

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, State Bar number, and address</i>): Marjorie Jacqueline Simpson 742 EVERGREEN TERRACE SPRINGFIELD CA 99999 TELEPHONE NO.: (555) 555-5555 FAX NO. (<i>Optional</i>): EMAIL ADDRESS (<i>Optional</i>): margesimpson@gmail.com ATTORNEY FOR (<i>Name</i>): Self Represented Petitioner/Plaintiff	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF ORANGE STREET ADDRESS: 341 The City Drive MAILING ADDRESS: CITY AND ZIP CODE: Orange 92868-3205 BRANCH NAME: Lamoreaux Justice Center	
MARRIAGE OF PETITIONER: Marjorie Jacqueline Simpson RESPONDENT: Homer Jay Simpson	
PETITION FOR <input checked="" type="checkbox"/> Dissolution of Marriage <input type="checkbox"/> Legal Separation <input type="checkbox"/> Nullity of Marriage	CASE NUMBER:
<input type="checkbox"/> AMENDED	

1. RESIDENCE (Dissolution only) Petitioner Respondent has been a resident of this state for at least six months and of this county for at least three months immediately preceding the filing of this *Petition for Dissolution of Marriage*.

2. STATISTICAL FACTS

a. Date of Marriage: August 15, 2000 c. Time from date of marriage to date of separation (*specify*):
 b. Date of Separation: September 01, 2013 Years: 13 Months: 0

DECLARATION REGARDING MINOR CHILDREN (*include children of this relationship born prior to or during the marriage or adopted during the marriage*):

a. There are no minor children.
 b. The minor children are:

Child's name	Birthdate	Age	Sex
a. Bart Jay Simpson	May 10, 2003	11	Male
b. Lisa Lynn Simpson	January 05, 2005	9	Female

Continued on Attachment 3b.

c. If there are minor children of the Petitioner and Respondent, a completed *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA)* (form FL-105) must be attached.

d. A completed voluntary declaration of paternity regarding minor children born to the Petitioner and Respondent prior to the marriage is attached.

4. SEPARATE PROPERTY

Petitioner requests that the assets and debts listed in *Property Declaration* (form FL-160) in Attachment 4 below be confirmed as separate property.

Item

Confirm to

NOTICE: You may redact (black out) social security numbers from any written material filed with the court in this case other than a form used to collect child or spousal support.

MARRIAGE OF (last name, first name of parties): Simpson, Marjorie Simpson, Homer	CASE NUMBER:
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5. DECLARATION REGARDING COMMUNITY AND QUASI-COMMUNITY ASSETS AND DEBTS AS CURRENTLY KNOWN

- a. There are no such assets or debts subject to disposition by the court in this proceeding
- b. All such assets and debts are listed in *Property Declaration* (form FL-160) in Attachment 5b.
 below (specify):

6. Petitioner requests

- | | |
|--|--|
| <p>a. <input checked="" type="checkbox"/> dissolution of the marriage based on</p> <p>(1) <input checked="" type="checkbox"/> irreconcilable differences. (Fam. Code, § 2310(a).)</p> <p>(2) <input type="checkbox"/> incurable insanity. (Fam. Code, § 2310(b).)</p> <p>b. <input type="checkbox"/> legal separation of the parties based on</p> <p>(1) <input type="checkbox"/> irreconcilable differences. (Fam. Code, § 2310(a).)</p> <p>(2) <input type="checkbox"/> incurable insanity. (Fam. Code, § 2310(b).)</p> <p>c. <input type="checkbox"/> nullity of void marriage based on</p> <p>(1) <input type="checkbox"/> incestuous marriage. (Fam. Code, § 2200.)</p> <p>(2) <input type="checkbox"/> bigamous marriage. (Fam. Code, § 2201.)</p> | <p>d. <input type="checkbox"/> nullity of voidable marriage based on</p> <p>(1) <input type="checkbox"/> petitioner's age at time of marriage. (Fam. Code, § 2210(a).)</p> <p>(2) <input type="checkbox"/> prior existing marriage. (Fam. Code, § 2210(b).)</p> <p>(3) <input type="checkbox"/> unsound mind. (Fam. Code, § 2210(c).)</p> <p>(4) <input type="checkbox"/> fraud. (Fam. Code, § 2210(d).)</p> <p>(5) <input type="checkbox"/> force. (Fam. Code, § 2210(e).)</p> <p>(6) <input type="checkbox"/> physical incapacity. (Fam. Code, § 2210(f).)</p> |
|--|--|

7. Petitioner requests that the court grant the above relief and make injunctive (including restraining) and other orders as follows:

- | | Petitioner | Respondent | Joint | Other |
|--|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| a. Legal custody of children to | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Physical custody of children to | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Child visitation be granted to | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- As requested in form: FL-311 FL-312 FL-341(C) FL-341(D) FL-341(E) Attachment 7c.
- d. Determination of parentage of any children born to the Petitioner and Respondent prior to the marriage.
- f. Attorney fees and costs payable by
- | | | |
|---|-------------------------------------|--------------------------|
| | <input type="checkbox"/> | <input type="checkbox"/> |
| g. <input checked="" type="checkbox"/> Spousal support payable to (earnings assignment will be issued)..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
- g. Terminate the court's jurisdiction (ability) to award spousal support to Respondent.
- h. Property rights be determined.
- i. Petitioner's former name be restored to (specify): Marjorie Jacqueline Ford
- j. Other (specify):

Continued on Attachment 7j.

8. **Child support**—If there are minor children born to or adopted by the Petitioner and Respondent before or during this marriage, the court will make orders for the support of the children upon request and submission of financial forms by the requesting party. An earnings assignment may be issued without further notice. Any party required to pay support must pay interest on overdue amounts at the "legal" rate, which is currently 10 percent.

9. I HAVE READ THE RESTRAINING ORDERS ON THE BACK OF THE SUMMONS, AND I UNDERSTAND THAT THEY APPLY TO ME WHEN THIS PETITION IS FILED.

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

Date: January 05, 2014

Marjorie Jacqueline Simpson

(TYPE OR PRINT NAME)

▶ /s/Marjorie Jacqueline Simpson

(SIGNATURE OF PETITIONER)

Date: January 05, 2014

(TYPE OR PRINT NAME)

▶ _____
(SIGNATURE OF ATTORNEY FOR PETITIONER)

NOTICE: Dissolution or legal separation may automatically cancel the rights of a spouse under the other spouse's will, trust, retirement plan, power of attorney, pay on death bank account, survivorship rights to any property owned in joint tenancy, and any other similar thing. It does not automatically cancel the right of a spouse as beneficiary of the other spouse's life insurance policy. You should review these matters, as well as any credit cards, other credit accounts, insurance policies, retirement plans, and credit reports to determine whether they should be changed or whether you should take any other actions. However, some changes may require the agreement of your spouse or a court order (see Family Code sections 231–235).

MARRIAGE OF (last name, first name of parties):

Simpson, Marjorie

Simpson, Homer

CASE NUMBER:

Attachment 3b

Child's name

c. Maggie Sue Simpson

d. Unborn Child

Birthdate

March 4, 2012

Age

2

Sex

Female

MARRIAGE OF <i>(last name, first name of parties)</i> : Simpson, Marjorie Simpson, Homer	CASE NUMBER:
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Attachment 7c

Petitioner requests reasonable visitation to Respondent.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): Marjorie Jacqueline Simpson 742 EVERGREEN TERRACE SPRINGFIELD CA 99999 TELEPHONE NO.: (555) 555-5555 FAX NO. (Optional): EMAIL ADDRESS (Optional): margesimpson@gmail.com ATTORNEY FOR (Name): Self Represented Petitioner/Plaintiff	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF ORANGE STREET ADDRESS: 341 The City Drive MAILING ADDRESS: CITY AND ZIP CODE: Orange 92868-3205 BRANCH NAME: Lamoreaux Justice Center	
(This section applies only to family law cases.) PETITIONER: Marjorie Jacqueline Simpson RESPONDENT: Homer Jay Simpson OTHER PARTY:	
(This section applies only to family law cases.) GUARDIANSHIP OF (Name):	Minor CASE NUMBER:
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)	

1. I am a party to this proceeding to determine custody of a child.
2. My present address and the present address of each child residing with me is confidential under Family Code section 3429 as I have indicated in item 3.
3. There are (specify number): 4 minor children who are subject to this proceeding, as follows:
(Insert the information requested below. The residence information must be given for the last FIVE years.)

a. Child's name Bart Jay Simpson	Place of birth Springfield, CA	Date of Birth May 10, 2003	Sex Male
Period of residence 1/2/2012 to present	Address 741 Evergreen Terrace Springfield <input type="checkbox"/> Confidential CA 99999	Person child lived with (name and complete current address) Petitioner Same as child <input type="checkbox"/> Confidential	Relationship Mother
05/10/2003 to 01/01/2012	Child's residence (City, State) 21 Pleasant Lane Springfield CA 99999	Person child lived with (name and complete current address) Marjorie Simpson 741 Evergreen Terrace, Springfield, CA 99999	Mother
	Child's residence (City, State) CA	Person child lived with (name and complete current address)	
	Child's residence (City, State) CA	Person child lived with (name and complete current address)	
b. Child's name Lisa Lynn Simpson	Place of birth Springfield, CA	Date of Birth January 05, 2005	Sex Female
<input checked="" type="checkbox"/> Residence information is the same as given above for child a. (If NOT the same, provide the information below.)			
Period of residence Same as child in 3a	Address Same as child in 3a <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) Same as child in 3a Same as child in 3a <input type="checkbox"/> Confidential	Relationship Same as child in 3a
	Child's residence (City, State)	Person child lived with (name and complete current address)	
	Child's residence (City, State)	Person child lived with (name and complete current address)	
	Child's residence (City, State)	Person child lived with (name and complete current address)	

- c. Additional residence information for a child listed in item a or b is continued on attachment 3c.
- d. Additional children are listed on form FL105(A)/GC-120(A) (Provide all requested information for additional children.)

SHORT TITLE: Marjorie Jacqueline Simpson / Homer Jay Simpson	CASE NUMBER:
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4. Do you have information about, or have you participated as a party or as a witness or in some other capacity in, another court case or custody or visitation proceeding, in California or elsewhere, concerning a child subject to this proceeding?

Yes No (If yes, attach a copy of the orders (if you have one) and provide the following information):

Proceeding	Case Number	Court (name, state, location)	Court order or judgment (date)	Name of each child	Your connection to the case	Case status
a. <input type="checkbox"/> Family						
b. <input type="checkbox"/> Guardianship						
c. <input type="checkbox"/> Other						

Proceeding	Case Number	Court (name, state, location)
d. <input type="checkbox"/> Juvenile Delinquency/ Juvenile Dependency		
e. <input type="checkbox"/> Adoption		

5. One or more domestic violence restraining//protective orders are now in effect. (Attach a copy of the orders if you have one and provide the following information):

Court	County	State	Case Number (if known)	Orders expire (date)
a. <input type="checkbox"/> Criminal				
b. <input type="checkbox"/> Family				
c. <input type="checkbox"/> Juvenile Delinquency/ Juvenile Dependency				
d. <input type="checkbox"/> Other				

6. Do you know of any person who is not a party to this proceeding who has physical custody or claims to have custody of or visitation rights with any child in this case? Yes No (If yes, provide the following information):

a. Name and address of person <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Other <hr/> Name of each child	b. Name and address of person <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Other <hr/> Name of each child	c. Name and address of person <input type="checkbox"/> Has physical custody <input type="checkbox"/> Claims custody rights <input type="checkbox"/> Other <hr/> Name of each child
--	--	--

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

Date: January 05, 2014

Marjorie Jacqueline Simpson

(TYPE OR PRINT NAME)

/s/Marjorie Jacqueline Simpson

(SIGNATURE OF DECLARANT)

7. Number of pages attached: 1

NOTICE TO DECLARANT: You have a continuing duty to inform this court if you obtain any information about a custody proceeding in a California court or any other court concerning a child subject to this proceeding.

SHORT TITLE: Marjorie Jacqueline Simpson / Homer Jay Simpson	CASE NUMBER:
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**ATTACHMENT TO
DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)**

c. Child's name Maggie Sue Simpson Residence information is the same as given on form <input checked="" type="checkbox"/> FL-105/GC-120 for child a. (If NOT the same, provide the information below.)		Place of birth Springfield, CA	Date of Birth March 04, 2012	Sex Female
Period of residence Same as child in 3a	Address Same as child in 3a <input type="checkbox"/> Confidential	Person child lived with (name and complete current address) Same as child in 3a Same as child in 3a <input type="checkbox"/> Confidential		Relationship Same as child in 3a
	Child's residence (City, State)	Person child lived with (name and complete current address)		
	Child's residence (City, State)	Person child lived with (name and complete current address)		
	Child's residence (City, State)	Person child lived with (name and complete current address)		
d. Child's name Unborn Child Residence information is the same as given on form <input type="checkbox"/> FL-105/GC-120 for child a. (If NOT the same, provide the information below.)		Place of birth	Date of Birth	Sex
Period of residence	Address <input type="checkbox"/> Confidential CA	Person child lived with (name and complete current address) <input type="checkbox"/> Confidential		Relationship
	Child's residence (City, State) CA	Person child lived with (name and complete current address)		
	Child's residence (City, State) CA	Person child lived with (name and complete current address)		
	Child's residence (City, State) CA	Person child lived with (name and complete current address)		
e. Child's name Residence information is the same as given on form <input type="checkbox"/> FL-105/GC-120 for child a. (If NOT the same, provide the information below.)		Place of birth	Date of Birth	Sex
Period of residence	Address <input type="checkbox"/> Confidential CA	Person child lived with (name and complete current address) <input type="checkbox"/> Confidential		Relationship
	Child's residence (City, State) CA	Person child lived with (name and complete current address)		
	Child's residence (City, State) CA	Person child lived with (name and complete current address)		
	Child's residence (City, State) CA	Person child lived with (name and complete current address)		

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): Marjorie Jacqueline Simpson 742 EVERGREEN TERRACE SPRINGFIELD CA 99999 TELEPHONE NO.: (555) 555-5555 FAX NO. (Optional): EMAIL ADDRESS (Optional): margesimpson@gmail.com ATTORNEY FOR (Name): Self Represented Petitioner/Plaintiff	FOR COURT USE ONLY
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PETITIONER: Marjorie Jacqueline Simpson RESPONDENT: Homer Jay Simpson	
<input checked="" type="checkbox"/> PETITIONER <input type="checkbox"/> RESPONDENT <input type="checkbox"/> COMMUNITY AND QUASI-COMMUNITY PROPERTY DECLARATION <input checked="" type="checkbox"/> SEPARATE PROPERTY DECLARATION	CASE NUMBER:

See *Instructions* on page 4 for information about completing this form. For additional space, use *Continuation of Property Declaration* (form FL-161).

