health insurance premiums (*total monthly amount*) ..... \$ \_\_\_\_\_

d. Child support that I pay for children from other relationships ..... \$ \_\_\_\_\_

e. Spousal support that I pay by court order from a different marriage ..... \$ \_\_\_\_\_

f. Partner support that I pay by court order from a different domestic partnership ..... \$ \_\_\_\_\_

g. Necessary job-related expenses not reimbursed by my employer (*attach explanation labeled "Question 10g"*) ..... \$ \_\_\_\_\_

15 11. **Assets** Total

a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts ..... \$ \_\_\_\_\_

b. Stocks, bonds, and other assets I could easily sell ..... \$ \_\_\_\_\_

c. All other property, ☐ real and ☐ personal (*estimate fair market value minus the debts you owe*) ..... \$ \_\_\_\_\_

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14 Fill in amounts deducted (taken away) from your earnings last month. Fill out all that applies. If you fill out (f), you must write an explanation on a separate page labeled "Question 10f."

15 List your assets (accounts, stocks, bonds, property, etc.) Put in the total value (worth) for each line listed.

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16 Print out first and last names for you and the other person(s) in this case.

17 Give information about all the people who live with you.

- Column 1: write their names.
- Column 2: Write their ages.
- Column 3: How are they related to you (parent, child, other relative, friend)
- Column 4: Write how much money each person receives each month (before taxes).
- Column 5: Check the Yes or No box if this person pays some of the living expenses.

PETITIONER/PLAINTIFF: 16  
RESPONDENT/DEFENDANT:  
OTHER PARENT/CLAIMANT:

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12. The following people live with me:

Name	Age	How the person is related to me? (ex: son)	That person's gross monthly income	Pays some of the household expenses?
a.				<input type="checkbox"/> Yes <input type="checkbox"/> No
b.				<input type="checkbox"/> Yes <input type="checkbox"/> No
c.				<input type="checkbox"/> Yes <input type="checkbox"/> No
d.				<input type="checkbox"/> Yes <input type="checkbox"/> No
e.				<input type="checkbox"/> Yes <input type="checkbox"/> No

18 13. **Average monthly expenses** ☐ Estimated expenses ☐ Actual expenses ☐ Proposed needs

a. Home:

(1) ☐ Rent or ☐ mortgage. . . . \$ \_\_\_\_\_

If mortgage:

(a) average principal: \$ \_\_\_\_\_

(b) average interest: \$ \_\_\_\_\_

(2) Real property taxes ..... \$ \_\_\_\_\_

(3) Homeowner's or renter's insurance (if not included above) ..... \$ \_\_\_\_\_

(4) Maintenance and repair ..... \$ \_\_\_\_\_

b. Health-care costs not paid by insurance. . . \$ \_\_\_\_\_

c. Child care ..... \$ \_\_\_\_\_

d. Groceries and household supplies. . . . \$ \_\_\_\_\_

e. Eating out. . . . . \$ \_\_\_\_\_

f. Utilities (gas, electric, water, trash) . . . \$ \_\_\_\_\_

g. Telephone, cell phone, and e-mail . . . . \$ \_\_\_\_\_

h. Laundry and cleaning ..... \$ \_\_\_\_\_

i. Clothes ..... \$ \_\_\_\_\_

j. Education ..... \$ \_\_\_\_\_

k. Entertainment, gifts, and vacation. . . . \$ \_\_\_\_\_

l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.) ..... \$ \_\_\_\_\_

m. Insurance (life, accident, etc.; do not include auto, home, or health insurance) . . \$ \_\_\_\_\_

n. Savings and investments. . . . . \$ \_\_\_\_\_

o. Charitable contributions. . . . . \$ \_\_\_\_\_

p. Monthly payments listed in item 14 (*itemize below in 14 and insert total here*) . . \$ \_\_\_\_\_

q. Other (*specify*): ..... \$ \_\_\_\_\_

r. **TOTAL EXPENSES (a-q) (do not add in the amounts in a(1)(a) and (b))** \$ \_\_\_\_\_

s. **Amount of expenses paid by others** \$ \_\_\_\_\_

**18 Average Monthly Expenses.** Check the first box if you are estimating (best guess) expenses, or the second box if actual (exact) expenses. Check the third box if you expect these to be your expenses each month.

