

APPLICATION FOR COMPROMISE – FAMILY REUNIFICATION

PART I: INFORMATION ABOUT THE OBLIGOR PARENT AND CHILD

1. NAME OF OBLIGOR PARENT			3. TELEPHONE NUMBER OF OBLIGOR PARENT () -
2. ADDRESS OF OBLIGOR PARENT			4. SOCIAL SECURITY NUMBER OF OBLIGOR PARENT, IF ANY - -
CITY	STATE	ZIP CODE	5. LCSA CASE NUMBER - -
6. NUMBER OF THE CHILD(REN) FOR WHOM THE ARREARAGES ACCURED: A.			7.(A.) – CHILD’S SOCIAL SECURITY NUMBER - -
B.			7.(B.) – CHILD’S SOCIAL SECURITY NUMBER - -
C.			7.(C.) – CHILD’S SOCIAL SECURITY NUMBER - -
D.			7.(D.) – CHILD’S SOCIAL SECURITY NUMBER - -

8. YOUR RELATIONSHIP TO THE CHILD: (PLEASE CHECK ONE)

Natural Mother Adoptive Mother Natural Father Adoptive Father

9. PERIOD WHEN THE CHILD WAS OUT OF THE HOME

From: ___/___/___ To: ___/___/___ From: ___/___/___ To: ___/___/___
 From: ___/___/___ To: ___/___/___ From: ___/___/___ To: ___/___/___

10. CHECK BELOW WHERE YOUR CHILD(REN) WAS LIVING DURING THE TIME YOUR CHILD(REN) WAS OUT OF YOUR HOME.

A. Foster Care: YES NO If “YES”, was the child(ren) placed in Foster Care by the juvenile court (Welfare and Institutions Code Section 300)? YES NO

B. With a guardian or relative caregiver who got CalWORKS for the child? YES NO
 If YES, with who? ___ Relationship to child: ___

C. With a guardian or relative caregiver who got KinGap for the child? YES NO
 If YES, with who? ___ Relationship to child: ___

11. Is the child currently living with you at least 50% of the time? YES NO

12. Did the child live with you before being placed in Foster Care or with the guardian or relative caregiver? YES NO

PART II: INCOME AND EXPENSES

1. Are you providing for the full support of your child? YES NO

2. You must complete the enclosed court form(s) which provide information about your income and expense

3. Do you have any other extra expenses that were not identified on the enclosed income and expense forms? YES NO

If YES, please explain: _____

PART III: HARDSHIP

1. Do you believe the compromise of arrearages being requested is necessary for you to be able to support your child(ren) named in this application? YES NO

DECLARATION:

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

Print Name: _____

Signature: _____

Date: _____

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name and Address</i>):	TELEPHONE NO.:	FOR COURT USE ONLY
ATTORNEY FOR (<i>Name</i>):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SACRAMENTO		
STREET ADDRESS: 3341 POWER INN ROAD		
MAILING ADDRESS: 3341 POWER INN ROAD		
CITY AND ZIP CODE: SACRAMENTO, CA 95826		
BRANCH NAME: WILLIAM RIDGEAY FAMILY RELATIONS COURT		
PLANITIFF:		
RESPONDENT/DEFENDANT:		
OTHER PARENT/CLAIMANT:		
INCOME AND EXPENSE DECLARATION		
		CASE NUMBER:

1. Employment

Fill out the information below on your current job or if you're unemployed, your most recent job.

**Attach 1
copy of pay
stubs for last
2 months
here (cross
out social
security
numbers)**

- a. Employer name:
- b. Employer's address:
- c. Employer's phone number:
- d. Your 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 unemployed now, list what you got paid on your last job.
If you have more than one job, attach an 8 1/2 by 11 sheet of paper and list the same information as above for your other job(s). Write "Item 1 - Other Job" at the top.*

2. Age and education

- a. My age is (*specify*):
- b. I have completed high school or equivalent yes no If no, highest grade completed _____
- c. Number of years of college completed (*specify*):
- d. Number of years of graduate school completed (*specify*):
- e. I have the following professional/occupational licenses (*specify*):
 vocational training (*specify*):

3. Tax information

- a. I last filed taxes in _____ (year).
- b. My tax filing status is:
 single head of household married filing separately.
 married filing jointly with (*specify name*):
- c. I file state tax returns in California Other (*specify*):
- 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 is: \$
This estimate is based on (*explain*):

If you need more space to answer any questions on this form, attach an 8 1/2 by 11 sheet of paper, and write the question number before your answer. Number of pages attached _____.

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

Date:



.....
(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	CASE NUMBER:
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Attach copies of your pay stubs for the last two months and proof of any other income. Take a copy of your latest federal tax return to the court hearing. *(Cross out your social security number on the pay stub or tax return.)*

5. **Income** *(list all sources that you have received for the last 12 months—for average monthly, divide 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) <input type="checkbox"/> currently receiving	\$ _____	_____
e. Spousal support <input type="checkbox"/> from this marriage <input type="checkbox"/> from a different marriage	\$ _____	_____
f. Pension/retirement fund payments	\$ _____	_____
g. Social security retirement (not SSI)	\$ _____	_____
h. Disability <input type="checkbox"/> social security (not SSI) <input type="checkbox"/> state disability (SDI) <input type="checkbox"/> private	\$ _____	_____
i. Unemployment compensation	\$ _____	_____
j. Workers compensation	\$ _____	_____
k. Other (military basic allowance for quarters (BAQ), royalty payments, etc.) <i>(specify)</i> ...	\$ _____	_____

6. **Investment Income**

a. Dividends/interest	\$ _____	_____
b. Rental property income	\$ _____	_____
c. Trust income	\$ _____	_____
d. Other <i>(specify)</i> :	\$ _____	_____

Attach a schedule showing gross receipts less cash expenses for each piece of property.