A ITEM BRIEF DESCRIPTION NO.	B DATE ACQUIRED	C - GROSS FAIR MARKET VALUE	D = AMOUNT OF DEBT	E NET FAIR MARKET VALUE	F PROPOSAL FOR DIVISION Award or Confirm to: PETITIONER RESPONDENT	
		\$	\$	\$	\$	\$
1. REAL ESTATE None						
2. HOUSEHOLD FURNITURE, FURNISHINGS, APPLIANCES None						
3. JEWELRY, ANTIQUES, ART, COIN COLLECTIONS, etc. None						
4. VEHICLES, BOATS, TRAILERS						
1999 Honda Civic	07/10/1999	6,000.00	2,000.00	4,000.00	4,000.00	0.00
2011 Honda Civic	11/20/2013	20,000.00	15,000.00	5,000.00	5,000.00	0.00
5. SAVINGS ACCOUNTS						
Chase acct. ending in 2289	11/05/2013	2,500.00	0.00	2,500.00	0.00	2,500.00
6. CHECKING ACCOUNTS						
Chase acct. ending in 3541	12/15/2013	700.00	0.00	700.00	700.00	0.00
Bank of America acct. ending in 7118	12/30/2013	650.00	0.00	650.00	650.00	0.00

A		B	C -	D =	E	F	
ITEM NO.	BRIEF DESCRIPTION	DATE ACQUIRED	GROSS FAIR MARKET VALUE	AMOUNT OF DEBT	NET FAIR MARKET VALUE	PROPOSAL FOR DIVISION Award or Confirm to: PETITIONER RESPONDENT	
7.	CREDIT UNION, OTHER DEPOSITORY ACCOUNTS None		\$	\$	\$	\$	\$
8.	CASH None						
9.	TAX REFUND None						
10.	LIFE INSURANCE WITH CASH SURRENDER OR LOAN VALUE None						
11.	STOCKS, BONDS, SECURED NOTES, MUTUAL FUNDS None						
12.	RETIREMENT AND PENSIONS None						
13.	PROFIT-SHARING, IRAS, DEFERRED COMPENSATION, ANNUITIES None						
14.	ACCOUNTS RECEIVABLE, UNSECURED NOTES None						
15.	PARTNERSHIP, OTHER BUSINESS INTERESTS None						
16.	OTHER ASSETS None						
17.	ASSETS FROM CONTINUATION SHEET		0.00	0.00	0.00	0.00	0.00
18.	TOTAL ASSETS		29,850.00	17,000.00	12,850.00	10,350.00	2,500.00


ITEM NO.	DEBTS -- SHOW TO WHOM OWED	DATE INCURRED	TOTAL OWING	PROPOSAL FOR DIVISION Award or Confirm to:	
				PETITIONER	RESPONDENT
19.	STUDENT LOANS Fannie Mae	01/01/2014	\$ 40,000.00	\$ 0.00	\$ 40,000.00
20.	TAXES None				
21.	SUPPORT ARREARAGES None				
22.	LOANS—UNSECURED None				
23.	CREDIT CARDS None				
24.	OTHER DEBTS None				
25.	OTHER DEBTS FROM CONTINUATION SHEET		0.00	0.00	0.00
26.	TOTAL DEBTS		40,000.00	0.00	40,000.00

A Continuation of Property Declaration (form FL-161) is attached and incorporated by reference.

I declare under penalty of perjury under the laws of the State of California that, to the best of my knowledge, the foregoing is a true and correct listing of assets and obligations and the amounts shown are correct.

Date: January 05, 2013

Marjorie Jacqueline Simpson
(TYPE OR PRINT NAME)

 /s/Marjorie Jacqueline Simpson
SIGNATURE

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): Marjorie Jacqueline Simpson 742 EVERGREEN TERRACE SPRINGFIELD CA 99999 TELEPHONE NO.: (555) 555-5555 FAX NO. (Optional): EMAIL ADDRESS (Optional): margesimpson@gmail.com ATTORNEY FOR (Name): Self Represented Petitioner/Plaintiff	FOR COURT USE ONLY
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PETITIONER: Marjorie Jacqueline Simpson RESPONDENT: Homer Jay Simpson	
<input checked="" type="checkbox"/> PETITIONER <input type="checkbox"/> RESPONDENT <input checked="" type="checkbox"/> COMMUNITY AND QUASI-COMMUNITY PROPERTY DECLARATION <input type="checkbox"/> SEPARATE PROPERTY DECLARATION	CASE NUMBER:

See *Instructions* on page 4 for information about completing this form. For additional space, use *Continuation of Property Declaration* (form FL-161).

A	B	C -	D =	E	F	
ITEM NO. BRIEF DESCRIPTION	DATE ACQUIRED	GROSS FAIR MARKET VALUE	AMOUNT OF DEBT	NET FAIR MARKET VALUE	PROPOSAL FOR DIVISION Award or Confirm to:	
					PETITIONER	RESPONDENT
1. REAL ESTATE None		\$	\$	\$	\$	\$
2. HOUSEHOLD FURNITURE, FURNISHINGS, APPLIANCES dining room table & chairs kitchen table & chairs 40" flatscreen T.V. persian rug	01/01/2009 11/15/2000 10/01/2004 01/01/2001	500.00 1,000.00 800.00 500.00	0.00 0.00 0.00 0.00	500.00 1,000.00 800.00 500.00	500.00 0.00 0.00 500.00	0.00 1,000.00 800.00 0.00
3. JEWELRY, ANTIQUES, ART, COIN COLLECTIONS, etc. None						
4. VEHICLES, BOATS, TRAILERS None						
5. SAVINGS ACCOUNTS None						
6. CHECKING ACCOUNTS None						

A		B	C -	D =	E	F	
ITEM NO.	BRIEF DESCRIPTION	DATE ACQUIRED	GROSS FAIR MARKET VALUE	AMOUNT OF DEBT	NET FAIR MARKET VALUE	PROPOSAL FOR DIVISION Award or Confirm to: PETITIONER RESPONDENT	
7.	CREDIT UNION, OTHER DEPOSITORY ACCOUNTS None		\$	\$	\$	\$	\$
8.	CASH None						
9.	TAX REFUND None						
10.	LIFE INSURANCE WITH CASH SURRENDER OR LOAN VALUE None						
11.	STOCKS, BONDS, SECURED NOTES, MUTUAL FUNDS None						
12.	RETIREMENT AND PENSIONS None						
13.	PROFIT-SHARING, IRAS, DEFERRED COMPENSATION, ANNUITIES None						
14.	ACCOUNTS RECEIVABLE, UNSECURED NOTES None						
15.	PARTNERSHIP, OTHER BUSINESS INTERESTS None						
16.	OTHER ASSETS None						
17.	ASSETS FROM CONTINUATION SHEET		0.00	0.00	0.00	0.00	0.00
18.	TOTAL ASSETS		2,800.00	0.00	2,800.00	1,000.00	1,800.00

ITEM NO.	A DEBTS -- SHOW TO WHOM OWED	B DATE INCURRED	C TOTAL OWING	D PROPOSAL FOR DIVISION	
				Award or Confirm to:	
				PETITIONER	RESPONDENT
19.	STUDENT LOANS None		\$	\$	\$
20.	TAXES None				
21.	SUPPORT ARREARAGES None				
22.	LOANS—UNSECURED None				
23.	CREDIT CARDS None				
24.	OTHER DEBTS None				
25.	OTHER DEBTS FROM CONTINUATION SHEET		0.00	0.00	0.00
26.	TOTAL DEBTS		0.00	0.00	0.00

A Continuation of Property Declaration (form FL-161) is attached and incorporated by reference.

I declare under penalty of perjury under the laws of the State of California that, to the best of my knowledge, the foregoing is a true and correct listing of assets and obligations and the amounts shown are correct.

Date: January 05, 2014

Marjorie Jacqueline Simpson

 (TYPE OR PRINT NAME)

▶ /s/Marjorie Jacqueline Simpson

 SIGNATURE

SUMMONS (Family Law)

CITACIÓN (Derecho familiar)

FOR COURT USE ONLY
(SOLO PARA USO DE LA CORTE)

NOTICE TO RESPONDENT (Name): Homer Jay Simpson

AVISO AL DEMANDADO (Nombre):

You have been sued. read the instructions below and on the next page.
Lo han demandado. Lea la información a continuación y en la página siguiente.

Petitioner's name is: Marjorie Jacqueline Simpson

Nombre del demandante:

CASE NUMBER (NÚMERO DE CASO):

You have **30 calendar days** after this *Summons* and *Petition* are served on you to file a *Response* (form FL-120 or FL-123) at the court and have a copy served on the petitioner. A letter or phone call will not protect you.

If you do not file your *Response* on time, the court may make orders affecting your marriage or domestic partnership, your property, and custody of your children. You may be ordered to pay support and attorney fees and costs. If you cannot pay the filing fee, ask the clerk for a fee waiver form

If you want legal advice, contact a lawyer immediately. You can get information about finding lawyers at the California Courts Online Self-Help Center (www.courtinfo.ca.gov/selfhelp), at the California Legal Services Web site (www.lawhelpcalifornia.org), or by contacting your local county bar association.

Tiene **30 días de calendario** después de haber recibido la entrega legal de esta Citación y Petición para presentar una Respuesta (formulario FL-120 o FL-123) ante la corte y efectuar la entrega legal de una copia al demandante. Una carta o llamada telefónica o una audiencia de la corte no basta para protegerlo.

Si no presenta su Respuesta a tiempo, la corte puede dar órdenes que afecten su matrimonio o pareja de hecho, sus bienes y la custodia de sus hijos. La corte también le puede ordenar que pague manutención, y honorarios y costos legales

Para asesoramiento legal, póngase en contacto de inmediato con un abogado. Puede obtener información para encontrar un abogado en el Centro de Ayuda de las Cortes de California (www.sucorte.ca.gov), en el sitio web de los Servicios Legales de California (www.lawhelpca.org) o poniéndose en contacto con el colegio de abogados de su condado.

NOTICE—RESTRAINING ORDERS ARE ON PAGE 2:

These restraining orders are effective against both spouses or domestic partners until the petition is dismissed, a judgment is entered, or the court makes further orders. They are enforceable anywhere in California by any law enforcement officer who has received or seen a copy of them.

AVISO—LAS ÓRDENES DE RESTRICCIÓN SE ENCUENTRAN EN LA PÁGINA 2:

Las órdenes de restricción están en vigencia en cuanto a ambos cónyuges o miembros de la pareja de hecho hasta que se despidia la petición, se emita un fallo o la corte dé otras órdenes. Cualquier agencia del orden público que haya recibido o visto una copia de estas órdenes puede hacerlas acatar en cualquier lugar de California.

FEE WAIVER: If you cannot pay the filing fee, ask the clerk for a fee waiver form. The court may order you to pay back all or part of the fees and costs that the court waived for you or the other party.

EXENCIÓN DE CUOTAS: Si no puede pagar la cuota de presentación, pida al secretario un formulario de exención de cuotas. La corte puede ordenar que usted pague, ya sea en parte o por completo, las cuotas y costos de la corte previamente exentos a petición de usted o de la otra parte.

(SEAL)

1. The name and address of the court are (El nombre y dirección de la corte son):

Lamoreaux Justice Center, 341 The City Drive, Orange 92868-3205

2. The name, address, and telephone number of the petitioner's attorney, or the petitioner without an attorney, are: (El nombre, dirección y número de teléfono del abogado del demandante, o del demandante si no tiene abogado, son):

Marjorie Jacqueline Simpson, 742 EVERGREEN TERRACE, SPRINGFIELD, CA, 99999, (555) 555-5555

Alan Carlson

Clerk, by (Secretario, por)

Deputy (Asistente)

Date (Fecha):

STANDARD FAMILY LAW RESTRAINING ORDERS

Starting immediately, you and your spouse or domestic partner are restrained from:

1. removing the minor children of the parties from the state or applying for a new or replacement passport for those minor children without the prior written consent of the other party or an order of the court;
2. cashing, borrowing against, canceling, transferring, disposing of, or changing the beneficiaries of any insurance or other coverage, including life, health, automobile, and disability, held for the benefit of the parties and their minor children;
3. transferring, encumbering, hypothecating, concealing, or in any way disposing of any property, real or personal, whether community, quasi-community, or separate, without the written consent of the other party or an order of the court, except in the usual course of business or for the necessities of life; and
4. creating a nonprobate transfer or modifying a nonprobate transfer in a manner that affects the disposition of property subject to the transfer, without the written consent of the other party or an order of the court. Before revocation of a nonprobate transfer can take effect or a right of survivorship to property can be eliminated, notice of the change must be filed and served on the other party.

You must notify each other of any proposed extraordinary expenditures at least five business days prior to incurring these extraordinary expenditures and account to the court for all extraordinary expenditures made after these restraining orders are effective. However, you may use community property, quasi-community property, or your own separate property to pay an attorney to help you or to pay court costs

ÓRDENES DE RESTRICCIÓN ESTÁNDAR DE DERECHO FAMILIAR

En forma inmediata, usted y su cónyuge o pareja de hecho tienen prohibido:

1. llevarse del estado de California a los hijos menores de las partes, o solicitar un pasaporte nuevo o de repuesto para los hijos menores, sin el consentimiento previo por escrito de la otra parte o sin una orden de la corte;
2. cobrar, pedir prestado, cancelar, transferir, deshacerse o cambiar el nombre de los beneficiarios de cualquier seguro u otro tipo de cobertura, como de vida, salud, vehículo y discapacidad, que tenga como beneficiario(s) a las partes y su(s) hijo(s) menor(es);
3. transferir, gravar, hipotecar, ocultar o deshacerse de cualquier manera de cualquier propiedad, inmueble o personal, ya sea comunitaria, cuasicomunitaria o separada, sin el consentimiento escrito de la otra parte o una orden de la corte, excepto en el curso habitual de actividades personales y comerciales o para satisfacer las necesidades de la vida; y
4. crear o modificar una transferencia no testamentaria de manera que afecte la asignación de una propiedad sujeta a transferencia, sin el consentimiento por escrito de la otra parte o una orden de la corte. Antes de que se pueda eliminar la revocación de una transferencia no testamentaria, se debe presentar ante la corte un aviso del cambio y hacer una entrega legal de dicho aviso a la otra parte.

Cada parte tiene que notificar a la otra sobre cualquier gasto extraordinario propuesto por lo menos cinco días hábiles antes de realizarlo, y rendir cuenta a la corte de todos los gastos extraordinarios realizados después de que estas órdenes de restricción hayan entrado en vigencia. No obstante, puede usar propiedad comunitaria, cuasicomunitaria o suya separada para pagar a un abogado que lo ayude o para pagar los costos de la corte.

NOTICE—ACCESS TO AFFORDABLE HEALTH INSURANCE:

Do you or someone in your household need affordable health insurance? If so, you should apply for Covered California. Covered California can help reduce the cost you pay towards high quality affordable health care. For more information, visit www.coveredca.com. Or call Covered California at 1-800-300-1506.

