CHODT TITLE	CACENIUMDED
SHORT TILE	CASE NUMBER

ATTACHED DECLARATION IN SUPPORT OF MODIFICATION OF CHILD SUPPORT

I am requesting a modification of child support based upon the following change of circumstance since the last order for child support was entered:

1.	. Job loss and current unemployment		
	Hos	st my job on I was 🗌 laid off 🔲 terminated 🔲 other:	
		I have been looking for work since I lost my job. A list of my job contacts is attached or will be provided at the	
	·	tring. I am receiving unemployment benefits and ask that the court base my child support on my unemployment	
		nefits. I am not eligible for unemployment benefits and I ask that the court reduce my child support to zero until I	
		l employment.	
	IIIIu	i employment.	
2.		Change of employment and decrease in earnings	
	a.	☐ I am no longer working for the same employer as I was when the last order was made. I have not worked	
		there since The reason I am not working there is because	
		I currently work at	
		My occupation is I earn \$ per hour and usually work	
		hours per week. My average gross monthly income is \$ This is a decrease in my	
		gross monthly earnings of \$ from the time of the last order. I tried to find work at my	
		previous rate of pay but was unable to.	
	b.	☐ I am still employed at the same place I was when the order was made, but my earnings have decreased. I	
		now earn \$ per hour and usually work hours per week. This is a decrease in my	
		gross monthly earnings of \$ My earnings decreased because	
		, cango or 4	
3.		Change in child custody and/or timeshare with children in this case	
	a.	☐ I now have ☐ primary custody ☐ substantial increased timeshare with the children in this case. The children	
		are now with me as follows:	
		Timeshare is estimated to be% to me and% to the other parent. Timeshare was	
		calculated by	
	b.	☐ My child,, is now emancipated as a result of ☐ attaining the age 18 and	
		not in high school attaining the age 19 married in the military indicial decree. I request support for	
		that child be terminated.	

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4.		Disability and decrease in earnings and/or loss of income
	I an	currently disabled. My disability began on and consists of the following medical/psychological
		plems:
		be disabled until □ I have attached a Verification of Disability from my treating doctor.
		lect one)
	a.	☐ I do not receive disability benefits at this time but I have applied for benefits. I expect to receive disability
		benefits from the _ state government _ federal government _ private insurance _ Other
		I expect to start receiving benefits on or about in the sum of \$ monthly. Until I
		start to receive these benefits, I ask that the court reduce my child support to zero.
	b.	☐ I do not expect to receive disability benefits in the future because:
		I ask the court to reduce my child support to zero.
	c.	☐ I receive disability benefits from ☐ state government ☐ federal government ☐ private policy. The amount
		I receive monthly is \$ From this disability income the sum of \$ is deducted
		for child support every month. I ask that child support be suspended and/or reduced during the period of my
		disability. I request any derivative benefits due my child(ren) from social security as a result of my disability
		be offset against my child support order entered, pursuant to Fam. Code § 4504.
	d.	☐ I receive SSI/SSP benefits and have received SSI/SSP benefits since Thus, child support
		should be set at zero for so long as I continue to receive these benefits.
	_	
5.		Change in income or ability to earn of the other parent
	Sin	te the last order for child support was made, the other parent:
	a.	has become employed, earning \$ per hour, working hours per week.
	b.	has received an increase in earnings and now earns \$ per month.
	C.	now has the ability to obtain employment and earn at least \$ per month.
6.		Financial hardship
	Sin	te the last order was made, I have sustained the following financial hardship(s):
	a.	☐ Statutory hardship –
		1. Expenses of natural or adopted children in the home (Fam. Code § 4071(a)(2)). I provide support for the
		following or adopted minor children who reside in my home:
		2. Extraordinary health expenses and uninsured catastrophic losses (Fam. Code § 4071(a)(1)):
	b.	☐ Low income adjustment – I request the court order a low income adjustment in this case because I net less
		than \$1000 per month, taking into consideration all allowable deductions and hardships.
	c.	☐ Court discretion – I request the court use its discretion and deviate from the guideline amount because
		application of the guideline formula would be unjust or inappropriate due to the special circumstances in my case.
		The facts supporting the special circumstances in my case are:

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7.				
	I was released from incarceration on I wa			
		ration and am actively looking for work. A list of my job		
	contacts is attached or will be provided at the hearing. I ha	ve no current income. I am asking the court to reduce my		
	child support to zero until I find employment. I am willing to return to court for review hearings as necessary. I am			
	in a recovery program called	and have been there		
	since The program requirements are _			
	I am not allowed to work for the first weeks/months. Thereafter I can work as follows:			
	I have attached verification of my enrollment and participal child support to zero until I find employment. I am willing to	, ,		
8.	Other change of circumstance:			
9.	I request child support be modified and set at zero for a pay support is incarcerated or receiving SSI, and has request current support remain in effect until modified by	no other assets or income. For all other periods,		
10	Other information I want the court to know concerning			
	set forth above:			
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Ld				
	leclare under penalty of perjury under the laws of the State of	California that the foregoing is true and correct.		
		California that the foregoing is true and correct.		
	declare under penalty of perjury under the laws of the State of ate:	California that the foregoing is true and correct.		
Da		California that the foregoing is true and correct. Signature of Declarant		