

Cover Sheet:	Financial Disclosures			
Effective Date:	September 18, 2018			
Last Revision Date:	June 8, 2022			
Purpose:	The Financial Disclosure process must be completed by both parties to a Dissolution or Legal Separation case.			
Assistance:	Parties who are acting as their own attorneys may receive help from the Self Help Center to complete these forms. You may contact the Self Help Center through the Court's website, by creating an e-Correspondence account.			
Required Forms:	 All forms are Judicial Council forms, unless otherwise indicated: Schedule of Assets and Debts, FL-142 Income and Expense Declaration, FL-150 Declaration of Disclosure, FL-140 Declaration Regarding Service of Declaration of Disclosure and Income and Expense Declaration, FL-141 			
Filing Fee:	None			
Copies:	Make one copy of the forms that will not be filed with the Court and two copies of the completed forms that you intend to file with the Court. The Court will file and keep the original and will endorse and return the copies to you.			
Before You File:	The Financial Disclosures must be served before anything gets filed with the Court.			
Filing:	All forms must be typewritten or printed in blue or black ink. (See California Rules of Court, Rules 2.100-2.119) Mail or place completed forms in the court drop-box located at the Family Court at 3341 Power Inn Road, Sacramento, CA 95826. Drop box hours are 8:00 am to 5:00 pm Monday through Friday, excluding Court holidays. Forms may also be filed in person between the hours of 8:30 am and 4:00 pm. You must make an appointment online or obtain a ticket from Reception to file in person.			
Next Steps:	Seek legal assistance to determine the next steps to complete your case.			

Name of Cover Sheet Page 1 of 1

THIS FORM SHOULD NOT BE FILED WITH THE COURT

FL-142

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address):	TELEPHONE NO.:
ATTORNEY FOR (Name): SUPERIOR COURT OF CALIFORNIA, COUNTY OF	
PETITIONER:	
RESPONDENT:	
SCHEDULE OF ASSETS AND DEBTS Petitioner's Respondent's	CASE NUMBER:

- INSTRUCTIONS -

List all your known community and separate assets or debts. Include assets even if they are in the possession of another person, including your spouse. If you contend an asset or debt is separate, put P (for Petitioner) or R (for Respondent) in the first column (separate property) to indicate to whom you contend it belongs.

All values should be as of the date of signing the declaration unless you specify a different valuation date with the description. For additional space, use a continuation sheet numbered to show which item is being continued.

ITEM		SEP.	DATE	CURRENT GROSS FAIR MARKET	AMOUNT OF MONEY OWED OR
NO.	ASSETS DESCRIPTION	PROP	ACQUIRED	VALUE	ENCUMBRANCE
	EAL ESTATE (Give street addresses and attach copies of eeds with legal descriptions and latest lender's statement.)			\$	\$
	OUSEHOLD FURNITURE, FURNISHINGS, APPLIANCES dentify.)				
	EWELRY, ANTIQUES, ART, COIN COLLECTIONS, etc. dentify.)				

ITEI NO.		SEP. PROP	DATE ACQUIRED	CURRENT GROSS FAIR MARKET VALUE	AMOUNT OF MONEY OWED OR ENCUMBRANCE
	VEHICLES, BOATS, TRAILERS (Describe and attach copy of title document.)			\$	\$
	SAVINGS ACCOUNTS (Account name, account number, pank, and branch. Attach copy of latest statement.)				
	CHECKING ACCOUNTS (Account name and number, bank, and branch. Attach copy of latest statement.)				
/	CREDIT UNION, OTHER DEPOSIT ACCOUNTS (Account name and number, bank, and branch. Attach copy of latest statement.)				
8. (CASH (Give location.)				
9. 1	ΓAX REFUND				
	LIFE INSURANCE WITH CASH SURRENDER OR LOAN VALUE (Attach copy of declaration page for each policy.)				

	T		CURRENT GROSS	
ITEM ASSETS DESCRIPTION	SEP. PROP	DATE ACQUIRED	FAIR MARKET VALUE	OWED OR ENCUMBRANCE
11. STOCKS, BONDS, SECURED NOTES, MUTUAL FUNDS (Give certificate number and attach copy of the certificate or copy of latest statement.)			\$	\$
12. RETIREMENT AND PENSIONS (Attach copy of latest summary plan documents and latest benefit statement.)				
13. PROFIT - SHARING, ANNUITIES, IRAS, DEFERRED COMPENSATION (Attach copy of latest statement.)				
14. ACCOUNTS RECEIVABLE AND UNSECURED NOTES (Attach copy of each.)				
15. PARTNERSHIPS AND OTHER BUSINESS INTERESTS (Attach copy of most current K-1 form and Schedule C.)				
16. OTHER ASSETS				
17. TOTAL ASSETS FROM CONTINUATION SHEET 18. TOTAL ASSETS			\$	\$

