

1 Name:
2 Address:
3 City, State, Zip:
4 Telephone:
5 Email:

6 SELF REPRESENTED

7 SUPERIOR COURT OF THE STATE OF CALIFORNIA
8 FOR THE COUNTY OF SANTA BARBARA

9 Name:

10 Petitioner,

11 v.

12 Name:

13 Respondent.

Case No.:

DECLARATION RE PROPOSED SUPPORT
CALCULATION

LOCAL RULE 1418

Assigned to Judge:

14 I, _____, declare:

15 1. I am the Petitioner Respondent Other Parent in the above-referenced case. I write
16 this declaration based on things that I personally know. If I were asked to go to court to testify, I would
17 be able to competently and truthfully speak about what I have written in this declaration.

18 2. I have prepared a proposed child support and/or temporary spousal support
19 calculation, a copy of which is attached here as **Exhibit A** and is incorporated herein. I have used the
20 latest version of the DissoMaster program, as utilized by the court. I have used the default settings,
21 which will establish child support under state law and spousal support under the Santa Clara County
22 Support Schedule. The following information, based on my current knowledge and belief, sets forth the
23 factors used in making the attached calculation:

24 **Number of children:** Number of children of this relationship: _____
25

Party status: I am the custodial non-custodial parent in this case.

Additional facts:

<u>Category</u>	<u>Petitioner/Other Parent</u>	<u>Respondent</u>
Timeshare with children:	%	%
Tax filing status:		
Wages/salary (gross):	\$ _____/m.	\$ _____/m.
Self-employment income:	\$ _____/m.	\$ _____/m.
Other taxable income:		
• Disability:	<input type="checkbox"/> \$ _____/m.	<input type="checkbox"/> \$ _____/m.
• Unemployment:	<input type="checkbox"/> \$ _____/m.	<input type="checkbox"/> \$ _____/m.
• Other:	<input type="checkbox"/> \$ _____/m.	<input type="checkbox"/> \$ _____/m.
Imputed earnings: The other parent does not work but has the ability to work and earn: See my declaration for additional information.	<input type="checkbox"/> \$ _____/m.	<input type="checkbox"/> \$ _____/m.
New spouse gross income:		
• Wages and salary	<input type="checkbox"/> \$ _____/m.	<input type="checkbox"/> \$ _____/m.
• Self-employment	<input type="checkbox"/> \$ _____/m.	<input type="checkbox"/> \$ _____/m.
Health insurance:		
• Pre-tax deduction	<input type="checkbox"/> \$ _____/m.	<input type="checkbox"/> \$ _____/m.
• Private	<input type="checkbox"/> \$ _____/m.	<input type="checkbox"/> \$ _____/m.
Other child support paid:		
Mandatory retirement	\$ _____/m.	\$ _____/m.
401k contribution	\$ _____/m.	\$ _____/m.
Union dues:	\$ _____/m.	\$ _____/m.
Other spousal support paid:	\$ _____/m.	\$ _____/m.
Property taxes:	\$ _____/m.	\$ _____/m.
Deductible interest expense	\$ _____/m.	\$ _____/m.
(Hardship deduction) # of other biologically-related minor children living in home	#	#
Childcare for children of this relationship	\$ _____/m.	\$ _____/m.
Visitation expenses	\$ _____/m.	\$ _____/m.

1 Unreimbursed health care expenses for children	\$ _____/m.	\$ _____/m.
2 Other		

3 I declare under penalty of perjury under the laws of the State of California that the foregoing is
4 true and correct.

5 DATED: _____ SIGNED: _____

6 NAME: _____

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