7. **My Income from Self-Employment after business expenses for each business:**

I am the <input type="checkbox"/> owner/sole proprietor <input type="checkbox"/> partner <input type="checkbox"/> other <i>(specify)</i> :	\$ _____	
Number of years in this business (specify):		
Name of business (specify):		
Type of business (specify):		

Attach a profit and loss statement for the last two years or a schedule C from your last federal tax return. If more than one business, provide the same information as above for all your businesses.

8. **Additional Income**
 I 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, FICA, 401k or IRA)	\$ _____	_____
c. Medical, hospital, dental, and other health insurance premiums (total monthly amount)	\$ _____	_____
d. Child support I pay for my other children from other relationship	\$ _____	_____
e. Spousal support I pay by court order from a different marriage	\$ _____	_____
f. Necessary job-related expenses not reimbursed by my employer <i>(attach explanation labeled Question 10f)</i>	\$ _____	_____

11. **Assets**

		Total
a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts	\$ _____	_____
b. Stocks, bonds, and other assets you can easily sell	\$ _____	_____
c. All other property, <input type="checkbox"/> real or <input type="checkbox"/> personal <i>(estimate fair market value minus the loans and debts you owe)</i>	\$ _____	_____

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	CASE NUMBER:
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12. The following people live with me:

Name	Age	How is the person related to you?	Gross monthly income	Pays some of the household expenses?
a.				<input type="checkbox"/> YES <input type="checkbox"/> NO
b.				<input type="checkbox"/> YES <input type="checkbox"/> NO
c.				<input type="checkbox"/> YES <input type="checkbox"/> NO
d.				<input type="checkbox"/> YES <input type="checkbox"/> NO
e.				<input type="checkbox"/> YES <input type="checkbox"/> NO

13. Average monthly expenses Estimated expenses Actual expenses Proposed needs

<p>a. My home:</p> <p>(1) <input type="checkbox"/> Rent or <input type="checkbox"/> mortgage \$ _____</p> <p>(2) If mortgage include: Average Principal ... \$ _____ Average Interest \$ _____</p> <p>(3) Real property taxes \$ _____</p> <p>(4) Homeowner's or renter's insurance <i>(if not included above)</i> \$ _____</p> <p>(5) Maintenance and repair \$ _____</p> <p>b. Health-care cost not paid by insurance ... \$ _____</p> <p>c. Child care \$ _____</p> <p>d. Groceries and household supplies \$ _____</p> <p>e. Eating out \$ _____</p> <p>f. Utilities <i>(gas, electric, water, trash)</i> \$ _____</p> <p>g. Telephone/cell phone/e-mail \$ _____</p>	<p>h. Laundry and cleaning \$ _____</p> <p>i. Clothes \$ _____</p> <p>j. Education <i>(specify):</i> \$ _____</p> <p>k. Entertainment, gifts and vacation \$ _____</p> <p>l. Auto expenses and transportation <i>(insurance, gas, repairs, bus, etc.)</i> \$ _____</p> <p>m. Insurance <i>(life, accident, etc.; do not include auto, home, or health insurance.)</i> \$ _____</p> <p>n. Saving and investments \$ _____</p> <p>o. Charitable contributions \$ _____</p> <p>p. Monthly payment listed in item 16 <i>(itemize below in 16 and insert total here)</i> \$ _____</p> <p>q. Other <i>(specify):</i> \$ _____</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p>r. TOTAL EXPENSES (a-q) <i>(do not include amounts in a(2))</i>..... \$ _____</p> </div> <p>s. Amount of expenses paid by others \$ _____</p>
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14. Installment payments and debts *(not listed above)*

Paid to:	For:	Amount	Balance	Date of last payment
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

15. Attorney fees *(This is required if either party is requesting attorney fees.)*

- a. To date I have paid my attorney for fees and costs: \$
- b. The source of this money was *(specify)*:
- c. I owe to date the following fees and costs over the amount paid: \$
- d. My attorney's hourly rate is \$

I confirm this information and fee arrangement.

Date:

.....
 (TYPE OR PRINT NAME OF ATTORNEY)

▶ _____
 (SIGNATURE OF ATTORNEY)

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	CASE NUMBER:
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Child Support Information

Fill out this page only if your case involves child support.

16. Number of children

- a. I have _____ children under the age of 18 with the other parent.
- b. The children spend _____ % of time with me _____ % with the other parent.
If not sure about percentage, or it's not been agreed upon, please describe your parenting schedule here.

17 Children's health care expenses

- a. I do I do not have health insurance for the children available at work.
- b. Name of insurance company:
- c. Address of insurance company:
- d. The monthly cost for children's health insurance is or would be: \$ _____
Do not include the amount your employer pays.

18 Additional expenses for 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) \$ _____

19 Special hardships:

I ask the court to consider these special financial circumstances:
(Attach documentation of any item listed here including court orders.)

Amount per month

For how many months?

- a. Extraordinary health expenses not included in 18b \$ _____
- b. Major losses not covered by insurance (*examples: fire, theft, other uninsured loss*) \$ _____
- c. (1) Expenses for my minor children from other relationships who live with me \$ _____
(List names and ages of those children):

- (2) Child support I receive for those children \$ _____
 These expenses listed in a, b and c create an extreme financial hardship because (*explain*):

20. Other information I want the court to know concerning support in my case.