- a. Check the first box if you rent or the second box if you own your home. Fill in monthly payment. If you have a mortgage, fill out (1), (2), and (3). Fill out (4) and (5) if it applies to you.
- b. – q. Fill in amount as they apply to you.
- r. Add lines a. through q., but don't add in mortgage principal and interest from line (a)(2).
- s. Monthly expenses for the household NOT paid by you.

14. **Installment payments and debts not listed above**

Paid to	For	Amount	Balance	Date of last payment
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

15. **Attorney fees** (This is required if either party is requesting attorney fees.):

- a. To date, I have paid my attorney this amount for fees and costs (specify): \$
- b. The source of this money was (specify):
- c. I still owe the following fees and costs to my attorney (specify total owed): \$
- d. My attorney's hourly rate is (specify): \$

I confirm this fee arrangement.

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

(TYPE OR PRINT NAME OF ATTORNEY) (SIGNATURE OF ATTORNEY)

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**19** List all installment payments and debt you may have. This could include car payments, credit card payments, etc.

- First Column: Fill in the names of the creditor (who gets the payment)
- Second Column: Describe what the payment was for. Third Column is the amount of last payment to the creditor.
- Fourth Column: Amount still owned. Last column: date last payment was made.

**20** If you are represented by an attorney or you have paid money to an attorney, complete this section. If you have not paid any money to an attorney in this case, leave this section blank

**21** Do not fill out this section. Skip to the next page...

**PETITIONER/PLAINTIFF:** **22**  
**RESPONDENT/DEFENDANT:**  
**OTHER PARENT/CLAIMANT:**

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**CHILD SUPPORT INFORMATION**  
(NOTE: Fill out this page only if your case involves child support.)

**23** 16. **Number of children**

- a. I have (specify number): \_\_\_\_\_ children under the age of 18 with the other parent in this case.
- b. The children spend \_\_\_\_\_ percent of their time with me and \_\_\_\_\_ percent of their time with the other parent.  
(If you're not sure about percentage or it has not been agreed on, please describe your parenting schedule here.)

**22** Print out first and last names for you and the other person (s) in this case.

**23** Number of Children

- a. Fill in the number of children you have with the other parent that are **under age 18**.
- b. Estimate the amount of time the children are with you and with the other parent. Example:  
"The children spend 30 percent of their time with me and 70 percent of their time with the other parent."



If unsure about using percentages, use the space provided to describe the parents schedules for taking care of the children.

**24** 17. **Children's health-care expenses**

a. ☐ I do ☐ I do not have health insurance available to me for the children through my job.

b. Name of insurance company:

c. Address of insurance company:

d. The monthly cost for the **children's** health insurance is or would be (specify): \$  
(Do not include the amount your employer pays.)

**25** 18. **Additional expenses for the children in this case**

	Amount per month
a. Child care so I can work or get job training. ....	\$ _____
b. Children's health care not covered by insurance .....	\$ _____
c. Travel expenses for visitation .....	\$ _____
d. Children's educational or other special needs (specify below): .....	\$ _____

**24 Children's health-care expenses.**

- a. Check the first box if your workplace provides health insurance for your children. Otherwise, check the second box.
- b. Write the name of the insurance company.

- c. Write the address of this insurance company in the space provided.
- d. Fill in the monthly amount you pay (or would pay to fully cover the children) for health insurance. DO NOT include costs already paid by your job.

**25** Fill in monthly amounts that apply to your case. Describe educational or special needs.

**26** 19. **Special hardships.** I ask the court to consider the following special financial circumstances (attach documentation of any item listed here, including court orders):

	Amount per month	For how many months?
a. Extraordinary health expenses not included in 18b. ....	\$ _____	_____
b. Major losses not covered by insurance (examples: fire, theft, other insured loss) .....	\$ _____	_____
c. (1) Expenses for my minor children who are from other relationships and are living with me .....	\$ _____	_____
(2) Names and ages of those children (specify):		
(3) Child support I receive for those children. ....	\$ _____	

The expenses listed in a, b, and c create an extreme financial hardship because (explain):

**26** List any "Special Hardships" (things that make daily living hard).

- For a. through c., fill in monthly amounts that apply
- In the second column, fill in the number of months the situation has lasted.
- If you have children under

**27** 20. **Other information I want the court to know concerning support in my case (specify):**

age 18 from other relationships, list their names and ages in the space provided.

- If you get child support for these children, fill in that amount.
- If you fill out lines a., b., and c., space has been provided to explain why it's hard for you to pay expenses.

**27** In the space provided you may write other information you want the court to know about your case.