AVISO—ACCESO A SEGURO DE SALUD MÁS ECONÓMICO:

¿Necesita seguro de salud a un costo asequible, ya sea para usted o alguien en su hogar? Si es así, puede presentar una solicitud con Covered California. Covered California lo puede ayudar a reducir el costo que paga por seguro de salud asequible y de alta calidad. Para obtener más información, visite www.coveredca.com. O llame a Covered California al 1-800-300-0213.

WARNING—IMPORTANT INFORMATION

California law provides that, for purposes of division of property upon dissolution of a marriage or domestic partnership or upon legal separation, property acquired by the parties during marriage or domestic partnership in joint form is presumed to be community property. If either party to this action should die before the jointly held community property is divided, the language in the deed that characterizes how title is held (i.e., joint tenancy, tenants in common, or community property) will be controlling, and not the community property presumption. You should consult your attorney if you want the community property presumption to be written into the recorded title to the property.

ADVERTENCIA—INFORMACIÓN IMPORTANTE

De acuerdo a la ley de California, las propiedades adquiridas por las partes durante su matrimonio o pareja de hecho en forma conjunta se consideran propiedad comunitaria para fines de la división de bienes que ocurre cuando se produce una disolución o separación legal del matrimonio o pareja de hecho. Si cualquiera de las partes de este caso llega a fallecer antes de que se divida la propiedad comunitaria de tenencia conjunta, el destino de la misma quedará determinado por las cláusulas de la escritura correspondiente que describen su tenencia (por ej., tenencia conjunta, tenencia en común o propiedad comunitaria) y no por la presunción de propiedad comunitaria. Si quiere que la presunción comunitaria quede registrada en la escritura de la propiedad, debería consultar con un abogado.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): Marjorie Jacqueline Simpson 742 EVERGREEN TERRACE SPRINGFIELD CA 99999 TELEPHONE NO.: (555) 555-5555 FAX NO. (Optional): EMAIL ADDRESS (Optional): margesimpson@gmail.com ATTORNEY FOR (Name): Self Represented Petitioner/Plaintiff	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF ORANGE JUSTICE CENTER: <input type="checkbox"/> Central - 700 Civic Center Dr. West, Santa Ana, CA 92701-4045 <input checked="" type="checkbox"/> Lamoreaux - 341 The City Drive, Orange, CA 92868-3205	
PETITIONER/PLAINTIFF: Marjorie Jacqueline Simpson RESPONDENT/DEFENDANT: Homer Jay Simpson	
FAMILY LAW NOTICE RE RELATED CASE	CASE NUMBER:

The parties must file this form with the Superior Court of Orange County, when a family law case is filed with the Court and when a party discovers that there is a related case. **A related case means one or both parties and/or minor children of the parties are involved in other cases.** Examples of related cases include another family law case, a domestic violence case, a child support collection case, a criminal case, and a juvenile case involving a minor child of one or both of the parties.

Fill in the requested information:

1. I also used the name(s): Marjorie Jacqueline Ford

2. The other party's name is: Homer Jay Simpson
 He/She has also used the name(s): N/A

3. Other court cases involving either party or a child of either party:
 (If known, please include the case numbers)

	Case Number	Case Name	Court Location/Justice Center	Person Involved
a.				
b.				
c.				
d.				

4. There are no other court cases involving either party or a child of either party.

Date: January 05, 2014

Marjorie Jacqueline Simpson

 (TYPE OR PRINT NAME OF PARTY OR ATTORNEY)

▶ /s/Marjorie Jacqueline Simpson

 (SIGNATURE OF PARTY OR ATTORNEY)

FW-001**Request to Waive Court Fees****CONFIDENTIAL**

Clerk stamps date here when form is filed.

If you are getting public benefits, are a low-income person, or do not have enough income to pay for household's basic needs and your court fees, you may use this form to ask the court to waive all or part of your court fees. The court may order you to answer questions about your finances. If the court waives the fees, you may still have to pay later if:

- You cannot give the court proof of your eligibility,
- Your financial situation improves during this case, or
- You settle your civil case for **\$10,000** or more. The trial court that waives your fees will have a lien on any such settlement in the amount of the waived fees and costs. The court may also charge you any collection costs.

1 Your Information (person asking the court to waive the fees):Name: Marjorie Jacqueline SimpsonStreet or mailing address: 742 EVERGREEN TERRACECity: SPRINGFIELD State: Ca Zip: 99999Phone number: (555) 555-5555**2 Your Job**, if you have one (job title): Unemployed

Name of employer: _____

Employer's address: _____

3 Your Lawyer, if you have one (name, firm or affiliation, address, phone number, and State Bar number): _____a. The lawyer has agreed to advance all or a portion of your fees or costs (check one): Yes No

b. (If yes, your lawyer must sign here) Lawyer's signature: _____

If your lawyer is not providing legal-aid type services based on your low income, you may have to go to a hearing to explain why you are asking the court to waive the fees.

4 What court's fees or costs are you asking to be waived?

- Superior Court (See Information Sheet on Waiver of Superior Court Fees and Costs (form FW-001-INFO).)
- Supreme Court, Court of Appeal, or Appellate Division of Superior Court (See Information Sheet on Waiver of Appellate Court Fees (form APP-015/FW-015-INFO).)

5 Why are you asking the court to waive your court fees?

- a. I receive (check all that apply): Medi-Cal Food Stamps SSI SSP County Relief/General Assistance IHSS (In-Home Supportive Services) CalWORKS or Tribal TANF (Tribal Temporary Assistance for Needy Families) CAPI (Cash Assistance Program for Aged, Blind and Disabled)
- b. My gross monthly household income (before deductions for taxes) is less than the amount listed below. (If you check 5b, you must fill out 7, 8, and 9 on page 2 of this form.)

Family Size	Family Income	Family Size	Family Income	Family Size	Family Income	If more than 6 people at home, add \$422.92 for each extra person.
1	\$1,215.63	3	\$2,061.46	5	\$2,907.30	
2	\$1,638.55	4	\$2,484.38	6	\$3,330.21	

c. I do not have enough income to pay for my household's basic needs and the court fees. I ask the court to (check one): waive all court fees waive some of the court fees let me make payments over time (Explain): _____ (If you check 5c, you must fill out page 2.)

6 Check here if you asked the court to waive your court fees for this case in the last six months. (If your previous request is reasonably available, please attach it to this form and check here:)

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

Date: January 5, 2014Marjorie Jacqueline Simpson

Print your name here

Sign here



Case Number: _____

Your name: Marjorie Jacqueline Simpson

If you checked 5a on page 1, do not fill out below. If you checked 5b, fill out questions 7, 8, and 9 only. If you checked 5c, you **must** fill out this entire page. If you need more space, attach form MC-025 or attach a sheet of paper and write Financial Information and your name and case number at the top.

7 Check here if your income changes a lot from month to month. Fill out below based on your average income for the past 12 months.

8 **Your Monthly Income**

a. Gross monthly income (before deductions): \$ _____
List each payroll deduction and amount below:

(1) _____ \$ _____
(2) _____ \$ _____
(3) _____ \$ _____
(4) _____ \$ _____

b. Total deductions (add 8a (1)-(4) above): \$ _____

c. Total monthly take-home pay (8a minus 8b): \$ _____

d. List the source and amount of any other income you get each month, including: spousal/child support, retirement, social security, disability, unemployment, military basic allowance for quarters (BAQ), veterans payments, dividends, interest, trust income, annuities, net business or rental income, reimbursement for job-related expenses, gambling or lottery winnings, etc.

(1) _____ \$ _____
(2) _____ \$ _____
(3) _____ \$ _____
(4) _____ \$ _____

e. Your total monthly income is (8c plus 8d): \$ _____

9 **Household Income**

a. List all other persons living in your home and their income; include only your spouse and all individuals who depend in whole or in part on you for support, or on whom you depend in whole or in part for support.

Name	Age	Relationship	Gross Monthly Income
(1) _____	_____	_____	\$ _____
(2) _____	_____	_____	\$ _____
(3) _____	_____	_____	\$ _____
(4) _____	_____	_____	\$ _____

b. Total monthly income of persons above: \$ _____

Total monthly income and household income (8e plus 9b): \$ _____

To list any other facts you want the court to know, such as unusual medical expenses, family emergencies, etc., attach form MC-025. Or attach a sheet of paper, and write Financial Information and your name and case number at the top. Check here if you attach another page.

Important! If your financial situation or ability to pay court fees improves, you must notify the court within five days on form FW-010.

10 **Your Money and Property**

a. Cash \$ _____

b. All financial accounts (List bank name and amount):

(1) _____ \$ _____
(2) _____ \$ _____
(3) _____ \$ _____
(4) _____ \$ _____

c. Cars, boats, and other vehicles

Make / Year	Fair Market Value	How Much You Still Owe
(1) _____	\$ _____	\$ _____
(2) _____	\$ _____	\$ _____
(3) _____	\$ _____	\$ _____

d. Real estate

Address	Fair Market Value	How Much You Still Owe
(1) _____	\$ _____	\$ _____
(2) _____	\$ _____	\$ _____
(3) _____	\$ _____	\$ _____

e. Other personal property (jewelry, furniture, furs, stocks, bonds, etc.):

Describe	Fair Market Value	How Much You Still Owe
(1) _____	\$ _____	\$ _____
(2) _____	\$ _____	\$ _____
(3) _____	\$ _____	\$ _____

11 **Your Monthly Expenses**
(Do not include payroll deductions you already listed in 8b.)

a. Rent or house payment & maintenance \$ _____

b. Food and household supplies \$ _____

c. Utilities and telephone \$ _____

d. Clothing \$ _____

e. Laundry and cleaning \$ _____

f. Medical and dental expenses \$ _____

g. Insurance (life, health, accident, etc.) \$ _____

h. School, child care \$ _____

i. Child, spousal support (another marriage) \$ _____

j. Transportation, gas, auto repair and insurance \$ _____

k. Installment payments (list each below):

Paid to:	
(1) _____	\$ _____
(2) _____	\$ _____
(3) _____	\$ _____

l. Wages/earnings withheld by court order \$ _____

m. Any other monthly expenses (list each below):

Paid to:	How Much?
(1) _____	\$ _____
(2) _____	\$ _____
(3) _____	\$ _____

Total monthly expenses (add 11a - 11m above): \$ _____

FW-003**Order on Court Fee Waiver
(Superior Court)**

Clerk stamps date here when form is filed.

1 Person who asked the court to waive court fees:

Name: Marjorie Jacqueline Simpson
 Street or mailing address: 742 EVERGREEN TERRACE
 City: SPRINGFIELD State: CA Zip: 99999

2 Lawyer, if person in 1 has one (name, address, phone number, e-mail, and State Bar number):

3 A request to waive court fees was filed on (date):

The court made a previous fee waiver order in this case on (date): _____

Fill in court name and street address:

Superior Court of California, County of Orange
 Lamoreaux Justice Center
 341 The City Drive
 Orange 92868-3205

Fill in case number and case name:

Case Number:

Case Name:

Simpson v. Simpson

Read this form carefully. All checked boxes are court orders.

Notice: The court may order you to answer questions about your finances and later order you to pay back the waived fees. If this happens and you do not pay, the court can make you pay the fees and also charge you collection fees. If there is a change in your financial circumstances during this case that increases your ability to pay fees and costs, you must notify the trial court within five days. (Use form FW-010.) If you win your case, the trial court may order the other side to pay the fees. If you settle your civil case for \$10,000 or more, the trial court will have a lien on the settlement in the amount of the waived fees. The trial court may not dismiss the case until the lien is paid.

4 After reviewing your (check one): Request to Waive Court Fees Request to Waive Additional Court Fees the court makes the following orders:a. The court grants your request, as follows:

- (1) **Fee Waiver.** The court grants your request and waives your court fees and costs listed below. (*Cal. Rules of Court, rule 3.55.*) You do not have to pay the court fees for the following:
- Filing papers in Superior Court
 - Making copies and certifying copies
 - Sheriff's fee to give notice
 - Reporter's daily fee (*for up to 60 days following the fee waiver order at the court-approved daily rate*)
 - Preparing and certifying the clerk's transcript on appeal
 - Giving notice and certificates
 - Sending papers to another court department
 - Court-appointed interpreter in small claims court
 - Court fees for phone hearings

- (2) **Additional Fee Waiver.** The court grants your request and waives your additional superior court fees and costs that are checked below. (*Cal. Rules of Court, rule 3.56.*) You do not have to pay for the checked items.

- Jury fees and expenses Fees for a peace officer to testify in court
 Fees for court-appointed experts Court-appointed interpreter fees for a witness
 Reporter's daily fees (*beyond the 60-day period following the fee waiver order*)
 Other (*specify*): _____

- (3) **Fee Waiver for Appeal.** The court grants your request and waives the fees and costs checked below, for your appeal. (*Cal. Rules of Court, rules 3.55, 3.56, 8.26, and 8.818.*) You do not have to pay for the checked items.

- Preparing and certifying clerk's transcript for appeal
 Other (*specify*): _____

Case Number: _____

Your name: _____

b. The court **denies** your request, as follows:

Warning! If you miss the deadline below, the court cannot process your request for hearing or the court papers you filed with your original request. If the papers were a notice of appeal, the appeal may be dismissed.

(1) The court **denies** your request because it is incomplete. You have **10 days** after the clerk gives notice of this order (see date below) to:

- Pay your fees and costs, or
- File a new revised request that includes the items listed below (*specify incomplete items*):

(2) The court **denies** your request because the information you provided on the request shows that you are not eligible for the fee waiver you requested (*specify reasons*): _____

The court has enclosed a blank *Request for Hearing About Court Fee Waiver Order (Superior Court)*, form FW-006. You have **10 days** after the clerk gives notice of this order (see date below) to:

- Pay your fees and costs, or
- Ask for a hearing in order to show the court more information. (*Use form FW-006 to request hearing.*)

c. The court needs more information to decide whether to grant your request. You must go to court on the date below. The hearing will be about (*specify questions regarding eligibility*): _____

Bring the following proof to support your request if reasonably available: _____

Hearing Date →	Date: _____	Time: _____	Name and address of court if different from page 1: _____
	Dept.: _____	Rm.: _____	

Warning! If item c is checked, and you do not go to court on your hearing date, the judge will deny your request to waive court fees, and you will have 10 days to pay your fees. If you miss that deadline, the court cannot process the court papers you filed with your request. If the papers were a notice of appeal, the appeal may be dismissed.

Date: _____

Signature of (check one): Judicial Officer Clerk, Deputy



Request for Accommodations. Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least 5 days before your hearing. Contact the clerk's office for *Request for Accommodation*, Form MC-410. (Civil Code, § 54.8.)

Clerk's Certificate of Service

I certify that I am not involved in this case and (*check one*): A certificate of mailing is attached.

I handed a copy of this order to the party and attorney, if any, listed in ① and ②, at the court, on the date below.

This order was mailed first class, postage paid, to the party and attorney, if any, at the addresses listed in ① and ②, from (city): _____, California on the date below.

