Name:

Address:

City, State, Zip:

Telephone:

Email:

SELF REPRESENTED

SUPERIOR COURT OF THE STATE OF CALIFORNIA

FOR THE COUNTY OF SANTA BARBARA

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| --- | --- |
| Name:  Petitioner,  v.  Name:  Respondent. | Case No.:  DECLARATION RE PROPOSED SUPPORT  CALCULATION    LOCAL RULE 1418  Assigned to Judge: |

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, declare:

1. I am the Petitioner  Respondent  Other Parent in the above-referenced case. I write this declaration based on things that I personally know. If I were asked to go to court to testify, I would be able to competently and truthfully speak about what I have written in this declaration.

2. I have prepared a proposed  child support and/or  temporary spousal support calculation, a copy of which is attached here as **Exhibit A** and is incorporated herein. I have used the latest version of the DissoMaster program, as utilized by the court. I have used the default settings, which will establish child support under state law and spousal support under the Santa Clara County Support Schedule. The following information, based on my current knowledge and belief, sets forth the factors used in making the attached calculation:

**Number of children:** Number of children of this relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Party status:** I am the  custodial  non-custodial parent in this case.

1. **Additional facts:**

|  |  |  |
| --- | --- | --- |
| **Category** | **Petitioner/Other Parent** | **Respondent** |
| **Timeshare with children:** | **%** | **%** |
| **Tax filing status:** |  |  |
| **Wages/salary (gross):** | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_/m. | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_/m. |
| **Self-employment income:** | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_/m. | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_/m. |
| **Other taxable income:**   * **Disability:** * **Unemployment:** * **Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_/m.  $\_\_\_\_\_\_\_\_\_\_\_\_\_\_/m.  $\_\_\_\_\_\_\_\_\_\_\_\_\_\_/m. | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_/m.  $\_\_\_\_\_\_\_\_\_\_\_\_\_\_/m.  $\_\_\_\_\_\_\_\_\_\_\_\_\_\_/m. |
| **Imputed earnings: The other parent does not work but has the ability** **to work and earn:**  **See my declaration for additional information.** | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_/m. | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_/m. |
| **New spouse gross income:**   * **Wages and salary** * **Self-employment** | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_/m.  $\_\_\_\_\_\_\_\_\_\_\_\_\_\_/m. | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_/m.  $\_\_\_\_\_\_\_\_\_\_\_\_\_\_/m. |
| **Health insurance:**   * **Pre-tax deduction** * **Private** | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_/m.  $\_\_\_\_\_\_\_\_\_\_\_\_\_\_/m. | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_/m.  $\_\_\_\_\_\_\_\_\_\_\_\_\_\_/m. |
| **Other child support paid:** |  |  |
| **Mandatory retirement** | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_/m. | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_/m. |
| **401k contribution** | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_/m. | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_/m. |
| **Union dues:** | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_/m. | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_/m. |
| **Other spousal support paid:** | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_/m. | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_/m. |
| **Property taxes:** | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_/m. | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_/m. |
| **Deductible interest expense** | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_/m. | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_/m. |
| **(Hardship deduction) # of other biologically-related minor children living in home** | **#** | **#** |
| **Childcare for children of this relationship** | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_/m. | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_/m. |
| **Visitation expenses** | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_/m. | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_/m. |
| **Unreimbursed health care expenses for children** | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_/m. | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_/m. |

|  |  |  |
| --- | --- | --- |
| **Other** |  |  |

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

DATED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_