

GOVERNMENTAL AGENCY OR ATTORNEY OR PARTY WITHOUT ATTORNEY (<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 Draft 5 03/07/06 icb Not approved by the Judicial Council
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>Month/Year</u>	<u>Month/Year</u>	<u>Average Monthly Income</u>	<u>Obligor's % Of Time With Children (if known)</u>	<u>Monthly Support Requested If Other Than Guideline</u>
a. _____	through _____	\$ _____	_____	\$ _____
b. _____	through _____	\$ _____	_____	\$ _____
c. _____	through _____	\$ _____	_____	\$ _____
d. _____	through _____	\$ _____	_____	\$ _____
e. _____	through _____	\$ _____	_____	\$ _____
f. _____	through _____	\$ _____	_____	\$ _____
g. _____	through _____	\$ _____	_____	\$ _____
h. _____	through _____	\$ _____	_____	\$ _____
i. _____	through _____	\$ _____	_____	\$ _____

4. Additional information regarding the obligor's actual income is attached.

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)