Date: _____

Clerk, by _____, Deputy

PETITIONER: Marjorie Jacqueline Simpson	CASE NUMBER: 11D008056
RESPONDENT: Homer Jay Simpson	

3. b. (cont.) on (date): _____ at (time): _____
I thereafter mailed additional copies (by first class, postage prepaid) to the respondent at the place where the copies were left (Code Civ. Proc., § 415.20b) on (date): _____
A **declaration of diligence** is attached, stating the actions taken to first attempt personal service.
- c. **Mail and acknowledgment service.** I mailed the copies to the respondent, addressed as shown in item 2, by first-class mail, postage prepaid, on (date): _____ from (city): _____
(1) with two copies of the Notice and Acknowledgment of Receipt (*Family Law*) (form FL-117) and a postage-paid return envelope addressed to me. (**Attach completed Notice and Acknowledgment of Receipt (Family Law) (form FL-117).**) (Code Civ. Proc., § 415.30.)
(2) to an address outside California (by registered or certified mail with return receipt requested). (**Attach signed return receipt or other evidence of actual delivery to the respondent.**) (Code Civ. Proc., § 415.40.)
- d. **Other (specify code section):**
 Continued on Attachment 3d.
4. The "NOTICE TO THE PERSON SERVED" on the *Summons* was completed as follows (Code Civ. Proc., §§ 412.30, 415.10, 474):
a. As an individual or
b. On behalf of respondent who is a
(1) minor. (Code Civ. Proc., § 416.60.)
(2) ward or conservatee. (Code Civ. Proc., § 416.70.)
(3) other (specify): _____
5. **Person who served papers**
Name: Jane _____ (Middle Name) Doe
Address: 33 Red Brick Road
Springfield CA 99999
Telephone number: (555) 555-5555
- This person is
a. exempt from registration under Business and Professions Code section 22350(b).
b. not a registered California process server.
c. a registered California process server: an employee or an independent contractor
(1) Registration no.: _____
(2) County: _____
d. **The fee for service was (specify):** \$ 0.00
6. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
—or—
7. I am a California sheriff, marshal, or constable, and I certify that the foregoing is true and correct.

Date: February 01, 2014

Jane Doe _____
(NAME OF PERSON WHO SERVED PAPERS)

/s/Jane Doe _____
(SIGNATURE OF PERSON WHO SERVED PAPERS)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): Marjorie Jacqueline Simpson 42 Evergreen Terrace Springfield CA 99999 TELEPHONE NO.: (555) 555-5555 FAX NO. : E-MAIL ADDRESS: margesimpson@gmail.com ATTORNEY FOR (Name): Self Represented Petitioner/Plaintiff	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Orange STREET ADDRESS: 341 The City Drive MAILING ADDRESS: CITY AND ZIP CODE: Orange 92868-3205 BRANCH NAME: Lamoreaux Justice Center	
PETITIONER: Marjorie Jacqueline Simpson RESPONDENT: Homer Jay Simpson OTHER PARENT/PARTY:	
<p style="text-align: center;">DECLARATION OF DISCLOSURE</p> <input checked="" type="checkbox"/> Petitioner's <input checked="" type="checkbox"/> Preliminary <input type="checkbox"/> Respondent's <input checked="" type="checkbox"/> Final	CASE NUMBER: 11D008056

DO NOT FILE DECLARATIONS OF DISCLOSURE OR FINANCIAL ATTACHMENTS WITH THE COURT

In a dissolution, legal separation, or nullity action, both a preliminary and a final declaration of disclosure must be served on the other party with certain exceptions. Neither disclosure is filed with the court. Instead, a declaration stating that service of disclosure 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 preliminary disclosures as described in Summary Dissolution Information (form FL-810). Final disclosures are not required (see Family Code section 2109).*
- *In a default judgment case that is not a stipulated judgment or a judgment based on a marital settlement agreement, only the petitioner is required to complete and serve a preliminary declaration of disclosure. A final disclosure is not required of either party (see Family Code section 2110).*
- *Service of preliminary declarations of disclosure may not be waived by an agreement between the parties.*
- *Parties who agree to waive final declarations of disclosure must file their written agreement with the court (see form FL-144).*

The petitioner must serve a preliminary declaration of disclosure at the same time as the Petition or within 60 days of filing the Petition. The respondent must serve a preliminary declaration of disclosure at the same time as the Response or within 60 days of filing the Response. The time periods may be extended by written agreement of the parties or by court order (see Family Code section 2104(f)).

Attached are the following:

1. A completed *Schedule of Assets and Debts* (form FL-142) or A *Property Declaration* (form FL-160) for (specify):
 Community and Quasi-Community Property Separate Property.
2. A completed *Income and Expense Declaration* (form FL-150).
3. All tax returns filed by the party in the two years before the date that the party served the disclosure documents.
4. A statement of all material facts and information regarding valuation of all assets that are community property or in which the community has an interest (*not a form*).
None
5. A statement of all material facts and information regarding obligations for which the community is liable (*not a form*).
None
6. An accurate and complete written disclosure of any investment opportunity, business opportunity, or other income-producing opportunity presented since the date of separation that results from any investment, significant business, or other income-producing opportunity from the date of marriage to the date of separation (*not a form*).
None

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

Date: March 15, 2014

Marjorie Jacqueline Simpson

 (TYPE OR PRINT NAME)

 SIGNATURE

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): Marjorie Jacqueline Simpson 742 Evergreen Terrace Springfield CA 99999 TELEPHONE NO.: (555) 555-5555 E-MAIL ADDRESS (Optional): margesimpson@gmail.com ATTORNEY FOR (Name): Self Represented Petitioner/Plaintiff	FOR COURT USE ONLY CASE NUMBER: 11D008056
SUPERIOR COURT OF CALIFORNIA, COUNTY OF ORANGE STREET ADDRESS: 341 The City Drive MAILING ADDRESS: CITY AND ZIP CODE: Orange 92868-3205 BRANCH NAME: Lamoreaux Justice Center	
PLAINTIFF/PETITIONER: Marjorie Jacqueline Simpson DEFENDANT/RESPONDENT: Homer Jay Simpson OTHER PARENT/CLAIMANT:	
INCOME AND EXPENSE DECLARATION	

1. Employment (Give information on your current job or, if you're unemployed, your most recent job.)

Attach copies of your pay stubs for last two months (black out social security numbers).

- a. Employer: Macy's
 - b. Employer's address: 2850 N Main St, Santa Ana
 - c. Employer's phone number: (714) 547-7211
 - d. Occupation: Saleswoman
 - e. Date job started: January 10, 2005
 - f. If unemployed, date job ended: October 20, 2009
 - g. I work about 35 hours per week.
- 8.00 gross (before taxes) per month per week per hour

If you have more than one job, attach an 8 1/2-by-11-inch sheet of paper and list the same information as above for your other jobs. Write "Question 1 - Other Jobs" at the top.)

2. Age and education

- a. My age is (specify): 53
- b. I have completed high school or the equivalent: Yes No If no, highest grade completed
- c. Number of years of college completed (specify): 4 Degree(s) obtained (specify):
- d. Number of years of graduate school completed (specify): Degree(s) obtained (specify):
- e. I have: professional/occupational license(s)
 vocational training (specify):

3. Tax information

- a. I last filed taxes for tax year (specify year): 2012
- b. My tax filing status is Single head of household married, filing separately
 married, filing jointly with (specify name): Homer Jay Simpson
- c. I file state tax returns in California other
- d. I claim the following number of exemptions (including myself) on my taxes (specify): 3

4. Other party's income. I estimate the gross monthly income (before taxes) of the other party in this case at (specify): \$ 8,000.00
 This estimate is based on (explain): Respondent's last tax return.

(If you need more space to answer any questions on this form, attach an 8 1/2-by-11-inch sheet of paper and write the question number before your answer.) Number of pages attached: 0

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: March 15, 2014

Marjorie Jacqueline Simpson
(TYPE OR PRINT NAME)

/s/ Marjorie Jacqueline Simpson
(SIGNATURE OF DECLARANT)

PETITIONER / PLAINTIFF: Marjorie Jacqueline Simpson	CASE NUMBER: 11D008056
RESPONDENT / DEFENDANT: Homer Jay Simpson	
OTHER PARENT / CLAIMANT:	

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. (Black out your social security number on the pay stub and tax return.)

5. **Income** (For average monthly, add up all the income you received in each category in the last 12 months and divide the total by 12.)

	Last month	Average monthly
a. Salary or wages (gross, before taxes)	\$ 0.00	0.00
b. Overtime (gross, before taxes)	\$ 0.00	0.00
c. Commissions or bonuses	\$ 0.00	0.00
d. Public assistance (for example: TANF, SSI, GA/GR) <input type="checkbox"/> currently receiving	\$ 0.00	0.00
e. Spousal Support <input type="checkbox"/> from this marriage <input type="checkbox"/> from a different marriage.....	\$ 0.00	0.00
f. Parental Support <input type="checkbox"/> from this domestic partnership <input type="checkbox"/> from a different domestic partnership	\$ 0.00	0.00
g. Pension/retirement fund payments	\$ 0.00	0.00
h. Social security retirement (not SSI).....	\$ 0.00	0.00
i. Disability: <input type="checkbox"/> Social security (not SSI) <input type="checkbox"/> State disability (SDI) <input type="checkbox"/> Private insurance.....	\$ 0.00	0.00
j. Unemployment compensation	\$ 0.00	0.00
k. Workers' compensation	\$ 0.00	0.00
l. Other (military BAQ, royalty payments, etc.) (specify):	\$ 0.00	0.00

6. **Investment income** (Attach a schedule showing gross receipts less cash expenses for each piece of property.)

a. Dividends/interest.....	\$ 0.00	0.00
b. Rental property income	\$ 0.00	0.00
c. Trust income.....	\$ 0.00	0.00
d. Other (specify):.....	\$ 0.00	0.00

7. **Income from self-employment, after business expenses for all businesses**..... \$ 0.00 0.00

I am the owner/sole proprietor business partner other (specify):

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. Black out your social security number. If you have more than one business, provide the information above for each of 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	\$ 0.00
b. Required retirement payments (not social security, FICA, 401(k), or IRA).....	\$ 0.00
c. Medical, hospital, dental, and other health insurance premiums (total monthly amount).....	\$ 0.00
d. Child support that I pay for children from other relationships.....	\$ 0.00
e. Spousal support that I pay by court order from a different marriage.....	\$ 0.00
f. Partner support that I pay by court order from a different domestic partnership.....	\$ 0.00
g. Necessary job-related expenses not reimbursed by my employer (attach explanation labeled "Question 10g").....	\$ 0.00

11. **Assets**

	Total
a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts.....	\$ 2,200.00
b. Stocks, bonds, and other assets I could easily sell	\$ 0.00
c. All other property, <input type="checkbox"/> real and <input checked="" type="checkbox"/> personal (estimate fair market value minus the debts you owe)	\$ 10,000.00

PETITIONER / PLAINTIFF: Marjorie Jacqueline Simpson RESPONDENT / DEFENDANT: Homer Jay Simpson OTHER PARENT / CLAIMANT:	CASE NUMBER: 11D008056
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12. The following people live with me:

Name	Age	How the person is related to me? (ex: son)	That person's gross monthly income	Pays some of the household expenses?
a. Bart Jay Simpson	10	Son	\$ 0.00	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b. Lisa Lynn Simpson	8	Daughter	\$ 0.00	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
c. Maggie Lisa Simpson	1	Daughter	\$ 0.00	<input type="checkbox"/> Yes <input checked="" 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

a. Home:

(1) Rent or mortgage..... \$ 1,000.00

If mortgage:

(a) average principal: \$ _____

(b) average interest: \$ _____

(2) Real property taxes..... \$ 0.00

(3) Homeowner's or renter's insurance (if not included above)..... \$ 0.00

(4) Maintenance and repair..... \$ 0.00

b. Health-care costs not paid by insurance..... \$ 200.00

c. Child Care..... \$ 0.00

d. Groceries and household supplies \$ 500.00

e. Eating out \$ 75.00

f. Utilities (gas, electric, water, trash) ... \$ 100.00

g. Telephone, cell phone, and e-mail..... \$ 50.00

h. Laundry and cleaning..... \$ 0.00

i. Clothes \$ 100.00

j. Education..... \$ 0.00

k. Entertainment, gifts, and vacation..... \$ 20.00

l. Auto expenses and transportation (insurance, gas, repairs, bus, etc)..... \$ 200.00

m. Insurance (life, accident, etc.; do not include auto, home, or health insurance).. \$ 0.00

n. Savings and investments..... \$ 0.00

o. Charitable and contributions..... \$ 0.00

p. Monthly payments listed in item 14 (itemize below in 14 and insert total here).... \$ 0.00

q. Other (specify): See Page: \$ 0.00

r. TOTAL EXPENSES (a-q) (do not add in the amounts in a(1)(a) and (b))	\$ <u>2,245.00</u>
--	--------------------

s. Amount of expenses paid by others \$ 0.00

14. Installment payments and debts not listed above

Paid to	For	Amount	Balance	Date of last payment
None		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

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

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

I confirm this fee arrangement.

Date:

 (TYPE OR PRINT NAME OF ATTORNEY)

▶

 (SIGNATURE OF ATTORNEY)

PETITIONER / PLAINTIFF: Marjorie Jacqueline Simpson	CASE NUMBER: 11D008056
RESPONDENT / DEFENDANT: Homer Jay Simpson	
OTHER 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): 3 children under the age of 18 with the other parent in this case.
 b. The children spend 90 percent of their time with me and 10 percent of their time with the other parent.
 (If you're not sure about percentage or it has not been agreed on, please describe your parenting schedule here.)

17. Children's health-care expenses

- a. I do I do not have health insurance available to me for the children 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 expenses for the children in this case

	Amount per month
a. Child care so I can work or get job training.....	\$ 0.00
b. Children's health care not covered by insurance.....	\$ 30.00
c. Travel expenses for visitation	\$ 0.00
d. Children's educational or other special needs (specify below):	\$ 0.00

19. Special hardships. I ask the court to consider the following 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 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 (explain):

20. Other information I want the court to know concerning support in my case (specify):

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): Marjorie Jacqueline Simpson 742 Evergreen Terrace Springfield CA 99999 TELEPHONE NO.: (555) 555-5555 FAX NO.: E-MAIL ADDRESS: margesimpson@gmail.com ATTORNEY FOR (Name): Self Represented Petitioner/Plaintiff		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF ORANGE STREET ADDRESS: 341 The City Drive MAILING ADDRESS: CITY AND ZIP CODE: Orange 92868-3205 BRANCH NAME: Lamoreaux Justice Center		
PETITIONER: Marjorie Jacqueline Simpson RESPONDENT: Homer Jay Simpson OTHER PARENT/PARTY:		
<input checked="" type="checkbox"/> PETITIONER'S <input type="checkbox"/> RESPONDENT'S <input type="checkbox"/> COMMUNITY AND QUASI-COMMUNITY PROPERTY DECLARATION <input checked="" type="checkbox"/> SEPARATE PROPERTY DECLARATION		CASE NUMBER: 11D008056

See *Instructions* on page 4 for information about completing this form. For additional space, use *Continuation of Property Declaration* (form FL-161).

