

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