	DEBTS—SHOW TO WHOM OWED	SEP. PROP.	TOTAL OWING	DATE INCURRED			
19.	STUDENT LOANS (Give details.)		\$				
20.	TAXES (Give details.)						
21.	SUPPORT ARREARAGES (Attach copies of orders and statements.)						
22.	LOANS—UNSECURED (Give bank name and loan number and attach copy of latest statement.)						
23.	CREDIT CARDS (Give creditor's name and address and the account number. Attach copy of latest statement.)						
24.	OTHER DEBTS (Specify.):						
25.	TOTAL DEBTS FROM CONTINUATION SHEET						
26.	TOTAL DEBTS		\$				
27.	27. [Specify number]: pages are attached as continuation sheets.						
I de	I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.						
Dat	Date:						
	(TYPE OR PRINT NAME)	TUDE OF S	ECLADANT)				
	(TIPE ON PRINT INAME) (SIGNA	TURE OF DI	ECLARANT)				

PARTY WITHOUT ATTORN	EY OR ATTORNEY	STATE BAR I	NUMBER:	FOR COURT USE ONLY
NAME:				TON COOK! COL CIVE!
FIRM NAME:				
STREET ADDRESS:				
CITY:		STATE:	ZIP CODE:	
TELEPHONE NO.:		FAX NO.:		
E-MAIL ADDRESS:				
ATTORNEY FOR (name):				
SUPERIOR COURT	OF CALIFORNIA, COUN	TY OF Sacramento		
STREET ADDRESS: 334	11 Power Inn Road			
MAILING ADDRESS: 334				
	cramento, CA 95826			
BRANCH NAME: WIII	liam R. Ridgeway Fami	lly Relations Courth	ouse	
	PETITIONER:			
	RESPONDENT:			
OTHER PARTY/PAR	ENT/CLAIMANT:			
				CASE NUMBER:
	INCOME AND EXP	ENSE DECLARA	ATION	OAGE NOMBER.
1. Employment (0	3ive information on yοι	ır current job or, if y	ou're unemployed, your mos	t recent job.)
Attach copies a.	Employer:			
of your pay b.	Employer's address:			
stubs for last C.	Employer's phone nur	mber:		
two months d.	Occupation:			
(black out e.	Date job started:			
Social f.	If unemployed, date jo	b ended:		
	l work about	hours per week		
numbers). h. I	l get paid \$	gross (before taxe	s) per month	per week per hour.
(If you have more	than one job, attach a	n 8 1/2-by-11-inch	sheet of paper and list the	same information as above for your other
jobs. Write "Quest	tion 1—Other Jobs" a	t the top.)		
2. Age and educa	etion			
	· • ·	o oguivologti —	□ Vos □□□ No If no	highest grade completed (analify)
				, highest grade completed (specify):
-	ears of college comple		Degree(s) obtain	* * * * * * * * * * * * * * * * * * * *
d. Number of y	ears of graduate school			ree(s) obtained (specify):
e. I have:	professional/occup	oational license(s) (specify):	
	vocational training	(specify):		
3. Tax informatio	n			
	filed taxes for tax year	(specify year):		
b. My tax filing			of household marri	ed, filing separately
	ed, filing jointly with (sp		or nedderiold mann	oa, ming opparatory
		• •	other (anality state).	
c. I file state ta			other (specify state):	
d. I claim the fo	ollowing number of exe	mptions (including r	myself) on my taxes (specify)	:
4. Other party's in	ncome. I estimate the	gross monthly incor	ne (before taxes) of the other	party in this case at (specify): \$
This estimate is	based on (explain):			
(If you need more	snace to answer any	augstions on this	form attach an 8 1/2-by-11	-inch sheet of paper and write the
	before your answer.)			-mon sheet or paper and write the
_		. •		-
		e laws of the State	of California that the informat	ion contained on all pages of this form and
any attachments is	true and correct.			
Date:				
			•	
	(TYPE OR PRINT NAME)			(SIGNATURE OF DECLARANT)
	*			*