A	B	C -	D =	E	F	
ITEM NO.	DATE ACQUIRED	GROSS FAIR MARKET VALUE	AMOUNT OF DEBT	NET FAIR MARKET VALUE	PROPOSAL FOR DIVISION Award or Confirm to:	
					PETITIONER	RESPONDENT
1. REAL ESTATE None		\$	\$	\$	\$	\$
2. HOUSEHOLD FURNITURE, FURNISHINGS, APPLIANCES None						
3. JEWELRY, ANTIQUES, ART, COIN COLLECTIONS, etc. None						
4. VEHICLES, BOATS, TRAILERS						
1999 Honda Civic	07/10/1999	6,000.00	2,000.00	4,000.00	4,000.00	0.00
2011 Honda Civic	11/20/2013	20,000.00	15,000.00	5,000.00	5,000.00	0.00
5. SAVINGS ACCOUNTS						
Chase acct. ending in 2289	11/05/2013	2,500.00	0.00	2,500.00	0.00	2,500.00
6. CHECKING ACCOUNTS						
Chase acct. ending in 3541	12/15/2013	700.00	0.00	700.00	700.00	0.00
Bank of America acct. ending in 7118	12/30/2013	650.00	0.00	650.00	650.00	0.00

A		B	C -	D =	E	F	
ITEM NO.	BRIEF DESCRIPTION	DATE ACQUIRED	GROSS FAIR MARKET VALUE	AMOUNT OF DEBT	NET FAIR MARKET VALUE	PROPOSAL FOR DIVISION Award or Confirm to:	
						PETITIONER	RESPONDENT
7.	CREDIT UNION, OTHER DEPOSITORY ACCOUNTS None		\$	\$	\$	\$	\$
8.	CASH None						
9.	TAX REFUND None						
10.	LIFE INSURANCE WITH CASH SURRENDER OR LOAN VALUE None						
11.	STOCKS, BONDS, SECURED NOTES, MUTUAL FUNDS None						
12.	RETIREMENT AND PENSIONS None						
13.	PROFIT-SHARING, IRAS, DEFERRED COMPENSATION, ANNUITIES None						
14.	ACCOUNTS RECEIVABLE, UNSECURED NOTES None						
15.	PARTNERSHIP, OTHER BUSINESS INTERESTS None						
16.	OTHER ASSETS None						
17.	ASSETS FROM CONTINUATION SHEET		0.00	0.00	0.00	0.00	0.00
18.	TOTAL ASSETS		29,850.00	17,000.00	12,850.00	10,350.00	2,500.00

ITEM O.	DEBTS -- SHOW TO WHOM OWED	B DATE INCURRED	C TOTAL OWING	D PROPOSAL FOR DIVISION Award or Confirm to:	
				PETITIONER	RESPONDENT
19.	STUDENT LOANS Fannie Mae	01/01/2014	\$ 40,000.00	\$ 0.00	\$ 40,000.00
20.	TAXES None				
21.	SUPPORT ARREARAGES None				
22.	LOANS—UNSECURED None				
23.	CREDIT CARDS None				
24.	OTHER DEBTS None				
25.	OTHER DEBTS FROM CONTINUATION SHEET		0.00	0.00	0.00
26.	TOTAL DEBTS		40,000.00	0.00	40,000.00

A Continuation of Property Declaration (form FL-161) is attached and incorporated by reference.

I declare under penalty of perjury under the laws of the State of California that, to the best of my knowledge, the foregoing is a true and correct listing of assets and obligations and the amounts shown are correct.

Date: January 05, 2014

Marjorie Jacqueline Simpson

(TYPE OR PRINT NAME)



/s/Marjorie Jacqueline Simpson

SIGNATURE

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): Marjorie Jacqueline Simpson 742 EVERGREEN TERRACE SPRINGFIELD CA 99999 TELEPHONE NO.: (555) 555-5555 FAX NO. : E-MAIL ADDRESS: margesimpson@gmail.com ATTORNEY FOR (Name): Self Represented Petitioner/Plaintiff	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF ORANGE STREET ADDRESS: 341 The City Drive MAILING ADDRESS: CITY AND ZIP CODE: Orange 92868-3205 BRANCH NAME: Lamoreaux Justice Center	
PETITIONER: Marjorie Jacqueline Simpson RESPONDENT: Homer Jay Simpson OTHER PARENT/PARTY:	
<input checked="" type="checkbox"/> PETITIONER'S <input type="checkbox"/> RESPONDENT'S <input checked="" type="checkbox"/> COMMUNITY AND QUASI-COMMUNITY PROPERTY DECLARATION <input type="checkbox"/> SEPARATE PROPERTY DECLARATION	CASE NUMBER: 11D008056

See *Instructions* on page 4 for information about completing this form. For additional space, use *Continuation of Property Declaration* (form FL-161).

A	B	C -	D =	E	F	
ITEM NO. BRIEF DESCRIPTION	DATE ACQUIRED	GROSS FAIR MARKET VALUE	AMOUNT OF DEBT	NET FAIR MARKET VALUE	PROPOSAL FOR DIVISION Award or Confirm to:	
					PETITIONER	RESPONDENT
1. REAL ESTATE None		\$	\$	\$	\$	\$
2. HOUSEHOLD FURNITURE, FURNISHINGS, APPLIANCES						
dining room table & chairs	01/01/2009	500.00	0.00	500.00	500.00	0.00
kitchen table & chairs	11/15/2000	1,000.00	0.00	1,000.00	0.00	1,000.00
40" flatscreen T.V.	10/01/2004	800.00	0.00	800.00	0.00	800.00
persian rug	01/01/2001	500.00	0.00	500.00	500.00	0.00
3. JEWELRY, ANTIQUES, ART, COIN COLLECTIONS, etc. None						
4. VEHICLES, BOATS, TRAILERS None						
5. SAVINGS ACCOUNTS None						
6. CHECKING ACCOUNTS None						

A		B	C -	D =	E	F	
ITEM NO.	BRIEF DESCRIPTION	DATE ACQUIRED	GROSS FAIR MARKET VALUE	AMOUNT OF DEBT	NET FAIR MARKET VALUE	PROPOSAL FOR DIVISION Award or Confirm to: PETITIONER RESPONDENT	
7.	CREDIT UNION, OTHER DEPOSITORY ACCOUNTS None		\$	\$	\$	\$	\$
8.	CASH None						
9.	TAX REFUND None						
10.	LIFE INSURANCE WITH CASH SURRENDER OR LOAN VALUE None						
11.	STOCKS, BONDS, SECURED NOTES, MUTUAL FUNDS None						
12.	RETIREMENT AND PENSIONS None						
13.	PROFIT-SHARING, IRAS, DEFERRED COMPENSATION, ANNUITIES None						
14.	ACCOUNTS RECEIVABLE, UNSECURED NOTES None						
15.	PARTNERSHIP, OTHER BUSINESS INTERESTS None						
16.	OTHER ASSETS None						
17.	ASSETS FROM CONTINUATION SHEET		0.00	0.00	0.00	0.00	0.00
18.	TOTAL ASSETS		2,800.00	0.00	2,800.00	1,000.00	1,800.00

ITEM NO.	A DEBTS -- SHOW TO WHOM OWED	B DATE INCURRED	C TOTAL OWING	D PROPOSAL FOR DIVISION Award or Confirm to:	
				PETITIONER	RESPONDENT
19.	STUDENT LOANS None		\$	\$	\$
20.	TAXES None				
21.	SUPPORT ARREARAGES None				
22.	LOANS—UNSECURED None				
23.	CREDIT CARDS None				
24.	OTHER DEBTS None				
25.	OTHER DEBTS FROM CONTINUATION SHEET		0.00	0.00	0.00
26.	TOTAL DEBTS		0.00	0.00	0.00


A Continuation of Property Declaration (form FL-161) is attached and incorporated by reference.

I declare under penalty of perjury under the laws of the State of California that, to the best of my knowledge, the foregoing is a true and correct listing of assets and obligations and the amounts shown are correct.

Date: January 05, 2014

Marjorie Jacqueline Simpson

 (TYPE OR PRINT NAME)

 /s/Marjorie Jacqueline Simpson

 SIGNATURE

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): Marjorie Jacqueline Simpson 742 Evergreen Terrace Springfield CA 99999 TELEPHONE NO.: (555) 555-5555 FAX NO. (Optional): E-MAIL ADDRESS (Optional): margesimpson@gmail.com ATTORNEY FOR (Name): Self Represented Petitioner/Plaintiff	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF ORANGE STREET ADDRESS: 341 The City Drive MAILING ADDRESS: CITY AND ZIP CODE: Orange 92868-3205 BRANCH NAME: Lamoreaux Justice Center	
PETITIONER: Marjorie Jacqueline Simpson RESPONDENT: Homer Jay Simpson OTHER PARENT/PARTY:	
DECLARATION REGARDING SERVICE OF DECLARATION OF DISCLOSURE AND INCOME AND EXPENSE DECLARATION <input checked="" type="checkbox"/> Petitioner's <input checked="" type="checkbox"/> Preliminary <input type="checkbox"/> Respondent's <input checked="" type="checkbox"/> Final	CASE NUMBER: 11D008056

1. I am the attorney for petitioner respondent in this matter.
2. Petitioner's Respondent's Preliminary Declaration of Disclosure (form FL-140) and 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:
 the other party the other party's attorney by: personal service mail
 other (specify):
 on (date): March 15, 2014
- 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 the other party's attorney by: personal service mail
 other (specify):
 on (date): March 15, 2014
4. Service of Petitioner's Respondent's preliminary final declaration of disclosure
 current income and expense declaration has been waived as follows:
- a. The parties agreed to waive final declaration of disclosure requirements under Family Code section 2105(d). (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.
 - b. The party has failed to comply with disclosure requirements and the court granted the request for voluntary waiver of receipt under Family Code section 2107 on (date):
 - c. This is a default proceeding. Petitioner waives the final declaration disclosure requirements under Family Code section 2110.

* "Current" is defined as completed within the past three months providing no facts have changed. (Cal. Rules of Court, rule 5.260.)
 I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: March 15, 2014

Marjorie Jacqueline Simpson

(TYPE OR PRINT NAME)

/s/Marjorie Jacqueline Simpson

(SIGNATURE)

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.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): Marjorie Jacqueline Simpson 742 Evergreen Terrace Springfield CA 99999 TELEPHONE NO.: (555) 555-5555 FAX NO. (Optional): EMAIL ADDRESS (Optional): margesimpson@gmail.com ATTORNEY FOR (Name): Self Represented Petitioner/Plaintiff	FOR COURT USE ONLY CASE NUMBER: 11D008056
SUPERIOR COURT OF CALIFORNIA, COUNTY OF ORANGE STREET ADDRESS: 341 The City Drive MAILING ADDRESS: CITY AND ZIP CODE: Orange 92868-3205 BRANCH NAME: Lamoreaux Justice Center	
PETITIONER: Marjorie Jacqueline Simpson RESPONDENT: Homer Jay Simpson	
REQUEST TO ENTER DEFAULT	

1. **To the clerk:** Please enter the default of the respondent who has failed to respond to the petition.

2. A completed *Income and Expense Declaration* (form FL-150) or *Financial Statement (Simplified)* (form FL-155)
 is attached is not attached.

A completed *Property Declaration* (form FL-160) is attached is not attached
 because (check at least one of the following):

- (a) there have been no changes since the previous filing.
- (b) the issues subject to disposition by the court in this proceeding are the subject of a written agreement.
- (c) there are no issues of child, spousal, or partner support or attorney fees and costs subject to determination by the court.
- (d) the petition does not request money, property, costs, or attorney fees. (Fam. Code, § 2330.5.)
- (e) there are no issues of division of community property.
- (f) this is an action to establish parental relationship.

Date: March 15, 2014

Marjorie Jacqueline Simpson
 (TYPE OR PRINT NAME)

/s/ Marjorie Jacqueline Simpson
 (SIGNATURE OF [ATTORNEY FOR] PETITIONER)

3. **Declaration**

- a. No mailing is required because service was by publication or posting and the address of the respondent remains unknown.
- b. A copy of this *Request to Enter Default*, including any attachments and an envelope with sufficient postage, was provided to the court clerk, with the envelope addressed as follows (address of the respondent's attorney or, if none, the respondent's last known address):
 Homer Jay Simpson 55 Brick Road, Springfield, CA 99999

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

Date: March 15, 2014

Marjorie Jacqueline Simpson
 (TYPE OR PRINT NAME)

/s/ Marjorie Jacqueline Simpson
 (SIGNATURE OF DECLARANT)

CASE NAME (Last name, first name of each party): Simpson, Marjorie Simpson, Homer	CASE NUMBER: 11D008056
---	---------------------------

FOR COURT USE ONLY

Request to Enter Default mailed to the respondent or the respondent's attorney on (date):

Default entered as requested on (date):

Default not entered. Reason: _____ Alan Carlson, Clerk of the Court
Clerk, by _____, Deputy

4. Memorandum of costs

a. Costs and disbursements are waived.

b. Costs and disbursements are listed as follows:

(1) <input type="checkbox"/> Clerk's fees	_____	\$
(2) <input type="checkbox"/> Process server's fees	_____	\$
(3) <input type="checkbox"/> Other (specify):	_____	\$
	_____	\$
	_____	\$
	_____	\$
TOTAL	_____	\$


c. I am the attorney, agent, or party who claims these costs. To the best of my knowledge and belief, the foregoing items of cost are correct and have been necessarily incurred in this cause or proceeding.

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

Date: March 15, 2014

Marjorie Jacqueline Simpson

(TYPE OR PRINT NAME)

 /s/ Marjorie Jacqueline Simpson

(SIGNATURE OF DECLARANT)


5. **Declaration of nonmilitary status.** The respondent is not in the military service of the United States as defined in section 511 et seq. of the Servicemembers Civil Relief Act (50 U.S.C. Appen. § 501 et seq.), and is not entitled to the benefits of such act.

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

Date: March 15, 2014

Marjorie Jacqueline Simpson

(TYPE OR PRINT NAME)

 /s/ Marjorie Jacqueline Simpson

(SIGNATURE OF DECLARANT)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name & Address): Marjorie Jacqueline Simpson 742 Evergreen Terrace Springfield CA 99999 Telephone No.: (555) 555-5555 Fax No. (Optional): E-Mail Address (Optional): margesimpson@gmail.com ATTORNEY FOR (Name): Self Represented Petitioner/Plaintiff Bar No:	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF ORANGE JUSTICE CENTER: <input type="checkbox"/> Central - 700 Civic Center Dr. West, Santa Ana, CA 92701-4045 <input type="checkbox"/> Civil Complex Center - 751 W. Santa Ana Blvd., Santa Ana, CA 92701-4512 <input type="checkbox"/> Harbor-Newport Beach Facility- 4601 Jamboree Rd., Newport Beach, 92660-2595 <input checked="" type="checkbox"/> Lamoreaux - 341 The City Drive South, Orange, CA 92868-3205 <input type="checkbox"/> North - 1275 N. Berkeley Ave., Fullerton, CA 92832-1206	CASE NUMBER: 11D008056
PLAINTIFF/PETITIONER: Marjorie Jacqueline Simpson DEFENDANT/RESPONDENT: Homer Jay Simpson	Case assigned to: Judge: Department: Date complaint filed: Hearing/trial date:
MEMORANDUM FOR SETTING FOR HEARING (UNCONTESTED MATTER) <input type="checkbox"/> RESETTING	

The clerk is requested to set/reset the above-entitled proceeding for hearing.

