

FAMILY LAW FACILITATOR'S OFFICE
DECLARATION OF DISCLOSURE WORKSHOPS

WORKSHOP DATE: _____

WORKSHOP TIME: 9:00 A.M.

	NAME	CASE NUMBER	LANGUAGE SPOKEN	MINOR CHILDREN OF MARRIAGE?	LIST ANY PROPERTY ON THE PETITION?	ARE YOU SELF-EMPLOYED?	ASKING FOR SPOUSAL SUPPORT?	DAYTIME TELEPHONE NUMBER	COMMENTS
1.				Y N	Y N	Y N	Y N		
2.				Y N	Y N	Y N	Y N		
3.				Y N	Y N	Y N	Y N		
4.				Y N	Y N	Y N	Y N		
5.				Y N	Y N	Y N	Y N		
6.				Y N	Y N	Y N	Y N		
7.				Y N	Y N	Y N	Y N		



Family Law Facilitator's Office
Pomona Superior Courthouse



TICKET TO
FAMILY LAW FACILITATOR'S
DECLARATION OF DISCLOSURE
WORKSHOP

Return to
Self Help Center, 7TH FLOOR
Room 730

for your Workshop on:

Day: **TUESDAY**

Date: _____

Check-in by 9:00 a.m.



PLEASE BRING THE FOLLOWING TO YOUR WORKSHOP

- Complete and bring the attached two-page Property Worksheet.
- Complete and bring the attached Income & Expense Worksheets.
- Bring your paycheck stubs for the past 2 months and/or proof of any other type of income received and your Social Security Number.
- Bring a black ink pen and 6 postage stamps (.44 cents each)



FAMILY LAW FACILITATOR'S OFFICE

Intake Form for Declaration of Disclosure Workshop

Workshop Date Assigned _____
(Office Use Only)

I. YOUR INFORMATION (Please print neatly)

Name: _____ Petitioner Respondent

Your case number is: _____

Have you moved since filing your "*Petition*" or "*Response*"? Yes No

Current address: _____

Have you changed your telephone number since filing the "*Petition*" or "*Response*"?
 Yes No

Current telephone number: _____

If you have moved, have you filed a Change of Address with the court? Yes No N/A

II. CHILDREN (If there are no minor children, proceed to item III)

Do you have any children under the age of 18 from this marriage? Yes No

Is there a Child Support Services ("BY") Judgment for the current support of the child(ren) of this relationship? Yes No

If yes, what is the case number? _____

Is the other party incarcerated? Yes No

III. YOUR REGULAR MONTHLY INCOME

Do you receive any of the following public assistance?

If yes, please provide the monthly amount. If no, leave blank.

Food Stamps? Amount \$ _____ CalWorks/TANF? \$ _____

SSI/SSP? \$ _____ General Relief (GR), or General Assistance (GA)? \$ _____

Are you employed? Yes No

Are you self-employed? Yes No

IV. SPOUSAL SUPPORT

Do you want the Court to order the other party to pay you spousal support each month?

Yes No

V. ASSETS AND DEBTS

Did you list any community property on your "*Petition*" or "*Response*"? Yes No

Did you list any separate property on your "*Petition*" or "*Response*"? Yes No

VI. QUESTIONS FOR PETITIONER ONLY

Has the Respondent been personally served with the "Summons" (FL-110), "Petition" (FL-100) and the required blanks? Yes No

If yes, have you filed the completed "Proof of Service of Summons" (FL-115)? Yes No

Is Respondent an active member of the United States military? Yes No

List Respondent's last known address:

YOU ARE FINISHED

Please turn this form in to get your appointment and ticket.



DIVORCE WORKSHOP

PROPERTY AND DEBT WORKSHEET

List all property that you have (either in your possession or in your spouse's possession) no matter when it was acquired - whether before marriage, during marriage or after date of separation. If property was sold after separation please list. Include any debt owing on property listed.

1. Real Estate (list street address):

2. Household furniture, furnishings and appliances:

3. Jewelry, Antiques, Art, Coin Collections:

4. Vehicles, Boats, Trailers:

5. Savings Accts (list names on accounts and Bank):

6. Checking Accts (list names on accounts and Bank):

7. Credit Union, Other Accts (list names & locations):

8. Cash, Tax Refunds, Life Insurance, Stocks, Bonds:

9. Retirement, Pensions, IRAs, 401(K), Def'd Comp:

10. Student loans, outstanding taxes, unsecured loans, credit cards, other debts (list type of card):



INCOME WORKSHEET: LAST MONTH

Instructions: Write in the amount of money you received last month for each type of income (if no such income, write "0" on the line):

a. Salary/Wages (from a job, before taxes and deductions) \$ _____

b. Overtime: \$ _____

c. Commissions or bonuses: \$ _____

d. Public assistance (TANF, SSI, GA/GR): \$ _____

e. Spousal Support:(this marriage) \$ _____

 Spousal Support:(from a different marriage) \$ _____

f. Pension/retirement: \$ _____

g. Social Security Retirement: \$ _____

h. Disability: Social Security: \$ _____

 State Disability: \$ _____

 Private Disability: \$ _____

i. Unemployment: \$ _____

j. Workers' Compensation: \$ _____

k. Other: \$ _____

Investment Income:

a. Dividends/Interest: \$ _____

b. Rental property income: \$ _____

c. Trust Income: \$ _____

Income from self-employment, after business expenses: \$ _____

(Bring copy of last Schedule "C" to the workshop)