

ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY <i>(Name, State Bar number, and address):</i> TELEPHONE NO.: _____ FAX NO. <i>(Optional):</i> _____ E-MAIL ADDRESS <i>(Optional):</i> _____ ATTORNEY FOR <i>(Name):</i> _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
PETITIONER/PLAINTIFF: _____ RESPONDENT/DEFENDANT: _____ OTHER PARENT: _____	
DECLARATION OF OBLIGOR'S INCOME DURING JUDGMENT PERIOD— PRESUMED INCOME SET-ASIDE REQUEST	CASE NUMBER: _____

I, *(name):* _____ declare that:

1. I am the obligor (parent required to pay support).
 a representative of the local child support agency providing support services in this matter.
 other *(specify):* _____

2. On *(date):* _____ a *Judgment Regarding Parental Obligations* (form FL-630) was entered using presumed income.

3. Information concerning the obligor's income and other factors relevant to calculating the correct support for the time periods in the judgment follow:

<u>Time Period</u>	<u>Average Monthly Income</u>	<u>Obligor's % Of Time With Children (if known)</u>	<u>Monthly Guideline Support Requested</u>	<u>Source of Income Information</u>
<u>Month/Year (start and end)</u>				
a. _____	\$ _____	_____	\$ _____	_____
b. _____	\$ _____	_____	\$ _____	_____
c. _____	\$ _____	_____	\$ _____	_____
d. _____	\$ _____	_____	\$ _____	_____
e. _____	\$ _____	_____	\$ _____	_____
f. _____	\$ _____	_____	\$ _____	_____
g. _____	\$ _____	_____	\$ _____	_____
h. _____	\$ _____	_____	\$ _____	_____
i. _____	\$ _____	_____	\$ _____	_____

4. Additional evidence regarding the obligor's actual income is attached. *(Black out your social security number from any papers, such as pay stubs, that you attach.)*

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

Date:

_____ ▶ _____
 (TYPE OR PRINT NAME) (SIGNATURE OF DECLARANT)