Nature of Proceeding:

- | | | | |
|---|---|---|------------------------------------|
| <input type="checkbox"/> Adoption | <input checked="" type="checkbox"/> Dissolution | <input type="checkbox"/> Legal Separation | <input type="checkbox"/> Prove-Up |
| <input type="checkbox"/> Minor's Compromise | <input type="checkbox"/> Bifurcated Hearing | <input type="checkbox"/> Nullity | <input type="checkbox"/> Paternity |
| <input type="checkbox"/> General Civil | <input type="checkbox"/> Other: | | |

I represent to the Court that this proceeding is ready for hearing; and I know of no reason why this matter should not be heard as soon as the Court's calendar will permit.

Estimated time for hearing: 1 hour

Hearing date(s) preferred:

Date: March 15, 2014

Marjorie Jacqueline Simpson
(TYPE OR PRINT NAME)

/s/ Marjorie Jacqueline Simpson
(SIGNATURE OF APPLICANT OR ATTORNEY)

For Court Use Only	
The above case has been set on the calendar in Department _____ on _____ at _____ at the <input type="checkbox"/> Central <input type="checkbox"/> Civil Complex Center <input type="checkbox"/> Harbor-Newport Beach <input checked="" type="checkbox"/> Lamoreaux <input type="checkbox"/> North	
Attorney/Attorney's Agent/Party notified on _____	ALAN CARLSON, Clerk of the Court By: _____ Deputy Clerk

<p style="text-align: center;">NOTICE TO ATTORNEYS AND SELF-REPRESENTED LITIGANTS*</p> <p>Rule 384 of the Local Rules - Superior Court of California, County of Orange is quoted for your information and compliance: Rule 384 Default Judgments "All Requests for Entry of Default, declarations for entry of default judgment, supporting evidence, and judgments must be submitted together as a single packet. Each exhibit must be separated by a hard 8 1/2 x 11 sheet with hard paper or plastic tabs extending below the bottom of the page, bearing the exhibit designation. Any provision for attorney fees must be highlighted within the written contract with a light-colored highlighter pen. Parties should file such default packets in the Clerk's Office within five court days prior to any scheduled hearing date." *Does not apply to Family Law cases</p>

SUBMIT FORM IN DUPLICATE

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): Marjorie Jacqueline Simpson 742 Evergreen Terrace Springfield CA 99999 TELEPHONE NO.: (555) 555-5555 FAX NO. (Optional): EMAIL ADDRESS (Optional): margesimpson@gmail.com ATTORNEY FOR (Name): Self Represented Petitioner/Plaintiff	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF ORANGE STREET ADDRESS: 341 The City Drive MAILING ADDRESS: CITY AND ZIP CODE: Orange 92868-3205 BRANCH NAME: Lamoreaux Justice Center	CASE NUMBER: 11D008056
PLAINTIFF/PETITIONER: Marjorie Jacqueline Simpson DEFENDANT/RESPONDENT: Homer Jay Simpson	Date complaint filed: Department: Judge: Case assigned to:
AT-ISSUE MEMORANDUM FOR TRIAL SETTING <input type="checkbox"/> COUNTER MEMORANDUM	

FOR UNLAWFUL DETAINDER CASES, USE JUDICIAL COUNCIL FORM #UD-150, REQUEST/COUNTER - REQUEST TO SET CASE FOR TRIAL

- Family Law cases only: Proof of service of Preliminary Declaration of Disclosure has been filed: Yes No
- I represent to the court that: 1) this case is at issue; an answer or other legal response was filed on: February 03, 2014
 2) all discovery has been completed.
- This is a counter memorandum and this case is not ready for trial because:
 Discovery is: not completed other
1. Jury trial requested: Yes No 2. Time estimated for trial: _____ days Less than 5 _____ hours
3. Case entitled to preference: Yes No If yes, state code section:

The following dates are NOT acceptable to me (Limited Civil trials are set approximately 45-90 days away):

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

Date: March 15, 2014
Marjorie Jacqueline Simpson
 (TYPE OR PRINT NAME)

/s/ Marjorie Jacqueline Simpson
 (SIGNATURE OF DECLARANT)

Enter information for the person to whom notice was mailed: Homer Jay Simpson *Street Address: 55 Brick Road *City: Springfield *State: CA *Zip: 99999 <p style="text-align: center;">Add another person:</p>
--

DECLARATION OF SERVICE BY MAIL
 (NAME AND ADDRESS OF EACH PERSON TO WHOM NOTICE WAS MAILED)

Homer Jay Simpson 55 Brick Road, Springfield, CA 99999

L-0031

PETITIONER / PLAINTIFF: Marjorie Jacqueline Simpson	CASE NUMBER:
RESPONDENT / DEFENDANT: Homer Jay Simpson	11D008056
OTHER PARTY:	

Information of third party who mailed this form:

Clear

*Street Address: 2101 N. Tustin Ave.

*City: Santa Ana

*State: CA

*Zip: 92705

*Date of mailing: March 15, 2014

*Place of mailing (City): Santa Ana

*Place of mailing (State): CA

I am at least 18 years of age and not a party to this legal action. I deposited the At-Issue Memorandum for Trial Setting in the United States mail, in a sealed envelope with postage fully prepaid addressed as shown above. I am a resident of or employed in the county where the mailing occurred. My residence or business address is: 2101 N. Tustin Ave., Santa Ana, CA 92705

Date of mailing: March 15, 2014

Place of mailing (city and state): Santa Ana, CA

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

Date: March 15, 2014

Jane Doe

(TYPE OR PRINT NAME)

/s/ Jane Doe

(SIGNATURE OF DECLARANT)

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar number, and address):</i> Marjorie Jacqueline Simpson 742 Evergreen Terrace Springfield CA 99999 TELEPHONE NO.: (555) 555-5555 FAX NO. <i>(Optional):</i> E-MAIL ADDRESS <i>(Optional):</i> margesimpson@gmail.com ATTORNEY FOR <i>(Name):</i> Self Represented Petitioner/Plaintiff	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Orange STREET ADDRESS: 341 The City Drive MAILING ADDRESS: CITY AND ZIP CODE: Orange 92868-3205 BRANCH NAME: Lamoreaux Justice Center	
MARRIAGE OR PARTNERSHIP OF PETITIONER: Marjorie Jacqueline Simpson RESPONDENT: Homer Jay Simpson	
JUDGMENT <input checked="" type="checkbox"/> DISSOLUTION <input type="checkbox"/> LEGAL SEPARATION <input type="checkbox"/> NULLITY <input type="checkbox"/> Status only <input type="checkbox"/> Reserving jurisdiction over termination of marital or domestic partnership status <input type="checkbox"/> Judgment on reserved issues Date marital or domestic partnership status ends:	CASE NUMBER: 11D008056

1. This judgment contains personal conduct restraining orders modifies existing restraining orders.
 The restraining orders are contained on page(s) of the attachment. They expire on *(date)*:

2. This proceeding was heard as follows: Default or uncontested By declaration under Family Code section 2336
 Contested Agreement in court
 - a. Date: Dept.: Room: Temporary judge
 - b. Judicial officer *(name)*:
 - c. Petitioner present in court Attorney present in court *(name)*:
 - d. Respondent present in court Attorney present in court *(name)*:
 - e. Claimant present in court *(name)*: Attorney present in court *(name)*:
 - f. Other *(specify name)*:

3. The court acquired jurisdiction of the respondent on *(date)*: 02/01/2014
 - a. The respondent was served with process.
 - b. The respondent appeared.

THE COURT ORDERS, GOOD CAUSE APPEARING

4. a. Judgment of dissolution is entered. Marital or domestic partnership status is terminated and the parties are restored to the status of single persons
 - (1) on *(specify date)*: 08/02/2014
 - (2) on a date to be determined on noticed motion of either party or on stipulation.
- b. Judgment of legal separation is entered.
- c. Judgment of nullity is entered. The parties are declared to be single persons on the ground of *(specify)*:

- d. This judgment will be entered nunc pro tunc as of *(date)*:
- e. Judgment on reserved issues.
- f. The petitioner's respondent's former name is restored to *(specify)*: Marjorie Jacqueline Ford
- g. Jurisdiction is reserved over all other issues, and all present orders remain in effect except as provided below.
- h. This judgment contains provisions for child support or family support. Each party must complete and file with the court a *Child Support Case Registry Form* (form FL-191) within 10 days of the date of this judgment. The parents must notify the court of any change in the information submitted within 10 days of the change, by filing an updated form. The *Notice of Rights and Responsibilities—Health-Care Costs and Reimbursement Procedures and Information Sheet on Changing a Child Support Order* (form FL-192) is attached.

CASE NAME (Last name, first name of each party):	CASE NUMBER: 11D008056
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- i. The children of this marriage or domestic partnership are:
 - (1) Name Birthdate
 - Bart Jay Simpson 05/10/2003
 - Lisa Lynn Simpson 01/05/2005
 - (2) Parentage is established for children of this relationship born prior to the marriage or domestic partnership
- j. Child custody and visitation (parenting time) are ordered as set forth in the attached
 - (1) Settlement agreement, stipulation for judgment, or other written agreement which contains the information required by Family Code section 3048(a).
 - (2) Child Custody and Visitation Order Attachment (form FL-341).
 - (3) Stipulation and Order for Custody and/or Visitation of Children (form FL-355).
 - (4) Previously established in another case. Case number: Court:
- k. Child support is ordered as set forth in the attached
 - (1) Settlement agreement, stipulation for judgment, or other written agreement which contains the declarations required by Family Code section 4065(a).
 - (2) Child Support Information and Order Attachment (form FL-342).
 - (3) Stipulation to Establish or Modify Child Support and Order (form FL-350).
 - (4) Previously established in another case. Case number: Court:
- l. Spousal, domestic partner, or family support is ordered:
 - (1) Reserved for future determination as relates to petitioner respondent
 - (2) Jurisdiction terminated to order spousal or partner support to petitioner respondent
 - (3) As set forth in the attached Spousal, Partner, or Family Support Order Attachment (form FL-343).
 - (4) As set forth in the attached settlement agreement, stipulation for judgment, or other written agreement.
 - (5) Other (specify):
- m. Property division is ordered as set forth in the attached
 - (1) Settlement agreement, stipulation for judgment, or other written agreement.
 - (2) Property Order Attachment to Judgment (form FL-345).
 - (3) Other (specify):
- n. Attorney fees and costs are ordered as set forth in the attached
 - (1) Settlement agreement, stipulation for judgment, or other written agreement.
 - (2) Attorney Fees and Costs Order (form FL-346).
 - (3) Other (specify):
- o. Other (specify):

Each attachment to this judgment is incorporated into this judgment, and the parties are ordered to comply with each attachment's provisions. Jurisdiction is reserved to make other orders necessary to carry out this judgment.

Date:

JUDICIAL OFFICER
 SIGNATURE FOLLOWS LAST ATTACHMENT

5. Number of pages attached: _____

NOTICE

Dissolution or legal separation may automatically cancel the rights of a spouse or domestic partner under the other spouse's or domestic partner's will, trust, retirement plan, power of attorney, pay-on-death bank account, transfer-on-death vehicle registration, survivorship rights to any property owned in joint tenancy, and any other similar property interest. It does not automatically cancel the rights of a spouse or domestic partner as beneficiary of the other spouse's or domestic partner's life insurance policy. You should review these matters, as well as any credit cards, other credit accounts, insurance policies, retirement plans, and credit reports, to determine whether they should be changed or whether you should take any other actions.

debt or obligation may be assigned to one party as part of the dissolution of property and debts, but if that party does not pay the debt or obligation, the creditor may be able to collect from the other party.

An earnings assignment may be issued without additional proof if child, family, partner, or spousal support is ordered. Any party required to pay support must pay interest on overdue amounts at the "legal rate," which is currently 10 percent.

NOTICE OF RIGHTS AND RESPONSIBILITIES
Health-Care Costs and Reimbursement Procedures

IF YOU HAVE A CHILD SUPPORT ORDER THAT INCLUDES A PROVISION FOR THE REIMBURSEMENT OF A PORTION OF THE CHILD'S OR CHILDREN'S HEALTH-CARE COSTS AND THOSE COSTS ARE NOT PAID BY INSURANCE, THE LAW SAYS:

1. Notice. You must give the other parent an itemized statement of the charges that have been billed for any health-care costs not paid by insurance. You must give this statement to the other parent within a reasonable time, but no more than 30 days after those costs were given to you.

2. Proof of full payment. If you have already paid all of the uninsured costs, you must (1) give the other parent proof that you paid them and (2) ask for reimbursement for the other parent's court-ordered share of those costs.

3. Proof of partial payment. If you have paid only your share of the uninsured costs, you must (1) give the other parent proof that you paid your share, (2) ask that the other parent pay his or her share of the costs directly to the health-care provider, and (3) give the other parent the information necessary for that parent to be able to pay the bill.

4. Payment by notified parent. If you receive notice from a parent that an uninsured health-care cost has been incurred, you must pay your share of that cost within the time the court orders; or if the court has not specified a period of time, you must make payment (1) within 30 days from the time you were given notice of the amount due, (2) according to any payment schedule set by the health-care provider, (3) according to a schedule agreed to in writing by you and the other parent, or (4) according to a schedule adopted by the court.

5. Disputed charges. If you dispute a charge, you may file a motion in court to resolve the dispute, but only if you pay that charge before filing your motion.

If you claim that the other party has failed to reimburse you for a payment, or the other party has failed to make a payment to the provider after proper notice has been given, you may file a motion in court to resolve the dispute. The court will presume that if uninsured costs have been paid, those costs were reasonable. The court may award attorney fees and costs against a party who has been unreasonable.

6. Court-ordered insurance coverage. If a parent provides health-care insurance as ordered by the court, that insurance must be used at all times to the extent that it is available for health-care costs.

- a. **Burden to prove.** The party claiming that the coverage is inadequate to meet the child's needs has the burden of proving that to the court.
- b. **Cost of additional coverage.** If a parent purchases health-care insurance in addition to that ordered by the court, that parent must pay all the costs of the additional coverage. In addition, if a parent uses alternative coverage that costs more than the coverage provided by court order, that parent must pay the difference.

7. Preferred health providers. If the court-ordered coverage designates a preferred health-care provider, that provider must be used at all times consistent with the terms of the health insurance policy. When any party uses a health-care provider other than the preferred provider, any health-care costs that would have been paid by the preferred health provider if that provider had been used must be the sole responsibility of the party incurring those costs.

