

IN THE MATTER OF:	CASE NUMBER:
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**1. Monthly Income** (Defendant, spouse listed separately):

a. Gross monthly employment income \$ \_\_\_\_\_  
 (before deductions):  
 1) \_\_\_\_\_ \$ \_\_\_\_\_  
 2) \_\_\_\_\_ \$ \_\_\_\_\_  
 3) \_\_\_\_\_ \$ \_\_\_\_\_  
 4) \_\_\_\_\_ \$ \_\_\_\_\_

b. Total deductions (add 1a (1) – (4) above): \$ \_\_\_\_\_

c. Total monthly take-home pay (1a minus 1b): \$ \_\_\_\_\_

d. List the source and the amount of any other income you get each month, including: spousal/child support, retirement, social security, disability, unemployment, military basic allowance for quarters (BAQ), veterans payments, dividends, interest, trust income, annuities, net business or rental income, reimbursement for job-related expenses, expenses, gambling, or lottery winnings, etc.

Source of income:

	\$	
	\$	
	\$	
	\$	

e. Your total monthly income is (1c plus 1d): \$ \_\_\_\_\_

**2. Your money and property** (Defendant, spouse listed separately):

a. Cash \$ \_\_\_\_\_

b. All financial accounts (List bank name and amount):  
 1) \_\_\_\_\_ \$ \_\_\_\_\_  
 2) \_\_\_\_\_ \$ \_\_\_\_\_

c. Cars, boats, and other vehicles:

	Make/Year	Fair Market Value	Balance Owed
1) _____		\$ _____	\$ _____
2) _____		\$ _____	\$ _____

d. Real Estate:

	Address	Fair Market Value	Balance Owed
1) _____		\$ _____	\$ _____
2) _____		\$ _____	\$ _____

e. Other personal property (jewelry, furniture, furs, stocks, bonds, etc.):

	Describe	Fair Market Value	Balance Owed
1) _____		\$ _____	\$ _____
2) _____		\$ _____	\$ _____
3) _____		\$ _____	\$ _____
4) _____		\$ _____	\$ _____

**3. Your Monthly Expenses**

(Do not include payroll deductions you already listed in 1b.)

a. Rent or house payment & maintenance \$ \_\_\_\_\_

b. Food and household supplies \$ \_\_\_\_\_

c. Utilities and telephone \$ \_\_\_\_\_

d. Clothing \$ \_\_\_\_\_

e. Laundry and cleaning \$ \_\_\_\_\_

f. Medical and dental expenses \$ \_\_\_\_\_

g. Insurance (life, health, accident, etc.) \$ \_\_\_\_\_

h. School, child care \$ \_\_\_\_\_

i. Child, spousal support (another marriage) \$ \_\_\_\_\_

j. Transportation, gas, auto repair and insurance \$ \_\_\_\_\_

k. Installment payments (list each below) paid to:

1) \_\_\_\_\_ \$ \_\_\_\_\_

2) \_\_\_\_\_ \$ \_\_\_\_\_

l. Wages/earnings withheld by court order \$ \_\_\_\_\_

m. Any other monthly expenses (list each below):

	How Much?
1) _____	\$ _____
2) _____	\$ _____

2) \_\_\_\_\_ \$ \_\_\_\_\_

**Total monthly expenses** (add 3a – 3m above): \$ \_\_\_\_\_

To list any other facts about your financial situation, such as unusual medical expenses, family emergencies, etc., attach a sheet of paper, and write financial information and your name and case number at the top.

**You must bring written proof of these facts to your Mandatory Settlement Conference.**

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

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

(PRINT NAME)

(SIGNATURE)