

SHORT TITLE	CASE NUMBER
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**DECLARATION REGARDING CHILD SUPPORT FACTORS**

I, \_\_\_\_\_, declare under penalty of perjury under the laws of the State of California as follows:

1. **Party Information:** I am the  custodial  non-custodial parent in this case.
2. **Number of Children:** I have \_\_\_\_\_ minor child(ren) with the other party.
3. **Timeshare:** My timeshare with my child(ren) is \_\_\_\_\_%. The other parent's timeshare is \_\_\_\_\_%.
4. **Filing Status:** My tax filing status is:  S- \_\_\_\_\_  HH- \_\_\_\_\_  MFJ- \_\_\_\_\_  MFS- \_\_\_\_\_
5. **Wages and Salary:** My average gross monthly income is \$ \_\_\_\_\_. I earn \$ \_\_\_\_\_ per hour and I work an average of \_\_\_\_\_ hours per week.
6. **Self-Employment Income:** I am self-employed and I earn an average of \$ \_\_\_\_\_ adjusted gross per month.
7. **Other Taxable Income:**  Disability - \$ \_\_\_\_\_ per month.  Unemployment - \$ \_\_\_\_\_ per month.  
 Other (*specify*) - \_\_\_\_\_ \$ \_\_\_\_\_ per month.
8. **New Spouse Income:** \$ \_\_\_\_\_ gross per month.  Not applicable.
9. **Health Insurance:** \$ \_\_\_\_\_ per month. **Union Dues:** \$ \_\_\_\_\_ per month.
10. **Other Child Support Paid:** I pay \$ \_\_\_\_\_ per month child support for children of another relationship that do not live with me. (*Supporting evidence attached.*)
11. **Hardship Deduction(s) Requested:** I request a hardship deduction for \_\_\_\_\_ minor children not of this relationship that live with me and whom I support. (*Supporting evidence attached.*)
12. **Other Parent's Income:**  
 The other parent works and based upon information and belief earns \$ \_\_\_\_\_ gross per month. His/her tax filing status is \_\_\_\_\_. OR  
 The other parent does not work but has the ability to work and earn \$ \_\_\_\_\_ gross per month. I request that the court impute income to him/her.
13. **Other Parent's New Spouse's Income:**  \$ \_\_\_\_\_ gross per month.  Not applicable.
14. **Child Support Add-Ons:**  
 Child Care -  I request 50% of the total monthly child care expenses be paid by the other party.  
 I request \$ \_\_\_\_\_ per month child care expenses be paid by the other party.  
 Unreimbursed Health Care Expenses - I request 50% of the total expenses be paid by the other party.
15. **Other Facts:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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