INFORMATION SHEET ON CHANGING A CHILD SUPPORT ORDER

General Information

The court has just made a child support order in your case. This order will remain the same unless a party to the action requests that the support be changed (modified). An order for child support can be modified only by filing a motion to change child support and serving each party involved in your case. If both parents and the local child support agency (if it is involved) agree on a new child support amount, you can complete, have all parties sign, and file with the court a *Stipulation to Establish or Modify Child Support and Order* (form FL-350) or *Stipulation and Order (Governmental)* (form FL-625).

When a Child Support Order May Be Modified

The court takes several things into account when ordering the payment of child support. First, the number of children is considered. Next, the net incomes of both parents are determined, along with the percentage of time each parent has physical custody of the children. The court considers both parties' tax filing status and may consider hardships, such as a child of another relationship. An existing order for child support may be modified when the net income of one of the parents changes significantly, the parenting schedule changes significantly, or a new child is born.

Examples

- You have been ordered to pay \$500 per month in child support. You lose your job. You will continue to owe \$500 per month, plus 10 percent interest on any unpaid support, unless you file a motion to modify your child support to a lower amount and the court orders a reduction.
- You are currently receiving \$300 per month in child support from the other parent, whose net income has just increased substantially. You will continue to receive \$300 per month unless you file a motion to modify your child support to a higher amount and the court orders an increase.
- You are paying child support based upon having physical custody of your children 30 percent of the time. After several months it turns out that you actually have physical custody of the children 50 percent of the time. You may file a motion to modify child support to a lower amount.

How to Change a Child Support Order

To change a child support order, you must file papers with the court. *Remember:* You must follow the order you have now.

What forms do I need?

If you are asking to change a child support order open with the local child support agency, you must fill out one of these forms:

- FL-680, *Notice of Motion (Governmental)* or FL-683 *Order to Show Cause (Governmental)* and
- FL-684, *Request for Order and Supporting Declaration (Governmental)*

If you are asking to change a child support order that is **not** open with the local child support agency, you must fill out one of these forms:

- FL-301, *Notice of Motion* or FL-300, *Order to Show Cause* and
- FL-310, *Application for Order and Supporting Declaration* or
- FL-390, *Notice of Motion and Motion for Simplified Modification of Order for Child, Spousal, or Family Support*

You must also fill out one of these forms:

- FL-150, *Income and Expense Declaration* or FL-155, *Financial Statement (Simplified)*

What if I am not sure which forms to fill out?

Talk to the family law facilitator at your court.

After you fill out the forms, file them with the court clerk and ask for a hearing date. Write the hearing date on the form. The clerk will ask you to pay a filing fee. If you cannot afford the fee, fill out these forms, too:

- Form FW-001, *Application for Waiver of Court Fees and Costs*
- Form FW-003, *Order on Application for Waiver of Court Fees and Costs*

You must serve the other parent. If the local child support agency is involved, serve it too.

This means someone 18 or over—**not you**—must serve the other parent copies of your filed court forms at least **16 court days** before the hearing. Add **5 calendar days** if you serve by mail within California (see Code of Civil Procedure section 1005 for other situations). **Court days** are weekdays when the court is open for business (Monday through Friday except court holidays). **Calendar days** include all days of the month, including weekends and holidays. To determine court and calendar days, go to www.courtinfo.ca.gov/selfhelp/courtcalendars/.

The server must also serve blank copies of these forms:

- FL-320, *Responsive Declaration to Order to Show Cause or Notice of Motion* and FL-150, *Income and Expense Declaration*, or
- FL-155, *Financial Statement (Simplified)*

Then the server fills out and signs a *Proof of Service* (form FL-330 or FL-335). Take this form to the clerk and file it.

Go to your hearing and ask the judge to change the support. Bring your tax returns from the last two years and your last two months' pay stubs. The judge will look at your information, listen to both parents, and make an order. After the hearing, fill out:

- FL-340, *Findings and Order After Hearing* and
- FL-342, *Child Support Information and Order Attachment*

Need help?

Contact the family law facilitator in your county or call your county's bar association and ask for an experienced family lawyer.

PETITIONER/PLAINTIFF: Marjorie Jacqueline Simpson RESPONDENT/DEFENDANT: Homer Jay Simpson	CASE NUMBER: 11D008056
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CHILD CUSTODY AND VISITATION ORDER ATTACHMENT

- TO Findings and Order After Hearing Judgment
- Stipulation and Order for Custody and/or Visitation of Children
- Other (specify):

1. **Custody.** Custody of the minor children of the parties is awarded as follows:

Child's name	Date of birth	Legal custody to (person who makes decisions about health, education, etc.)	Physical custody to (person with whom the child lives)
Bart Jay Simpson	05/10/2003	Joint	Petitioner
Lisa Lynn Simpson	01/05/2005	Joint	Petitioner
Maggie Sue Simps	03/04/2012	Joint	Petitioner
Unborn Child	N/A	Joint	Petitioner
		<input type="checkbox"/> Joint legal custody	<input type="checkbox"/> Joint physical custody

2. **Visitation**

- a. Reasonable right of visitation to the party without physical custody (**not appropriate in cases involving domestic violence**)
- b. See the attached _____-page document dated (specify date):
- c. The parties will go to mediation at (specify location):
- d. No visitation
- e. Visitation for the petitioner respondent will be as follows:

(1) **Weekends starting (date):**

(The first weekend of the month is the first weekend with a Saturday.)

1st 2nd 3rd 4th 5th weekend of the month

from _____ at _____ a.m. p.m.
(day of week) (time)

to _____ at _____ a.m. p.m.
(day of week) (time)

(a) The parents will alternate the fifth weekends, with the petitioner respondent having the initial fifth weekend, which starts (date):

(b) The petitioner will have fifth weekends in odd even months.

(2) **Alternate weekends starting (date):**

The petitioner respondent will have the children with him or her during the period

from _____ at _____ a.m. p.m.
(day of week) (time)

to _____ at _____ a.m. p.m.
(day of week) (time)

(3) **Weekdays starting (date):**

The petitioner respondent will have the children with him or her during the period

from _____ at _____ a.m. p.m.
(day of week) (time)

to _____ at _____ a.m. p.m.
(day of week) (time)

(4) **Other (specify days and times as well as any additional restrictions):**

See Attachment 2e(4).

PETITIONER/PLAINTIFF: Marjorie Jacqueline Simpson	CASE NUMBER: 11D008056
RESPONDENT/DEFENDANT: Homer Jay Simpson	

3. **Supervised visitation.** Until further order of the court other (*specify*):
the petitioner respondent will have supervised visitation with the minor children according to the schedule set forth on page 1. (You must attach form FL-341(A).)
4. **Transportation for visitation**
- a. Transportation to the visits will be provided by the petitioner respondent
 other (*specify*):
- b. Transportation from the visits will be provided by the petitioner respondent
 other (*specify*):
- c. Drop-off of the children will be at (*address*):
- d. Pick-up of the children will be at (*address*):
- e. The children will be driven only by a licensed and insured driver. The car or truck must have legal child restraint devices.
- f. During the exchanges, the parent driving the children will wait in the car and the other parent will wait in his or her home while the children go between the car and the home.
- g. Other (*specify*):
5. **Travel with children.** The petitioner respondent other (*name*):
must have written permission from the other parent or a court order to take the children out of
- a. the state of California.
- b. the following counties (*specify*):
- c. other places (*specify*):
6. **Child abduction prevention.** There is a risk that one of the parents will take the children out of California without the other parent's permission. Form FL-341(B) is attached and must be obeyed.
7. **Holiday schedule.** The children will spend holiday time as listed in the attached form FL-341(C)
 other (*specify*):
8. **Additional custody provisions.** The parents will follow the additional custody provisions listed in the attached form FL-341(D) other (*specify*):
9. **Joint legal custody.** The parents will share joint legal custody as listed in the attached form FL-341(E)
 other (*specify*):
10. **Other (*specify*):**
11. **Jurisdiction.** This court has jurisdiction to make child custody orders in this case under the Uniform Child Custody Jurisdiction and Enforcement Act (part 3 of the California Family Code, commencing with section 3400).
12. **Notice and opportunity to be heard.** The responding party was given notice and an opportunity to be heard, as provided by the laws of the State of California.
13. **Country of habitual residence.** The country of habitual residence of the child or children in this case is
 the United States other (*specify*):
14. **Penalties for violating this order.** If you violate this order, you may be subject to civil or criminal penalties, or both.

PETITIONER/PLAINTIFF: Marjorie Jacqueline Simpson RESPONDENT/DEFENDANT: Homer Jay Simpson OTHER PARENT: N/A	CASE NUMBER: 11D008056
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CHILD SUPPORT INFORMATION AND ORDER ATTACHMENT

- TO Findings and Order After Hearing (form FL-340) Judgment (form FL-180)
 Restraining Order After Hearing (CLETS-OAH)(form DV-130)
 Other (specify):

THE COURT USED THE FOLLOWING INFORMATION IN DETERMINING THE AMOUNT OF CHILD SUPPORT:

1. A printout of a computer calculation and findings is attached and incorporated in this order for all required items not filled out below.

2. Income

	Gross monthly income	Net monthly income	Receiving TANF/CalWORKS
a. Each parent's monthly income is as follows:			
Petitioner/plaintiff:	\$ 0	\$ 0	<input type="checkbox"/>
Respondent/defendant:	\$ 8,000	\$ 8,000	<input type="checkbox"/>
Other parent:	\$ N/A	\$ N/A	<input type="checkbox"/>

b. Imputation of income. The court finds that the petitioner/plaintiff respondent/defendant other parent has the capacity to earn: \$ _____ per _____ and has based the support order upon this imputed income.

3. Children of this relationship
- a. Number of children who are the subjects of the support order (specify): 3
- b. Approximate percentage of time spent with
- | | |
|-----------------------|-------|
| petitioner/plaintiff: | 90 % |
| respondent/defendant: | 10 % |
| other parent: | N/A % |

4. Hardships

Hardships for the following have been allowed in calculating child support:

	Petitioner/ plaintiff	Respondent/ defendant	Other parent	Approximate ending time for the hardship
a. <input type="checkbox"/> Other minor children:	\$	\$	\$	
b. <input type="checkbox"/> Extraordinary medical expenses:	\$	\$	\$	
c. <input type="checkbox"/> Catastrophic losses:	\$	\$	\$	

THE COURT ORDERS

5. Low-income adjustment
- a. The low-income adjustment applies.
b. The low-income adjustment does not apply because (specify reasons):

6. Child support

a. Base child support

Petitioner/plaintiff Respondent/defendant Other parent must pay child support beginning (date): _____ and continuing until further order of the court, or until the child marries, dies, is emancipated, reaches age 19, or reaches age 18 and is not a full-time high school student, whichever occurs first, as follows:

<u>Child's name</u>	<u>Date of birth</u>	<u>Monthly amount</u>	<u>Payable to (name):</u>
Bart Jay Simpson	05/10/2003	532	Marjorie Jacqueline Simpson
Lisa Lynn Simpson	01/05/2005	799	Marjorie Jacqueline Simpson
Maggie Sue Simpson	03/04/2012	1,331	Marjorie Jacqueline Simpson

Payable on the 1st of the month one-half on the 1st and one-half on the 15th of the month
 other (specify):

PETITIONER/PLAINTIFF: Marjorie Jacqueline Simpson RESPONDENT/DEFENDANT: Homer Jay Simpson OTHER PARENT: N/A	CASE NUMBER: 11D008056
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THE COURT FURTHER ORDERS

6. b. **Mandatory additional child support**

- (1) Child-care costs related to employment or reasonably necessary job training
- (a) Petitioner/plaintiff must pay: % of total or \$ per month child-care costs.
 (b) Respondent/defendant must pay: % of total or \$ per month child-care costs.
 (c) Other parent must pay: % of total or \$ per month child-care costs.
 (d) Costs to be paid as follows (*specify*):

c. **Mandatory additional child support**

- (2) Reasonable uninsured health-care costs for the children
- (a) Petitioner/plaintiff must pay: % of total or \$ per month.
 (b) Respondent/defendant must pay: % of total or \$ per month.
 (c) Other parent must pay: % of total or \$ per month.
 (d) Costs to be paid as follows (*specify*):

d. **Additional child support**

- (1) Costs related to the educational or other special needs of the children
- (a) Petitioner/plaintiff must pay: % of total or \$ per month.
 (b) Respondent/defendant must pay: % of total or \$ per month.
 (c) Other parent must pay: % of total or \$ per month.
 (d) Costs to be paid as follows (*specify*):
- (2) Travel expenses for visitation
- (a) Petitioner/plaintiff must pay: % of total or \$ per month.
 (b) Respondent/defendant must pay: % of total or \$ per month.
 (c) Other parent must pay: % of total or \$ per month.
 (d) Costs to be paid as follows (*specify*):

e. **Non-Guideline Order**

This order does not meet the child support guideline set forth in Family Code section 4055. *Non-Guideline Child Support Findings Attachment* (form FL-342(A)) is attached.

Total child support per month: \$
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7. **Health-care expenses**

- a. Health insurance coverage for the minor children of the parties must be maintained by the
 petitioner/plaintiff respondent/defendant other parent if available at no or reasonable cost through their respective places of employment or self-employment. Both parties are ordered to cooperate in the presentation, collection, and reimbursement of any health-care claims. The parent ordered to provide health insurance must seek continuation of coverage for the child after the child attains the age when the child is no longer considered eligible for coverage as a dependent under the insurance contract, if the child is incapable of self-sustaining employment because of a physically or mentally disabling injury, illness, or condition and is chiefly dependent upon the parent providing health insurance for support and maintenance.
- b. Health insurance is not available to the petitioner/plaintiff respondent/defendant other parent at a reasonable cost at this time.
- c. The party providing coverage must assign the right of reimbursement to the other party.

8. **Earnings assignment**

An earnings assignment order is issued. **Note:** The payor of child support is responsible for the payment of support directly to the recipient until support payments are deducted from the payor's wages and for payment of any support not paid by the assignment.


9. In the event that there is a contract between a party receiving support and a private child support collector, the party ordered to pay support must pay the fee charged by the private child support collector. This fee must not exceed 33 1/3 percent of the total amount of past due support nor may it exceed 50 percent of any fee charged by the private child support collector. The money judgment created by this provision is in favor of the private child support collector and the party receiving support, jointly.

10. **Employment search order (Family Code, § 4505)**

Petitioner/plaintiff Respondent/defendant Other parent is ordered to seek employment with the following terms and conditions:

THIS IS A COURT ORDER.

PETITIONER/PLAINTIFF: Marjorie Jacqueline Simpson RESPONDENT/DEFENDANT: Homer Jay Simpson OTHER PARENT: N/A	CASE NUMBER: 11D008056
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 Other orders (specify):

12. Notices


- a. *Notice of Rights and Responsibilities (Health-Care Costs and Reimbursement Procedures) and Information Sheet on Changing a Child Support Order* (form FL-192) must be attached and is incorporated into this order.
- b. If this form is attached to *Restraining Order After Hearing* (form DV-130), the support orders issued on this form (form FL-342) remain in effect after the restraining orders issued on form DV-130 end.

