

## INCOME AND EXPENSE

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

- a. Employer:
- b. Employer's address:
- c. Employer's phone number:
- d. Occupation:
- e. Date job started:
- f. If Unemployed, date job ended:
- g. I work about \_\_\_\_\_ hours per week
- h. I get paid \$ \_\_\_\_\_ gross (before taxes) \_\_\_\_\_ per month \_\_\_\_\_ per week \_\_\_\_\_ per hour.

**(If you have more than one job, attach an 8 1/2 -by- 11- inch paper and list the same information as above for your other jobs. Write "Question 1 - Other Jobs" at the top)**

**2. Age and education**

- a. My age is:
- b. I have completed high school or the equivalent: \_\_\_\_\_yes \_\_\_\_\_no.  
If no, highest grade completed: \_\_\_\_\_
- c. Number of years of college completed (Specify): \_\_\_\_\_  
Degree(s) obtained if any (specify): \_\_\_\_\_
- d. Number of years of graduate school completed: \_\_\_\_\_  
Degree(s) obtained if any (specify): \_\_\_\_\_
- e. I have \_\_\_\_\_ professional / Occupational license(s) (specify): \_\_\_\_\_  
\_\_\_\_\_ vocational training (specify): \_\_\_\_\_

**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 tax returns in \_\_\_\_\_California \_\_\_\_\_Other (specify state): \_\_\_\_\_
- d. I claim the following number of exemptions (including myself) on my taxes (specify): \_\_\_\_\_

**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): \_\_\_\_\_

**(If you need more space to answer any questions on this form, attach 8 1/2 -by- 11 inch sheet of paper and write down question number before your answer.)**

Number of pages attached: \_\_\_\_\_

**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).....                   | \$ _____   | _____           |
| e. Spousal Support .....  | \$ _____   | _____           |
| f. Partner support .....  | \$ _____   | _____           |
| g. Pension/retirement fund payments .....                                   | \$ _____   | _____           |
| h. Social security retirement (not SSI).....                                | \$ _____   | _____           |
| I. Disability:  |            |                 |
| __ Social security (not SSI) __ State Disability (SDI) __ Private Ins. .... | \$ _____   | _____           |
| j. Unemployment compensation.....   | \$ _____   | _____           |
| k. Worker's compensation .....  | \$ _____   | _____           |
| l. Other(military BAQ, royalty payments, etc.).....                         | \$ _____   | _____           |

**6. Investment Income** (attach a schedule showing gross receipts less cash expenses for each piece of property.)

|                            |          |       |
|----------------------------|----------|-------|
| a. Dividends/interest..... | \$ _____ | _____ |
| b. Rental property.....    | \$ _____ | _____ |
| c. Trust income.....       | \$ _____ | _____ |
| d. Other (specify).....    | \$ _____ | _____ |

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

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

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

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

**8. Additional income.**

I have 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): \_\_\_\_\_

**10. Deductions**

|   | Last Month |
|---|------------|
| a. Required union dues.....   | \$ _____   |
| b. Required retirement payments (not social security, FICS, 401(K), or IRA) .....       | \$ _____   |
| c. Medical, hospital, dental, and other health insurance premiums.....                  | \$ _____   |
| 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 .....                   | \$ _____   |

**11. Assets**

- |   |              |
|---|--------------|
|   | <b>Total</b> |
| 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.....  | \$ _____     |

**12. The following people live with me:**

| Name     | Age | How the person is related to me? | That person's gross monthly income | Pays some of the household expenses? |
|----------|-----|----------------------------------|------------------------------------|--------------------------------------|
| a. _____ |     |                                  |                                    | ___ Yes    ___ No                    |
| b. _____ |     |                                  |                                    | ___ Yes    ___ No                    |
| c. _____ |     |                                  |                                    | ___ Yes    ___ No                    |
| d. _____ |     |                                  |                                    | ___ Yes    ___ No                    |
| e. _____ |     |                                  |                                    | ___ Yes    ___ No                    |
| f. _____ |     |                                  |                                    | ___ Yes    ___ No                    |

**13. Average monthly expenses:**

         **Estimated expenses**

         **Actual expenses**

- a. Home:
- (1) \_\_\_ Rent or \_\_\_ Mortgage..... \$ \_\_\_\_\_
- If mortgage:
- (a) average principle: \$ \_\_\_\_\_
- (b) average interest: \$ \_\_\_\_\_
- (2) Real property taxes ..... \$ \_\_\_\_\_
- (3) Homeowner's or renter's insurance..... \$ \_\_\_\_\_
- (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 email..... \$ \_\_\_\_\_
- h. Laundry and cleaning..... \$ \_\_\_\_\_
- i. Clothes..... \$ \_\_\_\_\_
- j. Education..... \$ \_\_\_\_\_
- k. Entertainment, gift and vacation..... \$ \_\_\_\_\_
- l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.)..... \$ \_\_\_\_\_
- m. Insurance (life, accident, etc.; do not include auto, home, or health ins.)..... \$ \_\_\_\_\_
- n. Savings and investments ..... \$ \_\_\_\_\_
- o. Charitable contributions ..... \$ \_\_\_\_\_
- p. Monthly payments listed in item 14 (itemize below in 14 and insert total)..... \$ \_\_\_\_\_
- q. Other (specify)..... \$ \_\_\_\_\_

**r. TOTAL EXPENSES.....\$ \_\_\_\_\_**

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

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

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

**CHILD SUPPORT INFORMATION**

(Note: Fill out this page only if your case involves child support)

**15. 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 \_\_\_\_\_% of their time with me and \_\_\_\_\_% of their time with the other parent. (If you are not sure about percentage or it has not been agreed on, please describe your parenting schedule below.)

**16. 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.)

**17. 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)..... \$ \_\_\_\_\_

**18. Special hardships.**

|   | Amount per month | How many months |
|---|------------------|-----------------|
| a. Extraordinary health expenses not included in 18b.....   | \$ _____         | _____           |
| b. Major losses not covered by insurance (Ex: fire, theft).....                                     | \$ _____         | _____           |
| 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):   |                  |                 |
| Names:  | Age:             |                 |
| _____   | _____            |                 |
| _____   | _____            |                 |
| _____   | _____            |                 |
| (3) Child support I receive for those children .....  | \$ _____         |                 |

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

**19. Other information I want the mediator to know concerning support in my case (specify):**