FL-150

			FL-130
	PETITIONER:	CASE NUMBER:	
	RESPONDENT:		
ОТІ	HER PARTY/PARENT/CLAIMANT:		
	ch copies of your pay stubs for the last two months and proof of any other incon rn to the court hearing. (Black out your Social Security number on the pay stub a		federal tax
	Income (For average monthly, add up all the income you received in each category in tand divide the total by 12.)	Last month	Average monthly
	a. Salary or wages (gross, before taxes) D. Overtime (gross, before taxes)		
	c. Commissions or bonuses		
	d. Public assistance (for example: TANF, SSI, GA/GR) currently receiving		
(e. Spousal support from this marriage from a different marriage fe		
1	F. Partner support from this domestic partnership from a different dom		
!	g. Pension/retirement fund payments		
	n. Social Security retirement (not SSI)		
	. Disability: Social Security (not SSI) State disability (SDI)		
	. Unemployment compensation		
	k. Workers' compensation	\$	
•	. Other (military allowances, royalty payments) (specify).	<u> </u>	
6.	Investment income (Attach a schedule showing gross receipts less cash expenses for	each piece of property.)	
;	a. Dividends/interest		
ļ	c. Rental property income		
	c. Trust income		
(d. Other (specify):	\$	
7.	Income from self-employment, after business expenses for all businesses	\$	
	am the owner/sole proprietor business partner other (specific		
	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 you Social Security number. If you have more than one business, provide the informa		
8. [Additional income. I received one-time money (lottery winnings, inheritance, etc. 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, 401(k), or IRA)		
(c. Medical, hospital, dental, and other health insurance premiums (total monthly amou		
	d. Child support that I pay for children from other relationships		
	e. Spousal support that I pay by court order from a different marriage federally t		
	Partner support that I pay by court order from a different domestic partnership		
	g. Necessary job-related expenses not reimbursed by my employer (attach explanation	n labeled Question 10g)	φ
11.	Assets		Total
;	a. Cash and checking accounts, savings, credit union, money market, and other depos		\$
I	c. Stocks, bonds, and other assets I could easily sell		
	c. All other property, real and personal (estimate fair market value)	e minus the debts you owe)	\$

^{*} Check the box if the spousal support order or judgment was executed by the parties and the court before January 1, 2019, or if a court-ordered change maintains the spousal support payments as taxable income to the recipient and tax deductible to the payor.

PETITIONER:				CASE NUMBER:	
RESPONDENT:					
OTHER PARTY/PARENT/CLAIMANT:					
12. The following people live with me:					
Name	Age	How the person is related to me (ex: son)	That pers	son's gross ncome	Pays some of the household expenses?
a. b. c. d. e.					Yes No Yes No Yes No Yes No Yes No Yes No
13. Average monthly expenses E	stimated	expenses Actual e	expenses	Propos	sed needs
(1) Rent or mortgag If mortgage: (a) average principal: \$ (b) average interest: \$ (2) Real property taxes	e	j. Educ k. Enter l. Auto (insur m. Insura auto, n. Saving o. Charit p. Month (item. q. Other r. TOT the a	ation tainment, expenses rance, gas ance (life, a home, or gs and inversely paymen ize below r (specify). AL EXPEN	gifts, and vacation and transportations, repairs, bus, et accident, etc.; do health insurance estments	\$ on
14. Installment payments and debts not lis Paid to	For	/e	Amount	Balance	Date of last payment
. 3.3			\$	\$	Date of last paymont
			\$	\$	
			+.		
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
 15. Attorney fees (This information is required) a. To date, I have paid my attorney this and b. The source of this money was (specific) c. I still owe the following fees and costs d. My attorney's hourly rate is (specify): I confirm this fee arrangement. 	amount fo	or fees and costs (specify):	\$		
Date:					
(TVDE OD DDINT NAME)		<u> </u>		(CIONATURE OF	DECLADANT)
(TYPE OR PRINT NAME)				(SIGNATURE OF	- DEGLARANT)

PETITIONER:	CASE NUMBER:
RESPONDENT:	
OTHER PARTY/PARENT/CLAIMANT:	

CHILD SUPPORT INFORMATION		
(NOTE: Fill out this page only if your case involves	child support.)	
16. Number of children		
 a. I have (specify number): children under the age of 18 with the other page. b. The children spend percent of their time with me and percent (If you're not sure about percentage or it has not been agreed on, please described). 	cent of their time with	•
17. Children's health-care expenses		
a. I do have health insurance available to me for the ch	ildren 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.)		
18. Additional expense for the children in this case	Amount per mo	onth
a. Childcare 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):	\$	
19. Special hardships. I ask the court to consider the following special financial circumst (attach documentation of any item listed here, including court orders):	tances Amount per month	For how many months?
a. Extraordinary health expenses not included in 18b\$		Tornow many monato.
b. Major losses not covered by insurance (examples: fire, theft, other insured loss)\$		
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):		
(3) Child support I receive for those children\$		
The expenses listed in a, b, and c create an extreme financial hardship because (exp.	lain):	
20. Other information I want the court to know concerning support in my case (spec	cify):	