13. Child Support Case Registry Form

Both parties must complete and file with the court a *Child Support Case Registry Form* (form FL-191) within 10 days of the date of this order. Thereafter, the parties must notify the court of any change in the information submitted within 10 days of the change by filing an updated form.

NOTICE: Any party required to pay child support must pay interest on overdue amounts at the legal rate, which is currently 10 percent per year.

THIS IS A COURT ORDER.

ATTORNEY, AGENCY, OR PARTY WITHOUT ATTORNEY (NAME AND ADDRESS): Legal Aid User Legal Aid Society of Orange County 	TELEPHONE NO.:
ATTORNEY FOR: Father	CASE NUMBER:

DISSOMASTER REPORT
2014, Monthly

Input Data	Father	Mother	Guideline (2014)	Cash Flow Analysis	Father	Mother
Number of children	0	3	Nets (adjusted)	Guideline		
% time with NCP	10%	0%	Father	5,745	Payment (cost)/benefit	(3,411) 3,777
Filing status	Single	HH/MLA	Mother	0	Net spendable income	1,968 3,777
# Federal exemptions	1*	4*	Total	5,745	% combined spendable	34.3% 65.7%
Wages + salary	8,000	0	Support		Total taxes	2,255 0
Self-employment income	0	0	Presumed	2,662	# withholding allowances	5 0
Other taxable income	0	0	Basic CS	2,662	Net wage paycheck/mo	5,559 0
TANF plus CS received	0	0	Add-ons	0	Proposed	
Other nontaxable income	0	0	Per Kid		Payment (cost)/benefit	(3,664) 4,141
New-spouse income	0	0	Child 1	532	Net spendable income	2,188 4,141
Wages + salary	0	0	Child 2	799	NSI change from gdl	220 364
Self-employment income	0	0	Child 3	1,331	% combined spendable	34.6% 65.4%
SS paid other marriage	0	0	Santa	1,115	% of saving over gdl	37.7% 62.3%
Retirement contrib if ATI	0	0	Clara SS		Total taxes	1,652 18
Required union dues	0	0	Total	3,777	# withholding allowances	12 0
Nec job-related exp.	0	0	Proposed, tactic 9		Net wage paycheck/mo	6,150 0
Adj. to income (ATI)	0	0	Presumed	2,897		
SS paid other marriage	0	0	Basic CS	2,897		
CS paid other relationship	0	0	Add-ons	0		
Health insurance	0	0	Per Kid			
Itemized deductions	0	0	Child 1	655		
Other medical expenses	0	0	Child 2	886		
Property tax expenses	0	0	Child 3	1,357		
Ded. interest expense	0	0	Santa	1,263		
Charitable contribution	0	0	Clara SS			
Miscellaneous itemized	0	0	Total	4,160		
Required union dues	0	0	Combined	584		
Mandatory retirement	0	0	Savings			
Hardship deduction	0*	0*	Total	3		
Other gdl. deductions	0	0	releases to			
AMT info (IRS Form 6251)	0	0	Father			
Child support add-ons	0	0	Default Case Settings			

PETITIONER/PLAINTIFF: Marjorie Jacqueline Simpson RESPONDENT/DEFENDANT: Homer Jay Simpson OTHER PARENT:	CASE NUMBER: 11D008056
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SPOUSAL, PARTNER, OR FAMILY SUPPORT ORDER ATTACHMENT

- TO Findings and Order After Hearing (form FL-340) Judgment (form FL-180)
 Restraining Order After Hearing (CLETS-OAH) (form DV-130) Other (specify):
 Stipulation of Parties

THE COURT FINDS

1. Net income. The parties' monthly income and deductions are as follows (complete a, b, or both):

	Total gross monthly income	Total monthly deductions	Total hardship deductions	Net monthly disposable income
a. Petitioner: <input type="checkbox"/> receiving TANF/CalWORKS	\$ 0	\$ 0	\$ 0	\$ 0
b. Respondent: <input type="checkbox"/> receiving TANF/CalWORKS	\$ 8,000	\$ 0	\$ 0	\$ 8,000

2. A printout of a computer calculation of the parties' financial circumstances is attached for all required items not filled out above (for temporary support only).

3. Judgment for spousal or partner support

- a. Modifies a judgment or order entered on (date):
 b. The parties were married for (specify numbers): 13 years 0 months.
 c. The parties were registered as domestic partners or the equivalent for (specify numbers): _____ years _____ months.
 d. The parties are both self-supporting, as shown on the Declaration for Default or Uncontested Dissolution or Legal Separation (form FL-170).
 e. The marital standard of living was (describe):

See Attachment 3d.

THE COURT ORDERS

4. The issue of spousal or partner support for the petitioner respondent is reserved for a later determination.
 5. The court terminates jurisdiction over the issue of spousal or partner support for the petitioner respondent.

6. a. The petitioner respondent must pay to the petitioner respondent as temporary spousal support family support partner support \$ 1,115 per month, beginning (date): _____, payable through (specify end date): _____

payable on the (specify): _____ day of each month.
 Other (specify):
 Half paid on the 1st of the month and half paid on the 15th of the month

- b. Support must be paid by check, money order, or cash. The support payor's obligation to pay support will terminate on the death of either party, remarriage, or registration of a new domestic partnership of the support payee.
 c. An earnings assignment for the foregoing support will issue. (Note: The payor of spousal, family, or partner support is responsible for the payment of support directly to the recipient until support payments are deducted from the payor's earnings, and for any support not paid by the assignment.)
 d. Service of the earnings assignment is stayed provided the payor is not more than (specify number): _____ days late in the payment of spousal, family, or partner support.

THIS IS A COURT ORDER.

PETITIONER/PLAINTIFF: Marjorie Jacqueline Simpson RESPONDENT/DEFENDANT: Homer Jay Simpson OTHER PARENT:	CASE NUMBER: 11D008056
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7. The petitioner respondent should make reasonable efforts to assist in providing for his or her support needs.
8. The parties must promptly inform each other of any change of employment, including the employer's name, address, and telephone number.
9. This order is for family support. Both parties must complete and file with the court a *Child Support Case Registry Form* (form FL-191) within 10 days of the date of this order. The parents must notify the court of any change of information submitted within 10 days of the change by filing an updated form. A *Notice of Rights and Responsibilities (Health-Care Costs and Reimbursement Procedures) and Information Sheet on Changing a Child Support Order* (form FL-192) is attached.
10. Notice: If this form is attached to *Restraining Order After Hearing (CLETS-OAH) (Order of Protection)* (form DV-130), the orders issued on this form (FL-343) do not expire upon termination of the restraining orders issued on form DV-130.
11. Other orders (*specify*):

NOTICE: Any party required to pay support must pay interest on overdue amounts at the "legal" rate, which is currently 10 percent.

THIS IS A COURT ORDER.

ATTORNEY, AGENCY, OR PARTY WITHOUT ATTORNEY (NAME AND ADDRESS):

TELEPHONE NO:

Legal Aid User
Legal Aid Society of Orange County



ATTORNEY FOR: **Father**

DISSOMASTER REPORT
 2014, Monthly

CASE NUMBER:

Input Data	Father	Mother	Guideline (2014)	Cash Flow Analysis	Father	Mother
Number of children	0	3	Nets (adjusted)	Guideline		
% time with NCP	10%	0%	Father	5,745	Payment (cost)/benefit	(3,411) 3,777
Filing status	Single	HH/MLA	Mother	0	Net spendable income	1,968 3,777
# Federal exemptions	1*	4*	Total	5,745	% combined spendable	34.3% 65.7%
Wages + salary	8,000	0	Support		Total taxes	2,255 0
Self-employment income	0	0	Presumed	2,662	# withholding allowances	5 0
Other taxable income	0	0	Basic CS	2,662	Net wage paycheck/mo	5,559 0
TANF plus CS received	0	0	Add-ons	0	Proposed	
Other nontaxable income	0	0	Per Kid		Payment (cost)/benefit	(3,664) 4,141
New-spouse income	0	0	Child 1	532	Net spendable income	2,188 4,141
Wages + salary	0	0	Child 2	799	NSI change from gdl	220 364
Self-employment income	0	0	Child 3	1,331	% combined spendable	34.6% 65.4%
Retirement contrib if ATI	0	0	Santa	1,115	% of saving over gdl	37.7% 62.3%
Required union dues	0	0	Clara SS		Total taxes	1,652 18
Nec job-related exp.	0	0	Total	3,777	# withholding allowances	12 0
Adj. to income (ATI)	0	0	Proposed, tactic 9		Net wage paycheck/mo	6,150 0
SS paid other marriage	0	0	Presumed	2,897		
CS paid other relationship	0	0	Basic CS	2,897		
Health insurance	0	0	Add-ons	0		
Itemized deductions	0	0	Per Kid			
Other medical expenses	0	0	Child 1	655		
Property tax expenses	0	0	Child 2	886		
Ded. interest expense	0	0	Child 3	1,357		
Charitable contribution	0	0	Santa	1,263		
Miscellaneous itemized	0	0	Clara SS			
Required union dues	0	0	Total	4,160		
Mandatory retirement	0	0	Combined	584		
Hardship deduction	0*	0*	Savings			
Other gdl. deductions	0	0	Total	3		
AMT info (IRS Form 6251)	0	0	releases to			
Child support add-ons	0	0	Father			
			Default Case Settings			



PETITIONER: Marjorie Jacqueline Simpson
 RESPONDENT: Homer Jay Simpson

CASE NUMBER:

11D008056

PROPERTY ORDER ATTACHMENT TO JUDGMENT

1. Division of community property assets

- a. There are no community property assets.
- b. The court finds that the net value of the community estate is less than \$5,000 and that the petitioner respondent cannot be found. Under Family Code section 2604, the entire community estate is awarded to the petitioner respondent.
- c. The petitioner will receive the following assets: *(Attach additional page if necessary.)*
 dining room table & chairs (worth \$500)
 persian rug (worth \$500)
- d. The respondent will receive the following assets: *(Attach additional page if necessary.)*
 kitchen table & chairs (worth \$1,000)
 40" flatscreen T.V. (worth \$800)
- e. The petitioner respondent will be responsible for preparing and filing a *Qualified Domestic Relations Order (QDRO)* to divide the following plan or retirement account(s) *(specify)*:

The fee for preparation of the QDRO shall be shared as follows *(specify)*:

- f. Other orders:
- g. Each spouse will receive the assets listed above as his or her sole and separate property. The parties must execute any and all documents required to carry out this division.
- h. The court reserves jurisdiction to divide any community assets not listed here and enforce the terms of this order.

2. Division of community property debts

- a. There are no community debts.
- b. All community debts have been paid by the petitioner respondent.
 The petitioner respondent must reimburse the other party: \$
 The payment plan is as follows:
- c. The petitioner will be responsible for the following debts: *(Attach additional page if necessary.)*
- d. The respondent will be responsible for the following debts: *(Attach additional page if necessary.)*

PETITIONER: Marjorie Jacqueline Simpson	CASE NUMBER:
RESPONDENT: Homer Jay Simpson	11D008056

- e. Other orders:
- f. Each party will be solely responsible for paying the debts assigned to him or her and will hold the other harmless from those debts. The parties understand that the creditors are not bound by this judgment. If a creditor seeks payment from the party who is not listed as responsible for the debt, that party can file a motion to seek reimbursement from the defaulting party.
9. The court reserves jurisdiction to divide any community debts not listed here.
3. **Equalization of division of property and debt orders.** To equalize the division of the community property assets and debts, the petitioner respondent must pay to the other the sum of: \$400, payable as follows (*specify*):
check to the Petitioner
4. **Separate property**
- a. The court confirms the following assets or debts as the sole separate property, or sole responsibility, of the petitioner:
1999 Honda Civic (worth \$4,000)
2011 Honda Civic (worth \$5,000)
Chase acct. ending in 3541 (worth \$700)
Bank of America acct. ending in 7118 (worth \$650)
Fanny Mae Student Loan (debt of \$40,000)
- b. The court confirms the following assets or debts as the sole separate property, or sole responsibility, of the respondent:
Chase acct. ending in 2289 (\$2,500)
5. The settlement agreement between the parties dated (*date*): _____ is attached and made a part of this judgment.
6. **Sale of property.** The following property will be offered for sale and sold for the fair market value as soon as a willing buyer can be found, and the net proceeds from the sale will be divided equally other (*specify*):
7. Other orders (*specify*):

<p>ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): Marjorie Jacqueline Simpson 742 Evergreen Terrace Springfield CA 99999 TELEPHONE NO.: (555) 555-5555 FAX NO. (Optional): E-MAIL ADDRESS (Optional): margesimpson@gmail.com ATTORNEY FOR (Name): Self Represented Petitioner/Plaintiff</p>	<p style="text-align: center;">FOR COURT USE ONLY</p>
<p>SUPERIOR COURT OF CALIFORNIA, COUNTY OF Orange STREET ADDRESS: 341 The City Drive MAILING ADDRESS: CITY AND ZIP CODE: Orange 92868-3205 BRANCH NAME: Lamoreaux Justice Center</p>	
<p>PETITIONER: Marjorie Jacqueline Simpson RESPONDENT: Homer Jay Simpson</p>	
<p>NOTICE OF ENTRY OF JUDGMENT</p>	<p>CASE NUMBER: 11D008056</p>

You are notified that the following judgment was entered on (date):

1. Dissolution
2. Dissolution—status only
3. Dissolution—reserving jurisdiction over termination of marital status or domestic partnership
4. Legal separation
5. Nullity
6. Parent-child relationship
7. Judgment on reserved issues
- Other (specify):

Date: _____ Clerk, by _____, Deputy

—NOTICE TO ATTORNEY OF RECORD OR PARTY WITHOUT ATTORNEY—

Under the provisions of Code of Civil Procedure section 1952, if no appeal is filed the court may order the exhibits destroyed or otherwise disposed of after 60 days from the expiration of the appeal time.

<p>STATEMENT IN THIS BOX APPLIES ONLY TO JUDGMENT OF DISSOLUTION Effective date of termination of marital or domestic partnership status (specify): 08/02/2014 WARNING: Neither party may remarry or enter into a new domestic partnership until the effective date of the termination of marital or domestic partnership status, as shown in this box.</p>
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CLERK'S CERTIFICATE OF MAILING

I certify that I am not a party to this cause and that a true copy of the *Notice of Entry of Judgment* was mailed first class, postage fully prepaid, in a sealed envelope addressed as shown below, and that the notice was mailed at (place): _____, California, on (date): _____

Date: _____ Clerk, by _____, Deputy

<p>Name and address of petitioner or petitioner's attorney Marjorie Jacqueline Simpson 742 Evergreen Terrace Springfield CA 99999</p>	<p>Name and address of respondent or respondent's attorney Homer Jay Simpson 55 Brick Road Springfield CA 99999</p>
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