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	
TELEPHONE NO.: FAX NO. :	
E-MAIL ADDRESS: ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS:	
MAILING ADDRESS: CITY AND ZIP CODE:	
BRANCH NAME:	
PETITIONER:	
RESPONDENT:	
OTHER PARENT/PARTY:	
DECLARATION OF DISCLOSURE	CASE NUMBER:
Petitioner's Preliminary	
Respondent's Final	
DO NOT FILE DECLARATIONS OF DISCLOSURE OR FINANCIAL ATTA	ACHMENTS WITH THE COURT
In a dissolution, legal separation, or nullity action, both a preliminary and a final declaration party with certain exceptions. Neither disclosure is filed with the court. Instead, a declarated documents was completed or waived must be filed with the court (see form FL-141).	
In summary dissolution cases, each spouse or domestic partner must exchange prelim Dissolution Information (form FL-810). Final disclosures are not required (see Family 0	
In a default judgment case that is not a stipulated judgment or a judgment based on a petitioner is required to complete and serve a preliminary declaration of disclosure. A second (see Family Code section 2110).	
Service of preliminary declarations of disclosure may not be waived by an agreement Parties who agree to waive final declarations of disclosure must file their written agree	
The petitioner must serve a preliminary declaration of disclosure at the same time as the The respondent must serve a preliminary declaration of disclosure at the same time as the Response. The time periods may be extended by written agreement of the parties or by contact the same time as the Response.	e Response or within 60 days of filing the
Attached are the following:	
1. A completed Schedule of Assets and Debts (form FL-142) or A Property Department of Community and Quasi-Community Property Separate Property.	Declaration (form FL-160) for (specify):
2. A completed <i>Income and Expense Declaration</i> (form FL-150).	
3. All tax returns filed by the party in the two years before the date that the party ser	ved the disclosure documents.
4. A statement of all material facts and information regarding valuation of all assets community has an interest <i>(not a form)</i> .	that are community property or in which the
5. A statement of all material facts and information regarding obligations for which the	ne community is liable (not a form).
6. An accurate and complete written disclosure of any investment opportunity, busin opportunity presented since the date of separation that results from any investment producing opportunity from the date of marriage to the date of separation (not a front of the date of separation).	ent, significant business, or other income-
I declare under penalty of perjury under the laws of the State of California that the foregoing	ng is true and correct.
Date:	
<u> </u>	CIONATURE
(TYPE OR PRINT NAME)	SIGNATURE

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	
TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS:	
MAILING ADDRESS: CITY AND ZIP CODE:	
BRANCH NAME:	
PETITIONER: RESPONDENT:	
OTHER PARENT/PARTY:	
DECLARATION REGARDING SERVICE OF DECLARATION OF DISCLOSURE AND INCOME AND EXPENSE DECLARATION Petitioner's Preliminary Respondent's Final	CASE NUMBER:
I am the attorney for petitioner respondent in this matter.	
2. Petitioner's Respondent's Preliminary Declaration of Disclosure (form FL-140), current* Income and Expense Declaration (form FL-150), completed Schedule of Assets and Debts (form FL-142) or Community and Separate Property Declarations (form FL-160) with appropriate attachments, all tax returns filed by the party in the two years before service of the preliminary disclosures, and all other required information under Family Code section 2104 were served on:	
3. Petitioner's Respondent's Final Declaration of Disclosure (form FL-140), current* Income and Expense Declaration (form FL-150), completed Schedule of Assets and Debts (form FL-142) or Community or Separate Property Declarations (form FL-160) with attachments, and the material facts and information required by Family Code section 2105 were served on:	
the other party other party's attorney by personal service Other (specify): on (date):	mail
4. Service of Petitioner's Respondent's preliminary current income and expense declaration has been waived as follows: a. The parties agreed to waive final declaration of disclosure requirements under (Form FL-144 may be used for this purpose.) The waiver was filed on (date	
is being filed at the same time as this form.	
bThe party has failed to comply with disclosure requirements, and the court ha receipt under Family Code section 2107 on (date):	s granted the request for voluntary waiver of
 This is a default proceeding that does not include a stipulated judgment or se disclosure requirements under Family Code section 2110. 	ettlement agreement. Petitioner waives final
*Current is defined as completed within the past three months providing no facts have cha	nged. (Cal. Rules of Court, rule 5.260.)
I declare under penalty of perjury under the laws of the State of California that the foregoing	ng is true and correct.
Date:	
(TYPE OR PRINT NAME)	SIGNATURE
·	
NOTE: File this document with the court.	of Diaglacous as

NOTE: File this document with the court.

Do not file a copy of the Preliminary or Final Declaration of Disclosure or any attachments to either declaration of disclosure with this document.

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